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## Original Communications.

SOME LIMITATIONS TO CURATIVE  
WORK IN STATE HOSPITALS FOR  
THE INSANE. A CRITICISM OF PRE-  
SENT METHODS, AND A PLEA FOR  
A BETTER SYSTEM OF TREATMENT  
OF THE ACUTE CURABLE INSANE.\*

BY CHAS. B. MAYBERRY, A.M., M.D., DANVILLE, PA.

Among the objects for which this Academy was organized, we find the relief of human suffering, and under this purpose the methods pursued in the treatment of the acute curable insane may properly be considered. In the paper which I am about to present for your consideration, it is my object to bring before you certain reasons why the present system of treatment of this most unfortunate class does not accomplish the best results, and to suggest certain modifications in our methods, which have occurred to me as a result of my experience in the treatment of these cases, and which I believe would very materially advance their interests. Knowing, as I do, that in this discussion I am about to criticize time-honored customs and methods which have the sanction of age, and knowing further, that some of the positions which I shall take will not receive the approval of those to whom the greatest honor is due, not only for their long experience and knowledge of psychiatry, but also for their life-long work in relieving the sufferings of those mentally afflicted, I am nevertheless so firmly convinced of the correctness of the views set forth, that I bring them before you with the

\* Read before the American Academy of Medicine at Baltimore.

feeling that, however they may be received, I have given you the results of a thoughtful consideration of the conditions essential to a satisfactory method of treatment of the curable insane.

The question which first confronts us at the outset of our discussion, is as to the results of treatment in our State hospitals. Are they the best possible? Are as many of the curable insane brought to a normal mental condition as possible? Questions of this nature are never absent from the mind of the alienist, and, indeed, were his conscience so calloused, and his sympathies so hardened, by his contact with the insane, and his observation of their mental distress, as to cause him to forget them, he would be quickly aroused from his lethargic state by the adverse criticisms to which he is constantly subjected. The results of the alienist in the treatment of the indigent insane, always a question for adverse criticism, have been brought prominently before the public by the recent severe criticisms of eminent neurologists. Some of these are just, and strike the key-note of the situation, some are without foundation in fact and show an utter failure to appreciate the faults of the present system, and some are frivolous and unworthy of consideration.

Taking as the criterion of success the actual restoration of the curable insane to a normal condition, I believe the above questions should be answered in the negative; the results are not as good as they could be made. As a justification of this apparently damaging admission, I invite your attention to some of the different elements which act as limitations to curative work in hospitals for the indigent insane.

For the first of these limitations the general physician is responsible. The care of the patient during the invasion and early stages of the disease devolves upon him, and as to him is largely left the question of hospital treatment and the proper time for its adoption, he is responsible for the condition of the patient at the time of admission. The period of invasion of insanity is the most critical part of the course of the disease, and its treatment exercises a determining influence upon the subsequent course and prognosis of the case. Believing, as I firmly do, in a physical basis of a large part of the

so-called acute functional insanities, the necessity for the most thorough investigation of the physical condition is apparent. This is, however, often entirely omitted, or made in such a manner as to be of little or no value; the mind of the physician, absorbed almost entirely by the mental aspect of the case, overlooks the probability of the physical basis for the disease. By this failure to recognize, at the very outset, the bodily affection if present, its constant action upon the nervous mechanism and the mind, renders strong the tendency of the disease to become chronic, and jeopardizes, or entirely destroys, the chance of recovery. I have myself seen recently two cases illustrating in a very forcible manner the necessity for the most careful physical examination. Both were cases of hypochondriacal melancholia, a most intractable affection, with an unfavorable prognosis. Both presented hypochondriacal delusions of the most varied character, and in neither instance was the part really affected brought out prominently in the symptomatology. One was a case of internal blind fistula in ano, and the other a case of chronic cystitis, in both of whom there was a rapid mental recovery after a recognition of the condition and appropriate treatment. In one of these cases I was assured by the attending physician, that no bodily disease existed, and both had been treated for insanity. Insanity, indeed! What they needed was treatment for the cause of a reflex psychosis. Had the causative condition continued unrecognized in these cases, they would have joined the great mass of the chronic insane, and, if very fortunate, might now be permitted to reside at a "Wernersville."

Again, the time of admission to a hospital is of the greatest importance. Laying aside the question of the so-called moral treatment, removal from the irritating circumstances and home surroundings, so often scoffed at by our critics, there still remains the indisputable fact of physical failure of the acute insane during home treatment, and an almost immediate bodily improvement after their commitment to a hospital. The restless and disturbed patient, exhausted by excitement, lack of sleep and proper nourishment, becomes quiet, and takes sufficient food and restful sleep. The question is naturally

asked, why cannot this be done at home? It is not, however, a question of possibility, but of reality; it might be accomplished, but is not. When a case is admitted to a hospital after a period of two weeks without food or sleep, as has more than once occurred in my experience, there is something radically wrong.

The general physician, hoping against hope that the patient will show improvement, and influenced by the constant solicitations of the family, delays sending his patient, until finally improvement seems impossible, and then turns with weariness and distrust to the hospital for the insane as a last resort, after watching his patient's chances fade away, until he dares not hope for a restoration of the broken-down body and worn-out mind. It is a well-known fact, proved by hospital statistics, that of those who recover, the vast majority are from those in whom the duration before admission is very short, and that, *ceteris paribus*, that patient's chances of recovery are best, who is admitted very early in the course of his disease. The limitations which are to be attributed to the general physician are: (1) Too great a delay in sending the patient to the hospital. (2) Unsatisfactory condition of the patient at the time of admission. (3) Insufficient physical examination.

The second limitations are due to the family and the immediate friends. After making every effort to avoid sending the patient to an institution for treatment, they finally, like the physician, turn to it as a last resort. During the residence of the patient in the hospital, their constant solicitation brings them continually before the patient, which, together with injudicious letters, may perhaps be followed by new paroxysms of excitement, sleepless nights, refusal of food, suicidal attempts, and other manifestations of a disordered mind. When the patient has improved slightly, they constantly clamor for his discharge, both to the patient and to the officers, again giving rise to irritation of mind, and undoing whatever may have been accomplished. Finally they remove the patient, in many instances, long before the mind is sufficiently stable to encounter with safety old scenes and associations. The family and friends are, therefore, to be criticized for: (1) Late

commitment. (2) Constant interference during treatment. (3) Too early removal.

Thus far we find distrust of the hospital for the insane, and avoidance of its treatment, so far as possible, by both the physician and the friends of the patient. This is in striking contrast to the method of regarding general hospitals, and naturally gives rise to the question as to its origin, and reason for existing. The solution of this question brings us to the consideration of the limitations which arise from the nature of the hospital itself.

When a man becomes insane the law provides that, if unable to provide a proper place for his own treatment, he may be incarcerated in an institution provided by the State for the purpose, presumably for his own good, as well as for the welfare and safety of the community. Consent or unwillingness on the part of the patient is unnecessary, and in the majority of cases force or deception is used in conducting the subject of insanity to a hospital for the insane. The forcible subjection of the individual to the treatment to be pursued, clearly carries with it a moral obligation on the part of the State, to place him under the most advantageous surroundings, that is those most favorable to recovery. Are we fulfilling this moral obligation? In forcibly incarcerating them in State hospitals for the insane under the present system of organization and administration, are we giving the curable insane the best chance for mental restoration? To these questions I must again give a negative reply. In my opinion the system of treatment provided by the State is illogical, unscientific, and unfavorable to restoration. A justification of this statement can be reached, only by considering the following objections to the present system :

(1) The size and scope of the present institutions. Large hospitals are constructed with a capacity for from a few hundred to several thousand patients, and serve as asylums for the chronic cases and hospitals for the acute insane. These buildings are divided into wards to accommodate from thirty to sixty patients each, the classification necessarily being based upon the mental and physical condition of the case, and at best is a crude one. The disturbed wards contain those cases who are excited, the recent cases of acute mania and agitated melancholia, cases of circular insanity during the maniacal period, and

those with dangerous homicidal and destructive tendencies ; the quiet wards of the better class contain those patients who are quiet and of cleanly habits, and those of the higher grades of intellectual capacity, the better class of chronic cases of melancholia and mania, the least deteriorated of the dements, the least disturbed of the acute cases, the paranoiacs during the earlier periods of their residence, and finally the convalescents ; the acute stuporous cases must be placed among those of similar habits, but of a hopeless character, the advanced cases of parietic dementia, cases of defective development, the inoffensive idiots and the low grade imbeciles, the advanced cases of terminal and quiet epileptic dementia, and so on until all are placed somewhere. These are necessarily grouped together, by this or any other classification which may be adopted, all grades of intellectual development, social condition, moral perception, and mental alienation. The most objectionable classes of humanity, the criminal, the moral imbecile and epileptic, with their moral obliquity, the alcoholic, and paranoiac, dements of all forms, chronic cases of emotional insanity, and finally the acute curable insane. The hitherto intelligent, thoughtful and industrious man must be associated with the ignorant, the morally bad, and the criminal classes, whom his very nature would lead him to avoid during his mental health ; the woman of refined and delicate nature, carefully protected from contamination during her girlhood, now in her period of mental distress, is brought forcibly in contact with those whose training and condition have been the reverse of her own, and the very contact with whom must be revolting to her pure nature ; the young of both sexes are associated with those who poison their affected minds with impure language and revolting habits, foreign to their hitherto spotless characters ; all of these, whose only crime against the commonwealth, is lack of wealth, are forced into daily intimacy with large numbers of insane cases, in different stages of their disease, who cannot but exert the most unfavorable influence upon their mental condition. Hygiene, says a prominent work on mental disease, is the removal of the patient from the irritating influences of home surroundings to the hospital, where the diversion of new surroundings will turn the mind into more healthful channels. Hygiene, indeed ! Are these

patients in a condition to be benefited by the study of psycho-pathology in its most obnoxious and varied forms, as illustrated by the aggregate of humanity making up the population of an asylum for the insane? Is this a form of diversion which would tend to turn the mind of the melancholiac from morbid introspection and subjective bad feeling, to a more normal contemplation of the outer world; or relieve the case of acute mania of the constant, changing and rapid perceptions of the outside world? Most assuredly not; the result, as experience teaches, is exactly the reverse. What alienist, connected with hospitals for the indigent insane, has not heard the despairing remonstrance of the acute insane, during periods of partial lucidity, against their insane surroundings? What asylum physician has not seen present delusions made stronger, and new ones developed, as a result of contact with other cases? Who has not seen cases of the curable forms of insanity become chronic, as a result of such associations, and cases too, who should have recovered? If there are any who have been so fortunate as to escape these sad occurrences, their experience has been different from mine.

The realization of the unhealthful character of his surroundings by the curable case, as expressed by his remonstrance, points out to us the first objection to the present form of treatment. It indicates what any observant person must appreciate, and what experience teaches, that the proper atmosphere for the treatment of the insane, is not an insane one, but one in which the sane influences predominate. The contact of the acute case with the paranoiac, with his fixed and systematized delusions of persecution, so correctly reasoned out and so plausible, will secure an influence over the patient and result in delusions of persecution and suspicion with regard to his friends, physicians, and attendants, the stronger as coming from a fellow sufferer in misfortune, which nothing can eradicate. The influence of a case of melancholia with delusions of self-degradation, will strengthen similar delusions in others, or give rise to them in melancholiacs from whom they are absent. The destructive, homicidal, and suicidal tendencies, and filthy habits, are intensified or developed, by contact with subjects of these propensities, and the natural tendency is from bad to worse.

The close contact and intimacy of patients with each other is seen in every asylum for the insane, and often a strong influence is gained by the stronger over the weaker mind. The attendants, numbering perhaps one to eight in the disturbed wards, and one to sixteen in those more quiet, form but a small part of the influence to which the curable cases are subjected, and even this is neutralized by the abnormal influences. Insanity everywhere, in its varied forms, predominates; the insane atmosphere has almost undisputed sway.

Regardless of the already unfavorable character of these surroundings, some of those who have apparently lost sight of the primary object in the treatment of the insane, the restoration of the curable cases, have sought to introduce the congregate dining hall. This custom, undoubtedly well suited to the needs of the chronic cases, is totally unfit for the curable insane. Bringing them, as it must, in contact with all of the objectionable cases, instead of a part of them, it nullifies whatever advantage may have been gained by our necessarily imperfect classification, makes classification useless, and is an outrage upon the rights of these cases. Fortunately, however, this plan has few followers, and its adoption is not sufficiently general to demand much attention.

My first objection to the present system, is, therefore, forcing the patient into surroundings which are totally unfit for his treatment; surroundings which are unhygienic and opposed to his restoration to mental health.

(2) The duties placed upon the superintendent of an institution, under its present organization, are so extensive as necessarily to deprive the curable cases of the immediate attention of the chief medical officer, presumably an able and experienced alienist. While objecting to the large amount of non-medical work imposed upon him, by the financial and business management for the care of hundreds of patients, yet I believe that the superintendent of an institution for the treatment of the insane should have complete control of every department, even in the minutest details, in order that everything may work together to accomplish the one purpose in view. Without this recognized head the best work cannot be done.

(3) Under the present system the medical staff is inadequate, and necessarily appointed without

a proper preparation for the work. Young physicians, without a knowledge of insanity in its various complex manifestations, and without a practical experience in the methods of treatment, must be appointed to fill these positions, and assume, subject to the superintendent whose chief time must be occupied with business matters, the grave responsibility of these cases. Even their theoretical knowledge of psychiatry is either nil or extremely limited, the great majority of medical schools unfortunately omitting mental diseases from their curricula entirely, or giving only an incomplete and unsatisfactory course upon it as a side issue of the course in neurology, and in only a few instances do we find systematic instruction given by prominent alienists. The young men chosen to fill these positions are usually selected with care by those having the appointing power, many of them have had a college education for their medical studies, and a large proportion of them have had a term of service in general hospitals after their graduation in medicine, but they are given little or no opportunity for a study of psychiatry, and as a result the first years of their service in the hospitals for the insane are used in making up the deficiency. If the alienist has a right to claim his field as a specialty, as he undoubtedly has, some practical and theoretical knowledge should be demanded of those appointed upon his staff, and as the treatment of the curable insane is of too much importance for the institutions provided for this purpose to serve as training schools in psychiatry for the recent graduate, some other opportunity for such training should be given. Furthermore the number of physicians is entirely inadequate. We find the assistant physician with hundreds of insane patients under his care, and with the general medical work, the excited stages of the chronic forms of insanity, clerical duties and other work to occupy his time, but little time is left for the study of the acute insane under his care. Consequently the time which should be given to the most careful study of these cases is totally inadequate, and as a result the most thorough knowledge of such cases is either not obtained, or it is obtained only at the expense of other duties. Nowhere is close and constant study of a case so necessary as in the rational treatment of the insane. In general diseases of a diagnosis once made, and a course of

treatment determined upon, the case needs simply intelligent watching for new indications and complications. In insanity, with its constantly varying symptoms, its changing delusions, morbid propensities and imperative conceptions, changes cannot be detected by the physician by the use of some sensitive instrument like the clinical thermometer, but are discovered only by the most constant and careful scrutiny of the constantly changing panorama which is passing before him, every phase of which must be observed, in order that the most successful treatment may be pursued. Under the present system, this cannot but fail.

