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THE
CANADA MEDICAL RECORD

A MONTHLY JOURNAL OF

Medicine, Surgery and Pharmacy

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Original Communications.

PSORIASIS: A CLINICAL LECTURE.

By WILLIAM S. GOTTHEIL, M.D., *Dermatologist to the Lebanon Hospital, the North-Western and the German West-Side Dispensaries, N.Y.*

GENTLEMEN:—The patients that I show you to-day are classical examples of a common disease, and are on that account perhaps more worthy of our attention than those rarer affections that but very seldom come to the notice of the general practitioner. And they will serve me as a text in calling your attention to certain new and very eligible forms of treatment that have been developed in the last few years, and which have largely superseded the older methods.

The first patient is an excellent example of a general guttate psoriasis, psoriasis universalis, in a female 33 years of age. She has had the malady, to her own recollection, ever since her fifth year,—the

usual history of these cases, though it does occur *de novo* even in advanced age, and the defective memory and carelessness of our dispensary cases often lead them to claim that the present is their first attack. It has been constantly present, in some degree, ever since the patient can recollect; at times almost disappearing, and then, under influences that we are ignorant of advancing and spreading over the body until it occupies areas as extensive as that which you see affected at the present time. Her entire body is covered with white, scaly spots, looking very much as if some molten waxy material had been liberally sprinkled on it with a large brush. Each spot consists of a heaped up mass of silvery epidermic scales, which can be readily removed with the finger-nail, leaving a reddish, slightly elevated papule behind, at points of which the torn tops of the papillæ of the skin show as minute bleeding points. The scales are lamellæ of fused epidermic cells, and their peculiar silvery appearance is due to presence of air between them.

The entire surface of the body is sprinkled with these guttæ; but in certain localities, and more especially on the flexor surfaces of the joints of the extremities, they are most abundant, and form more or less continuous scaly masses with but little healthy skin between them. So abundant is this scaling that the patient scatters a cloud of minute lamellæ round her as she moves when stripped, and several large handfuls can be gotten from her clothing. The epidermic proliferation is quite rapid in these cases; but it is only on parts not often washed that it occurs to so great an extent as you see. On the face and hands, where soap and water have not been quite so sparingly employed, there are no scales at all, only the low reddish papules mark the existence of the disease. It is important to note this fact, for in some cases, where the disease is not extensive, the patients have removed all the scales before they come, and the apparent absence of so characteristic a symptom may lead to an error in diagnosis. The scalp is covered with more or less confluent psoriatic patches, but the palms and soles are free.

The second case is a male of about the same age, with a very different, but just as characteristic disease appearance. Only the knees and elbows are affected. Each of these surfaces, where the skin is naturally thicker and rougher than on other portions of the body, shows a more or less extensive infiltrated patch, with apparently but little scaling; but scraping reveals the characteristic lamellæ. Here also the condition has existed for many years; the scaly infiltrated patches disappear at times, especially during the hot weather; but they always reappear during the winter.

Both patients are evidently in good health,—in fact, most psoriatic patients are robust, even when the disease is very extensive. Its cause is absolutely unknown. Heredity certainly plays no part in it. It may be of parasitic origin; but no microbe

has been found. The Epidermophyton described by Langer is certainly not the etiological factor.

It is to the treatment of these cases, however, that I would call your special attention. Internal medication is of the greatest importance, especially in cases so extensive as our first one. Arsenic, so little employed by the dermatologist, is undoubtedly of use here, German opinion to the contrary notwithstanding, but it must be taken regularly, and in large doses, for a long time. It is therefore better given in the pill form. Ichthyol is also beneficial, and we will put both patients on a combination of the two, using a modification of the famous "Asiatic Pill," which is a favorite formulæ of mine:

R.	Ammon. Sulph-ichthyolat.	ʒ ii.
	Acid. Arseniosi,	gr. iii.
	Pulv. Pip Nig.,	ʃ iii.
	Pulv. Glyc. Rad.,	ʃ iii.

M. Ft. pil. No. 90.

One of these is to be taken three times daily, after meals. The amount of arsenic may be gradually increased until a maximum dose of 1-20 or 1-15 grain is attained.

Local treatment, however, is of even greater importance than internal medication. It is essential in all cases, and is especially important when the face and hands are affected with the disease. The deformity must be removed as rapidly as possible.

Our local treatment will differ in the two cases. In the first and general one it should be systematic and thorough, and it may be summarized as follows:

1. Daily general bath of hot water and green soap. The scales must be entirely cleaned off from the surface of the body, to permit the appliance of topical remedies.
2. After leaving the bath, paint each spot with:

R.	Ol. Rusci, or Ol. cadini,	ʒ ii
	Spirit. vini,	

Aetheris, aa ʒ iv

Spirit. Lavandulae, gtt. x.

3. Return to the bath, and remain there half an hour.

4. After drying, paint each spot with the following:

℞. Arthrarobin, or chrysarobin, ʒ part.
Liquor gutta perchæ, or flexible
Collodion, ʒ 10 parts.

Arthrarobin is not quite so effective as chrysarobin; but it is safer. It may be employed over the entire body, whilst chrysophanic acid must not be used on the face or hands, not only on account of the very dark staining of the skin that it causes, but also on account of the likelihood of its causing the disagreeable and even dangerous "Chrysarobin Conjunctivitis." If we decide to use it, the Ungt. Hydrargyri Ammoniaci must be employed on the face and hands.

By this means the inuncting of the whole body with disagreeable ointments, the use of cloths and bandages, and all the nasty paraphernalia of the regular ointment treatment is avoided; and the clothing, inevitably ruined in the older methods, is in no way harmed. The evaporation of the etherial and alcoholic vehicles of the remedies leaves them in a thin and hard layer on the skin, and their penetration in these solutions is at least as great as when suspended in the ordinary fatty vehicles.

The local treatment of the second case is more simple. We now possess in the Unguenta Extensa, Collempastra, and the Plaster Mulls, a variety of very eligible preparations which are really ointments spread on plaster, and so combined with the basis that they can be used and applied like ordinary rubber plaster. We simply take some of the 10 per cent. Chrysarobin plaster mull, cut a piece to accurately cover the psoriatic spots, and apply them. They fit accurately to the parts, need no cloths or bandages to hold them in place, do not soil the clothing, and,

above all, limit the action of the remedy exactly to the diseased area. We will direct the patient to renew these plasters daily until the patches are cured.

Shall we succeed in curing our cases? Yes, for the time being. Every spot of psoriasis will disappear from the skin; but others will come back in time to take their place.

25 West 53rd Street,
New York City.

Society Proceedings.

THE MONTREAL MEDICO-CHIRURGICAL SOCIETY.

Stated Meeting, June 1st, 1894.

J. B. McCONNELL, M.D., 2ND VICÉ-PRESIDENT,
IN THE CHAIR.

Dr. S. R. Mackenzie was elected an ordinary member.

Chronic Nephritis in the Dog.—Dr. ADAMI exhibited specimens, and gave the results of his examination of a case of chronic interstitial nephritis in a dog, submitted to him by Dr. Wesley Mills. The two kidneys differed in size, the right being the larger, and to the naked eye presented the condition well known as chronic interstitial nephritis. The capsules in both were thickened; they peeled off without great difficulty, revealing a nodular surface beneath. They cut firmly: the sections showing dilated pelves, and the cortex varied in thickness, in some places corresponding to the depression of the surface, and was almost entirely atrophied; that of the right kidney, on the whole, appeared less affected than that of the left. Microscopical examination revealed a condition similar to that seen in chronic interstitial nephritis of man. There was a general fibrosis of the medulla, with occasional tubules containing traces of uratic deposit, while the pelvis of the left kidney contained a minute calculus. The ureters in both had rather thickened walls, but neither in these nor in the bladder was there found any evidence pointing towards an obstruction to the flow of urine.

Commenting on the existence of this disease in the dog, Dr. Adami remarked that while in his experience, as well as in that of Dr. Mills, it was of rather rare occurrence, yet it was easy to conceive causes for its production; inasmuch as the factors of excessive inception of nitrogenous food, coupled with insufficient exercise, which are recognized causes of the condition

in man, are both apt to prevail in the life of a dog. There is a tendency towards fibroid valvular change frequently observed in dogs, but arterial sclerosis he had never observed. In over-fed dogs an eczematous condition of the skin is not uncommon, and taking these indications of the gouty diathesis into consideration, he was inclined to believe that, if cirrhosis of the kidney in dogs was not often recognized, it was because careful autopsies have not been performed in sufficient number.

Dr. WESLEY MILLS had received these kidneys from Dr. Darling, a graduate of the Faculty of Comparative Medicine, who thought the condition very rare, and published an account of the case in the *Journal of Comparative Medicine*, which report Dr. Mills read in detail. Commenting on the case, Dr. Mills remarked that although diseases of the kidneys are considered of rare occurrence amongst the lower animals, systematic autopsies are not by any means frequent, especially in the case of the dog. He was impressed with the truth of Dr. Adami's view of the case, as seen by the history; this animal was fed on flesh three times daily, and had a hypertrophied left ventricle. Moreover, it is well known that dogs are very susceptible to rheumatism, and rheumatism is allied to gout. The skin of the dog is easily disordered, and almost every ailment he is subject to expresses itself by some abnormal condition of that portion of his anatomy.

In reply to a question of Dr. REED as to whether albuminuria ever occurred amongst dogs, Dr. MILLS remarked that the matter had never been much looked into owing to the great difficulty of catheterizing dogs. He had worked upon the urine of dogs, and he could say, as to healthy animals, that there was a certain amount of uric and oxalic acids as well as a great deal of sulphates in the normal urine.

Angioma and Adenoma in a Woodchuck.—Dr. ADAMI showed the liver of a woodchuck, which had also been sent him for examination by Dr. Wesley Mills. At the right extremity of the organ a tense bulging could be seen which extended deeply into its substance, as well as behind, below, above, and in front of it. Upon cutting into this mass, it was seen to be sharply circumscribed, somewhat paler than the normal liver tissue, with here and there spots of a deeper tint, marking hæmorrhages or dilated vessels. Microscopical examination of the tumor revealed different conditions in the periphery and the central portions. The peripheral specimens showed adenoma of the liver cells, not biliary adenoma which is more common in man, but an overgrowth of the liver cells proper which, however, were not regularly arranged in lobes with the bile ducts separating and encircling them, as in normal liver, but more scattered. The central portion of the tumor showed, in addition to the hæmorrhages

already noticed, dilated vessels and cavernous-like spaces, characteristic of angioma. The combination of the two conditions then, adenoma and angioma, make it extremely interesting as well as rare. Comparing this with analagous conditions found in the human liver, Dr. Adami remarked that in man the liver is perhaps the most frequent seat of angiomata; but a combined condition as we have here is very unusual in the lower animals, the tendency is to have adenoma develop rather than carcinoma; and that the former is the condition here seems confirmed by the well defined outlines of the tumor and the absence of any sign of infiltration into the surrounding tissue.

Dr. WESLEY MILLS remarked that the woodchuck in question was one of the animals he had been rearing and studying with a view to arrive at some sounder knowledge on the question of hibernation. This was the one which did not hibernate. He obtained it when quite young, and kept it for three years, and without ever having shown any symptoms of being unwell it was found dead one morning in the cage. At the post-mortem he noticed a dark mass standing out in the folds of the mesentery connected with the liver; there seemed to have been considerable hæmorrhage which he thought was the cause of the sudden death. At the same time it may be noted that it died in the spring, a season when these animals' vitality is at its lowest, and but little is required to end their career.

Dr. LAFLÉUR wished to know why Dr. Adami considered adenomata of the liver very rare in man. Although he himself only remembered having seen one case of such, yet quite a number of these tumors had been reported, and the condition seemed to be common in France.

Dr. ADAMI in reply said that the cases of adenomata reported, as well as he could recollect, were only biliary adenomata; not adenoma of the liver cells as in this case.

Ovarian Cyst.—Dr. ADAMI exhibited a large ovarian cyst received from Dr. Alloway. It consisted of an enormous sac, within which were secondary sacs, or daughter cysts, and was a typical example of an ovarian cystoma, the interest in the specimen being in the one huge sac.