(4) The attendants are insufficient in numbers and, in the great majority of cases, totally unfit for the work. Upon no part of the organization of a hospital for the insane does the success of treatment depend more directly than upon the efficiency of the attendants. Constantly present, as they should be, with their influence always exercising an important control over the mind of the patient, they form an essential part of the healthful atmosphere which should surround the curable insane, and to them in great part belongs the duty, by proper conduct, example and guidance, of leading the afflicted mind of the patient into more rational channels. Nowhere are kindness, sympathy, intelligent interpretation of the methods used, and a proper understanding of the objects to be accomplished, more essential than in the care of the insane. A harsh word, injudicious conduct or ridicule, will do irretrievable harm. The necessity for better attendants has long been recognized by the officers of hospitals for the insane, and its accomplishment has been attempted by the commendable effort to raise their standard by the organization of training schools. Some good results have followed this movement, but here again we have to contend with an insurmountable obstacle, the insufficiency of their mental qualifications. The remuneration which attendants receive is insufficient to bring to institutions many of those who are fitted, by education and natural aptitude, to fill the responsible position of trained nurse and attendant upon the insane, and as a result our material is largely incapable of training. Furthermore, of those who are well fitted for the work, the majority soon find more lucrative positions outside of institutions, and the advantage gained by the training schools is thus

largely diminished. If the number of attendants is insufficient, harsh measures must often take the place of more gentle ones, and the influence of other insane patients must supplant the sane influences which are so essential to recovery. With these conditions, therefore, the best results cannot be accomplished.

To the objections already offered to our present system, I might add the inadequate appropriations for the care of the curable cases, limited, as they are, to the economical provisions considered necessary for the maintenance of the chronic insane; the insufficient means for providing proper mental diversion; the incompleteness of even the medical and surgical appliances, to meet the needs of every case. But those already given demonstrate the impossibility of ever making curative institutions out of these great asylums for the chronic insane, and further objection would be useless.

The necessity of depriving a man of his liberty and placing him forcibly under treatment, however unfortunate this necessity may be, must be admitted, and since the present system fails to accomplish the best results for him, we are brought to the question of providing a more promising method of treatment for the curable insane. Recognizing the truth of this statement, attempts have been made to remedy the difficulty, but, ignoring the conditions essential for success, they have met with failure. Such a failure is the recent "new departure" in Pennsylvania, a departure so new indeed, that it had been tried and abandoned in some other States, long before it was tried here. This movement, from which much was promised by its originators, and from which hospital physicians hoped for at least some assistance, resulted in the construction of an asylum for the chronic insane, at vast expense. The object of this institution was presumably to relieve the crowded condition of the hospitals by removing the chronic insane from their wards, and by diminishing the contact of the curable with the objectionable chronic cases, thus to increase the remedial work of the hospitals. The failure, however, has been greater than the promises. It has resulted in the removal from the hospitals of those chronic cases who are quiet, able-bodied, inoffensive, not homicidal, suicidal, epileptic, or paralytic, not inclined to elope, able to do a good day's work, and of cleanly habits, those who might be

properly taken care of at home, or in any well-regulated almshouse, while it has left for the association with the acute insane, the remainder. Those who would do the most injury to the acute insane remain, while the least objectionable were removed. A dismal failure! A waste of money without adequate return! God forbid that anything that I may say should be construed as opposing any movement to improve the condition of the chronic insane! They deserve our sympathy; they require our care, and we are morally bound to give it. Let us give up to their use the present State hospitals. Centralize them in these places, and if necessary, make additions to the present buildings; provide them with workshops and manufacturing under the charge of skilled mechanics, where they can lead useful lives; make their lives as pleasant and useful as their condition will permit, and if possible make them self-supporting communities. Let us not forget, however, that our first duty is to prevent the acute insane from becoming chronic, and if we use the great hospitals for the care of the chronic cases, instead of utilizing them as preparatory schools for a Wernersville, and provide separate means for the treatment of the curable insane, the number of chronic cases will in the future diminish.

For the separate treatment of the curable insane, I would offer the following scheme for construction and organization:

1. The construction of a sufficient number of small hospitals, the capacity of each to be limited to sixty patients. Each of these hospitals is to consist of several small cottages for the accommodation of not more than eight patients. The location is to be near the largest city in the district for which the hospital is provided, but sufficiently far to allow land enough for our buildings to be reasonably distant from each other, and in no instance are they to be placed near one of the asylums. These small buildings are to be made home-like, but not expensive, divided into rooms instead of wards, with an absence, so far as possible, of iron bars, gratings, walls and other suggestions of a prison-like aspect, and surrounded by lawns which are neat and attractive. In these buildings are to be placed the means for carrying out the modern methods of treatment, baths, electricity, massage, and gymnasium, as well as the most approved methods of well-regulated

mental diversion. Here are to be admitted only the cases of the curable forms of insanity, and since many of the so-called acute cases are essentially chronic from the beginning, the fitness of a case for admission is to be determined by a careful examination by one of the resident officers, and upon his judgment must rest the decision. The classification is to be one of individualization as far as possible, and may rest in part upon the following principles: First, a determination by constant examination, as to what cases may cause mental injury to each other by contact, and these to be always kept apart. Second, the social condition, habits of life and moral condition, are to be considered. The young of both sexes are to be carefully kept from contact with those, who by their former life and moral condition, would cause the development of impure thoughts and malicious habits, in order that, in the event of recovery, they may be returned to their friends as pure in thought, word and deed, as before their sickness. Third, while those cases which are intensely excited must of necessity be grouped in the same buildings, for the good of others, yet the moral classification should be strictly observed, and the number of attendants is to be sufficient to prevent harmful intercourse. Fourth, the depressed cases, especially those with similar delusions and feelings, are to be kept apart, and placed among the cases of mild exaltation. Fifth, the convalescents are to be kept apart, still observing our moral classification. Sixth, when a case becomes chronic and is considered incurable, he is to be removed to one of the asylums.

2. The head of this system, having complete control, is to be an educated and thoroughly competent alienist, who by his experience in the treatment of the acute insane, will be able to direct all parts in such a manner as to work in unity to serve the one great purpose, the cure of the acute insane. Friction here is to be avoided, for when this occurs, even in the least important matters, some injury is suffered by the patients, and this can be avoided only by a medical officer who is supreme. The superintendents of the hospitals under the present system, men who by their study of psychiatry, by their long practical experience in the treatment of the insane, and by their manifest fitness to accomplish the best work under the system here suggested, as they have

done under the present system, should be made superintendents and chief medical officers of the new institutions.

3. A staff of visiting specialists is to be appointed, the members of which are to be called upon to treat, in conjunction with the resident medical staff, those bodily troubles which naturally fall outside of general medical work into the field of the different specialties.

4. The resident staff is to consist of at least three physicians, fitted by their knowledge of general medicine, and experience in the treatment of the insane, to assume the duties of their positions, the senior of whom is to fill the position of assistant superintendent. They are to be appointed from the older members of the medical staffs of the asylums by promotion, length of service and ability to be the determining points. Upon them shall devolve the treatment of the patients, careful physical examinations, constant examinations of the morbid mental processes, and the keeping of the complete records of the original condition and progress of the case.

5. The body of attendants is to be made up of young men and women of good moral character, who, besides a sufficient general education, shall have a course of theoretical and practical instruction in the nursing of the sick and the care of the insane. These positions are to be filled from those attendants of the State asylums who have pursued a course in the training schools, either already established or to be established, in connection with their work in the asylums, and have received from these institutions certificates of proficiency as trained nurses and attendants upon the insane. The change from the asylum to the hospital is to be in the nature of promotion, with increased remuneration. They shall be sufficiently numerous to give a general predominance of the sane over the insane mind.

6. The increased cost of the care of the acute cases is to be shared by the State and the poor district from which the patients come. The per capita cost is not to be limited to any fixed sum, but is to be sufficient to accomplish the best results.

This is the system of treatment of the curable insane which I would suggest, described briefly, and necessarily in an imperfect manner. When, in the developmental process going on in the treat-



ment of the insane, some system similar to the above shall be adopted, all of the limitations suggested in this paper will be removed. The general physician will turn gladly and immediately to the hospital as the most favorable place for the treatment of his patient, as he now seeks the general hospital in cases requiring the attention of a specialist; the friends of the patient, the horror of asylum associations, and intercourse with crowds of demented, outcasts and criminals, removed, will quickly seek the hospital as a safe and sure refuge, in the time of trouble; and even the economist, I believe, will eventually appreciate the advantage of supporting the patient for a short time, even at a greater expense, and having him return to his family and society, as a rational and self-supporting man, rather than supporting him for years as a chronic lunatic, and perhaps his family for years as paupers.

When the time comes for this generous view as to the treatment of the insane to be adopted; when the necessity for the separation of the acute and chronic insane is recognized as essential to hygienic surroundings for the treatment of the curable cases; when humanity, philanthropy and science, shall go hand in hand in accomplishing the mental restoration of the curable insane; when a rational system of treatment, with mental hygiene and our experience as its fundamental basis, shall be adopted, then I believe the best work in the treatment of the insane will be accomplished. And when that time shall come, we will be able to say with truth, that we can "minister," and minister successfully too, "to a mind diseased."

#### TRAUMATIC SEPTICÆMIA.

BY J. C. MITCHELL, M.D., C.M., ENNISKILLEN, ONT.

Wm. E., a farmer, æt. 34, while engaged, Feb. 8th, 1895, in constructing a ladder, made a slip with a drawing knife that produced a slight incision over left knee cap. The wound was very small, with scarcely any hæmorrhage. He continued his work until noon—about two hours—when he dressed the wound with a clean strip of cotton.

He was not enjoying vigorous health, as two fingers that had received slight abrasions of the skin some two weeks before had not healed, but

were freely suppurating. He did not feel any inconvenience from the wound until the second day, when he experienced some pain in the limb and groin. The third day the left limb began to swell slightly, and he had chilly feelings with some fever. The swelling increasing daily he was obliged to take his bed. The wound looked well. Poultrices had been applied and morphia given for the relief of the pain.

On the evening of the sixth day I first saw him. Condition as follows: Thrombosis of left femoral vein, a great amount of infiltration of tissues of the whole limb, except at knee and over anterior surface. The circumference of limb was double that of right, both above and below knee. The tension was extreme, especially on outer side, where it was of board-like hardness. Some infiltration above the crest of the ilion extending up to ribs, and a slight amount over lower part of abdomen. The whole limb not hot, but moderately warm. The integument on both outer and inner aspects of limb, except at knee, was dark red, in some places of a dusky hue. The wound looked healthy; it had healed by first intention. Lungs were clear, a little congestion of bronchi; heart weak, irregular, pulse 106, compressible and intermittent; temperature 103° F., tongue dry, furred at edges, with central brown streak; eyes sunken, countenance haggard and anxious; bowels had been moved freely, micturation tedious and painful. There was a good deal of delirium, and the general appearance was that of speedy dissolution.

The limb was thoroughly wrapped in hot linseed meal poultrices, and had been from time swelling began. No other treatment except an occasional dose of morphia had been used.

He was ordered liberal doses of milk, whisky, and quinine until next day, when I returned to find general conditions improved. He had slept fairly, and was taking nourishment, stimulants and tonics well. I now found some blebs and ecchymosis at lower and outer third of thigh, and upper and outer third of leg. Made incisions, but did not get any pus; found, however, that the infiltration was all between integument and superficial layer of muscles. On the ninth day after the injury, there began a very free discharge of ichorous pus from opening on thigh, and the day following from the one on leg, at the points where

ecchymosis first appeared. The integument sloughed out in both places, from one to two inches in diameter. The swelling of limb went down rapidly, when the pus discharge became free, and the thrombosis disappeared. There was extensive destruction of the connective tissue between skin and superficial layer of muscles on outer side of thigh and leg. There was no pus formation at any greater depth.

The pus tracts were thoroughly washed out twice daily with a solution of peroxide of hydrogen. The general treatment was that indicated by symptoms: nourishment, stimulants, quinine, iron, and a little strychnia.

He improved rapidly, complaining at times, however, of stiffness in muscles of right arm, and of numbness on ulnar side of same hand.

On the forenoon of the twentieth day from time of injury, I was hastily summoned, and found him with a severe spasmodic seizure of clonic character. It more particularly affected the upper extremities, although the muscles of trunk and lower extremity were included. There was some rigidity of muscles of neck, but none of jaws or face. He was quite rational, could converse, but had no control whatever over his limbs. The whole frame with the exception of head was heavily convulsed. The exercise was so continuous, although the room was very cool, that the perspiration rolled from him as if he were engaged in hard manual labor. He had one seizure before my arrival, lasting forty minutes, then an interval of an hour, followed by the one in which I first saw him, which lasted thirty minutes. There was then an interval of thirty minutes when another attack began, which I watched closely. It began with tonic spasms, first in right then in left hand, gradually extending to arms, trunk and lower extremities, when the spasms became clonic, and lasted with great force for an hour and was attended this time with some opisthotonos. There was cyanosis of face and neck, dyspnoea, and a distressed appearance, with a feeling of impending evil. He could swallow, and drank with but little difficulty; could speak and answer questions clearly. He had seven similar attacks that day varying in severity, and they continued for a week, having from two to four daily. They ceased then for two days, recurring once only

after partaking very heartily of a meal of beef and potatoes, when the attack was a very severe one.

No further indiscretion in diet was permitted and these nervous manifestations ceased entirely. It required large and repeated doses of chloral hydrate and potassium bromide to relieve the first seizures.

Four days after the last spasm he had a severe rigor and the temperature went up to 105°. A small metastatic abscess was found and evacuated, near left popliteal space, when fever disappeared. From that time he made an uninterrupted recovery and was able to resume his occupation by May 1st.

This case had plenty of time to develop before there was any medical or surgical interference, and is a typical case of phlegmonous inflammation from absorption into a slight wound of a micro-organism. The tissues of this patient, as exhibited by the festering fingers, were in a proper condition to furnish a most favorable pabulum for the ravages of micro-cocci. These micro-organisms were undoubtedly introduced either from drawing-knife or the suppurating fingers.

There was direct infiltration of tissue interstices by the immediate growth and extension of the microbial colony, then the superficial lymphatics openly communicating with the foci of suppuration carried the microbes into the vicinity of the large veins producing the thrombosis, and materially augmenting the stagnation. From the dusky hue, hardness of tissues, blebs and ecchymosis, I at first feared gangrenous phlegmon, and was greatly relieved when the pus discharge began.

The nervous phenomena were not orthodox in their manifestation. The patient, when a young man, had a mild attack of chorea, but this was not at all of that nature. It was not hysteria, for he was not of that temperament, nor were the attacks like that. The spasms proceeding from the periphery, no initial spasm of the masseters, the muscles of the jaw not at all implicated, and the clonic character of the spasms, ruled out the much-dreaded tetanus.

Having had in my practice one well-marked case of idiopathic tetany, this was sufficiently like it, although not in accord in all points with the text books—for me to place it in that class. The only point in which it materially differs is in the

spasms changing from tonic to clonic although they invariably began tonic. Trousseau's symptom was very well marked, and I could bring on a tonic spasm at any time by pressure of any of the large vessels. Morphia first tried, did not relieve the spasms to any extent, nor did large and repeated doses of the bromides, but they succumbed speedily to chloral and bromide combined.

The festering fingers, to which I have alluded, and which had proved so obstinate with him, healed at once when discharge came freely from leg.

Why did the original wound on knee, heal so kindly, with no untoward symptom, it being the door of the introduction of the poison and the medium of contamination to the whole neighborhood?

Would this case bear out the theory of Weiss that tetany is caused by an irritable condition of the gray matter of the medulla? It was undoubtedly caused by a toxic condition of some of the large nerve centres, the poison being conveyed from the contaminated neighborhood.

A good many would probably classify this case as one of pyæmia, but as there was general systemic poisoning, other tissues than the blood being extensively implicated, I decided upon the term septicæmia.

### Selected Articles.

#### SURGICAL ASPECTS OF PERITONEAL TUBERCULOSIS.

The element of romance which has developed within recent years around tubercular lesions of the peritoneum has not yet evaporated. The striking and unexpectedly favorable results of operative interference in tubercular peritonitis continue to afford a congenial subject for speculation. So far as the anatomical and physiological peculiarities of the peritoneum are known to us, we do not find in them a sufficient explanation of the clinical fact that tubercular disease in the peritoneum is benefited by surgical exposure of the diseased tissue to a degree which does not obtain in the pleura, synovial membrane, tendon-sheaths, skin or in other organs and tissues.

Following the initial successes of Spencer Wells and König, cases of tubercular peritonitis subjected to laparotomy have been recorded in increasing number by different surgeons following different methods, and it has been found, broadly

speaking, that benefit resulted whether the peritoneal cavity had been irrigated or simply inspected, whether drainage had been employed or not, whether iodoform, camphorated naphthol, or other agent credited with the possession of anti-tubercular properties had been introduced, or such procedure omitted.

As a result of the empirical knowledge thus acquired, it was only natural that the favorable influence of laparotomy should have been ascribed to one or other of the incidental accompaniments of the operation.

The removal of ascitic fluid seemed a reasonable explanation of the phenomena in cases where a quantity of fluid had been evacuated, but that it is not the essential factor is shown (1) by the comparative absence of improvement in cases in which the fluid has been aspirated; (2) by the fact that improvement has resulted from laparotomy in cases where there has been no fluid to evacuate; and (3) by the fact that in cases in which the surgeon operated with the object of evacuating fluid, and because of the fluid being circumscribed or encysted it was not possible to reach the accumulation, recovery ensued, although fluid was allowed to remain within the abdomen.

The admission of air into the peritoneal cavity is still regarded by a small minority as the explanation of the phenomena under consideration, and they claim to have achieved a certain measure of success by drawing off the fluid through a cannula and pumping in air or oxygen which has been sterilized by passage through cotton-wool and warmed by passage through hot water. It is highly improbable that the entrance of air or gas has any influence in the beneficial results so obtained. In operating for tuberculous ascites, air does not enter the peritoneal cavity unless the procedure is modified with this object in view, and yet the number of cases benefited by simple incision already amounts to several hundred. It therefore appears illogical to ascribe the benefit to that which, after all, can only be an infrequent and accidental accompaniment. It is hardly incumbent on us to consider separately the other theories which have been suggested, although they have been advanced in all sincerity by competent observers. The escape of ptomaines and toxins, the entrance of antagonistic organisms, the exposure of the peritoneum to sunlight, the anæsthetic, a modification of the state of pressure within the abdomen, have each their respective advocates and adherents.

It does not seem unreasonable to infer that the incision itself is the one constant and essential factor in the curative influence exerted by laparotomy, and that the benefit is due to the surgical interference *per se*, and not to any particular method of interference, nor to any of its incidental accompaniments.

It is to be borne in mind that tubercular peritonitis terminates in spontaneous recovery in a considerable number of cases. In the peritoneum the tissues and the bacilli appear to meet on more or less equal terms, and the conditions of the struggle for supremacy are probably such that only a little assistance is required in order that the tissues may gain the upper hand; such a reinforcement of the tissues, or stimulation of their energies, may be regarded as being supplied by the changes which result from the making of an incision into the peritoneal cavity and the attendant manipulations of the affected tissues. There are clinical evidences in favor of this explanation of the phenomena. Among others, I may refer to a group of cases which have recently been made the subject of interesting papers by Harold Stiles and by Goldmann. I have had no fewer than three such cases under my own observation; they are met with in male children, and are characterized by the simultaneous occurrence of tubercular disease in the patent processus vaginalis and in the general peritoneum. It has been abundantly shown that excision of the tuberculous processus vaginalis with or without the testicle, or simply incision of the processus, is followed by cure of the peritoneal tuberculosis in a consecutive fashion which strongly suggests that the connection between the operation is one of cause and effect.

The operation upon the vaginal process in these cases may be regarded as analogous to the laparotomy in tubercular peritonitis, both being followed by improvement or cure of the tubercle diffused throughout the peritoneum.

A more remarkable example of the beneficial influence which results from exposure and handling of the diseased tissues in tubercular lesions within the abdomen is afforded by the following case, in which a tubercular tumor involving the cæcum completely disappeared after an exploratory operation. An unmarried woman, aged 36, was admitted to the University Clinical Wards of the Royal Infirmary in the beginning of August, 1894, with a history of four distinct attacks of illness attended with pain in the right iliac fossa, with vomiting, and with disturbance of the bowels. She was supposed to be suffering from recurrent appendicitis. Bimanual examination revealed a well-defined, firm, movable tumor in the right iliac fossa. Professor Annandale (whom I assisted at the operation) opened the abdomen in the right semilunar line. The tumor when exposed was found to be the cæcum, firm, solid and crumpled-looking, with the vermiform appendix fused to it posteriorly and inferiorly; the serosa of the adjacent coils of the ileum was studded with miliary tubercles, and there was very noticeable enlargement of the lymphatic glands in the corresponding portion of mesentery; one of these

glands was removed, and on laboratory examination was found to be tubercular. The tumor of the cæcum was not further interfered with, and the wound was closed. She returned to the country and was not seen again until May of this year (1895), nine months after the operation; her health was completely re-established. I again made a most careful bimanual examination, and could find no trace whatever of the tumor which had been felt with such ease before the operation.

The relation of the above case recalls the close analogy which it bears to the historic case of Spencer Wells, in which the abdomen was likewise opened on a mistaken diagnosis, and in which the cure of the disease afforded infinite surprise to the surgeon. Professor Annandale's case is, however, the more remarkable inasmuch as the disease inasmuch as the disease involved not only the peritoneum, but apparently all the coats of the affected segment of intestine, and it is a most important observation that the disease entirely disappeared as a result of its being exposed and handled. It is a matter for congratulation that the affected portion of bowel was not resected, according to the routine practice of some operators, or the case would have served no better function than to adorn or mar the statistics of intestinal surgery.

It will be remembered that cases have been recorded by Greig Smith, Crawford Renton, and others in which tumors, found to be irremovable on exploratory laparotomy, have afterwards disappeared and left no trace of their previous existence. As, however, in these cases no microscopical examination was possible, they are less instructive than they would otherwise have been.

Returning to the subject of peritoneal tuberculosis and its treatment by operation, reference may be made to certain experiments which have recently been carried out by Mannoti and Baciocchi with a view to determine the influence and the *modus operandi* of the operation. Having induced tubercular peritonitis in dogs and rabbits in the usual way, a certain number were "left to themselves"; with the exception of one dog, which showed signs of spontaneous recovery, all died of general tuberculosis within a period which varied from 7 to 9 weeks in the rabbits, and from 11 to 13 weeks in the dogs. The remaining animals were subjected to laparotomy; in the case of the rabbits, though death was not averted, the lethal termination was much delayed, there were evidences of decided although temporary improvement, and the tubercular process appeared to have its activity diminished. Among the dogs, on the other hand, seven completely recovered, improvement was very decided in two, while in two there was no change. In the case of the animals which recovered, the peritoneum on examination was found either to have regained its

normal appearance or to present adhesions and scarred tubercular nodules. The changes observed in the process of recovery consisted in granular disintegration of the bacilli, phagocytosis by epithelioid cells, degeneration of the cells constituting the tubercular tissue, penetration of the latter by new vessels and connective tissue, leading to its absorption and replacement by scar tissue. The authors quoted point out that the processes described are the same as those observed when recovery takes place without laparotomy, and they express the opinion that the operative interference stimulates or increases the reparative changes by the mechanical influence which it exerts on the impressionable peritoneum.

Both from clinical experience and from experimental evidence, therefore, we may conclude that the beneficial results of surgical interference in peritoneal tuberculosis are due to the making of a wound through the wall of the belly and the attendant manipulation of the parts concerned.

In discussing the bearing of the above conclusion upon practice, it is not to be assumed that all cases of peritoneal tuberculosis are to be subjected to surgical interference.

In view of the natural tendency to spontaneous recovery, no case should be submitted to operation until medical treatment has had a fair (although not too prolonged) trial. Among the local measures included under this head I am inclined to place most reliance on careful massage of the belly, and on measures calculated to restore the normal functions of the intestine.

The inunction of mercurial and other ointments is probably chiefly beneficial because of the mechanical manipulations concerned, stimulating the tissues invaded by the bacillus to grapple with the latter. The inunction of ointment may be regarded as a gentle and safe form of massage.

The securing of regular and copious evacuations of the bowels by drugs, aims at cure of the catarrh, cessation of fermentation processes, and an increase in the eliminating powers of the mucous membrane. Should evidences of recovery not present themselves the question of operation is to be considered.

In all cases of diffuse serous or purulent ascites, operation is very certain to cure and very easy of performance; a free incision is to be made through the belly wall, the fluid is to be evacuated as completely as possible (turning the patient on one or other side for this purpose).

When the fluid is serous, the wound is then and there to be closed by suture, it being optional and perhaps advantageous to insert some iodoform into the parts exposed by the incision, rather with the object of preventing tubercular infection of the tissues of the abdominal wall, and consequent breaking of the scar at a subsequent period, than of influencing the existing peritoneal tuberculosis.

When the fluid is purulent (cold abscess), it is better to insert a drainage tube within the lips of the wound, and to remove it on the second or third day when the amount of discharge is no longer sufficient to soak the dressings.

To leave in a drainage tube for a longer period is injurious, as on the one hand it favors the development of a sinus, and on the other its inner end may, by its mechanical pressure on the weakened wall of the intestine beneath, favor perforation of the latter and the formation of a fæcal fistula. As soon, therefore, as the drainage tube has fulfilled its function, it is to be removed, and the space which it occupied filled up with iodoform.

The features of cases with ascites, whether the fluid is serous or purulent, are so well known that of those which have come under my own observation I shall only instance one, because of the individual peculiarities which it presented. The patient was a stout red-faced man fifty years of age; he had a large diffuse lipoma of the neck, and an enormous distension of the belly with fluid; the ascites was supposed to be result of hepatic disease. The abdomen was opened in the region of the liver, and after the fluid had been allowed to escape, the peritoneum was found to present the most diffuse and abundant miliary nodules and pedunculated masses of tissue; one of these latter was removed, and on being examined in the laboratory proved to be tuberculous. The sequel of the case is not known, as he became insane and was transferred to an asylum.

Of cases in which the fluid is encysted or circumscribed by adhesions, I have had no personal experience; but reports have shown that it is in the majority of cases remarkably successful.

It is in the third group of cases, in which fluid is either absent or relatively small in quantity and in which adhesions and matting constitute the predominant features, that more knowledge is required both in regard to diagnosis and to the advisability of operative interference. I have had personal experience of five such cases, in all of which I operated at one stage or another—in two for the purpose of relieving obstruction of the bowels, and in the remaining three with the object of bringing about improvement or cure of the tubercular condition. In all of the cases, the diagnosis was materially assisted by a rectal bimanual examination made under anaesthesia; in all, a tumor or swelling was to be felt occupying the pouch of Douglas consisting of a mass of adherent coils of bowel, filling up the pouch and bulging into the rectum. In one of the obstruction cases, this tumor was so prominent that it was mistaken for an intussusception by the practitioner who sent the case into hospital. This matting of the intestines in the pouch of Douglas is one of the evidences of the fact that tubercular peritonitis is always more marked below than

above the umbilicus, and serves to illustrate the influence of gravity in the localization of infective disease within the cavity of the peritoneum.

The operations for obstruction were remarkably successful, and the cases are of sufficient merit being recorded in detail. The first was that of a boy aged twelve who had suffered for five weeks from pain in his side. Two days before admission he commenced to vomit, and on the morning of admission the vomited matter was stercoraceous. His appearance suggested tubercle, he was emaciated, the skin was dry and harsh, the belly moderately distended and very tender. *Per rectum*, the pouch of Douglas was occupied by a semi-solid mass which bulged the anterior wall of the rectum. I opened the abdomen in the middle line (10th November, 1895,) and found the peritoneum studded with tubercular granulations. The coils of intestine were glued together by tubercular exudation, but were capable of being separated from each other with care. About two feet above the cæcum, the ileum was kinked upon itself, and the bowel beyond was small and collapsed. The opposed surfaces of the kinked segment, being only gummed together, were separated from each other, and it was then possible to pass on the intestinal contents from the ileum into the cæcum. There was no fluid in the peritoneal cavity; the wound was closed in the usual way; there was no further sickness. His convalescence was retarded by tubercular ulceration in and around the laparotomy scar, which ultimately yielded under the liberal application of iodoform powder. He was sent home, apparently in perfect health, and having gained nearly a stone in weight during his sojourn in the hospital. Some months later, a patient from the same village reported that he continued to present the appearance of perfect health.

The second case in which I operated for obstruction was a boy aged sixteen, belonging to a tuberculous family, who, after a period of ill-health, attended with loss of flesh, was seized upon the day before admission with pain in the belly and vomiting, the latter becoming stercoraceous. The belly was not distended or tender, but presented irregular areas of dulness and resonance and decided resistance or induration in the hypogastric and iliac regions. *Per rectum*, one was able to feel a tumor of large size, firm and fixed, projecting the anterior wall of the rectum. This tumor was so well defined that the practitioner who sent the case into hospital regarded it as an intussusception. I operated on the 17th February, 1895, commencing with a median incision below the umbilicus. As I could not get into the peritoneal cavity on account of the dense adhesions between the viscera and the parietes, I made a second incision outwards towards the cæcum and at right angles with the first. Several coils of distended small intestine were thus exposed, their peritoneal surface being

studded with miliary tubercles. As no explanation of the obstruction could be found, I made a third incision in the left iliac region and exposed a similar condition of parts. I introduced my hand and felt the spleen studded with tubercular nodules, but no cause of the obstruction; I therefore opened one of the distended coils of small intestine and closed the remaining wounds. The sickness did not recur, the artificial anus discharged well, and three days after the operation he passed a large natural motion *per rectum*. The wounds healed, and he made an excellent recovery; I had to close the artificial anus by a plastic operation six months later. It is now two years and a half since the operation, and he enjoys perfect health, being able for abundant exercise in addition to his work as a rivet-beater.

In the three remaining cases with matting and adhesions, the operation was performed with no other object than to exert a favorable influence upon the tubercular condition. All were males, aged six, fifteen, and thirty-seven respectively. In the first of these the operation consisted in a median incision below the umbilicus, and partial separation of the adherent coils of intestine underlying the area of the wound. It was followed by a most satisfactory recovery; as only four months have elapsed since the operation it is not possible to regard the case as permanently cured.

In the other two cases, the prospects of benefit from the operation were less favorable, because of the fact that in each there was evidences of more serious loss of health, and a suspicion of tubercular disease in the lungs. In both the operation consisted in an attempt to open into the peritoneal cavity and to separate the coils of bowel exposed in the wound. In both fecal fistulæ formed at a subsequent date, and while a decided improvement in their general condition and in their sufferings was recognizable death resulted in both. The boy, aged fifteen, died five weeks after the operation, and *post-mortem* examination revealed a large empyema in the right side. The man, aged thirty-seven, died three weeks after the operation. No examination was allowed; but I believe he died of pulmonary tuberculosis, and that this was present at the time of his admission to the hospital, when his condition was regarded as hopeless, and I only operated because of the chance of improvement and because I believe the operation would not have (as I do not believe it did have) any adverse influence. Had I been influenced by statistical considerations, I certainly would not have operated on a man who, at the time of admission, gave every promise of dying of tuberculosis.