Dr. ALLOWAY stated that the patient was an old woman, 61 years of age, and was remarkable for the activity which she showed considering her age and the enormous distension of her abdomen. She complained of no pain, but suffered from a complete procidentia of the pelvic contents. It was this latter condition which first led Dr. Alloway to doubt the primary diagnosis, that the tumor was connected with the liver, and on further investigation he found he could separate the border of the liver from the upper portion of the tumor; the dull

note over the tumor was continued into the pelvic cavity. The doubt as to diagnosis was the most interesting feature in the case.

Ovarian Cyst.—Dr. ADAMI showed a second specimen of an ovarian cyst received from Dr. Alloway. This also showed secondary cysts, but not so highly developed as in the former case. There seemed to have been a certain amount of inflammation about the main sac.

Dr. ALLOWAY.—The patient was an unmarried woman, 40 years of age, who had been suffering from, and been under treatment for the last six months, for recurring attacks of pelvic inflammation. Recently the abdomen began to enlarge very much, and seeking advice, a diagnosis of ovarian tumor was made. The whole cyst wall was united to the parietal peritoneum, and in some places to the intestines. These adhesions were very dense and had to be separated inch by inch, thereby increasing greatly the difficulty of the operation. The intestines were of the color of port wine, and the coils were united together by a soft gelatinous material, which was easily broken down without injuring the bowel. This latter condition Dr. Alloway had never before seen in abdominal sections, and thought it might have been the result of the very recent peritonitis.

Tubal Pregnancy.—Dr. ALLOWAY gave the following history: The patient, a lady 28 years of age, had four or five miscarriages, never having a full term child. She had her last miscarriage about six weeks ago, which was followed by a metrorrhagia of three weeks' standing. He found the parts so exquisitely tender as to preclude exact diagnosis; at the same time he came to the conclusion that there was some mass growing upon the left side of the uterus, and that the interior needed curetting. The curetting he first performed, and while the patient was under ether he made a thorough examination with a view to ascertain the nature of the growth to the left of the uterus. This seemed to be in the broad ligament, and as the idea of tubal foetation presented itself, he advised an immediate operation for its removal. One week later the patient was again put under ether and the abdomen opened. A large mass was noticed coming up on the left side, which showed the uterus to the right. It was of a dark bluish color, hard in parts, while in other parts it had the feel of a cyst filled with fluid. The sigmoid flexure of the large intestine had become adherent to the tumor which it completely encircled, and entered the pelvis by the right instead of the left side. The ovary was not distinguishable but was part of the tumor mass. The mass was removed, and the patient has done very well, and is now almost convalescent. The condition here could not be distinguished from a hæmatoma of the ovary, which condition it really was, but, in his

opinion, it was likely to be caused by a ruptured tubal pregnancy.

Dr. ARMSTRONG said he had now seen quite a number of extra-uterine foetations, and his experience was that the clinical history in these cases has been anything but uniform and clear. In none of his cases has he seen that clear clinical history which the text books laid down. There is often no definite history of a skipped menstrual period, no severe pain, no condition of collapse indicating a serious internal hæmorrhage. This indefinite element in the history should always be borne in mind, as many of those cases if neglected will likely go on to a second rupture which must prove fatal. Whenever there is a localized mass on one side of recent occurrence, Dr. Armstrong thought the matter should be thoroughly investigated with a view to exclude extra-uterine foetation.

Dr. J. C. CAMERON wished to know upon what data Dr. Alloway has based his diagnosis of extra-uterine foetation?

Dr. ALLOWAY in answer said that the patient had gone three weeks over a menstrual period; when the flow did commence there was no history of any clots or solid masses being passed, nothing but a constant trickling flow of blood; there was also a history of a sudden acute attack of pelvic inflammation accompanied by a certain degree of collapse—not the collapse due to a large hæmorrhage, but the collapse accompanying shock. This acute inflammatory attack was passed over very lightly at the time, being regarded as some transient alteration in the bowel. But when taken in connection with the missed menstruation, and the mass to the left of the uterus, Dr. Alloway thought there was an abundant evidence of extra-uterine pregnancy. The operation moreover confirmed his diagnosis, inasmuch as a hæmatoma of the ovary is a very rare condition, and the failure to find a foetus proves nothing, since in those cases where we have very early foetation, no evidence of the embryo proper is found.

Dr. J. C. CAMERON believed it to be rare for pregnancy to have existed, for the ovum to have attached itself to, and grown in the tube or uterus without leaving some evidence of the fact behind. Unless one could produce some such evidence, he did not think they were justified in pronouncing and reporting it as a case of extra-uterine pregnancy. The symptoms of inflammation and shock upon which Dr. Alloway lays such stress are just as fully symptoms of ovarian hæmatoma as of extra-uterine pregnancy.

Dr. ADAMI, while admitting that Dr. Cameron's remarks were in some respects well founded, he yet wished to suggest the possibility that after all it might not be so easy to detect foetation by the microscope. He referred to the recent

case reported by Dr. Armstrong, in which placental and foetal tissue were sought for in vain, and in which a diagnosis of extra-uterine pregnancy was arrived at by the finding of a curious little malformed body like a foetus. Here suppose, which is not unlikely, this foetus had been lost, or passed out, or absorbed, no evidence would have remained of the abdominal foetation.

Epithelioma of the Cervix Uteri.—Dr. ALLOWAY next produced a photograph of a case now under his care in the General Hospital. The woman was operated upon about 10 days ago for a malignant growth of the uterus, accompanied by a constant discharge, which had lasted for the past six or eight months. The mass was as large as a child's head at the seventh or eighth month, it filled the whole of the vagina, and protruded without, as seen by the photograph. It was quite friable, easily broken down with the fingers, and was of the ordinary cauliflower variety of malignant diseases. It extended up as far as the posterior fornix of the vagina, without greatly implicating the latter's walls; and examination through the vagina showed the broad ligament to be affected. On account of the latter complication the uterus was not removed, but instead a considerable portion of this tumor was cut away, to the great relief of the patient, and before her discharge from the hospital he hoped to remove still more of it. The interest in the case lies in the size and protrusion of the malignant growth.

Dr. ADAMI, referring to this case, said that from the distinct cauliflower appearance of the mass one would have suspected epithelioma; sections, however, showed it characteristic of carcinoma instead of epithelioma. It is richly cellular, and most probably originated from some of the mucous crypts rather than the epithelium of the cervix.

Blue Coloration of the Urine following the use of Methylene Blue.—Dr. ADAMI exhibited several specimens of urine of a deep bluish green tint, from a patient under the care of Dr. Roddick. She was a Jewess, aged 63, and came complaining of a sore, with swelling, upon the leg. She stated that she was diabetic, and upon bringing a sample of her urine, Dr. Roddick thought that the bottle was not clean, but he was informed by the patient that a physician in New York had been treating her for some "internal trouble," giving her small pills, after which the urine was invariably blue for some time.

The urine was submitted to Dr. G. C. L. Wolf for analysis, who reports as follows:—Fluid of a bright bluish green color; odor of phenol; acid reaction; specific gravity 1032; urea, 1.15 p.c.; glucose, 5.87 p.c. (28.16 grains per ounce). On making an examination to ascertain the nature of the coloring matter, Dr. Wolf found that by treating with strong HCl, the color was to a great extent discharged; on treating with

chloroform the color was taken up by the solvent; silk was unaffected, but cotton, wool, and especially cork wood, were well stained. On examination with the spectroscope, the urine showed a broad band in the red at 70° on Zeiss' scale, when 60° was placed in the first oxyhæmoglobin line. Solutions of various blue dyes with urine were made up, and with methylene blue a band was obtained in precisely the same position. The urine showed no bands before and after E., which would lead to a suspicion of Indian coloring matters. The conclusion, therefore, was that the color of the urine was due to methylene blue, and the assumption followed that this was the drug prescribed by her physician in New York. Dr. Adami stated that Dr. Wolf had called attention to the fact, that, as pointed out in a recent number of the *Journal of the Society of Chemical Industry*, if glucose be heated with methylene blue, the color disappears. He found that upon keeping this blue urine in a sealed tube, it became slowly decolorized. This may be taken as an additional proof, if such were needed after the admirable proof already given by him, that the coloring matter in the diabetic urine was methylene blue.

Stated Meeting, June 15th, 1894.

JAMES BELL, M.D., PRESIDENT, IN THE CHAIR.

Carcinoma of the Rectum.—Dr. WILLIAMS reported the case for Dr. Kirkpatrick. Mrs. M., aged 39, admitted to the General Hospital on May 29th. For one year she had suffered from irregularity of the bowels and pain during defecation. For the past two months she had suffered from persistent diarrhoea, otherwise her general health had been good. Examination revealed a stricture of the rectum, about 2 inches above the anus, impassable to the tip of the little finger, felt smooth and hard, and did not bleed. By vaginal examination the mass could be easily detected. On June 11th, the patient was etherized, and the stricture was incised along the posterior part with a blunt pointed bistoury, and dilated. The bowel was then irrigated with a warm boracic solution, and a large rubber tube wrapped about with iodoform gauze inserted. The patient sank and died nine hours after the operation.

Owing to the smooth fibrous surface of the lower end of the mass, Dr. Kirkpatrick was at first disposed to regard it as a syphilitic stricture. However, after a more thorough examination under ether, especially noting the totally different character of the upper portion of the mass, he was satisfied of its malignant nature.

Dr. ADAMI had found at the autopsy an irregular rent 4 c.m. long in the anterior wall of the rectum through which fluid had passed into Douglas' pouch. The abdominal cavity con-

tained 24 ounces of fluid of a light brown color. The lower portion of the rectum was thickened and constricted for 5-8 c.m. of its length, with the mucous surface rough and nodular. The growth extended back towards the sacrum, but did not involve the uterus or bladder. Microscopic examination showed the growth to consist of small round cells and spindle cells, with large amount of connective tissue, infiltrating the mucous and submucous coats lying between bands of muscle fibres and extending to the peritoneum. In places there was considerable destruction of the mucous membrane. The diagnosis was that of schirrus cancer, which is thought to have originated in the submucosa, and spread to the neighboring tissues.

Dr. JAS. BELL wished to know if the microscopic appearances in this case were definitely characteristic of carcinoma. Even in case they were, he would be still inclined to doubt its cancerous nature in the face of the clinical history and physical appearances of the condition. A young woman, only 39 years of age, in good health, with the exception of a diarrhoea which does not appear to have caused much wasting, is not a likely subject for cancer. The only physical sign present was the very marked stricture of the rectum, and when this was laid open no tumor was found surrounding it. The speaker directed the members' attention to the bowel now before them, and pointed out that there was no mass in it, neither had it anything which gave one the characteristic feeling of cancerous infiltration. In the presence of such evidence, contra-indicating cancer, he thought we were not justified in making a diagnosis on the microscopical evidence alone. Such conditions are often the result of syphilis, and are amongst the manifestations of that disease which do not yield to treatment. He had seen four cases of this kind within the past year, two of which he operated upon by excising portions of the bowel. In the first case he excised about four inches, in the second a little less, and in both he was rather surprised and disgusted upon finding after excision how little real infiltration or tumor there was. Before the operation, upon examining the bowel, one got this feeling of stricture and hard infiltration, but after its removal the condition noticed was just like what is seen in this case—no real thickening, no mass or neoplasm. Both of his specimens had been submitted to Dr. Adami, who had not been able to arrive at any satisfactory conclusion, beyond the fact that the specimens were not cancerous and showed evidences of some chronic inflammatory change. A third case died in the hospital with extensive ulcerations throughout the intestines. The fourth case he saw quite recently, and had the characteristic appearances of syphilis about the buttocks and anus. In all these four cases, Dr. Bell expressed himself as convinced that he was dealing

with syphilis, although at the time in none of them had he made that diagnosis. The two cases which he operated on last fall have since done well, which would not be the case had he been dealing with cancer. His first patient has had a return of the same condition as well as some similar growths about the margin of the anus which have been treated with caustic, etc., but he has not lost flesh, although suffering from diarrhoea with mucous stools, sometimes slight hæmorrhages, and tenesmus. The second case has had no return, and is doing very well.

Angiomata of the Colon.—Dr. WILLIAMS next presented a portion of the descending colon with microscopical sections of some angiomatous growths affecting the same, which were obtained by Dr. ADAMI at a recent autopsy.