In the light afforded by these five cases of the adhesive type of tubercular peritonitis and of those recorded by others, I hold the opinion that they, while less favorable than the cases in which fluid

accumulation is the chief feature, are capable of being favorably influenced by laparotomy, provided there is no serious tubercular lesion elsewhere in the body (lung, pleura). The *modus operandi* is, in all probability, the same as in tuberculous ascites; the operation itself is, however, very much more difficult, and at the time less satisfactory, for the interference is literally a mere inspection of the parts exposed by the wound. Infinite care must be taken not to injure the bladder or intestine. When one fails to open the peritoneal cavity in the middle line below the umbilicus, a second, or even a third, incision should be made; for unless the peritoneum is cut into, no improvement can reasonably be anticipated. In view of the fact that adhesions are always more pronounced below the umbilicus, the second incision, when required, should be made above this level, for by so doing the peritoneal cavity will be opened into with greater certainty. A drainage tube must on no account be employed. The formation of a faecal fistula is not an infrequent complication, but so long as it opens on the skin surface it is not of serious import; it is quite otherwise when the fistula discharges in the midst of the matted coils of intestine. It has been abundantly shown that perforation of the wall of the bowel is not the result of ulceration of the mucous membrane (which is quite exceptionally present in cases of tubercular peritonitis), but the result of the breaking down of a tubercular nodule on the peritoneal or external surface of the bowel: *i.e.* from without inwards.—Alexis Thompson, M.D., F.R.C.S. Ed., in *Pract.*

### INTESTINAL OBSTRUCTION.

In an editorial in the October number of the *Archives of Pediatrics*, the writer remarks that intestinal obstruction is a comparatively common affection during childhood and infancy. It may be due, he says, to congenital malformation, and if such malformation is extreme, the infant does not long survive, but soon dies with all symptoms of obstruction of the bowels. In rare instances obstruction results from constriction by adhesions, the impaction of foreign bodies, faecal impaction, or diverticula. Volvulus is comparatively rare in children. When it occurs, its most common site is the sigmoid flexure. Pain in such cases is violent, and the constipation is obstinate, there being no passage either of faeces, of mucus, of blood, or of flatus. Vomiting occurs late, and is rarely urgent. An operation is extremely unsatisfactory, as the volvulus, even when successfully straightened, is prone to recur.

Of the various conditions to which intestinal obstruction may be due, intussusception is by far the commonest among children. In infancy, intestinal obstruction and intussusception are

almost synonymous terms. In more than half of all the cases the lesion begins at the caecum, the ileo-caecal variety being the most frequent. The caecum is first inverted, and afterward the colon. The ileo-caecal valve is pushed before the ileum and is found at the apex of the intussusception. In rare cases the ileum slips through the valve, forming the ileo-colic variety. In all forms of intussusception, except the ileo-colic, the apex remains constant, while the neck changes its position, the intussusception growing at the expense of the sheath. The tumor, therefore, advances. In the most common form, the ileo-caecal, although the lesion begins on the right side, when it has become sufficiently extensive to be detected by palpation the tumor is felt on the left side. The mass with the ileo-caecal valve at its apex may commonly be felt at the rectum, and not infrequently it protrudes.

The symptoms, says the writer, frequently obscure at the outset, usually become distinctive as the lesion progresses. Violent pain, at first spasmodic; vomiting, frequently persistent; obstinate constipation, with a discharge of mucus and blood from the rectum; tenesmus, which, with the discharge of mucus and blood, may lead the unwary into a diagnosis of dysentery; and the presence of a tumor, are the points upon which a diagnosis is to be rested.

In another editorial the writer deals with the treatment of intussusception, which, being a mechanical condition, he says, must be relieved by mechanical means. Drugs, except opium, are either useless or dangerous. A cathartic should not be used under any consideration when there is even a suspicion of this condition. If one has been administered before the diagnosis has been made, its action should be checked as far as possible by the free use of opium. Opium in small doses, by relieving pain, may, in the first stages, prove of the greatest service. The chief objection to its use is the danger that it may mask the symptoms and lead to the false belief that the patient is improving. Attempts at reduction should first be made by means of injections. Time should not be wasted upon various methods of inflation and taxis. Injections of warm water by means of a fountain syringe are so far superior to all other methods that when they have been thoroughly tested and failed an operation should be resorted to. Thorough testing does not mean spasmodic efforts with a bulb syringe. This is a dangerous instrument, for a man may easily apply a pressure of ninety pounds to the square inch—a force sufficient to rupture the intestine. Here, as in many other conditions, spasmodic pressure may utterly fail, while continuous, steady, and properly regulated pressure will succeed. Such pressure can not be obtained with a bulb syringe, a bellows, a siphon of Vichy water, or the genera-

tion of any gas. We are indebted, says the writer, to Forest, of New York, for careful observations upon the amount of pressure which the intestine will sustain. The intestine, he has found, will sustain without injury six pounds to the square inch. Great pressure may be obtained with a column of water according to a well-known hydrostatic law. The elevation of the receptacle each two feet and a half will add a pound of pressure to each square inch. Steady, and efficient pressure may be obtained, therefore, by proper elevation of the bag of a fountain syringe. It may safely be held twelve feet above the patient, but less pressure should be tried first. Such pressure has the great advantage of being applied in every direction. It distends the sac, and exerts force upon the tissues which cause the obstruction at the neck of the invagination. After the end of the second day it is unwise to use so much force, for the bowel by that time may have become softened and weakened.

In giving the injection, the writer goes on to say, the child is anæsthetized and the hips are elevated. A large sized tub is used, and the rectum is occluded by means of a bandage wound about the tip of the tube in the shape of a cone. The pressure, graded by the elevation of the bag, should be steadily applied for thirty minutes. The greatest gentleness should be observed throughout. Should these measures fail when conscientiously carried out, laparotomy should be performed, although the results of this operation have not, on the whole, been encouraging. They have been somewhat more satisfactory, however, he says, during recent years, and great improvements in the results will undoubtedly be obtained by operating earlier under strictly aseptic methods.—*New York Med. Jour.*

#### THE VALUE OF STRYCHNINE IN OPIUM POISONING.

September 10, 1893, I was called to see a little boy, 4 years old, who had swallowed about an ounce of the tincture of opium. The fact that he had swallowed the drug was not noticed until a half hour later, when he was found in a dazed condition. The fears of the family were confirmed by the empty bottle.

I arrived about an hour and a quarter after the ingestion of the drug. Before my arrival, the family had given the patient warm milk and mustard water, in the hope of producing emesis, but they were not successful. This fact, however, was an important one in the prognosis, as the milk and water greatly diluted the unabsorbed laudanum in the stomach, and, of course, its absorption was slower. When I arrived, the frantic parents were with great difficulty and failing

success endeavoring to keep the boy awake. All the characteristic symptoms of opium poisoning were present, and the little patient was fast becoming insensible, which he was entirely in few minutes later.

Before insensibility took place, I succeeded in emptying the stomach by an emetic of zinc sulphate and ipecac, which I gave simply because they were the most convenient agents that I had at hand. The child's respirations were very irregular, and at the rate of about 7 to the minute. The heart's action was weak, irregular, and about 15 beats to the minute.

As soon as possible, I administered  $\frac{1}{80}$  grain of strychnine sulphate hypodermically and carefully watched the symptoms for effect. At the end of half an hour I perceived no favorable effect; instead, the child steadily grew worse. The respirations were very spasmodic and their rate about 10 to 12 per minute. I then administered  $\frac{1}{100}$  grain of strychnine, but, excepting a quickening of the heart-beat for a few minutes, I perceived no response. The respirations, now were short and averaged 3 per minute; sometimes the interval being over a minute, producing marked asphyxia. The heart-beat was not perceptible, either by wrist pulse or by auscultation over the heart region. Regarding the case hopeless, and expecting death to occur momentarily, I resolved to act on desperate chances, and gave  $\frac{1}{5}$  grain of strychnine hypodermically; in about five minutes I felt the pulse at the wrist again, the respirations increased to 4 or 5 per minute, and in a few minutes more increased to 7 or 8, with increased volume, causing the disappearance of asphyxia. After continuing in this state for about three quarters of an hour, these favorable symptoms began to recede, both respiration and heart-beat diminished.

In an hour after the last dose, I injected another  $\frac{1}{5}$  grain, with the same effect as the previous dose; in fifteen minutes it brought up the respiration to about 8 per minute, and the heart-beat to 20 per minute. The pupils during this time were as firmly contracted as ever. This rather favorable condition continued for about two hours, varying, however, at times. Symptoms of relapse now began to show themselves again, but were not so marked as before.

Being rather timid about the cumulative effects of the strychnine, I decided to wait until the symptoms more urgently demanded heart and respiration stimulation; accordingly, two and a half hours after the last dose, I injected  $\frac{1}{30}$  grain strychnine; the results were almost immediately perceptible in the increased frequency and fullness of respiration, being now about 10 per minute. The heart-beat was 50, had considerable tone and was regular. In about half an hour after the last dose, spasmodic movements of the extremities were noticed, the patient seemed to



be in a natural sleep, with occasional twitches of the hands and face, which, after a little while, became very prominent. He continued in this condition for about three hours, when he began vomiting, and then spasmodically passed some urine. He was now partly conscious and asked for water, which I gave him. I remained with him for an hour longer and then left, assured that he would make a good recovery, which he did, excepting an acute attack of gastritis, due to the last dose of zinc sulphate being retained in the stomach.

The lessons learned from this case I consider as most valuable, confirming, as they do, the value of strychnine as a powerful heart and respiration stimulant, and especially in this rather common form of poisoning.

It is impossible to determine how much of the opium was absorbed, but as it was taken on an empty stomach, in all probability a quantity sufficient to cause his death, without medical aid, was taken into the circulation. This fact is the more probable because the vomited matter did not possess the odor or appearance of laudanum.—J. Howard Seiple, M.D., in *Philadelphia Polyclinic*.

#### WHY IS THE ABDOMEN OPENED IN THE MIDDLE LINE?

In text-books on abdominal operations the *linea alba* is always recommended as the proper site for the incision, or in default, the *linea semilunaris*. From this fact and from the unanimity of opinion which appears to be held by operators on the subject, one would naturally suppose that there must be some great advantages to be obtained from opening the abdomen in one or other of these situations. On inquiry I found they are as follows: (1) vascularity is low in the middle line, and therefore the hæmorrhage is less; (2) there are fewer and less important structures to cut through; and (3) there is greater facility of access to all parts of the abdominal cavity. As regards (1) this advantage is imaginary and is really a disadvantage, for, although the abdominal wall is more vascular in other situations, yet there is never any hæmorrhage in incising the abdominal wall elsewhere but what can be easily and speedily controlled, and, moreover, it is this absence of vascularity which tends to delay rapid and permanent healing, and therefore predisposes a hernia. (2) is also a disadvantage, for the whole depth of the incision being through tendinous or fibrous layers having a great similarity to one another renders it difficult, especially to young operators, to know exactly the depth of the incision. This is especially the case when there has been inflammatory action. It is difficult to get the layers exactly together again, and they always cohere,

so that the depth of the scar when formed is barely one eighth of an inch thick. This is noticed especially when making an incision through the scar of a previous incision. (3) is the only valid argument that can be used in favor of the median incision, and, as I can show, is theoretical rather than practical.

A disadvantage of the median incision is that should it be necessary to extend it upwards the umbilicus comes in the way, and as it cannot be rendered aseptic with certainty, it has to be avoided and the incision deflected, while some operators remove the umbilicus entirely. This being so, is there any situation in the abdominal wall which offers further advantages, without these disadvantages? I think so, and that the ideal incision for abdominal section is one vertically through the middle of the rectus muscle on either side, and for the following reasons: (1) Although the parts are vascular there is no hæmorrhage; if the epigastric artery is cut, it is easily secured, and this vascularity tends to rapid and efficient healing; (2) there is no injury to the muscle, for after the fascia is divided the muscular fibres are easily separated with a director and retracted; (3) the incision can be made in any part of the muscle and continued up to the ribs or down to the pubes in the same manner; (4) the umbilicus gives rise to no inconvenience; (5) the layers are so well marked that it is impossible with ordinary care to wound the viscera; (6) access to all parts of the abdominal cavity is just as easy as in the middle line (this I have found from experience, whilst in some cases, where tubal or ovarian disease is known to be only on one side, it is an advantage to have the incision slightly on that side); (7) the scar left looks as if there had been a skin incision only—it does not pucker or dip in like the ordinary scar, and the separate layers are not coherent; and (8), most important of all, if the wound is properly closed the risk of hernia is reduced to the least possible minimum. The best method is to close the wound with silkworm-gut sutures, running through all the layers. These are placed *in situ* and held by forceps; then the peritoneum and posterior layer of fascia are brought together with fine silk sutures, either continuous or interrupted, and then the anterior layer of fascia in the same manner. This brings the muscle firmly together, making the passage through its fibres valvular, restores the natural thickness of the abdominal wall, and prevents coherence of the fascial layers, leaving the abdominal wall in as good a condition as before the operation. Should temporary drainage be essential, the necessary sutures should be placed *in situ* and marked with knots. They can then be drawn and tied accurately when the tube is withdrawn. Even if drainage has to be continued for some time, the track running through a thick wall will close

better and more firmly and be less likely to give way afterwards. I have adopted this incision during the past two months in five cases—viz., two ovariectomies, one tubal gestation, one pelvic abscess, and one cholecystotomy—and have found that these advantages claimed are real and practical. I am convinced that if some surgeons of higher standing than myself would give this matter their careful consideration this incision would be generally adopted, and that students would be taught that the one place to be avoided in opening the abdomen is the linea alba.—F. Winson Ramsay, M.S. Durh., F.R.C.S., Edin., in *Lancet*.

THE CRIMINAL BRAIN NOT NECESSARILY DEGENERATE.

At the Philadelphia Academy of Natural Sciences the subject of degeneration was discussed recently by the Section on Anthropology. Dr. Charles K. Mills presented the brains of three murderers and demonstrated in them the abnormalities in the course and development of convolutions and fissures, apparently showing a reversion to the brain conformation of anthropoid apes. Two of the murderers were insane, which also was indicative in the mind structural peculiarities.

Dr. M. V. Ball dwelt upon the distinction between the "degenerate" and the "atavistic" brain, the former being pathologic; the latter the result of reversion to a lower type. Idiots, insane and epileptic subjects belong to the degenerate class, while, according to Lombroso, born criminals are the result of a halt in evolution, or what is termed reversion. Some criminologists maintain the view that the changes are due to faulty nutrition, and as criminals are usually of the pauper classes, the fault, in that case, would be primarily social.

Prof. D. G. Brinton declared that because a man's brain showed characters of a lower type, it need not be inferred that he was necessarily criminally inclined. The lower races are often as ethically elevated as many civilized races, and furthermore, men of honest habits may possess brains exhibiting the anomalies referred to. Crime is not so much the result of anatomic, as it is of social conditions; if it were solely physical, we could do little toward improvement, whereas we know that crime can be reduced by better social advantages and an improved environment.

Professor Cope expressed his belief that physical organization does control action, but an unfavorable environment acts by developing degenerate and physically inferior individuals. Society may do much toward improving the human race by preventing the physically degenerate from reproduction.