Dr. ADAMI found upon opening the abdomen that the great omentum was collected in a mass beneath the left hypochondrium, and was of a grayish turbid appearance. The intestines were somewhat reddened, and showed scattered over the serous surface, especially upon that of the transverse colon, numerous minute ecchymoses. The descending colon was of a deep bluish black color, and had a peculiarly dense feel.

On section there was evidence of inflammation throughout, most marked in the descending colon commencing at the splenic flexure. At this point a band of adhesions having formed, produced a second flexure, and below this the organ was contracted, with thickened walls, and of a dark congested appearance. In its walls were observed about a dozen brownish bodies, averaging 1.5 cm. in diameter, and projecting from the mucosa, producing a considerable constriction in the gut. On microscopical examination of one of these nodules the mucous membrane was found raised up; the angiomatous growth is in the submucosa, and is of the hypertrophic and capillary variety; the muscular coat was drawn in into the centre of the nodule, at the apex of which hæmorrhages frequently occurred. The surrounding tissue was thickened, and contained a quantity of fat.

A Case of Infection by the Bacillus Pyocyaneus.—Dr. WILLIAMS reported the following case:

A child five months old, an inmate of the Montreal Foundling and Infant Nursery, who had previously been well, and nursed by a healthy mother, began without any apparent reason to fail.

For two months he steadily lost weight, became restless, and seemed to suffer from abdominal pain. When Dr. Williams saw him he appeared listless, and moaned when the abdomen was touched. There was a small group of purple papules on either side of the umbilicus. The abdomen was relaxed and the skin dry. Diarrhoea with greenish stools had been present for some time, and there was a slight fever (99°-100°).

These papules increased in number, became

of a deeper blue color, and spread to the chest, shoulders and thighs; the abdominal pain ceased, but the child became worse. The limbs were rather stiff, flexed; the child seldom moved, and cried when the limbs were extended, while they at once became flexed again. Dr. Kenneth Cameron then took charge of the Nursery, and noticed that during three days preceding the child's death hæmorrhages occurred from the nose, from between the toes and from abraded papules on the thigh and back. The day before death a slight discharge was noticed from the right ear.

At the autopsy the organs were seen to be pale. Minute petechiæ were present in the mucosa of the stomach and intestines, but no hæmorrhages had occurred into these organs. There were two hæmorrhagic infarcts in each kidney and one on the heart.

Cultures prepared on gelatin from the spleen, kidney, liver and blood, and kept at the temperature of the room, gave in seven days the characteristic growth of the bacillus pyocyaneus.

Careful cultivation showed this to be a pure growth, and after various media had been satisfactorily tried, a rabbit was inoculated with c. 5 c.c. of a broth culture.

The animal had diarrhœa and stiffness of the extremities, became comatose, and died in forty hours.

On examination, punctate hæmorrhages were found in the mucosa of the stomach and intestines, and the bacillus was found in the various organs and in the intestinal contents and urine.

Microscopic sections of the liver, spleen and kidneys showed the bacillus in large numbers in the small blood vessels and about the capillaries, causing numerous minute thrombi and commencing parenchymatous degeneration.

The case appeared to be of interest, as he had been able to find but three other cases reported of primary infection by the bacillus pyocyaneus alone. These were by Neumann and Ehlers. They all occurred in children, and were similar in nearly every respect, except in the character of the eruption, which from the papular form became bullous and pustular, the contents developing in time a blue color.

There had been a number of cases where the bacillus had been found associated with other micro-organisms, especially in suppurating wounds, erysipelas, etc., and in one instance after enteric fever. But one writer in English, H. C. Ernst, had mentioned finding the bacillus. He records a case where it occurred in the pericardial fluid, associated with the tubercle bacillus, although from its large size and slight modifications in color production he had considered it another variety of the *B. pyocyaneus*.

Dr. WILLIAMS expressed his sincere thanks to Dr. Adami for his kind assistance in the bacteriological work and in investigating the literature of the subject.

Dr. ADAMI thought this was a singularly interesting case, as it is the first of the kind reported in America. Several cases have occurred in France, two in Germany, and two in Copenhagen, where the bacillus has been found pathogenic. The attention of pathologists was first directed to this organism by the occurrence from time to time of a blue color in the dressing from suppurating wounds, and which was formerly supposed to be due to the presence and reaction of iodine on starch in the bandages. The investigations, however, of Gessard and others proved this blue color to be due to the growth of a little bacillus, which was so short as to be sometimes mistaken for a micrococcus. The blue color, moreover, was found not to be due to the bacillus itself, but to a secretion produced by the bacillus; and this blue pigment was further shown to be a combination of several pigments, blue, green, and red, all of which have been isolated and given separate names, such as pyocyanine, pyozanthin, etc. Speaking of its pathognomonic qualities, Dr. Adami said that in man it is most commonly found on the surface of wounds, and ordinarily is not virulent enough to cause death. As Dr. Williams mentioned, it is seldom a primary affection, and has heretofore been chiefly regarded as a disagreeable complication rather than as a disease in itself. Some workers in this field, however, having obtained pure cultures of the bacillus, inoculated rabbits with them, and studied the effects. After large doses the animal suffers from severe diarrhœa and hæmaturia, grows gradually comatose, and dies within from 24 to 40 hours. Autopsies reveal hæmorrhages throughout the various organs of the body. When smaller doses are given, the animal emaciates, has a diarrhœa, and dies from a kind of ascending paralysis. It is only the young and very feeble of the human family that seem to be susceptible to general infection from this microbe, such as occurs in the rabbit; and it is of interest to observe that when a case does occur a parallelism between the symptoms in the two animals exists. There is the same diarrhœa, the same weakness or prostration, and the same hæmorrhages both mucous and cutaneous. It is quite possible that such cases are more common among children than is generally supposed.

Dr. KENNETH CAMERON thought that the cutaneous hæmorrhages which occurred between the toes were of interest, as there had been absolutely no injury to account for their appearance; they seemed to be simple extravasations of blood. He regretted very much that neither the blood nor the urine had been examined during life. A case with an almost exactly similar eruption occurred in the nursery about a year ago, which proved fatal, but the autopsy showed no hæmorrhages of the internal organs. No bacteriological examination had been made.

Dr. REED asked if there was any theory as to

how the bacillus had obtained an entry into the body.

Dr. WILLIAMS, in reply to Dr. Reed's question, thought that aside from the infection through a wound, the alimentary tract might be the most likely point of entrance, and mentioned a case reported by Oettinger where a young man, 18 years of age, convalescent from typhoid, suddenly developed a fever, with some other symptoms unlike those of the previous illness, and on examining the stools this bacillus was discovered. He recovered.

Mycetoma Pedis—Madura Foot Disease.
Dr. WILLIAMS read for Dr. Kirkpatrick the following report, and exhibited the specimen :

Xavier Lecompte, æt 21, a French-Canadian, was born in Montreal, and has always lived here with the exception of five years which he passed in Ontario between the age of twelve and seventeen.

His parents, three brothers and four sisters, are living and in fair health. No history of tuberculosis can be obtained.

At the age of eleven, a bluish spot appeared on the inner side of the foot, which gradually increased until it became the size of a five cent piece. One day while walking he struck the foot, breaking open the spot, from which a little blood escaped. After this the spot disappeared.

A few months later, what he described as a button of flesh (un bouton de chair) appeared on the sole of the foot between the first and second metatarsals, which was later on removed, leaving a little hole which ultimately healed. Three years later a similar growth appeared on the dorsum of the foot directly opposite to where the other nodule had been on the sole. Two years after he struck the foot with an axe, bruising it severely, and ever since the foot has remained swollen and tender, though he was quite able to walk until last fall, when the condition became very much aggravated, the nodules appearing all over the foot.

The discharge from the sinuses has always been scanty and of a thin, purulent character. He came to the General Hospital, where, as the foot seemed useless, it was amputated.

Dr. ADAMI remarked that in the pressure of work he had delayed the examination of the foot until that afternoon when first he heard that it was to be brought before the Society that evening.

On proceeding to examine it, he was immediately struck by the resemblance between the general appearance of the amputated foot and that of cases of madura foot. There were the same button-like elevations of the skin scattered over the surface, and at their centres the same fine sinuses leading deep down into the interior of the foot, while by pressure upon the buttons there was expelled a thin pus containing char-

acteristic yellowish gray bodies. Upon studying the discharge under the microscope, and again upon examination of sections, the structure of these bodies could be clearly made out. They clearly resembled in general appearance the ray fungi of actinomycosis, forming lobate masses of varying size, the larger being easily distinguished by the naked eye, some indeed being as big as small shot. Like actinomyces, the masses showed a radiate arrangement of filaments or clubs all around the periphery, with a central irregular network of filaments; unlike actinomyces, the clubs were so large that they could be recognized by the low power of the microscope (Zeiss A), and under the high power there was a marked tendency observed for the clubs to bifurcate. In the sections the masses could be seen surrounded by collections of leucocytes, so loose that unless special precautions were taken, the fungi fell out. These appearances tally entirely with the very full description given by Kanthack in the *Journal of Pathology*, Vol. I. Whether this is a species absolutely identical with the Indian form can only be determined by comparison of material. The clinical history, and the hurried examination so far made, point on the whole to this being a case of true madura foot, and to the species associated with the disease being one and the same.

Dr. Adami pointed out that as in the previous case so here he had brought before the Society what, to the best of his belief, was the first case of the kind reported in any English-speaking country.

The disease of "madura foot" occurs with fair frequency in certain parts of Hindustan, but outside of India is very rare. A case had, he thought, been reported in Italy, another more recently in Algiers, where Vincent had been able to gain a pure culture of the fungus, another in Germany. The characteristics of the disease, which has been recognized for the last thirty years, are its chronic nature, its limitation to the lower extremities and the development of numerous sinuses. More recently attention has been called by Van Dyke Carter and others to the constant presence of peculiar bodies in the discharge. These are either black or yellow, and, as already indicated, Kanthack has conclusively shown them to be closely allied in structure to the actinomycosis fungus. The disease would seem to be most common in countries where the inhabitants go about barefoot; it was noticeable that though in Canada it is not the habit to do so, the disease in this case was contracted during childhood, that is to say, during the period of frequent barefootedness.

Dr. GORDON CAMPBELL pointed out that in Crocker's work on the Diseases of the Skin, there was a reference to a previous case of madura foot reported from America. He did not think that any details were given.

MEDICAL AND CHIRURGICAL STATE
FACULTY OF MARYLAND.

Dr. WALTER B. PLATT read a paper on a case of *laminectomy*, the operation having been performed eleven months after *injury to the spine*. The patient had slipped on the stairs, and two weeks later fell from a car. In another week he was confined to bed, suffering from great pain in the back. There was a curvature of the spine at the painful point, and below it complete paraplegia and loss of sensation. Bed-sores also appeared. Two parallel incisions were made to the inner side of the transverse processes, and joined by a transverse incision, forming the shape of an H. Hæmorrhage was controlled by means of pressure, and the laminæ of the fifth, sixth and seventh vertebræ removed. The flap was turned down, the dura examined and found healthy, and the flap replaced without tying any arteries. The operation required one hour and twenty minutes. Venous hæmorrhage was considerable. Two weeks later, at the time of report, the patient was able to lie on either side without fatigue, had no more night-sweats, but there was no improvement in sensation. The author favors the operation in perfectly hopeless cases. The prognosis depends upon the site of the injury; the nearer the head, the less the chances of success. If the body of the vertebra is fractured, there is little hope of success.

Dr. T. A. ASHBY read a paper on *sterility due to tubal and ovarian disease*, which was discussed at some length. Dr. J. E. MICHAEL regarded the paper as valuable, emphasizing as it did the growing tendency to save rather than to destroy the generative organs in woman. He believed that ovulation was due to a current set up in the ciliated epithelium of the tube, and that disease of the tube prevented this action. Ovulation and menstruation were not synchronous, since conception often takes place before menstruation is established.

Dr. CHAS. P. NOBLE, of Philadelphia, believed ovulation to depend much more on the tubes and ovaries than on the vagina and uterus. An ovary that is partly diseased may be saved, but there is little hope that diseased tubes will ever amount to anything.

Dr. H. A. KELLY said that it was important for the general practitioner to know how to deal with a case of sterility. No woman should be pronounced sterile until her husband has been examined. Impermeability of the os uteri is sometimes the cause, and here simple dilatation will effect a cure.

Dr. KELLY reported *thirty-nine cases of removal of the uterus*, some by the vagina and some by the abdomen. There was one death, not due to the operation, but to septic catgut.

He had used the clamp method in the first cases, drawing out the tumor, adjusting the clamp, and leaving it there until the wound had healed. By the combined extra-and intra-peritoneal methods, the abdomen was opened, tumor lifted out, vessels tied, stump cauterized to prevent sepsis, and fastened to the lower angle of wound. The method he at present uses is to make an incision and put on ligatures to prevent hæmorrhage while operating. Only four large arterial trunks feed the tumor, and two of these are reached at once. The broad ligament is drawn aside with the fingers. Great care is taken not to allow the contents of the uterus and cervix to touch the stump, which is always disinfected with the cautery or cut off and left cup-shaped. A few silk ligatures are put in the stump, the abdomen cleaned out (though it should never be allowed to be anything but clean); oozing of small veins stopped, ligatures cut off and stump replaced in abdomen, the pedicle being turned upside down so that the bladder is exposed to view.—*Universal Medical Journal*.

COLLEGE OF PHYSICIANS OF PHILADELPHIA.

Dr. J. B. DEEVER presented a patient upon whom he had performed *subcutaneous osteotomy of the neck of the metatarsal bone for hallux valgus*. He detailed the history of the case, which resulted from frost-bite, but in which, as in many of these cases, there may have been a rheumatic tendency. The author expressed his belief in the superiority of the operation over amputation in such cases, and stated that it was attended by no risk, and that a good result might be promised the patient.

Dr. H. AUGUSTUS WILSON exhibited a cast of a similar case, in which there was extreme hallux valgus of the right foot, the metatarsal bone being pushed from the normal position under the second biceps. A bursa on the right foot was opened, under the impression that it was a corn or bunion, when it was found to be a segment of the joint. The pain was intense.

Dr. T. G. MORTON presented an unusual case of *general bodily deformity* with ankylosis of the spine, upper and lower extremities, etc. The patient was 32 years old, and was well until the age of 10 years, when rheumatism appeared in the right hip-joint, spreading gradually to the knee-joint of the same limb, the ankle, the joints of the left lower extremity, spinal column, both shoulders, elbows, wrists, fingers and toes. This process required three years, during which time his suffering was intense. The lateral curvature, elevation of shoulders, curve of femora, and other deformities were due to his position in a chair, which he occupied most of the time, being unable to

move about. His present state is as follows: Head normal in shape and size; wears a $7\frac{3}{8}$ hat; trunk undersized and misshaped; antero-posterior and lateral curvature of the spine, which is perfectly rigid; legs flexed on thighs, almost in contact; thighs on pelvis and in contact with the abdomen; and pelvis upon the thorax, the anterior superior spinous processes of the ilia being almost in contact with the lower ribs; all the joints of the lower extremities are firmly ankylosed, with the exception of the phalanges. The right arm can be bent at an angle of forty-five degrees with the shoulder. The left elbow is fairly ankylosed no pronation or supination. The left arm can be brought to a right angle with the trunk at the shoulder; left elbow firmly ankylosed at a right angle; pronation and supination normal; wrist and phalangeal joints normal. Weight $52\frac{1}{2}$ pounds; height from top of head to lowest part of body as he sits in chair, 22 inches; right calf $5\frac{5}{8}$ inches; right arm, $5\frac{3}{4}$ inches; left arm, $4\frac{3}{4}$ inches; right forearm, 6 inches; left forearm, $4\frac{3}{4}$ inches; appetite fair; digestion good, tendency to constipation; heart, liver and lungs normal; urine highly acid; specific gravity, 1030 excess of urates; no abnormal constituents.

Dr. Morton felt that in this case there was little to be hoped for by operation, and that the best that could be done was to furnish the patient with a suitable brace to support the arms as an attachment to a proper spinal brace. Dr. H. A. WILSON thought a wheel-chair would be best for him. Dr. G. G. DAVIS advocated an operation to enable the man to stand upright, seeing that he was in a moderately healthy condition, and would likely stand the operation well. Drs. WHARTON, DEFOREST, WILLARD and J. B. DEEVER agreed with Dr. Morton that operation was not advisable.—*Universal Medical Journal.*

Progress of Science.

APPENDICITIS.

Just at present the interest in both medical and surgical circles seems to center chiefly about the appendix vermiformis, that curious little structure which the Darwinists would have us believe is only useful to the human race as a reminder of its humble origin, having long since lost the useful office which it is said to have once served as a digestive organ when man was only an anthropoid mammal, and subsisted upon the coarse and undifferentiated products of the primeval forests. Whether or not the Darwinists are right in their theories relating to the origin of this troublesome little pouch, is a question we shall not just now

undertake to discuss. The burning question of the day is: Under what circumstances we are to consider that tolerance of the mischief-making appendix has ceased to be a virtue. Upon this subject all possible shades of opinion are expressed, together with an almost infinite variety of theories respecting the etiological factors which are active in developing the inherent mischief-making propensities of this functionless diverticulum.

A New York surgeon advances the theory that it is the duty of every surgeon to exercise himself to the extent of his ability in the interest of the evolution of an appendix-less race of human beings, which means, of course, war to the knife against the unruly member until the last member of the human family shall have undergone what might be termed a sort of biological circumcision, and have been thereby elevated to the high estate of completely evolved manhood.

Really, it seems to us that this is carrying things a little too far. Even if the surgeon be so skillful as to be able to perform the operation upon a subject through an inch and a half incision, and to get him out of bed in a week and a half, *à la* Dr. Morris, it must be admitted that the subjection of the whole human family to this operation would result in more deaths than ever have been caused by captured cherry pits or apple seeds.

Asepsis is a procedure, the value of which cannot be overestimated; nevertheless, the comparative immunity from fatal consequences which it secures for nearly all surgical procedures involves an evil of no small proportion, the nature of which scarcely needs to be even hinted at, so notoriously common is the rashness, one might almost say criminal recklessness, manifested by many young surgeons, especially those whose educational opportunities have been limited, as shown in the undertaking of unnecessary operations or operative measures, for which neither the patient nor the operator has been properly prepared. Common sense and sound judgment are quite as necessary as asepsis for scientific surgery. The sharper the tool, the more skilled must be the workman.

Another matter worth considering is the fact of our ignorance in relation to the functions of the appendix vermiformis. The simple fact that we do not know the use of this organ is not sufficient evidence that it is useless. Only a few years back we were in the same position in relation to the supra-renal capsules, the thyroid gland, the spleen, and other structures which recent researches have shown us to be of great functional importance to the vital economy. If the supra-renal capsules were as easy of access as the appendix vermiformis, or the thyroid gland as readily removable, it is quite probable that before this time some thousands

of people would have been deprived of these important blood-purifying glands. Without having any particular theory to advance, we feel strongly inclined to the opinion that the great amount of attention now being given to the appendix vermiformis will, in the near future, develop the fact that this apparently useless organ is not merely a vestige which has been handed down by heredity from some by-gone age, when man lived neighbor to the megatherium and required a third stomach for the satisfactory performance of his digestive processes. Nature is a great economist, and quickly eliminates from her domain idle and useless organs, as well as useless and idle organisms. The appendix vermiformis has been studied altogether from the negative side. It would be well, before we decide to wage an exterminating war against this little organ, to study this question from the positive side. Possibly the organ may be found to be worth preserving after all, when in health, and worthy of having a chance for its life when it gives evidence of disease.

The idea that the abdomen should be opened and the appendix removed upon the slightest indication of inflammatory disease in this region is about as sensible a notion as that the same procedure should be adopted under similar circumstances in relation to the ovaries or Fallopian tubes. An inflamed tube may result in suppuration, pyosalpinx, general peritonitis, and death. Probably more women have died from this cause than men from appendicitis. One attack of ovaritis or salpingitis is very likely indeed to be followed by another attack. The constantly recurring stimulus of the catamenia is an exciting cause of relapse which is absent in appendicitis. The frequent recurrence of ovaritis or salpingitis is a proper indication for operation. A suppurative inflammation of an ovary or tube is certainly a justifiable indication for operative interference. The same must be said of appendicitis. It may be indeed that the suppurative inflammation of appendicitis involves more hazard than a similar condition of the tubes or ovaries, although it can hardly be said that the evidence is positive and clear upon this point. The question is one in which there is a good chance for extreme views upon both sides, and hence it may be reasonably expected that salutary results will follow the very general discussion of this question which is now taking place, and that in the near future we shall be possessed of such facts and rules as regards indication as will guide the practitioner to a correct procedure in any given case, and will clearly define the respective duties of the physician and the surgeon in these cases.

—*Édit. Modern Medicine.*

ETIOLOGY OF CANCER.

Mr. S. G. Shattock, F.R.C.S., Curator of the Museum of St. Thomas' Hospital, in his Morton Lecture before the Royal College of Surgeons of England, gives the results of recent experimental work by himself and others, in the investigation of this subject. If cancer was a micro-parasitic disease, it should be capable of experimental transmission. Mr. Ballance and the lecturer had carried out a series of experiments, in which they had inserted portions of freshly removed carcinoma of the breast into the abdominal cavity, the subcutaneous tissue, the muscles and the anterior chamber of the eye of various animals. The result was in all cases negative; the portions so inserted underwent coagulation, necrosis, and were either absorbed or became encapsuled. At the present time there was no authentic case on record, in which human carcinoma had been transferred to any of the lower animals. Success, however, had followed in certain cases, when the transplantations had been made from one animal to another of the same species. And in this the results followed the laws of grafting rather than those of ordinary infection, for they showed that a portion of a growing carcinoma, if so transferred, would grow in a second individual as it would have done in the first; but they did not really show that carcinoma was infective. Although there were such strong clinical reasons for regarding cancer to be an infective disease, it was only lately that methods had been devised of cultivating a *contagium vivum*. Mr. Ballance and he had made a long series of experiments in this direction, and with a negative result. Up to the present time no specific microphyte—bacterium, micrococcus or other—had been cultivated from carcinomatous tumors. Speaking generally, the pathogenic action of bacteria arose from the specific albumoses and alkaloids which they elaborated; but neither albumoses nor alkaloids could be extracted from carcinoma by the most exhaustive and careful analyses.

The only positive results were obtained in experimenting on the line of Koch's second postulate, namely, the cultivation of a micro-organism alleged to be in the tissues. In sterilized sand and specially distilled water in Petri capsules, pieces of the growing edge of mammary carcinomata were placed, and in no fewer than six such capsules, of which five were infected from different tumors, they had obtained actively moving *amœbæ*. In check experiments, made with broth or blood plasma, no similar results were had. One of the tumors used was a sarcoma, and it was not a little curious that the same microzoon occurred in carcinoma and sarcoma; it was evident, also, from the great numbers found, that a process of multiplication was concerned. That the

bodies in question were not surviving leucocytes was proved by their living in water, the action of which was lethal in the case of the mammalian corpuscle, and what completely disproved this possibility was that there were other phases met with in the sand of the capsules,—encapsulation and sporulation.—*British Medical Journal*.

LAPAROTOMY IN TUBERCULOUS PERITONITIS.

O. V. Lassens of Randers, Denmark, performed laparotomy in the case of a woman, aged 65, suffering from ascites. The peritoneum was only opened for one inch, eighteen litres (quarts) of a greenish fluid being removed. The whole surface of the peritoneum was covered with tubercles, which on microscopical examination proved to be of a true tubercular nature. Five weeks after the operation the abdomen was normal and had remained so for nine months, when the patient was last observed.—*Hospitals-Tidende*, No. 23, 1893.

THE PARASITES OF CANCER.

Kurloff has found what appears to be the organism (*Rhopalocephalus canceromatosus*) described by Korotneff, in a primary cancer of the dorsum of the hand in a male, aged 80 years. The supposed parasite lay in a vacuole within the epithelial cell. The tissue was prepared as follows: small pieces were fixed in Flemming's solution and cut in paraffin. Sections were stained in various ways, those treated by safranin being the most successful. The most notable feature of this parasite is its great size; it is readily seen under a magnification of 300 to 400. It presents well marked pseudopodia, by which movement, with passage from cell to cell, appears to take place. Kurloff is satisfied of the parasitic nature of this body. Establishing itself within the epithelial cell of the carcinoma, it leads to hypertrophy of this cell, which results in the formation of epithelial "nests."—*Centralbl. f. Bakt.*, B. xv, 10 and 11.