Prof. L. Witmer exhibited a cast of the brain

of Laura Bridgman, who in the physical sense was a degenerate, though morally and intellectually of high culture and development. Some of the characters of the alleged criminal brain were present, and there was deficient development of the centres in the cortex where the faculties of sight, speech and hearing have been located, showing that degeneration here was to be traced to disease of the sense organs.

Prof. Ernest Laplace said that he had examined the brain of Gambetta shortly after his death, and though a very small brain, comparable in size to that of an idiot, it was strongly developed in the region of the speech centres, which corresponded with his great oratorical ability during life. Criminality, according to Professor Laplace, is an exaggeration of selfishness, and he suggested that a centre for selfishness may some time be determined.

Prof. Harrison Allen spoke of the non-permanence of peculiarities of brain structure, and said that they constantly tend to return to an earlier type of formation. Man is a domesticated animal, and like other domestic animals has a tendency to revert to a more primitive condition. He maintained that because ape-like characters are found in a brain, we have no right to assume that the person's actions during life were ape-like, any more than we have to assert that those which showed features which are found in the hog are necessarily hog-like. The brain may exhibit apparent abnormalities or peculiarities without proving anything against the moral character or mentality of the owner.—Ed., *Jour. Am. Med. Assoc.*

MEDICAL NOTES.

*Acne Rosacea*.—Freeze the part with a rhigolene spray or ethyl chloride, and freely scarify with a five-bladed knife. This treatment gives prompt relief.—*Cantrell (Medical Record)*.

*After much Smoking* the mouth feels like a furnace. To relieve this add to half a tumblerful of water a teaspoonful of a solution of salol, 4 grains; tincture of cacechu, 20 minims, in an ounce of any nice aromatic tincture and use as a wash.—*Chemist and Druggist*.

*For Acne Vulgaris* (Boeck, *Monatsh., f. prakt. Derm. in Med News*:—

- R.—Camphoræ,
- Acid. salicylic, aa . . . . . ivss-vijss.
- Saponis medicin., . . . . . gr. xv.
- Zinçi oxidi, . . . . . ʒ ss.
- Sulphur-præcip., . . . . . ʒ ijss.
- Olei physeteris, . . . . . ʒ iij. M.

Fiat unguentum.

Sig.—Apply topically at night.

From the *Medical Record* we extract the following paragraphs:—

It should be mentioned, in the interest of *Antiseptic Purity* and suffering humanity, that a good, stout tooth-brush, plenty of water, and some antiseptic dentifrice, applied morning and night, afford a greater safeguard against many diseases than many people are aware.—*Sims Woodhead*.

If the patient is *unable to obtain sleep* during the early hours of the night, give trional; if he readily falls asleep upon retiring, but awakens too early, give sulfonal.

*Chloral Hydrate* is the *Hypnotic par excellence* when pain is not a prominent element in the case (Adolphus). I find it best to combine it with ammonia and strychnine, some ammonia salt, not alkaline; all alkalies are sure to bring about decomposition of chloral hydrate, thus making it utterly valueless as a medicament, especially as a hypnotic. Following is a good combination:

R.—Chloral hydrate, . . . . . gr. xx.  
Ammonium bromide, . . . . . gr. xx.  
Fl. ext. nux. vom., . . . . . gtt. x.  
Fl. ext. belladonna, . . . . . gtt. ij. M.

Sig.—To be taken at once, and repeated in an hour or two if needed.

*Asafetida* is a valuable remedy in *Insomnia* occurring in the aged.

My own experiments, as also those of Dr. Albu, at the Moabit Hospital in Berlin, and of others, have conclusively shown that creosote has no influence upon *Pulmonary Tuberculosis*, and particularly upon the growth and virulency of the specific germ. Apart from its influence upon the bronchial catarrh, creosote has a value in certain gastro-intestinal derangements, but the considerations for its preference are the same as they would be if the patient were not tubercular at all.—*Karl Von Ruck (Med. Rec.)*

CONSANGUINITY OF PARENTS IN RELATION TO IDIOCY.—Martin W. Barr, M.D., *Philadelphia Polyclinic*, says: Consanguinity is commonly accounted a fruitful cause of idiocy, but comparative investigation shows: First, children having both mental and physical defects, the offspring of healthy unrelated parents; second, perfectly developed children with no personal peculiarities whatsoever, the issue of consanguineous marriages. This would lead us to accept the statement that consanguinity has but little, if any, influence in the production of idiocy, unless there be some hereditary neurosis.

Heath maintains that if the blood be pure and uncoptaminated there will be no bad results from such marriages.

A confirmation of this may be found in the history of the Hebrews, which gives repeated examples of consanguineous marriages where the intermingling of pure blood give only good results, and idiocy is the exception rather than the rule.

The statistics that have been gathered by the author run thus: In 1865 the population of Batz, Brittany, numbered 3,300. Five marriages took place between cousins-german, thirty-one between second cousins, and ten between those of third degree.

The issue of the cousins-german was twenty-three children, free from all disease both mental and physical. The second cousins had 120 children, normal in every respect; and the issue of the cousins of the third degree was twenty-nine children, also perfect. Two women were sterile. But insanity, idiocy and nervous diseases were unknown in this community.

Dr. Kerlin found but 7 per cent. of his cases examined directly traceable to consanguinity.

In the author's examination of 1,044 idiots he found but 3½ per cent. On the other hand, consanguineous marriages, where there is the least neurotic taint, must always be marked by deterioration of mental power. Naturally, if the taint exists in both parents, the force is but intensified, and idiots are likely to be produced with peculiarities accentuated. A notable example of this is found in Switzerland, where, among the people secluded from the outer world in mountain fastnesses, intermarriage has been going on for centuries. Here, by repeated intermarrying, neuroses are preserved intact, and idiocy ripens.

Frequently idiocy appears as the outward and visible sign of the mental deterioration of a family where intermarriage has been frequent, especially one that has been noted for its intellectual qualities, and, according to Griesinger, it is a mark of degeneration in a race whose blood has stagnated.—*American Medico-Surgical Bulletin*.

HYSTERIA.—The Medicinisches Doctoren-collegium had under discussion Frend's paper on hysteria. Mittler said that he had expected a more exact definition than Frend had given to separate it from neurosis. From an abundance of experience and examples we are yet unable to say what hysteria is. It cannot be attributed to sexual cause alone, although older writers placed great value on this form of genesis, whence the name has arisen. We meet with it, though probably indirectly, from shock, fright, anxiety and other similar causes which pass along the psychical path. Grossman was pleased to record the number of explanations and elucidations of hysteria during the past, but in practice the differential diagnosis was still a difficulty. The hysterical throat affection still remained our guiding star. Anæsthesia of the conjunctiva,

tongue, mucous membrane of the nose and throat pointed to hemiplegia of the mucous membrane of the larynx. The hysterical cough and choking phenomena are frequently marked in literature as the true augur of the disease. The hysterical morbid movements of the larynx are divided into two groups, the first occurring in the region of the laryngeal recurrent nerve, the other in the superior. The first and more common form appears as a paresis where the glottis is found flabby with the vocal cords and surroundings normal. By deep inspiration the vocal cords lie over one another, while phonation produces a flabby opening. In this state the patient speaks with a hoarse voice. This form of paresis never appears as paralytic, but if left alone will suddenly disappear. A patient relieved from this condition by hypnosis suddenly returns to her former condition through displeasure or emotion. Another point to be noted in the character of the hysterical paresis is the constant bilateral condition. On meeting with unilateral paresis of the vocal cords, even in a very hysterical person, would leave us to view the lesion as serious.

Mittler mentioned a notable case in a woman, aged 32, who, for the last ten years, had gone the round of every neuropath and laryngoscopist in Vienna, everyone of whom treated her, and was convinced that hysteria was the sole cause of her trouble. Recently, however, the hoarseness and difficulty of swallowing appeared to have increased. Sometimes she could swallow fairly well, but immediately complained of a rising or swelling in the throat, as if a ball were choking her, which was conclusively accepted as globus hystericus. Examination of the larynx showed right paresis, but no cause could be forthcoming for this exceptional condition. In the course of time it became paralytic, the other side being somewhat affected. The paralytic cord assumed a red uneven swollen condition, which led to a closer diagnosis and final discovery of carcinoma in the œsophagus.

The second form of hysteria is where the vocal cords go together during inspiration, and during phonation overlap. Notwithstanding this hypermotility, the patient is aphonic. Where there is difficulty in swallowing, care should also be taken in the diagnosis of these cases. Brawer agreed in much that Frensdorf had said, but presumed that he entertained the old opinion that many of the hysterical symptoms arose in the sexual sphere or had their origin in close proximity. Whatever the source, we in practice usually prescribe iron in some form when a female comes to us complaining of languor, exhaustion, and paresis, presuming that anæmia is the cause, but the source of the latter is usually taken for granted, for not a question is put to her

concerning the sexual organs. — *Vienna Cor. Med. Press and Circular.*

**THE WALSCHER POSITION FOR LABOR.**—It has long been known that there is a certain amount of mobility in the joints of the pelvis, especially during pregnancy. But it remained for Walscher (1889) to show that the antero-posterior diameter of the pelvic inlet varies with the position of the body. The sacro-iliac synchondroses are true joints with synovial membranes, articular cartilages, and strong supporting ligaments. The innominate bones revolve to a limited extent about the sacrum, upon an axis passing through the sacrum several centimeters below the level of its promontory, and Walscher found that when the pelvis is, as it were, extended, the conjugata vera is from nine to fifteen millimeters longer than when flexed upon the trunk. The universal position of a woman, when forceps are applied, has been upon the back or side, with the thighs flexed upon the abdomen; in this position the symphysis pubis approaches the promontory of the sacrum, and the true conjugate of the pelvic inlet is shortened six or seven millimeters. On the other hand, if the thighs are forcibly extended, with the patient upon her back and her lower extremities hanging down over the edge of a table or bed, considerable traction is exerted upon the anterior portion of the pelvis; it is forcibly extended, and the conjugata vera is lengthened six or eight millimeters.

The increase in length, therefore, of the antero-posterior diameter of the pelvic inlet in the Walscher position over that in the position universally assumed, is from one to one-and-a-half centimeters. By placing women in this position in the first stage of labor, Fehling and others have secured spontaneous births in cases where forceps or other instrumental means had been necessary in previous labors. It must be borne in mind, however, that the Walscher position is of value only when the head is at the superior strait; after a head has entered the pelvic cavity this position should be dispensed with, as by the sinking in of the lower end of the sacrum and coccyx the antero-posterior diameter of the pelvic outlet is shortened. — *Am. Gyn. and Obs. Jour.*

**THE COST OF A CRIMINAL FAMILY.**—Improvement of the social status of our population and attempts to lessen pauperism and criminality are matters of general and widespread interest. Practical measures are needed to counteract inherited tendencies in certain families, as well as in the cases of habitual drunkards and frequent offenders. The suggestion of such measures is generally met with the objection of their costliness to the public, without regard to the expenses thrown upon the public purse by the existing degraded portions of the population

as well as in other ways. The chief constable of Chester has given the record of John Ogden, recently dead, who made 130 appearances before the city justices; 86 being for drunkenness, and 44 for assaults. Ogden's father appeared before the bench 35 times, a sister 67 times, and another sister 29 times. The father, son and two sisters were charged 347 times; it has been estimated that in the expenses of prosecution, prisons, and poor-law maintenance, the Ogden family has cost the City of Chester £2,000. Such cases are frequently met with, and demonstrate the grave importance of accurate inquiry as to the physical and mental conditions of the population. Inquiries conducted by a committee of the British Medical Association show that many such cases may be detected in our schools; which provision for their proper care in early years and subsequent provision might prevent much evil. The consideration of the mentally and morally feeble portions of the population claims the early attention of the Government.—*Brit. Med. Jour.*

**THE HYSTERICAL BREAST.**—Tourette, *Journal de Médecine*, describes a condition of the breast under the name of hysterical breast, which he considers of much importance, not only as it is a well defined manifestation of hysteria, but also from the fact that it has given rise to errors in diagnosis and needless removal of the organ. It consists of a temporary enlargement of the breast with considerable hyperesthesia of the skin covering the organ. This hyperesthesia, liable to vary, becomes much more marked during the menstrual flow; there is then, also, more swelling, and considerable pain is complained of. On palpation at such time it is possible to perceive one or two tumor-like masses in the substance of the breast, about the size of a hen's egg, but which are not painful, the hyperesthesia being cutaneous. The affection is often of long duration, especially in those cases where there is faulty therapeutics, as often happens. It seems to depend on a hysterogenous band of hyperesthesia at the level of the breast, which induces an œdema of the connective tissue of the gland. In this way are produced the local swellings.—*Univ. Med. Mag.*

**PILOCARPINE IN NEPHRITIS.**—French physicians have for some time past been treating cases of ordinary nephritis by regular inunction with an ointment made of nitrate of pilocarpine and white vaseline, of the strength of one part of the former to one thousand or two thousand of the latter. This is applied by friction to the skin of the trunk, which is then enveloped in a layer of cotton wool, the application being repeated on the following day, unless such free perspiration is excited as to render the earlier removal of the dressing advisable. It is stated that almost immediately the

patient experiences a feeling of marked relief, with very abundant perspiration, which is at first neutral in reaction, but afterwards becomes acid; that this is accompanied by marked diuresis, but no salivation; and that, under this treatment, the albumen in the urine, in acute cases, disappears rapidly and the patient quickly recovers. In chronic cases, the œdema is said to disappear, the albumen to diminish, and the general health of the patient to become markedly improved. A large number of cases have been treated by this method, the best effects being obtained in patients suffering from acute or sub-acute nephritis; but it is asserted that the drug is perfectly harmless when thus employed, even in advanced cases, although in such, naturally, the results are not so satisfactory.—*Med. Times.*

**A CONSTANT SIGN OF COMMENCING MENINGITIS.**—This consists in the inharmonious movements of the chest and diaphragm. It exists from the beginning, and may serve to reveal it even in insidious cases. It requires careful searching. The chest and abdomen must be bared, but not suddenly, or the hyperæsthetic skin will take on accidental movements from the action of the air.

In the first period of meningitis we see irregularity of rhythm and then remark the inequality of the amplitude or development of the chest. Another sign is the irregular type of respiration and dissonation of the movements of chest and diaphragm. The respiration is effected by the lower respiratory muscles of the chest. Looking at the umbilical region, instead of the normal elevation with each inspiration, there is either immobility or depression. These movements are not connected with the Cheyne-Stokes type of respiration.—*Times and Register.*

**METHYL CHLORIDE AGAINST THE FALLING OUT OF HAIR.**—The refrigerating property of the spray of compressed methyl-chloride has been employed by Dr. Tsakiris ("Pham. Ztg." XL, p. 474) to promote the growth of hair. He was moved to try it by the hope that the rapid cooling off of the tissues of the scalp, and the attending stimulation of the vital functions, would assist the growth of hair and give it new life. His experiments seem to have borne out his expectations. He proceeded by spraying, once a week, a small quantity of the remedy upon the bald spots, and observed, that after but one month's use, the hairless portions of the head became again covered with fine hair, and that the falling out of the hair diminished considerably, it is reported.