LESIONS OF THE STOMACH SIMULATING CANCER.

In Paris lately, M. Ferrier drew the attention of his colleagues of the Surgical Society to a form of gastric disorder simulating cancer, and which was much ignored in a surgical point of view in France. A woman entered the hospital with gastric troubles, presenting all the symptoms of cancer and coinciding with the existence of an epigastric tumor. M. Ferrier performed laparotomy for exploring purposes, and found the stomach adherent to the walls of the abdomen and to the left lobe of the liver. After breaking down those adhesions, the operator

closed the wound, and the patient gradually lost all bad symptoms, and left the hospital quite recovered. In concluding, M. Ferrier said that in many cases purely inflammatory lesions could simulate cancer, and an exploring operation would put the case in its true light and do no harm to the patient.—*Med. Press and Circular*.

ELECTRICITY FOR PAIN OF CANCER.

At the New York Academy of Medicine, Dr. A. D. Rockwell said that the treatment of incurable cancer must be very incomplete without electricity. Some would remember a brief paper which he had recently read before the Society, describing a case in which strong currents through large electrodes alone had controlled the pain of cancer of the kidney. In this case it required more than 100 milliamperes, running up even to 175, to relieve the pain. Large clay electrodes were used. He thought the relief was chemical and mechanical, that the vaso-motor nerves were influenced, hastening circulation, and thereby relief of pressure upon nerves of sensation.

GENERAL TREATMENT OF CANCER.

Before the same Society Dr. A. H. Smith recommended the preparation composed of sweet almond oil charged with ozone for overcoming the fetor of cancer; also cannabis indica for the relief of pain, which was free from most of the objections pertaining to opium. Dr. Collyer urged the total removal of the disease if possible, and the use of the knife for control of hemorrhage in uterine cancer under certain conditions. Chian turpentine was apt to be impure. The actual cautery would check hemorrhage and prolong life. The use of codeine he thought less likely to lead to a drug habit than that of morphine.—*N.Y. Med. Rec.*

THE EARLY DIAGNOSIS OF UTERINE CANCER.

Dr. Ernest Herman, in an address before the S. E. Branch of the British Medical Association, lays stress upon the importance of an early diagnosis of cancer of the cervix uteri, for the reason that secondary growths occur later and less often with cancer of the uterus than with that of any other part of the body, and, if it is removed, there is a better prospect of freedom from recurrence than in any other form of the disease. This disease occurs chiefly toward the end of the child-bearing period, but it has been seen in childhood and in extreme old age, and therefore the patient's age should not influence the diagnosis. A tendency to cancer is sometimes hereditary, but this should not have the slightest weight, as only a very small proportion of patients inherit the disease.

The first symptoms of cancer are usually hemorrhage and leucorrhœa; pain and wasting come later. The early diagnosis is so important, says Dr. Herman, that any unusual hemorrhage or discharge in a woman who has had children is a reason for vaginal examinations, for it may be the first symptom of cancer, and the nature of this disease cannot be determined without local examination. In considering the local signs, the features which distinguish cancer in any part of the body must be taken into consideration.

When cancer begins as an outgrowth from the surface, it may look like a growth of warts or papillæ, or granulations on the vaginal portion, and the surface feels uneven or even rough. It can be detected by an angry, livid red spot, the surface of which is at first quite smooth. This angry color depends upon the vascularity caused by the new growth and upon its tendency to break down, which leads to minute hemorrhages into the growth before the breaking down is extensive enough to make a breach of the surface. The livid surface of a cancer spot bleeds on being rubbed, so that a smooth, dark red spot, bleeding on contact, is very suspicious. This is the earliest stage of cancer; and if there is a nodule that can be felt, the suspicion is still stronger. If the cancer has so advanced as to form a growth like a mushroom or a cauliflower, the diagnosis can scarcely be doubtful.

With regard to microscopical diagnosis, Dr. Herman thinks that the value of the microscope has been overestimated, and that to rely upon its use may lead to many mistakes. It may now and then, he says, reveal cancer in a doubtful case, but negative microscopical evidence should never be trusted. The characters seen with the naked eye and the behavior of the growth should always be taken into account as well as its histology, and if the two conflict, the behavior is the more trustworthy. If the case is a doubtful one, behavior of the suspicious part under treatment is the best test. One or two applications of strong carbolic acid will improve the local condition, and the diseased part will cease to bleed on contact. If the disease is cancer, these applications will stimulate its growth, and the local changes will be more pronounced after such treatment.—*Brit. Med. Jour.*

THE ELECTRICAL CURE OF CANCER.

Under this caption, in the *Eclectic Magazine* for May, 1892, is republished an excellent resumé of the literature of this subject, written by Mrs. Emily Faithful, and originally published in the *Contemporary Review*. The gifted authoress had submitted herself to the knife twice for epithelioma without permanent relief;

and was advised to submit to treatment by the galvanic current, which she did, with the result that so far had "been absolutely satisfactory." She "naturally wanted every possible confirmation of the belief which had become" her sheet-anchor, and "found by diligent search that it existed embodied in works written by many hands in many countries and through many years, all maintaining that in certain diseases electricity did better work than any knife could do." The results of her search, collected for her own encouragement, she has therein given for that of others; and has presented the conclusions of specialists in a terse yet comprehensive summary, which will well repay perusal even by professional readers.

LIVING PARASITES IN CARCINOMA.

In patients suffering from carcinoma, Kahane finds in blood from the fresh growth and also from the finger tip, minute, irregular, amœboid, highly refractile bodies, which he regards as parasites. These show very active rotatory and progressive movements. The small bodies lie free in the blood stream, and also within the red corpuscles. The movements are kept up for an appreciable time after penetration of the corpuscle. Kahane thinks that further investigation may show morphological and biological points of resemblance between these bodies and the plasmodia of malaria. Examination in the fresh state disclosed similar bodies within the cells of the cancer. The growths examined were epitheliomata situated upon the face, prepuce and cervix.—*Centralbl. f. Bakt.*, B. xv, 12.

TECHNIQUE OF MAJOR AMPUTATIONS.

Hr. Credé, of Dresden, said that within the past several years surgeons seemed to have lost interest in this subject, although the methods employed were far from being satisfactory as regards the healing of the amputation wound. Union by first intention, also, is not always the rule. The best estimate of the comparative value of the various methods is furnished by the time required for complete cicatrization. He attached little importance to the Esmarch bandage, avoiding a number of ligatures by doing without it. The form of the flap was also a secondary matter. The important point, in his opinion, was to cut a flap lined with a thick, muscular layer, as the muscles have a tendency to undergo ultimate retraction. He abandoned drainage and sutures, and, the catgut ligatures being made, he approached the edges of the flap with a gauze bandage, applied directly upon the stump in such a way as to make slight compression, then applied the dressing. He operated in

this way on twenty-two cases, all of which did well, two-thirds healing by first intention. In the other third small areas of suppuration prevented rapid recovery, but in no case was there separation of the wound, as occurs frequently when the flap consists of skin only.

Hr. Gussenbauer, of Prague, said that the only new feature of Credé's method was that he did not use any sutures; but it was doubtful if this was an advantage, as it was only by sutures that the edges of the wound could be exactly approximated. He had also long abandoned drainage and applied a compression bandage directly to the stump.—*Univ. Med. Jour.*

VENOUS STASIS IN SURGICAL TUBERCULOSIS.

Hr. Bier, of Kiel, stated that within the last two years he had treated one hundred and eighty cases of surgical tuberculosis of the extremities by producing venous stasis. The method consists in wrapping an ordinary bandage around the affected member as far as the diseased point, and placing above it an elastic band, in such a way as to cause venous stasis of the diseased area. He divided his cases into two classes,—those with and those without fistula. In cases without fistula, a notable functional amelioration rapidly occurred, and a painful spot appeared, on the site of which an abscess formed. The spontaneous or artificial opening of this abscess leaves a fistula. To avoid this, he punctures the abscess with the needle of a Pravaz syringe, and injects iodoform, first evacuating the contents. In this way, in spite of the abscess, the application of the elastic band may be continued. However, if a large abscess form, it is best to abandon this method of treatment. In cases where a fistula already exists, the use of the bandage provokes an abundant secretion, and cure is rarely obtained. He always combines his method in such cases with injections of iodoform-oil or zinc solution. In cases of local tuberculosis, not opened, the plan had been satisfactory in his hands, and he had even obtained some cures. In three cases of tuberculosis of the epididymis and testicle, elastic constriction brought about recovery in two. He had one case of recovery from lupus of the face, where he produced venous stasis by means of cups. He considered his success sufficiently encouraging, and recommended the combination of his method with iodoform injections.

Hr. Zeller, of Berlin, said that the method had been successfully tried in four cases without fistula in Sonnenburg's clinic. In one woman with lupus of the face and beginning tuberculosis of the wrist, [complete recovery of the latter affection had taken place. Whenever the case was a recent one,

the results showed the efficacy of the method. In four other cases the combination of venous stasis with iodoform injections was followed by excellent results, one child with tuberculosis of the knee having been cured.—*Deutsche med. Zeitung*, May 21, 1894.

CONSERVATIVE TREATMENT OF HIP JOINT DISEASE.

Professor Bruns, of Tübingen, stated that various changes have taken place in the treatment of this disease during the past twenty years, and even now surgeons are not by any means of one mind as to the best course to pursue. The minority still hold to operative treatment, whilst the majority have advanced to a more conservative and expectant line of action. Professor Bruns has come to the conclusion that the latter shows at least as good results as the former. In the Tübingen clinic during the last forty years, 600 cases were treated, and later examinations were made in 200 of them. From the data at his command, it was shown that tubercular hip-joint disease, almost without exception, occurred before the twentieth year of life, and that 50 per cent. recovered after four years' illness. Forty per cent. of all cases ended fatally from tubercular disease of the other organs or general tuberculosis. Of the non-suppurating cases, 77 per cent. recovered; of the suppurative, 22 per cent. The prospect of recovery became worse the higher the age. Even recovered cases often died of subsequent tuberculosis. Those permanently recovered mostly gave the impression of perfect health, and showed a noteworthy usefulness of the limb affected, which was only limited by its angular position. As a rule, a partial or total ankylosis of the hip-joint remained. As regarded usefulness, the shortening of the limb was of less importance than the flexion of the legs. Resection gave no better results functionally than the conservative method of treatment, and should only be adopted where the conservative method was impracticable, or where it had been tried and led to no result. In the meantime, however, Professor Bruns would withhold his definite judgment, as a sufficient amount of experience with the modern treatment of wounds was wanting.

Hr. Schede, of Hamburg, discussed in detail the advantages of injection of iodoform glycerin into the tuberculous joint which in a moiety of the cases rendered resection unnecessary.

Professor Helferich, of Greifswald, emphasized the necessity of long-continued treatment. No cure was brought about by resection and cicatrization of the wound. If treatment was not continued, serious disturbances were certain to arise later. For this reason

resection could not be looked upon as a finality ; care had also to be taken to ensure a good position of the leg. Generally, those who were discharged as cured after resection came back again later in a bad condition, in consequence of an unsuitable mode of life after withdrawal from medical supervision. Ankylosis from this cause frequently came on years afterward. For these reasons the greatest attention should be paid for years to the hygienic surroundings of the patient, as well as to the condition of the recovered bone, if the result obtained at first was not to be jeopardized.

Professor Gussenbauer, of Prague, represented the extreme stand-point of conservative treatment of cases of tubercular coxitis, preferring not to have such cases touched.

Professor v. Bergmann was more in favor of operative treatment, which, in cases of profuse suppuration, was the only course open.

Professor Bramann, of Halle, preferred resection to be limited to those cases in which the acetabulum was known to be diseased, and referred to eleven such cases in which he had performed resection.

Professor Madelung, of Rostock, noted that the prospects of conservative treatment became better when the patients were taught to go about for long periods in a suitable apparatus.—*Medical Press and Circular*, May 16, 1894.

TREATMENT OF VARICOCELE.

By STUART MCGUIRE, M. D.,

Professor of Principles of Surgery, University College of Medicine, Richmond, Va.

No one operation should be employed as a routine practice, but the surgeon should select in each case the method apparently best suited to its individual requirements.

The following is an operation which I have employed in five severe cases of varicocele, with uniformly good results. It is not original, but is merely a combination of the essential features of the methods of Bennett and Henry, and consists in the open deligation of the veins, the shortening of the spermatic cord, and the curtailment of the relaxed scrotum.

The patient is anæsthetized, and the scrotum, pubes and thighs shaved, well scrubbed with soap and water, and irrigated with a bichloride solution. The vas deferens is isolated and slipped behind the other constituents of the cord, and the veins grasped and made prominent by the fingers and thumb of the left hand. An incision about an inch long is made over the cord parallel to its course, and the veins, covered by their sheath, exposed. The knife is now laid aside, the vessels not having been denuded of their thin investing fascia. By means of an aneurism needle, a catgut ligature is passed around the aneurism at the lower angle of the

wound, and securely tied. The veins and their fascia are then freed from the surrounding parts for an inch or more above the ligature, and a second ligature passed around them at the upper angle of the wound, and tied. The ends of both ligatures are left long. The portion of the veins between the two ligatures is divided above and below, about a quarter of an inch from the ligatures, and removed. One end of each ligature is threaded on a needle and passed through the end of the stump which it encircles, and is thus made to emerge at a point opposite the knot. All bleeding is now carefully checked, and the two stumps are brought together and kept in accurate contact by tying the corresponding ends of the upper and lower ligatures together. The ends of the ligatures are cut short, the wound irrigated and dried, and the incision closed by interrupted sutures.

The next step is the curtailment of the scrotum. The testicles are pushed up against the pubes, and the scrotum drawn through the blades of a scrotal clamp, which is tightened until it firmly grasps the skin. The clamp is applied from above downward, and care should be taken to depress it well towards the perineum, and to have the raphe of the scrotum in the middle line of the condemned tissue.

Interrupted silk stitches are now passed through the scrotum on the distal side of the clamp, and the redundant tissue cut away. The clamp is then removed, bleeding arrested, the stitches tied, and a dressing applied.—*Virginia Med. Monthly*.

SYPHILIS OF THE TONGUE AND CANCER.

There is no doubt that the condition variously known as leucoma, psoriasis or ichthyosis of the tongue has not received the attention to which it is entitled as an etiological factor in lingual cancer. This affection occurs so frequently in persons addicted to excessive smoking that it is sometimes known as smoker's tongue. According to Cotterel, however (*Medical Week*), who has written an interesting paper on this subject, leucokeratosis, as he terms it, is frequently of specific origin, although it may be difficult to demonstrate this, on account of the absence of other concurrent or confirmatory symptoms of syphilis, together with a denial on the part of the patient, either from wilfulness or ignorance, that he has had syphilis. In some cases the lesion seems to be due to the combined action of chronic syphilis and smoking. The author calls attention to the frequency with which epithelioma follows this form of leucokeratosis, and makes a forceful appeal to the general practitioner and the dentist to acquire a more thorough knowledge of the manifestations likely to lead to cancer. In conclusion he states: "I would impress the necessity of very carefully

watching the later manifestations of syphilis of the tongue, for, though we are not aware of the direct relationship between syphilis and epithelioma, yet the former disease provides in the tongue a frequent source of chronic irritation of the epithelium. This chronic irritation is very likely to be followed by malignant disease, and this fully accounts for the frequency with which one observes that epithelioma of the tongue follows certain syphilitic affections of that organ."—*International Journal of Surgery.*

REMOVAL OF THE TONGUE FOR CANCER.

Mr. H. T. Butlin reports a series of forty-six consecutive cases in which at least half the tongue was removed for cancer, with but one fatal result. The great majority of operations were not complicated by removal of the lymphatic glands or ligature of the lingual artery. Nineteen of the patients were above sixty years of age, and some were suffering from organic disease of internal organs. All the operations were performed by Whitehead's method, the lingual artery being tied in those cases in which the disease was situated wholly at the base of the tongue, and in those in which the situation of diseased glands was such that the same incision was suitable for ligature of the artery. The author recommends that such wounds should be drained for a week or ten days, especially when the submaxillary gland has been removed. The after-treatment of operation on the tongue should be chiefly directed to (1) maintaining the wound in an aseptic condition; (2) diminishing the tendency of the wound secretions to pass down the air passages; (3) preventing food from passing down the trachea into the lungs. The first indication is best fulfilled by frequent application of iodoform to the mouth wound by means of an applicator; the second by keeping the patient's head low and letting him lie well over on the side from which the greatest amount of tongue has been removed.

The feeding of these patients needs very great attention. When only half of the tongue—whether a lateral half or the front half—or two-thirds has been removed, liquids can generally easily be taken on the day following the operation from a feeder with a spout, provided a piece of India-rubber tubing, 3 or 4 inches long, be fixed on to the spout. If the right half of the tongue has been removed, the patient should lie over on the left side during feeding, so that the food is kept as far as possible away from the wound, and passes over the parts which have been least interfered with.

When the whole of the tongue has been removed, the difficulty of swallowing is much greater, and many days may elapse before the patient acquires the knack of swallowing liquids

without permitting a small quantity to pass down the air tubes. During the first forty-eight hours these patients are fed through the rectum with nutrient enemata. At the end of that period the patient is allowed to make a first attempt to swallow a little liquid, and water is chosen for the experiment, because the entrance of a little water into the trachea is seldom followed by any serious consequences. Milk and beef tea are more dangerous; they hang about the air tubes, are difficult to get rid of, and are very prone to undergo rapid decomposition, and occasion the much-dreaded swallowing pneumonia (*Schluck pneumonia*). If the experiment is successful other liquids may be tried, and the problem of feeding is really overcome. But if there is any difficulty, the patient is fed as long as may be necessary through a tube. Butlin believes no instrument is so good for this purpose as a black bulbous catheter, about No. 9 or 10, attached to a long piece of India-rubber tubing, to the other end of which a small glass funnel is fixed.

The throat is first sprayed with a 3 or 4 per cent. solution of cocaine; the tubing is clamped with forceps just above the attachment of the catheter, and the funnel and tubing are filled down to the clamp forceps with warm food. The catheter is very gently passed down the pharynx, and hitches at the posterior border of the larynx. The patient is directed to swallow, and as he does so the catheter is easily passed on into the oesophagus. For the moment, discomfort is created, and the patient often struggles. He is directed to close his mouth, and no attempt is made to pass the catheter farther down for half a minute or longer. Then it is slowly and gently passed down to a distance of about 11 inches from the teeth. When the annoyance of the presence of the catheter has ceased, the clamp is removed and the food is allowed to run slowly down into the stomach. If there is an inclination to regurgitation or to cough, the descent of liquid is instantly arrested by pressing on the tubing with the finger and thumb, and the nurse lowers the funnel until the dangerous moment has passed. By attention to these details a pint or a pint and a-half of liquid may easily be introduced into the stomach without danger. Before removing the catheter the funnel is raised high up, so as to get rid of the contents of the tube, and during the actual removal of the catheter the tubing is kept tightly pressed between the finger and thumb in order to prevent the entrance of even a few drops into the larynx. When the feeding is carefully carried out according to these directions, Butlin has patients so satisfied with it that they have sometimes insisted on being fed through a tube for a much longer period than he has deemed necessary.

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MONTREAL, OCTOBER, 1894.

THE RAPID CURE OF PROSTATIC HYPERTROPHY BY REMOVAL OF THE TESTES.

The effect of removal of the ovaries and tubes upon hypertrophic conditions of the uterus has long been known, and has been one of the principal methods of treating uterine fibroid tumors. The result has placed the fact beyond question that the ovaries exert a powerful influence upon the amount of blood sent to the uterus. After removal of the ovaries the uterus as a rule shrinks very rapidly, and within a few months may be reduced to one-fourth its former size. Judging by analogy, the removal of the organs of sexual stimulus in the male should have a similar result upon the prostate. An interesting discussion on this subject took place a few months ago at a meeting of the Medico-Chirurgical Society of Montreal, in which the gynæcologists and physiologists took part, in which it came out very clearly that the prostate was composed of muscles and blood-vessels and some fibrous tissue; that it was developed most largely in those who used it most, and was smallest in the continent. One speaker, Dr. Laphorn Smith, stated that in every case of enlarged prostate which had come under his notice, the owners of the hypertrophied organ had confessed to him that they had been given to either masturbation or inordinate sexual intercourse, and he had suggested that in cases where there was too much muscle in the organ there had been too much use of it; while in

cases where there was too much fibrous tissue in it, this was due to venous obstruction due to constipation, as was the case in fibroid of the uterus. It was also suggested that the testes be removed, in order to lessen the blood supply of the organ and to diminish its size. These views, which were thought rather chimerical at the time, have received a striking confirmation from no less an authority than Mr. Mansell-Moullin, surgeon to the London Hospital, and a man whose opinion carries a great deal of weight. In a very interesting paper in the *Medical Press and Circular*, 19th Sept., 1894, he reports a case of absolute and rapid cure of prostatic enlargement causing retention of urine. The patient was eighty-one years of age, and the growth could be felt by the rectum as large as a tangerine orange. There was retention of urine, and the patient was rapidly becoming more and more childish as his strength gave way. Both testicles were removed, and to quote Mr. Mansell-Moullin's own words: from the following day the urine came more freely. On examination, ten days after, the prostate as felt per rectum was much smaller. Three weeks after the operation it had simply disappeared. An ordinary silver catheter, not a prostatic one, passed in easily without requiring to be depressed more than usual; and when the finger was introduced into the rectum, all that could be felt was a fusiform thickening along the catheter, not sufficiently dense or large to prevent the shaft being felt distinctly through it the whole way. The bladder was beginning to regain power, and the urine had become acid. He refers then to a similar case by Prof. Ramm of Christiania, three by Dr. Francis Haynes of Los Angeles, one by Dr. Fremont Smith, a seventh by Prof. White of Philadelphia, and an eighth by Mr. Arthur Pavel of London.

This operation must, we think, be considered as one more triumph for surgery. The operation of castration is absolutely devoid of danger with modern methods. Pathologically, the fact that the enlargement disappears after the testes are removed is no less interesting. It establishes the purely sexual character of the prostate. It does away at once with the theories that enlargement is dependent upon senility or general atheroma, or upon hypertrophy developed in compensation for sinking

of the floor of the bladder. He concludes his very able paper by saying: "There is a generally prevalent idea that there is some connection between the development of enlargement of the prostate and second marriages contracted late in life, especially when the wife is young. Without going so far as to say that the disappearance of enlargement of the prostate after castration proves this; it may be admitted that it lends it a certain amount of support."

THE DIET FOR TYPHOID PATIENTS.

During the last twenty years typhoid fever has been gradually becoming a much less fatal disease. This is no doubt partly due to a domestication, so to speak, of the former wild and savage microbe, but also very largely we think to improvements in the management of these cases. Formerly they were kept in a dark room; now, knowing as we do that all bacteria thrive best in the dark, we keep the typhoid case in the sunniest room we can get. Formerly, for fear of catching cold and chills, he was kept in a hot and tightly closed room without ventilation; now we know that chills mean high temperature, and we therefore keep our patient cool and his room well ventilated, those treated in tents in the open air making the best recoveries. In the use of water, the greatest advances have been made. Formerly the patient was made to endure his intense thirst, or at best it would be relieved by salt water, alias beef tea. Now, beef tea has been abandoned, and the patient is not only allowed all the water he craves for, to wash out his blood, liver and kidneys, but his temperature is kept down by giving that water icy cold, as well as by either immersing him in a moderately cold bath or sponging him frequently with cold water. Thus, temperatures of 105 and 106 are rare, while the average is probably less than 103. Another advance is about to be made. In the July number of the *Australian Medical Journal* there is a paper by Dr. J. W. Springthorpe, entitled "A New Food for use in Typhoid and other Fevers," after calling attention to the disadvantage of milk, the principal one being its deficiency in hydrocarbons, its curdling and fermenting, and the disgust which patients come to have for it. In place of milk he advocates with a good deal of force the use of hopped malt extract, in which the bacillus of typhoid will not

grow, and which contains all the elements for sustaining life and repairing the waste of fever. A full description of its analysis and advantages over milk may be found in the *New York Medical Journal* of 15th Sept., 1894. Another incidental advantage is the somniferous effect of the lupulin of the hops. We should not be surprised to see a good sound ale that is a sterilized hopped malt extract accorded a prominent place in the treatment of typhoid in the near future, as many cases seem to do better with a little stimulant. We commend the subject to our readers' consideration.