**A THEORY OF RHACHITIS.**—Wachsmuth (*Jahr. buch f. Kinderheilkunde*, Bd. xxxix., Hft. 1, S. 56) concludes an elaborate paper on the theory of rhachitis by stating that the conditions for the

precipitation of lime-salts in normal growing bone are: (a) the presence of fully developed cartilage cells, and (b) the presence of carbon dioxide in the tissue of the cartilage and bone in quantity not sufficient to hold the lime-salts in solution, or to redissolve them when precipitated. In rhachitis both of these conditions are incompletely fulfilled and in inverse proportion to the gravity of the disease, there being an abnormal development of the small-cell elements of the cartilage with scarcity of the fully developed cells, while at the same time the free carbon dioxide of the blood is increased. In other words, rhachitis is a chronic carbon dioxide poisoning—an asphyxia of growing bone.—*Am. Jour. Med. Sci.*

**EXCISION OF THE VAS DEFERENS FOR PROSTATIC HYPERTROPHY.**—Pavone (*Il Policlinico*) has made a series of experiments on dogs with regard to the effects of removing the testes or the vas deferens alone. He finds that bilateral excision of the vas deferens in dogs brings about the same atrophy of the prostate as castration. Drawings of the microscopic appearance of prostates after castration and excision of the vas deferens respectively, show that practically the same changes occur after both operations. The author therefore recommends the excision of the vas deferens for prostatic hypertrophy in preference to castration, as being a simpler operation, causing less mutilation and less mental shock to the patient, and giving equally good therapeutic results.—*Brit. Med. Jour.*

**CHRONIC COFFEE INTOXICATION.**—In a recent paper read before the Société des Hôpitaux, Gilles de Tourette (*Gazette Médicale de Paris*), calls attention to the fact that chronic coffee-poisoning is much more common than is generally supposed, and is generally confounded with alcoholic disturbances. The poison acts principally on the stomach and the nervous system. The coffee dyspepsia resembles the alcoholic very much; there are as symptoms, morning expectoration of mucus, pain in the epigastric region, and marked anorexia. The disgust for food finally becomes so great that the patient can only take coffee, or bread soaked in coffee, and in this manner the poisoning rapidly increases in severity; nausea and vomiting, with acid pyrosis next appear, and the patient becomes much emaciated. On the side of the circulation a slowing of the pulse is usually observed, palpitation being rare. The nervous symptoms are marked. Insomnia is common, or if sleep occurs it is often accompanied by terrifying dreams. General tremor is often present, with fibrillary twitching of the lips and tongue. Cramps in the limbs may occur. The general sensibility is diminished in a certain number of cases. Paralyzes have not been ob-

served. In children, arrest of development takes place. The stoppage of the coffee generally results in a rapid cure, much more rapid than from similar troubles due to alcohol.—*Am. Jour. Med. Science.*

**TREATMENT OF CYSTITIS.**—Frendenberg (*Clinical Jour.*) has tried cantharidine in fifty-six cases of cystitis. The formula used was cantharidine 0.001 (—1 mg.), alcohol ad solvend., 1.0; aq. destil., ad 100. A teaspoonful of this was given three or four times a day; larger doses did not succeed if this failed. Results:

1. In five cases no improvement; of these only one was afterwards cured by local treatment (cases of vesical tuberculosis, contracted fibrous bladder, etc.).

2. In nineteen its action was slight, or even doubtful the strangury alone being improved, or the urine clearing without the cure being complete. In one of these the cystitis was due to perforating silk sutures after laparotomy, and the strangury was alone improved; in another, the bladder had diverticula; some remained, however, in which the drug failed without apparent cause; for example, in one case of gonorrhœal cystitis, afterwards cured by sandalwood oil.

3. The remaining thirty-two cases were completely cured, often surprisingly quickly. In three cases of gonorrhœal cystitis, cantharidine succeeded where sandalwood oil failed.

Conclusions: Cantharidine is approached only by sandalwood oil in its action in cystitis, and the latter is to be preferred if urethritis is present.

(2) Its advantages are its cheapness, tastelessness, and almost complete freedom from unpleasant symptoms, at least in the above-given doses, frequent erections being noticed only once (after use for ten days), formication once. Disordered digestion or albuminuria never occurred.—*Charlotte Med. Jour.*

**HEADACHES OF EXTRA-CRANIAL ORIGIN.**—In the discussion following the reading of this paper, Thomas Hunt Stucky, M.D., Ph.D., Professor of Theory and Practice and Clinical Medicine, Hospital College of Medicine, Louisville, Ky., said: "The paper just read is to me one of unusual interest and importance. When we take into consideration the many causes of headache, and look back upon the treatment for the past twenty years for the condition by opium or its alkaloids, chloral, the bromides, etc., and remember their tardiness of producing relief, the danger of having our patients become drug-habitues, 'tis indeed, a fact that antikamnia has proven a God-send to the people, as well as the profession. One fact is evident, and that is that antikamnia has almost entirely displaced opium, its compounds and derivatives. If it has done this and nothing

more, its mission is a great one and its usefulness thoroughly established. 'It does not depress the heart's action; it does relieve pain. An extended use from its appearance on the market has served to increase my confidence in the great value of antikamnia.'—Frank Woodbury M.D., Philadelphia, before the Mississippi Valley Med. Assoc.—*Medical Record*.

A NOTE ON THE THERAPEUTIC VALUE OF SILVER NITRATE. (*Dublin Medical Journal*.) In a short paper the writer relates the details of a case of locomotor ataxia, which was very markedly improved under the use of silver nitrate. Although the silver was given with much caution, and frequent and prolonged interruptions, argyria ensued. He concluded that no precautions can guard against the staining that follows the prolonged use of silver, but excepting the staining, silver nitrate appears to produce no injurious symptoms. At the same time no drug had the same beneficial action upon the symptoms as had the silver nitrate. The case was under observation for more than twenty-three years. The ataxic and neuralgic symptoms gradually disappeared under the use of the drug. On its discontinuance they returned after an interval, but vanished again and again on resuming the nitrate. Dr. Tweedy says, "It is now more than ten years since he showed any definite symptoms of ataxia. He has none whatever at the present time, and I think it may be fairly conceded that the discoloration of the skin has not been an extravagant price to pay for the benefits he has derived from the use of the drug."—*Internat. Med. Jour.*

NERVE LESIONS IN HERPES ZOSTER.—Ehstein reports (*American Journal Med. Sciences*) a case of herpes zoster with facial paralysis and another sensory disturbances. He agrees with the view of Recklinghausen that there is a primary affection of the vaso-motor nerves, the vaso-dilators being irritated, and he looks on the herpes as an intense angioneurotic disturbance which may be of sensory, spinal or cerebral origin. The rare appearance of herpes in cases of motor disturbances and the cause of the paralytic phenomena in motor nerves and of symptoms of irritation in sensory and vaso-motor nerves cannot be explained. In most cases the disease results from causes acting on the body in general, though trauma and cold may assist. It is possible that infection or auto-intoxication plays a part. The tendency of certain parts of the nervous system to herpes zoster may be due to predisposition of these parts to the special exciting causes.—*Medical Standard*.

SLEEP FOR CHILDREN.—A German specialist says: "Nature has recently pleaded for giving children more sleep." A healthy infant sleeps

most of the time during the first few weeks, and in the early years people are disposed to let children sleep as they will. But from six or seven years old, when school begins, this sensible policy comes to an end, and sleep is put off persistently through all the years up to manhood and womanhood. At the age of ten or eleven the child is allowed to sleep only eight or nine hours, when its parents should insist on its having what it absolutely needs, which is ten or eleven at least. Up to 20 a youth needs nine hours sleep, and an adult should have eight. Insufficient sleep is one of the crying evils of the day. The want of proper rest and normal conditions of the nervous system, and especially the brain, produces a lamentable condition, deterioration in both body and mind, and exhaustion, excitability and intellectual disorders are gradually taking the place of the love of work, general well-being, and the spirit of initiative.—*N. Y. State Med. Rep.*

Watertown, S. D., Dec. 10, 1895.

BATTLE & Co., St. Louis,

Some time ago you sent me specimens of your preparations of Bromidia, Papine and Iodia. Unlike many who send out specimens, you sent an amount large enough to really make a trial with. I had used the first named a little, but having them more forcibly brought to mind, and recognizing the fact that I had them on trial, I watched their action more carefully. I can say that they are both elegant and health bearing. Bromidia I used on a man verging on Mania a Potu. Papine on a nervous Typhoid woman, and Iodia on a young man, who had carried boils for three years as the result of ivy poisoning. The preparations were a decided success in every instance.

Yours truly, E. C. ADAMS, M.D.

MINDIERE, in the *Revue Medicale*, directs attention to the influence of malaria on the viscera and its expression in severe hiccough. In support of this a case is reported of a countryman who, recovering from an attack of ague, was seized with a violent hiccough which, in spite of opiates, blisters, and antispasmodics, persisted for nine days, when it disappeared under enemata of quinine.

EDWARD BOK's book, "Successward," has just exhausted its first edition of 5000 copies, with orders in the publisher's hands for several hundred copies of the second edition, which is now being printed. An English edition of the book is published in London this week, simultaneously with a special reprint in Edinburgh.

"THE COLLEGE AND CLINICAL RECORD" will be hereafter known under the name of "Dunglison's College and Clinical Record, a Monthly Journal of Practical Medicine."

# Protonuclein.

Produces leucocytosis as soon as taken into the organism.

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# THE CANADA LANCET

A Monthly Journal of Medical and Surgical Science, Criticism and News.

Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Address, DR. J. L. DAVISON, 12 Charles St., Toronto.

Advertisements inserted on the most liberal terms. All Letters and Remittances to be addressed to ARTHUR A. ADAMS, Gen. Business Manager, 11 Colborne Street, Toronto.

AGENTS.—DAWSON BROS., Montreal; J. & A. McMILLAN, St. John N.B.; Canadian Advertising Agency, 60 Watling St London. 5 Rue de la Bourse, Paris.

## Editorial.

### ANNOUNCEMENT.

At the close of what has been an exceedingly prosperous year for THE CANADA LANCET, we are pleased to be able to announce to our patrons the completion of arrangements which we trust will greatly enhance its value to the general practitioner, as well as to those whose labors are directed in special lines. We are determined at the same time to maintain in every respect the high standard, and thoroughly practical character, now held by this Journal for over a quarter of a century.

By special arrangements made with some of the best known American writers, we shall be enabled to give a larger number of original articles than heretofore in each volume.

We also propose increasing our reading matter from thirty-two, to forty pages, double column, which is equal in amount to nearly sixty pages of single column.

Another feature will be the introduction of cuts illustrating as fully as possible the letter press, wherever this may be possible. Indeed our new series will, we hope, be in every way an up-to-date medical journal.

The former business manager, Dr. Sheard, has retired, owing to press of work as City Health officer of Toronto, and his interest has been pur-

chased by Dr. G. P. Sylvester, who will now take the duties of that post.

The editorship will be, as heretofore, in the hands of Dr. J. L. Davison, who will be assisted in the several departments of Surgery, Midwifery and Gynæcology, Throat and Nose, Pathology and Bacteriology, and Electro-Therapeutics, by the best men obtainable, whose names will appear in the next and new issue.

No pains or expense will be spared, that this Journal shall contain a *resumé* of the latest researches in the various departments of scientific medicine, and of medical news of general interest to the profession.

### THE CIGARETTE HABIT.

While the subject of the evil of cigarette smoking, especially among those of tender years, is an old one, there can be no doubt that there has been no clear scientific investigation into the habit until quite recently, when Dr. Mulhall, of St. Louis, Mo., himself a cigarette smoker, discussed the matter in a very thorough and scientific manner before the leading members of the profession in his own city, and before the American Laryngological Association, at its seventeenth annual congress.

He points out that the chief danger from cigarettes is due to the fact that the devotee usually inhales the smoke from a desire to pleasantly irritate the laryngeal and tracheal mucous membrane. The mucous surface exposed to the action of nicotine, thus being much greater than in cigar or pipe smoking, the mouth being used as an air-chamber, the smoke being quickly expelled. Were cigarettes smoked in the same manner as a cigar, the smoke not being inhaled, they would be almost innocuous, but in their apparent mildness lies the chief danger, for two or three are smoked, where only one pipe or cigar is used, and the smoke passing into the first divisions of the bronchial tubes, not the lungs proper, as the laity believe, the fact of a tidal and residual air proving the fact, more nicotine is taken into the system from one cigarette than from a strong cigar smoked in the ordinary manner. Cigarette

smokers are, with few exceptions, inhalers, while the smoke of a cigar is too strong to be used in this manner.

Dr. Mulhall draws attention to the fact, that the cigarette habit is frequently formed at the age when the nervous system is undergoing its greatest development, and thus causes a great deal of mischief.

It has long been the superstition among the laity, that the cigarette owed its chief danger to the fact of containing opium and other narcotics. The only chemist of high standing who has analyzed the cigarette is Dr. Ledaux, who presented the results of a careful analysis of all the leading brands of American manufacture, before the New York Academy of Medicine. In none did he find the slightest trace of any drug, and nothing but cellulose in the paper, opium and other drugs being too costly, as we all know, to be used for the purpose.

Dr. Ledaux explains that all the well-known symptoms from an over-indulgence in the habit, are due to nicotine poisoning and nothing else.

Dr. Mulhall agrees with the late Sir Morrell Mackenzie, that smoking cannot cause any serious disease of the respiratory tract, a slight hyperæmia or catarrh being the only result noticed after a careful study of the subject. In fact some of the finest operatic singers in the world are confirmed cigarette inhalers.

Summing up the matter, cigarettes are dangerous from the fact of being used at a tender age, from the smoke being inhaled, thus reaching a large mucous surface, with concomitant nicotine poisoning, and not from their containing opium or cannabis indica as was thought, even by medical men.

#### MALIGNANT DISEASE OF THE UTERUS.

In a paper recently read before the New York Academy of Medicine, by Dr. Paul F. Munde, and published in the *Medical Record*, a somewhat peculiar position is taken. His report covers a period of 12 years' gynecological service at Mount Sinai Hospital. He gives the entire number of patients received in the hospital as 4,211, their diseases consisting in part of laceration of the perineum, fistula, cervical laceration and cancer. He refers particularly to the results in lacerated cervix,

claiming that nearly all cases of epithelioma are the result of these lacerations. He most vigorously condemns hysterectomy, both vaginal and abdominal, in the vast majority of cases. He says that out of twenty-six cases of vaginal hysterectomy with three deaths, not one of the patients had remained free from the disease longer than nine months, and in no case had life been prolonged more than two years.

He says: "I do not feel that my own experience justifies me in attempting again to remove a cancerous uterus, unless a thorough, careful examination (if necessary, under anesthesia) has convinced me that the uterus alone is involved and that the parametrium is absolutely free from disease. I do not see the use of subjecting the patient to the danger, discomfort, not to mention expense, of a hysterectomy, whether vaginal or supra-pubic, for the removal of her cancerous uterus, unless there are at least seventy-five chances out of a hundred in her favor for a permanent cure. Acting on this principle, I have refused many an operation which I have good reason to believe has afterwards been performed by others, who could not possibly have had any reasonable expectation of curing the patient. Many cases of cancer of the cervix, in which the patient does not bleed, and has only a comparatively trifling discharge, suffers no pain—in fact, hardly knows that she is afflicted with an incurable disease—many such cases, I repeat, should, I think, be left alone. The disease progresses more slowly, I am sure, if it is not interfered with, and when the disease is at once recognized to be incurable, what is the use of inflicting unnecessary pain and discomfort upon the patient? Simply palliative remedies will in such cases, it is my honest conviction, do much better for the patient than doubtful or hopeless operative proceedings."

Is it possible that Dr. Munde means to say that unless we can promise seventy-five cures out of a hundred, the patient should be permitted to die undisturbed, a result certain to follow such palliative treatment as he speaks of. We do not think he intended to make such a statement. We would operate on such cases if we could promise a 10 per cent. recovery; 10 per cent. cure is better than a 100 per cent. death-rate. We cannot believe that Dr. Munde made the remark, intentionally, as quoted.