A PROVINCE OF QUEBEC MEDICAL ASSOCIATION.

It was with feelings of no slight mortification that those who went from this province to the meeting of the Canada Medical Association at St. John, New Brunswick, were obliged to confess that there was no Medical Association in the Province of Quebec. Ontario has a splendid one, Nova Scotia has one, New Brunswick has one, and so has even the little province of Prince Edward Island. Why this province has none it is difficult to answer. At first sight, one might think that this was because the profession is partly French and partly English. But this can hardly be a reason why there is no association at all, although it might explain why there might be two associations. Moreover, most of the medical men of the province understand both languages perfectly, and for those who did not there might be an official language which should be that of the majority of members. We earnestly recommend the physicians of each town or village to form a local society, electing a president and secretary, and to meet at each other's houses once a month and talk over their cases, or even to read a paper each in turn. Then a dozen or more of these little societies should join together and form a county society, to meet every three months. From that to a provincial society would only be a short step. We would be pleased to publish in our columns the reports of these meetings as often as they occur.

Let someone in each parish throughout the province at once take this matter up, and we feel sure that the movement will be productive of the greatest good, and this opprobrium which has so long existed against the Province of Quebec will at last be removed.

ENGLISH AS A UNIVERSAL LANGUAGE.

At the Saratoga Meeting of the American Social Science Association, held on the 4th September, Mr. Porter of Waterbury, Connecticut, read a paper on the above subject, making a very strong and convincing argument in favor of the English language. We have always held that the English language must be the one which will finally be spoken throughout the world. The advantages and indeed the necessity for such a language were very clearly manifested at the International Congress at Rome, the scientific value of which was very seriously marred by the polyglot nature of the proceedings, which resembled very much the scene pictured in our mind by the description of the tower of Babel. There is no doubt a great deal of energy wasted in learning half a dozen languages, when two at the most would suffice, namely, the mother tongue of each country and English. Let the French schools throughout the world teach French and English, the German schools German and English, the Russian schools Russian and English, and so on, and the result would be in one generation there would be one universal language. Medical literature would gain enormously thereby, and we would urge upon all our foreign exchanges to take the matter up and lay it before their lay contemporaries in the strongest possible light.

ABOLISH THE DUTY ON ALCOHOL FOR USE IN THE SCIENCES.

By a recent change in the United States Tariff, the duty on alcohol to be used for the above purposes has been removed, and tinctures will thus be reduced in price about 60 per cent. This will be a great boon to the poor, who must need medicine, and also for the medical colleges and scientific men who require alcohol for preserving their pathological specimens. Many instructive pathological specimens have been lost to science because the medical man cannot afford to spend a dollar or two on alcohol for preserving them.

Why should not a similar clause be passed at the next session of the Federal parliament? We should have a sufficient number of physicians and others interested in scientific pro-

gress to bring the matter before the finance minister in a forcible manner. In this and similar cases the need of an organized section of medical M.P.'s is very much needed. There is at present a sort of provision permitting colleges to purchase slightly methylated spirits in bond at a low rate of duty; but, as we recently found out to our cost, the conditions are so irksome as to be practically prohibitory. We trust that the other journals of Canada will join us in an effort to have the duty removed.

PERSONAL.

Dr. F. W. Campbell is building a palatial residence on Sherbrooke street, at the corner of Crescent street, with a smaller but very handsome house next door for his son, Dr. Rollo Campbell. We feel sure that all the readers of the RECORD who have the pleasure of knowing our genial senior Editor will wish him many years of life and health in his new home.

Dr. Laphorn Smith, who was elected second Vice-President of the American Electro-Therapeutic Association last year at its Chicago meeting, was this year promoted to the honor of President. Cordial invitations were offered the Association to meet in Philadelphia or Montreal or Toronto next year; but, after carefully considering the matter, Toronto was accorded the honor. Dr. Laphorn Smith has appointed Dr. C. R. Dickson, of Toronto, chairman, and Dr. Wolford Walker, of Toronto, secretary-treasurer of the Committee of Arrangements.

We are glad to learn by the Montreal *Star* that Dr. T. G. Roddick has been called to Ottawa to attend the Premier of Canada, Sir John Thompson. Apart from his great professional skill, the doctor possesses such a happy manner and expression that the mere sight of him would make the sickest person feel decidedly better. We congratulate the Premier on his choice.

Dr. Proudfoot has retired from the position of Oculist to the Montreal Dispensary. For this we are both glad and sorry. Glad that his private practice, in addition to his duties at the General Hospital, demand so much of his time that he has none to spare for the Dispensary; but sorry because he will be sincerely missed by the poor who esteemed him so highly, as evidenced by the size of his clinic, one of the largest there. During his many years of service he has won the esteem not only of the patients but of the whole staff. We wish him continued prosperity in his new sphere.

Dr. Roddick has, we understand, given up the specialty of Surgery in order to return to general practice, in response to the request of

many of the old patients of the late Drs. Howard and Geo. Ross, who felt the need of some one to take their place, as well as of many practitioners, who required an experienced consultant. Such at least were the reasons given us by one who was in a position to know. We mention the matter as an item of interest to our readers.

LITERARY NOTE.

The well-known house of The F. A. Davis Co., of Philadelphia, will issue, shortly, a work which will be most favorably received by the Medical profession. It is entitled **OBSTETRIC SURGERY**, and is written by Drs. **EGBERT H. GRANDIN** and **GEORGE W. JARMAN**, gentlemen who, from their long connection with the largest and most widely known maternity hospital in the United States (The New York Maternity Hospital), are peculiarly fitted to expound the subject from the modern progressive stand-point of election.

There is no work in any language which deals with the surgical side of obstetrics so thoroughly as the present. The rules of obstetric asepsis and antiseptics are so described and simplified as to enable even the busy general practitioner to surround his patients with the same safeguards as are guaranteed in well-ordered hospitals. The subject of pelvimetry, without due regard to which modern obstetric surgery cannot exist, is most tersely and exhaustively treated of. The indications under which artificial abortion and the induction of premature labor properly fall are clearly exemplified. The limitations of the forceps and of version, and the beneficent results to be secured through timely resort to symphysiotomy and the Cæsarean section, are stated with the accuracy which the marvelous progress of the past few years allows. The surgical aspects of the puerperal state are carefully described, and the concluding chapter deals with the surgical treatment of ectopic gestation.

The work having been prepared from a teaching stand-point, the terse text is elucidated by numerous photographic plates and wood-cuts, representing graphically various steps in operative technique. The student and the practitioner, thus, not alone may *read* what to do, but may also *see* how to act.

The work is not burdened with literature references. The authors have aimed to teach that which ample and prolonged experience has taught them is good. The net price of the volume will be \$2.50, and it will be printed in large, clear type, on excellent paper, and handsomely bound in extra cloth. The full-page plates, about 14 in number, will be printed on fine plate paper, in photogravure ink.

A companion volume, dealing in the same terse, practical manner with pregnancy, normal labor, and the physiological and pathological puerperium, is in active preparation by the same authors.

LITERARY NOTE.

An important new book just announced is "Practical Urinalysis and Urinary Diagnosis." A manual for the use of Practitioners and Students, with numerous illustrations, including colored photo-engravings. By Charles W. Purdy, M.D., of Chicago, author of "Bright's Disease and Allied Affections of the Kidneys;" "Diabetes: Its Causes, Symptoms and Treatment," etc. A one-volume practical and systematic work, of about 350 crown-octavo pages, in two parts, subdivided into twelve sections, and an appendix.

Part I is devoted to the general subject of analysis of urine, treating in detail of urine composition, organic and inorganic constituents of normal and abnormal urine, physical characteristics, volumetric, gravimetric, centrifugal, and all other methods of analysis. The various processes and methods of detection, determination, calculation, etc., of all pathological manifestations and substances in the urine, with their causes and clinical significance, including the urine as a toxic agent all forms of urinary sediments, casts, etc., are discussed with great clearness and force.

Part II is devoted to urinary diagnosis, and discusses fully all forms of urinary and renal diseases, including anatomical considerations, regional relations of the kidneys, ureters, bladder and the renal pelvis, also their physical examination, etc., clinical diagnosis of urinary and renal diseases, such as renal tuberculosis, cancer, diabetes insipidus, diabetes mellitus, misplacements of the kidney, cystitis, uræmia, chyluria, vesical stone, etc. The diagnostic value of the urine in acute infectious diseases, such as typhoid, yellow and typhus fevers, scarlatina, cholera, diphtheria, variola, cirrhosis of the liver, jaundice, acute rheumatism, gout, meningitis, hysteria, epilepsy, pulmonary tuberculosis, pneumonia, pleurisy, bronchitis, etc., are clearly and scientifically set forth, the author giving special prominence to the relations of the chemistry of the urine to physiological processes and pathological facts.

In the appendix is presented the highly important subject of examination of urine for life-insurance, wherein full and explicit rules for the thorough physical, chemical and microscopical examination of the urine of applicants for life-insurance are given, and the information here-presented is of the greatest value to every physician who examines for life-insurance companies.

This is the first American work of a comprehensive character for more than a decade in this department of practical medical science, and it should meet with a cordial reception by the medical profession everywhere.

It has been the special aim of the author to furnish the student, physician and surgeon, in one convenient volume, the essential features of our present knowledge of the urine and urinary diagnosis, thoroughly up to date and in a systematic, concise and practical form, so that students and practitioners who obtain this work will secure the fullest as well as the latest trustworthy information on this important subject without the necessity of their procuring the larger and more expensive works.

The well-known house of The F. A. Davis Company, 1914 and 1916 Cherry St., Philadelphia, will issue the work shortly. The book will be first-class in quality of paper, press work and binding, and the price most reasonable, namely, \$2.50, net, in extra cloth.

BOOK NOTICES.

MANUAL OF OBSTETRICS, GYNÆCOLOGY AND PEDIATRICS. By Kenneth N. Fenwick, M.A., M.D., Prof. Obstetrics and Diseases of Women and Children, Royal College of Physicians and Surgeons in affiliation with Queen's University, Kingston; Member of Royal College of Surgeons, England; Fellow of the Obstetrical Society, Edinburgh; and Surgeon to the Kingston General Hospital, Kingston, Ontario: John Henderson & Co., 1889.

This handy manual is evidently from the pen of one who has had large experience in teaching the subject whereof he writes, and is therefore useful not only to students but also to teachers of Gynæcology and Obstetrics. The first 124 pages are devoted to Obstetrics, the next 72 to Gynæcology, and the last 40 to Diseases of Children. By clearness and conciseness of style it is astonishing how much the author has managed to get in within the limits of his work. It is rendered still more valuable for students by means of ruled interleaves between the printed pages which are to be used for note taking. The binding is attractive, and altogether the book does honor to the Canadian who has first ventured to write a work on Gynæcology and Obstetrics.

A NEW ILLUSTRATED DICTIONARY OF MEDICINE, BIOLOGY, AND COLLATERAL SCIENCES.

Dr. George M. Gould, already well known as the editor of two small Medical Dictionaries, has now about ready an unabridged, exhaustive work of the same class, upon which he and a corps of able assistants have been uninterruptedly engaged for several years.

The feature that will attract immediate atten-

tion is the large number of fine illustrations that have been included, many of which—as, for instance, the series of over fifty of the bacteria—have been drawn and engraved especially for the work. Every scientific-minded physician will also be glad to have defined several thousand commonly used terms in Biology, Chemistry, etc.

The chief point, however, upon which the editor relies for the success of his book is the unique epitomization of old and new knowledge. It contains a far larger number of words than any other one-volume medical lexicon. It is a new book, not a revision of the older volume. The pronunciation, etymology, definition, illustration, and logical groupings of each word are given. There has never been such a gathering of new words from the living literature of the day. It is especially rich in tabular matter, a method of presentation that focuses, as it were, a whole subject so as to be understood at a glance.