ALCOHOLISM IN FRANCE.

The question of French degeneracy from alcoholism has agitated the public and professional mind of that country for the past eight or ten years, as is evidenced by the constant references to the subject in both the lay and professional press. From all sources comes the unwelcome and dreadful assurances that a *débâcle*, more to be dreaded than that pictured by Zola, is at hand. In all civilized countries stimulants are more or less abused, to the undoubted deterioration of the race, but France for the past few decades seems to have gone further than any other nation on the downward path. Not long since Dr. Lannelongue, a member of the House of Deputies, and Professor at the Academy, made a strong appeal against the laxity of the laws concerning the manufacture and sale of alcohol in France. Among other statements made by the learned speaker he said, *Med. Press*, that alcoholism at the present day was not only endangering the public health, but also threatening the very existence of the species; it filled the hospitals, the asylums, the prisons, and populated the penal settlements. Previous to 1850, alcoholism was almost unknown, or rather it had not the same character, the effects were temporary, because the drink taken was pure and natural. But four years afterward, alcohol of vinous origin failed, and immediately it was replaced by that derived from molasses, beetroot, and potatoés, which poisoned the race. In 1830 the number of suicides from alcoholism were 5 per 100,000 persons; they were 21 in 1881, while 46 per cent. of homicides, 74 per cent. of grievous wounding, 54 per cent. of family quarrels, 77 per cent. of outrages against public decency, were due to drink. Against the many afflictions which attack man, against the large number of contagious maladies, epidemic or other, the characteristic of the healthy individual is his organic resistance, which enables him to triumph over all the assaults from his most terrible enemies—microbes. The drunkard, on the other hand, has lost all resistance, and falls an easy prey to disease. At 40 he is already an old man; his tissues are degenerated, so that he makes the worst of patients. It is not the richer classes in France who saturate their bodies with alcohol, because they know better, but the lower classes,

and especially the workmen, who are ill-fed, clothed and lodged. In Brittany, however, women of good position give themselves up to alcohol. Out of 107 young married women who died from drink, 8 were sterile, and of the 99 others there only remained as patients 6 sickly children. On the other hand, these same women had 28 children before having taken to alcohol, who are very healthy, showing what the others might have been if the mothers had led a sober life. What is still worse, continued Dr. Lannelongue, is the fact that the passion of the parents is transmitted to the children. The drunkard engenders an offspring with the same tendency, be they girls or boys, and curious to say, they begin to drink at the same age that the father began to drink.

This strong arraignment from one so well qualified to speak on the subject, suggests horrible possibilities to one of the greatest, indeed in many respects, *the* greatest nations of the earth.

THE ANNUAL MEDICAL BANQUETS.

The Trinity Banquet was held at the Rossin House, November 28th, and was by far the most successful of a series of nineteen. Besides members of the Faculty, many prominent men were present as guests, among whom we noticed His Honor the Lieutenant-Governor, Sir C. Hibbert Tupper, Hon. G. W. Allan, Provost Welch, Senator Ferguson, Walter S. Lee, Hon. G. W. Ross, Chief Justice Meredith, Hon. J. Beverley Robinson, O. A. Howland, M.P.P., Dr. A. R. Pyne, Rev. Dr. Langtry, Dr. C. O'Reilly and Dr. G. A. Peters.

The chair was ably occupied by Mr. H. Clare, who roused the enthusiasm of Trinity's *alumni*, both young and old, by an eloquent, forcible and loyal speech. Among the other speakers of prominence were Sir C. H. Tupper, Hon. G. W. Ross, the Lieut.-Governor, Chief Justice Meredith and Dean Geikie.

The proceedings of the evening showed how the various committees must have labored to make the event so complete a success. Trinity may well be proud of the large body of young men who owe her a willing and hearty allegiance.

The dinner of Medical Faculty of Toronto University was held in the same place under the chairmanship of Mr. B. G. Connolly, on December 5th. We did not have the honor of an invita-

tion, and as we have not been favored with a report of the proceedings, can only say that some who were there pronounced it also a great success.

**THE TREATMENT OF PILES.**—Of the numerous methods which have from time to time been devised for the treatment of piles, Whitehead's operation has been perhaps, most discussed, vaunted, and decried. Kelloff has lately published a quick method of performing this operation which he has found highly satisfactory, *Ed. Med. Press*. The description of this modification is almost too long to insert in detail in these columns, but it consists essentially of 1. Preliminary dilation of the anus by a dilating speculum. 2. Traction by two assistants by means of forceps fixed at the junction of skin and mucous membrane, one opposite the coccyx. 3. Division of the skin by angular scissors, so as to form a semi-circular flap between the forceps on either side. 4. Dissection of these flaps by means of scissors. 5. Stitching of mucous membrane to skin by means of a running catgut suture. Kelloff claims that a dexterous surgeon can thus complete the operation in ten minutes. Care must be taken not to remove too much skin, a mistake which results in a constant source of irritation from exposure of mucous membrane externally. While on the subject of Whitehead's operation, we might mention that, after an extended correspondence with surgeons of Europe and America, Andrews, of Chicago, has collected the following list of disasters following the operation: Loss of the special sense, by which the patient should be warned of a coming evacuation, and enabled to prevent it, 8 cases. Incontinence of flatus and feces, 27. Paralysis of the sphincter, 4. Chronic inflammation of the rectum, 1. Failure of union of the wounds by first intention, with retraction of the edge of the wound, forming a contracting tubular ulcer, with stricture, 9. Other ulcers, 2. Irritable and painful anus, 12. Neuralgia of the pelvis and inferior extremities, 2. General neurasthenia, 1. Fatal peritonitis, 1. Fatal septic complications, 1. Non-fatal septic results, 6. Fistula in ano, 1. Cases reported as having bad results, without accurate description, 126. Total, 201. This is a somewhat ghastly list, and is calculated to make one think twice before carrying out Whitehead's procedure.

**TREATMENT OF GONORRHOEA.**—The results obtained in the treatment of these cases seem to

warrant, according to Dr. Christian, of Philadelphia, the following conclusions, *Therap. Gaz.*: 1. That irrigation is a distinct advance in the treatment of gonorrhoea; in fact, up to a certain point it must be considered the proper treatment for that disease. It relieves *ardor urinae* and chordee more promptly than any other form of treatment. It is attended with a much smaller proportion of complications, such as total urethritis and epididymitis. 2. That permanganate of potassium is the best remedy for the purpose of urethral irrigation. 3. That irrigation alone cannot be relied upon to absolutely cure specific urethritis. For the cure of the thin muco-purulent discharge which appears at the meatus in the morning, some astringent injection used by the patient himself is necessary. 4. That simple non-infectious urethritis can be cured in from ten to twelve days by daily irrigations with permanganate of potassium. The writer is of the opinion that, where it is possible to carry out irrigation of the urethra with permanganate of potassium solution twice daily, this procedure very materially lessens the duration of the disease. The solutions used were as follows: bichloride of mercury, 1 to 15,000, increasing the second week to 1 to 8,000; nitrate of silver, 1 to 6,000, increasing 1 to 3,000; permanganate of potassium, 1 to 4,000, increasing to 1 to 2,000; trikresol, one-half to one per cent.

**THE TREATMENT OF CYSTITIS.**—Trendelenberg, *Wiener klinische Wochenschrift, Univ. Med. Mag.*, has tried cantharidin in fifty-six cases of cystitis. The formula used was

R—Cantharidin (Merck's), . . . 0.001.  
Alcohol, . . . . . 1.0.  
Aquæ, . . . . . 100.0.

A teaspoonful of this was given three or four times a day. Larger doses did not succeed if this failed. In five cases there was no improvement, and of these only one was afterwards cured by local treatment, the other four even resisted all forms of operative treatment.

In nineteen cases the action was slight or even doubtful, the strangury alone being improved, or the urine clearing without the cure being complete. In one of these cases the cystitis was due to perforating silk sutures after laparotomy, and the strangury alone was re-

believed; in another case the bladder had diverticula; some remained, however, in which the drug failed without any apparent cause, for example, one case of gonorrhœal cystitis, afterwards cured by sandal-wood.

The remaining thirty-two cases were completely cured, often very quickly.

The author states in conclusion that cantharidin is only approached by sandal-wood oil in its action upon cystitis, and that the latter is preferable if urethritis is present.

Its advantages are its cheapness, tastelessness, and almost complete freedom from unpleasant symptoms, at least, in the above given dose. Frequent erections were only noted in one case, formication once, and an eruption once. Disordered digestion or albuminuria never occurred.

**MELANCHOLIA CURED BY INTRANASAL OPERATION.**—Dr Bosworth has reported the interesting case of a man, aged forty-two, who became quite unfit for business from continually suffering from melancholy, sleeplessness, a bursting pain between the eyes, and a feeling as if the eyeballs were too large for the orbits, *Med. Press*. The treatments he went through at the hands of various physicians were many and varied, including operation for varicocele, wearing of eyeglasses, operation for stricture, castration, circumcision, ligation of internal pudic artery, operation for hæmorrhoids, cautery to spine, seton in neck, extension of eye muscles, enucleation of one eye. Finally, falling into Dr. Bosworth's hands, that surgeon found almost complete nasal occlusion from septal deviation and an enlarged left middle turbinated body with myxomatous degeneration, and evidences of ethmoiditis. Appropriate treatment resulted in speedy cure. Verily, truth is stranger than fiction. We should like to know what opinion is held of the "noble" profession by that patient—or what is left of him.

**NITRO-GLYCERINE IN SCIATICA.**—Mikhalkine reports three cases of obstinate sciatica which were greatly benefited by nitro-glycerine given in the form of the official solution in one-drop doses, three times a day, *Univ. Med. Mag.* In one case, a patient, aged forty-four, in whom salicylates, acetanilide, phenacetine, quinine, antipyrine, bromides, chloral, massage, sedative ointments, and

blisters failed to give relief, the following combination was entirely successful: Nitro-glycerine (one per cent. solution), three to thirty minims; tincture of capsicum, ninety minims; peppermint water, three drachms. Three drops three times a day, for three days, and then ten drops three times a day. In another patient, a nervous woman, aged forty-five, with atheromatous arteries and sciatica, associated with atrophy of the muscles and hyperæsthesia, the same combination, in conjunction with bromides, also afforded speedy relief. The third case was a man, aged forty, who suffered with fever and severe pain in the right leg. A blister over the trochanter, with sodium salicylate and valerian, lowered the temperature, but failed to relieve the pain. After the lapse of four days the nitro-glycerine treatment was substituted, and this promptly lessened the pain and effected a cure within six weeks, the trouble not having returned after six months.

**NEW TREATMENT FOR TAPEWORM.**—Dr. I. H. Newton reports in the *Lancet, N. Y. Med. Times*, a very successful treatment for tapeworm, which was revealed to him in prescribing for another trouble. A patient for whom he had prescribed a mixture composed of hydriodate of potass., gr. 36; iodine, gr. 12; water one ounce, ten drops three times a day in water, unexpectedly passed a dead tapeworm eleven yards long, of which there were no previous symptoms. The remedy has proved successful in three other cases, the last confirming in a marked manner the specific action of the combination. The remedy was given to a patient who had suffered for two years with a tapeworm, constantly passing pieces of the parasite, but failing with any treatment to get rid of the entire parasite. A short time after using the new remedy he passed a mass of dead tapeworm, and for a year there has been no return.

**TENDON GRAFTING.**—At the meeting of the N. Y. State Medical Association, October 15th, 1895 (*Med. Rec.*), Dr. Milliken presented a boy 11 years of age, upon whom, twenty months before, he had successfully grafted part of the extensor tendon of the great toe into the tendon of the tibialis anticus muscle, the latter having been paralyzed since the child was 8 months old.

The case which was presented showed the

advantages of only taking part of the tendon of a healthy muscle, which was made to carry on the function of its paralyzed associate, without in any way interfering with its own work.

The brace, which had been worn since 2 years of age, was left off; the patient walked without a limp, the talipes valgus was entirely corrected, and the boy had become quite an expert on roller skates.

Dr. Milliken predicts a great field for tendon grafting in these otherwise helpless cases of infantile paralysis, who heretofore have been doomed to the wearing of braces all their lives.

ACNE ROSACEA.—Dr. Allan Jamieson, of Edinburgh, treats the above troublesome disease as follows :

R.—Sulphur precip., . . . . . ʒ j.  
Calaminæ prepar., . . . . . ʒ ij.  
Zinci oxidi, . . . . . ʒ j.  
Glycerini, . . . . . ʒ j.  
Aquæ dest., . . . . . ad. ʒ iv.

M. ft. lotio.

Sig.—The lotion to be shaken, then painted on with a camel's-hair brush at night.

In the morning the face is washed with a little warm water (no soap) and powdered over with the following :

R.—Acidi borici, . . . . . pts. x.  
Talei, . . . . . pts. xv.

M. ft. pulv.

Sig.—To be applied every morning.

I have found that a proper diet and looking to the functions of the bowels are very important adjuvants. Locally, the use of Vlemingx's solution, followed by the application of the following ointment, will be followed by good results :

R.—Hydrarg. oleat., 5%,  
Sulphuris loti., . . . . . āā ʒ ss.  
Ung. aquæ rosæ, . . . . . ʒ j.

Sig.—Rub in thin each morning.

SIX HUNDRED (\$600) DOLLARS IN PRIZES.—The special attention of our readers is called to the advertisement of the Palisade Manufacturing Co. of Yonkers, N.Y., to be found on another page. The prize contest which this well known firm announces will no doubt attract a great deal of attention, and results in the submission of many articles of merit on "The Clinical Value of Anti-

septics both Internal and External." The prizes are extremely liberal, and the well known professional and literary eminence of Dr. Frank P. Foster, the talented editor of the "The New York Medical Journal," who has kindly consented to act as judge, is a sufficient guarantee of the impartiality to be observed in the awarding of the prizes. We are assured that there is absolutely "no string" attached to the provisions of this contest, and any physician in good standing in the community is invited to compete on equal terms with every other competitor. Further particulars as to conditions, etc., can be obtained by addressing the above-named firm.

BORAX AS AN AID TO THE DIGESTION OF MILK.—M. Germaine See announces the clinical fact that borax used internally is a valuable aid to the digestion of milk, *Med. and Surg. Rep.* He discards the use of carminatives, charcoal and other intestinal antiseptics, claiming that they injure the mucous membrane of the intestines. He employs laxatives—hydrastis canadensis, castor oil and olive oil—in large doses, or oil enemata. Professor See holds that in many cases of indigestion the stomach is erroneously treated, when the real cause of the disease is the intestines, which are often the seat of membranous enteritis resulting from constipation, and giving rise to glairy, mucilaginous, cylindrical masses of mucus, with pain and swelling over the region of the colon. These symptoms easily distinguished the cases referred to from ordinary constipation, in which there may be easily seen masses of filamentous or vermicelli-like mucus.

PRURITIS OF THE SCROTUM.—Pruritis of the scrotum is a most painful and rebellious affection, and according to Brocq, *Med. Press*, constitutes a regular cutaneous neurosis. The itching is sometimes so intolerable that the patient becomes almost delirious. Prof. Brocq advises the following treatment :

R.—Phenic acid, . . . . . ʒ v.  
Glycerine, . . . . . ʒ ijss.  
Alcohol, . . . . . ʒ j.  
Water, . . . . . ʒ x.