The latest method of spelling certain terms, as adopted by various scientific bodies and authorities, have all been included, as well as those words classed as obsolete by some editors, but still used largely in the literature of to-day, and the omission of which in any work aiming to be complete would make it unreliable as an exhaustive work of reference.

The publishers announce that, notwithstanding the large outlay necessary to its production on such an elaborate plan, the price will be no higher than that of the usual medical text-book.

ATTFIELD'S CHEMISTRY. Fourteenth edition. Chemistry,—General, Medical and Pharmaceutical; including the Chemistry of the U.S. Pharmacopœia. A Manual of the General Principles of the Science, and their application to Medicine and Pharmacy. By John Attfield, M.A., Ph.D., F.I.C., F.C.S., F.R.S., etc., Professor of Practical Chemistry to the Pharmaceutical Society of Great Britain, etc. Fourteenth edition, specially revised by the author for America to accord with the new U.S. Pharmacopœia. In one handsome royal 12mo. volume of 794 pages, with 88 illustrations. Cloth, \$2.75; leather, \$3.25. Philadelphia, Lea Brothers & Co., 1894.

If the success of a work can be measured by the number of its editions, *Attfield's Chemistry* can lay claim to unexampled popularity. The author has evidently clearly discerned the needs of students of Medicine and Pharmacy, as well as those of physicians and pharmacists. He deals with the *science* of chemistry and with the chemistry of every substance having interest for the followers of Medicine and Pharmacy, devoting to it such space and detail as is indicated by its practical importance. The present edition contains such alterations and additions as seemed necessary for the demonstration of

the latest developments of chemical principles and the latest applications of the science to medicine and pharmacy. It has been brought into thorough conformity with the new United States Pharmacopœia.

A TREATISE ON THE PRINCIPLES AND PRACTICE OF MEDICINE. Designed for the use of Students and Practitioners of Medicine. By Austin Flint, M.D., LL.D., Professor of the Principles and Practice of Medicine, and of Clinical Medicine in Bellevue Hospital Medical College, N.Y. New (7th) edition. In one very handsome octavo volume of 1143 pages, with illustrations. Cloth, \$5.00; leather, \$6.00.

The many large editions of this great work demanded since its first appearance thirty years ago have firmly established it as the leading text-book for American students and as the chief dependence of the American physician. The reasons for its unexampled popularity lie in its peculiar adaptation to the needs of the whole continent. The author's unparalleled experience covered all classes and conditions of men in civil and military practice, on the frontier, in the country or in the city, in private life and in hospitals, in the North and the South. With exceptional powers of observation and great literary aptitude, he was especially fitted to prepare those descriptions of disease which are and will continue to be recognized as classics.

In the present issue the work has been thoroughly revised by the eminent editor, who has made such changes as were necessary in order to represent the present state of medical science and art. He has greatly enriched the sections on treatment, making them fully representative of the great advances witnessed during recent years in the department of Therapeutics. Flint's great *Practice* is therefore again put forth in the full confidence of universal recognition as the foremost American text-book and work of reference.

THE GRAPHIC HISTORY OF THE FAIR. A superb volume. 1,300 illustrations. 240 Imperial quarto pages (11 x 16 in.).

The History opens with an introductory chapter on previous World's Expositions, followed by a brief survey of the preliminary organization, with the resulting legislation and other events culminating in the creation of the marvelous "White City." Then follow chapters on the various departments of the Fair, describing each in detail.

The great merit of the Graphic History is due to the exceptional advantages accruing from the service of the *Graphic* staff of artists and engravers extending over the entire Exposition period, aided by the special photograph privilege accorded by the Director-General, from access to the entire photographic collection of the official photographer, and from the co-operation of the Chiefs of Departments and foreign commissioners.

Cloth, \$4.00; full morocco, \$6.00; half morocco, \$5.00; édition de luxe, \$10.00. The Graphic Company, 358 Dearborn St., Chicago, U.S.A.

PAMPHLETS.

A METHOD OF PERFORMING RAPID MANUAL DILATATION OF THE OS UTERI, AND ITS ADVANTAGES IN THE TREATMENT OF PLACENTA PREVIA. By Philander A. Harris, M.D., Obstetrician to the Paterson General Hospital. Reprinted from the American Journal of Obstetrics, Vol. xxix, No. 3, 1894. New York: William Wood & Company, publishers, 1894.

A CRITICAL STUDY OF THE BICEPS CRURIS MUSCLE AS IT RELATES TO DISEASE IN AND AROUND THE KNEE-JOINT. By Eliza M. Mosher, M.D., of Brooklyn, N.Y. Reprint from Annals of Surgery, November, 1891.

WHAT ARE THE INDICATIONS FOR ABDOMINAL SECTION IN INTRA-PELVIC HEMORRHAGE? By Marcus Rosenwasser, M.D., Professor of Diseases of Women and Abdominal Surgery in Wooster University, Cleveland, O. Reprinted from the Transactions of the American Association of Obstetricians and Gynecologists. 1893.

THE DUTY OF THE COMMUNITY TO MEDICAL SCIENCE. By George M. Gould, A.M., M.D., Philadelphia. Reprinted from the Bulletin of the American Academy of Medicine. No. 16.

THE PERNICIOUS INFLUENCE OF ALBINISM UPON THE EYE. By George M. Gould, A.M., M.D., Ophthalmologist to the Philadelphia Hospital. Reprinted from Annals of Ophthalmology and Otolaryngology, Vol. II, No. 3, July, 1893.

MADAME BOIVIN. By Hunter Robb, Associate in Gynecology. Read before the Johns Hopkins Hospital Historical Club, April 9, 1894. From the Johns Hopkins Hospital Bulletin, No. 49, May, 1894.

THE RELATIONS OF URINARY CONDITIONS TO GYNÆCOLOGICAL SURGERY. By Charles P. Noble, M.D. Reprint from American Medico-Surgical Bulletin, October, 1893.

THE INFLUENCE OF MORBID CONDITIONS OF THE UTERINE ADNEXA UPON REFLEX PHENOMENA. By Charles P. Strong, M.D., Assistant in Gynecology, Harvard Medical School; Physician to Out-Patients, Massachusetts General Hospital; Assistant Surgeon, Free Hospital for Women. Reprinted from the Boston Medical and Surgical Journal of January 12, 1893. Boston: Damrell & Upham, publishers. No. 283 Washington Street, 1893.

AN OPERATING TABLE. By Hunter Robb, M.D., Associate in Gynecology.

NOTES ON GYNÆCOLOGICAL TECHNIQUE. By Hunter Robb, M.D., Associée in Gynæcology, Johns Hopkins University, Baltimore, Md. Reprint from the New York Journal of Gynæcology and Obstetrics.

STOMATITIS NEUROTICA CRONICA. By A. Jacobi, M.D., Clinical Professor in the College of Physicians and Surgeons (Columbia College), New York. Reprinted from the Transactions of the Association of American Physicians, 1894.

ELEVENTH ANNUAL ANNOUNCEMENT OF THE MEDICAL AND DENTAL DEPARTMENTS OF THE NATIONAL UNIVERSITY, 1894-1895. Mt. Vernon Square, cor. 8th and K Streets N.W., Washington, D.C.

THE ETOWAH COUNTY (ALA.) MEDICAL SOCIETY vs. DR. WILLIAM THOMAS COGGIN. Dr. William Thomas Coggin, of Athens, Ga., who claims the honor of doing the first symphysectomy in this country, is denounced by the Etowah County (Ala.) Medical Society as an imposter and a fraud. Reprint from the Alabama Medical and Surgical Age, June number, 1894.

TWELFTH ANNUAL ANNOUNCEMENT OF THE MEDICAL DEPARTMENT OF NIAGARA UNIVERSITY, 1894-95.

Niagara University was founded as a seminary of learning in 1856, and has steadily increased in growth and power until it has now become one of the leading educational institutions of the country. It is beautifully located on Niagara River, near the famous cataract, Niagara Falls, and offers excellent opportunities for the education of young men in the following departments: Department of Arts, Department of Theology, Department of Medicine. For catalogues and information, address very Rev. P. V. Kavanagh, C.M., Suspension Bridge, N.Y.

ASEPSIS IN MINOR PROCEDURES. By Hunter Robb, M.D., of Baltimore. Reprinted from the Maryland Medical Journal, May 19, 1894.

THE EMPLOYMENT OF THE ELECTRO-MAGNET IN OPHTHALMIC PRACTICE. By Robert Winthrop Gillman, M.D., Detroit, Mich. Ophthalmic Surgeon to St. Mary's Hospital, Ophthalmologist to the Woman's Hospital and Foundling's Home, etc. Read before the Annual Meeting of the Michigan State Medical Society.

PUBLISHERS DEPT.

OPIATES NOT TO BE PREFERRED.

Pain, while being conservative, is oftentimes unkind, and must needs be modified and controlled. Remedies like morphia which tie up the secretions are often objectionable. Antikamnia has no such unfavorable effects. As a reliever of neuralgia dependent upon whatever cause, and rheumatism and gout, it is of great value.

In the intense pains ever present in the pelvic disturbances of women, cellulitis, pyosalpinx, et. al.; it is to be preferred over opiates.

This drug, for convenience and accuracy of dosage, is now prescribed, to a great extent, in the tablet form. Patients should be instructed to crush the tablet before taking, thus assuring celerity.

The manufacturers have thrown around their product the security of specially protected packages, for both powder and tablets. And each tablet bears a monogram indicating its composition. Physicians should therefore insist on the presence of these conditions.

AN AUTUMN MAGAZINE.

That popular New York clergyman, the Rev. Dr. Rainsford, contributes a most interesting article to the October issue of *The Ladies' Home Journal*, in which he defines the position of "The Clergyman in Society." Not less interesting is the eminently practical view of Mrs. Burton Harrison, in her contribution to the series "Before He is Twenty," takes of "A Boy's Evenings and Amusements"—how the first should be spent, and of what the second should consist. Mr. Howells' literary biography, which he has so aptly named "My Literary Passions," continues to grow in interest and charm. A very valuable article entitled "The Candy-Eating Habit" is furnished by Cyrus W. Edson, M.D., President of the New York Board of Health. The biography of the number consists of sketches, with portraits of A. Conan Doyle, the creator of "Sherlock Holmes," and James Matthew Barrie, the author of "A Widow in Thrums" The full piano score of the Rose Bud Waltzes, specially written for the *Journal* by Luigi Arditi, Patti's veteran orchestral conductor, cannot fail to delight all lovers of good music, as "The Possibilities of Crêpe Paper" and "The Holly and Mistletoe on China" will all lovers of the artistic. The editor discourses with much earnestness on what constitutes a successful life for men and women, and Addison B. Burk very thoroughly explains the methods employed in the building and loan plan—"When Buying a House with Rent Money." Much solid wisdom may be found in Burdette's inimitable "Through Two Ends of a Telescope." Mrs. Mallon contributes some charming suggestions for "Dainty House Gowns" and for "Little Girls' Gowns," and Miss Hooper speaks some wise words on "Dressing on a Small Income." Altogether this October issue, with its attractive cover, specially designed by A. B. Wenzell, is an ideal magazine and worth ten times its price of ten cents. *The Ladies' Home Journal*, with a circulation of 700,000 copies, is published by The Curtis Publishing Company, of Philadelphia, for ten cents per number and one dollar per year.

LITERARY NOTES.

From the *Ladies' Home Journal*, Philadelphia.

For the first time in his literary career, Jerome K. Jerome is about to write directly for an American audience. This work consists of a series of papers similar in vein to his "Idle Thoughts of an Idle Fellow," but addressed to American girls and women. The articles will begin shortly in *The Ladies' Home Journal*, which periodical will print the entire series.

Bret Harte is writing a story of American life and incident for *The Ladies' Home Journal*.

Frank Stockton has given both of his new stories, with the quaint titles of "Love Before Breakfast" and "As One Woman to Another," to *The Ladies' Home Journal*.

The suit of Dr. Amick against the St. Louis Clinique and Faculty of the College of Physicians and Surgeons, of St. Louis, has been decided in favor of the plaintiff.—*Am. Med. Journal*.