Mix one part of this solution with four of hot water, and steep in it a compress folded eight or ten times, and then apply to the scrotum, main-

taining it in place with an india-rubber suspensory bandage.

As a general treatment, he gives antipyrin in small doses (ten grains repeated twice in the afternoon), and valerianate of ammonia at night.

RELATIONS OF TUBERCULOSIS OF THE CERVICAL LYMPHATIC GLANDS TO TUBERCULOSIS OF THE TONSILS.—Kruckmann, *Virchow's Archiv., Jour. Am. Med. Assoc.*, confirms the observations of Hanau-Schlenker. In 30 cases of lung tuberculosis, there was tuberculosis of the tonsils 12 times. An apparently primary tuberculosis of the cervical glands can also develop from the tonsils, even when the clinical examination fails to demonstrate the presence of pulmonary tuberculosis. In one case there was tuberculosis of the tonsils and the mesenteric glands only. This was presumably due to ingestion of bacilli with the food, the bacilli becoming localized in the organs that especially receive and retain foreign elements, while the mucous membranes themselves did not become infected.

FUNK & WAGNALL'S STANDARD DICTIONARY.—British fair play seems no longer to be a rule of conduct with certain men in the book trade. That a reprinter of a rival English work should have the audacity to collate eighteen indelicate words, out of a vocabulary of over 300,000 terms in the Standard, to print them with their definitions, and to scatter them in circular form over the length and breadth of the land, seems too monstrous to be believed. Yet we have the authority of Mr. J. K. Funk as to the correctness of the above statement. We need hardly call the attention of our readers to the gross injustice which is being done Messrs. Funk & Wagnall, who have, we believe, put upon the market the best English dictionary yet printed. The idea of its being indelicate or obscene is too absurd to require further notice.

SPECIALISM RUN MAD.—A correspondent sends to the *Med. Rec.* the following copy of an alleged advertisement: "Dr. James Q. Smith begs to announce that he makes a specialty of giving advice regarding the medical and surgical diseases associated with the use of the bicycle. He is also prepared to make physical examinations of men, women, and children, and prescribe for them the

kind of bicycle, and the amount of bicycle exercise adapted to their constitution. The doctor will also provide, to those who desire it, suitable wheels, and arrange the gearing, seats, and handles so that the machine will accommodate itself to the physiological peculiarities of each patient. Dr. Smith has had a large experience in this specialty, and confines himself to it."

STRONTIUM CARBONATE AS A DENTIFRICE.—Métal, *Bull. Gén. de Thérap.*, speaks highly of the use of strontium carbonate as a dentifrice. He has employed the following formulæ :

R—Strontium carbonate, }  $\bar{a}\bar{a}$  .  $\bar{3}$  iv.  
Flowers of sulphur, }  
Essence of rose, . . . . . gtt. vj.—M.  
To be triturated and used as a powder.

R—Strontium carbonate, . . . . .  $\bar{3}$  iss.  
Flowers of sulphur, . . . . . gr. xlv.  
Medicinal soap, . . . . .  $\bar{3}$  viss.  
Essence of rose, . . . . . gtt. vj.  
Mucilage of gum arabic and  
glycerine sufficient to make  
a paste.

IN THE TREATMENT OF HERPES ZOSTER.—Robin, *Bull. gén. de Thérap.*, recommends the application on cotton of a powder constituted as follows :

R—Starch, . . . . .  $\bar{3}$  iv.  
Zinc, . . . . .  $\bar{3}$  j- $\bar{3}$ iv.  
Camphor, . . . . . gr. iv-gr. xii.  
Opium, . . . . . gr. iv—M.

For the accompanying neuralgic pain a pill of the following composition may be administered three times a day:

R—Extract of stramonium, } of each gr.  $\bar{1}$ .  
Extract of hyoscyamus, }  
Extract of belladonna, . . . . . gr.  $\bar{1}$ —M.

ALUMNOL AS A HÆMOSTATIC.—A 10 per cent. aqueous solution of alumnol when a hæmostatic is necessary after operation in, or traumatism, to the nose and throat. It does not form an objectionable magma with the blood as do many astringents, nor has it shown, at any time during a year or more of its use, any untoward action upon the mucous membrane of the nose or adjacent passage, but the results from its use are most excellent.



**DETERMINATION OF SEX.**—Seligson, *Bost. Med. and Surg. Jour.*, in a preliminary article on the subject of the cause and determination of sex, advances a few interesting facts in support of the theory that ova from the right ovary develop into males, those from the left into females. Rabbits from which the right ovary has been removed bore only female young, while those from whom the left had been extirpated brought forth only male. Again, in all the cases of tubal pregnancy of which the author could find notes, where the sex of the fetus was given, nineteen in all, those of the right side were always males, those of the left females. These points would seem to merit further investigation.

**TO REMOVE TATTOO MARKS.**—To salicylic acid add glycerine q. s. to make a mass about the consistency of baker's dough, *Med. Brief.* Apply a thick layer of the dough to the tattoo marks and confine it there with a compress and strips of adhesive plaster for one week and then remove. Remove the layer of epidermis over the marks and apply a second batch of the dough and confine as before. It may be necessary to repeat again, but if the first and second applications are heavy and well confined you will have no more tattoo marks.

**SOLVENT FOR SORDES.**—Dr. MacGregor, *Brit. Med. Jour.*, recommends :

R—Boric acid, . . . . . gr. xxx.  
Potassium chlorate, . . . . . gr. xx.  
Lemon juice, . . . . . ʒ v.  
Glycerine, . . . . . ʒ iij.

When the teeth are well rubbed with this, the sordes easily and quickly becomes detached ; little harm will follow from the acid present. The boric acid attacks the masses of bacilli and bacteria, and the chlorate of potassium cools and soothes the membrane ; the glycerine and lemon moisten the parts and aid the salivary secretion.

**NEURALGIA.**—Hunsberger claims aconite or aconitine to be the remedy *par excellence* in this affection, *Kansas Med. Jour.* Its actions depends upon the physiological fact that it diminishes reflex activity by paralysis of both motor and sensory nerves, commencing at their peripheral endings, and that this action is most marked in the sensory nerve endings. There is not another drug

with which this action can be produced on the sensory nerve endings without pushing it to the danger point.

**DIET IS VITAL IN DIABETES.**—Bread from ordinary white flour, aggravates the disease in spite of medicine, and bran bread and other substitutes are so unpalatable and expensive, patients cannot use them with satisfaction. Physicians find this a serious drawback in their practice. For this reason we are glad to remind the medical profession of the "Special Diabetic Flour," made by Farwell & Rhines, of Watertown, N. Y., which seems to have general and hearty endorsement wherever tried. The makers believe in their goods, hence their liberal offer of free baking samples. Write them for particulars regarding this and other valuable sanitary flours for dyspepsia, constipation and obesity, and the new diuretic "Barley Crystals."

**CHLORINE WATER IN THE GASTRITIS OF DRINKERS.**—Zedeker treated a case as follows, *Courier Med.* :—

R—Chlorine water, . . . . . 8 gram.  
Decoct. marshmallows, . . . 165 gram.  
Sugar, . . . . . 8 gram.

Sig.—Tablespoonful every two or three hours.

The gastritis was cured, appetite returned, depression was removed, and the desire for drink banished.

**CONSTIPATION IN INFANTS.**—

R—Sodii bicarb., . . . . . ʒ j.  
Tr. nucis. vomicae, . . . . . ℥ vj.  
Tr. card. comp.,  
Syr. simp., . . . . . āā f ʒ ij.  
Aq. chloroform., . . . . . f ʒ ss.  
Aqua, . . . . . f ʒ ij.

M. Sig.—Teaspoonful every six hours.

**GOOD JOURNALS REPAY.**—The country physician, says *The Journal*, can use his money to much better advantage than in buying the larger treatises, by subscribing for as many good journals as he can read, and every three to five years such works on special subjects as he needs. There are few medical books that are not "old and gray" in five years, in these days of medical progress.

PROF. HAJAK, of Vienna, has declared that

smokers are less liable to diphtheria and other throat diseases than non-smokers in the ratio of 1 to 28. The learned Dr. Schiff also gives us to understand that smoking is always positively forbidden in bacteriological laboratories, because it is known to hinder the development of the bacteria.

**FOR CHRONIC ECZEMA.—Practitioner:**

- R—Liquor carbonis detergent., ℥ xx.
- Hydrarg. ammoniat., . . . gr. xx.
- Ung. zinci oxidi, . . . f ̄ ss.
- Vaselin., . . . . . f ̄ ss.

Sig.—Apply topically.

BEHRING'S LAW says that the blood and blood-serum of an individual which has been artificially rendered immune against a certain infectious disease, may be transferred into another individual with the effect to render the latter also immune, no matter how susceptible this animal is to the disease in question.

Much relief is said to be often obtained by a gargle containing chloral, according to the following formula :

- R—Chloralis, . . . . . gr. xv.
- Glycerin, } . . . . . āā ̄ js.
- Aqua, }

M. Sig.—For use as a gargle.

PHYSICIANS OF THE UNITED STATES number, according to Polk's directory, 106,633. *Chicago Med. Rec.* Of this number, 72,028, or 67.55 per cent. are regulars; 9,648, or 9.05 per cent. homeopaths, 10,292, or 9.65 per cent. eclectic, 1,553, or 1.45 per cent. physiomedicals, and 11,524, or 10.80 per cent. unclassified.

CANNABIS INDICA FOR ITCHING.—Mackenzie, *Am. Pract.*, declares Indian Hemp will give relief in the itching of skin diseases not amenable to local treatment. The full effect of the drug must be produced promptly. He employs the tincture in doses of five or ten drops on sugar, repeated as often as is necessary.

TO DISSOLVE TARTAR OF THE TEETH.—Dr. Pierce highly recommends, *La Mtd. Mod.*, trichloroacetic acid; a wooden spatula being moistened with the agent and rubbed against the encrusted teeth until the tartar is thoroughly dissolved.

The operation must be carefully performed, as the acid is an energetic escharotic.

**FOR ACUTE CORYZA.—Pract.:**

- R—Chloralis, . . . . . gr. x.
- Olei ricini, . . . . . f ̄ ̄ iv.—M.

Sig.—Apply to the cleansed nasal mucous membrane.

FREDERICK STEARNS & Co., of Detroit, have issued a calendar for 1896, which is not only beautiful in itself but is most interesting as showing what may be done in color photography. The firm will send one to any person desiring it who encloses 25 cents to cover actual cost, postage, etc.

**PURULENT OPHTHALMIA.—Scott:**

- R—Hydrastis sulphatis,
- Acidi borici,
- Sodii biboratis, . . . . . āā gr. v.
- Tinct. opii deodor., . . . . . ̄ ss.
- Aquæ dest., . . . . . ̄ j.

To be used as a collyrium from the beginning.

**AMMONOL IN OBSTRUCTIVE DYSMENORRHOEA.—**

Dr. Sullivan, of New York, has relieved a patient of the pains of the above disease by a dose of 15 grams of ammonol, followed in one hour by one of 10 grams.

Dr. Cantrell, *Med. World*, freezes the part with rhigolene or ethyl chloride, then freely scarifies with a five-bladed knife. He believes this the best treatment, and asserts that it gives prompt relief.

A MIXTURE of chloroform, ten parts, ether, fifteen parts, and menthol, one part, used as a spray, is recommended as an excellent and prompt means for obtaining local anæsthesia, lasting for about five minutes.

**TROUBLES IN THE COMMUNITY.—**

- The coal dealer dies of colitis;
- The twine-maker had the chord-ee;
- The farmer's attack of oat-itis
- And rye-neck was painful to see;
- The wheelman went blind with cyclitis,
- The bridge-builder suffered from piles,
- The servant girl had Sal-pingitis,
- And the cook was all covered with b'iles.

—*Southern Med. Rec.*

### Books and Pamphlets

**A TREATISE ON NERVOUS AND MENTAL DISEASES.** By Landon Carter Gray, M.D., Professor of Diseases of the Mind and Nervous System in the New York Polyclinic. New (2nd) edition. In one very handsome octavo volume of 728 pages, with 172 engravings and 3 colored plates. Cloth, \$4.75; leather, \$5.75. Philadelphia: Lea Brothers & Co. Toronto: Carveth & Co. 1895.

The whole book has been revised and five new chapters added, on Dementia, Paranoides, Confusional Insanity, Delirium, and Massage. The work is as practical as any work can be, which deals with nervous and mental diseases, two branches of medicine which are to a great extent unknown ground to the bulk of the medical profession.

The author embraces in "treatment" not only the therapeutic applications of drugs, but also those hygienic and dietetic measures which are most suited to individual cases, and which are often the physician's main reliance. Part III, on mental diseases, is the most useful work for the student and general practitioner that we have seen. The new edition should be even more popular than was the first.

**THE "MEDICAL RECORD" VISITING LIST FOR 1896.** New revised edition. New York: William Wood & Co.

This edition has been revised to increase the amount of matter calculated to be useful in emergencies and eliminate such as might better be referred to the physician's library. The most important change is in the list of remedies and their maximum doses. There is a table showing the probable duration of pregnancy, solution for subcutaneous injection, emergencies, surgical antiseptics, etc., etc.

**GREEN'S PATHOLOGY AND MORBID ANATOMY.** By T. Henry Green, M.D., Lecturer on Pathology and Morbid Anatomy at Charing-Cross Hospital Medical School, London. Seventh American, from the eighth and revised English edition. Octavo volume of 595 pp., with 224 engravings, and a colored plate. Cloth, \$2.75. Philadelphia: Lea Brothers & Co. Toronto: Carveth & Co. 1895.

We are glad to see a new edition of this old favorite. The rapid accumulation of facts in

pathology and consequent changes in opinion have rendered it necessary that several new sections should be added, and several old ones re-written or withdrawn. Many changes have been made. Sixty new illustrations and a colored frontispiece have been added. The Editor, Dr. H. Montague Murray, F.R.C.P., has brought the work up to date, and Green will be still found in the hands of most students of medicine, as it has been for so many years.

**DIRECTIONS FOR WORK IN THE HISTOLOGICAL LABORATORY.** By G. Carl Huber, M.D., Assistant Professor of Histology and Embryology, University of Michigan. One vol. of 191 pages. Second edition. 1895. Price \$1.50. Ann Arbor: George Wahr.

This work is intended for the senior student, or one who has attended a course of lectures on histology, and knows something of the subject.

The author is fully alive to the requirements of the medical student of to-day, and gives all necessary details systematically and concisely.

The absence of cuts and diagrams detract somewhat from the completeness of the book, though in all other respects it admirably fulfils the object for which it was written, viz., the systematic study of practical histology.

It is a book, anyone doing histological work, could use with profit.

**THE INTERNATIONAL ENCYCLOPEDIA OF SURGERY.** A systematic treatise on the theory and practice of surgery, by authors of various nations. Edited by John Ashurst, Jun., M.D., LL.D. In seven volumes. Vol. VII. (Supplementary volume.) New York: William Wood & Co.

Owing to the rapid advances being constantly made in the art and science of surgery, a large Encyclopædia is apt to be out of date, in some matters, almost before the leaves are cut. This difficulty has been obviated in the present instance by issuing this supplementary volume, in which every department of the subject has been brought fully up to date. The list of authors, some 48 in all, includes the names of many world-renowned surgeons, who treat their subjects in such a manner as to cover the ground thoroughly, while at the same time conciseness was evidently an object in view, as to the whole volume (1082 pages), is not unwieldy. While this volume could only be of value as a supplement, it may be said to be absolutely indispensable to the completeness of the Encyclopædia.