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Original Communications.

CASE OF VESICAL CALCULUS *

BY W. G. ANGLIN, M.D., M.R.C.S., ENG., KINGSTON, ONT.

In August last it was my privilege to assist Dr. J. Rutherford Morison, F.R.C.S, Edin., of Hartlepool, Eng., while he operated for stone. The result was the extraction of a uric acid calculus of extraordinary size—the largest of pure uric acid on record, and as I have with me a plaster cast of the calculus, and some notes supplied to me by Dr. Morison, I have pleasure in bringing the case under the notice of this Association, especially as I am not aware that the notes have been published in any of the medical journals.

J. T., æt. 52, married, a seafaring man, residing at West Hartlepool, complains of pain and difficulty with his water. His general health has been good with the exception of the trouble complained of. He has been somewhat addicted to alcoholic excess. He looks a strong man, but much worn by pain and loss of rest.

History: For the last 30 years he has had attacks of pain and difficulty in micturition. He thinks that an accident, a fall on the perineum over a railing, which he met with when a boy may have been the cause. During the attacks he has had a frequent desire to micturate accompanied by straining pains in the perineum and rectum, and a shooting into the end of the penis. These attacks lasted a variable time, occasionally passing off in a few days, at other times remaining for months. He says they had to reach a height, after which followed a gradual return to health, and for a time he remained perfectly well. Several years ago, during one of the attacks, he passed blood

with the urine. At different times he has consulted physicians and surgeons, but nothing did him any good except morphia which relieved his pain. He has been frequently sounded for stone but without result. His *present attack* began four months ago in the usual way, with painful and frequent micturition, for which, up to the time of my seeing him, he has been under medical care and steadily getting worse. At the time of my first seeing him, I was going away for three weeks, so, on examining his urine, and finding it to contain one-third albumen, some pus, and to be of low sp. gr. (1008), I ordered him to live on milk and take 15 ms. of tr. ferri. perchlor. three times a day, postponing any instrumental interference till my return. On August 14th, three weeks having expired, I again visited him. So far as can be ascertained all his organs are sound with the exception of his genito-urinary system. He is wearing a urinal, as his urine is constantly dribbling away. As a consequence his thighs are excoriated, and he has a strong urinous odor. On palpation a rounded swelling can be felt in his lower abdomen reaching midway between the umbilicus and pubis, which is dull on percussion, and pressure on which causes a desire to micturate, and the escape of some urine by the natural channel. Pressure over both kidneys posteriorly causes pain. Per rectum, a round, hard, tender swelling is easily felt projecting into the lower part. A soft rubber catheter enters as far, apparently, as the prostatic urethra, but here it hitches causing great pain, and about a teaspoonful of urine escapes in little gushes. The catheter will not enter the bladder. I arranged to give him chloroform the following day and make a thorough exploration.

August 15th. On giving chloroform the distended bladder could be distinctly felt as a rounded swelling in the lower abdomen. A soft coudeé instrument stuck at the same spot as the one introduced yesterday, and no more water could be obtained through it. A silver catheter now tried, struck a stone at the point of the obstruction lying in the urethra and could not be passed beyond it. I arranged to make an incision and by that means empty his bladder next day.

August 16th. The staff when introduced hitched on the urethral calculus, but passed on into the bladder where it struck another

*Read before the Ontario Medical Association, June, 1886.

calculus. The ordinary (as for lateral lithotomy) incision was now made, and bled profusely from the whole surface. The transverse perineal artery was so active as to be formidable, and Pean's forceps were fixed on each end of the divided vessel. When the urethra had been excised a small, flat stone escaped into the wound, and was extracted by the finger, which was then passed into the bladder on the stone there, and the staff was removed. The stone was of such large size that I enlarged the wound in the bladder with a probe-pointed bistoury before introducing the largest size of lithotomy forceps. Expanding the forceps widely I grasped the stone, which was so large and of such a shape that they slipped off. After repeating the process in a variety of directions, it was plain that the stone could not be removed through this incision, and that if the stone was to be had it must be by the supra-pubic operation. The wound had all along bled profusely from its whole surface, and by this time the patient had lost at least a pint of blood. A sponge was packed into the perineal wound, the supra-pubic incision made, and the bladder opened above the pubis on the stone, a matter of little difficulty, as the stone was pushing forwards the anterior bladder wall. The incision in the skin extended upwards for about four inches from the pubic bone, the bladder wall being opened for about 2 inches up to the reflection of the peritoneum. The lithotomy forceps were again introduced, but had no power and slipped. There was the same difficulty as before. The midwifery forceps of a neighboring practitioner were now sent for and on their arrival one blade was introduced at a time, as in an ordinary instrumental delivery. The entrance of the first blade was followed by a gush of putrid urine which escaped over the abdominal wound, and must inevitably have run into the peritoneal cavity if it had been opened. This urine—about 2 oz.—was lying in the base of the bladder, under the stone, and at a lower level than the urethral opening. The forceps being locked, the stone was easily removed by slow and gentle traction, the wound in the bladder expanding without laceration, and no further obstruction being encountered because of the long incision through the superficial soft parts.

The bladder wall was very much thickened, and the lining membrane so vascular that it bled free-

ly. Lying at the lowest part of the bladder was another small flat stone which was now removed. The operation was completed by the introduction of two deep and three superficial sutures of catgut into the abdominal wound, leaving only the lower half open; by stitching a full-sized drainage tube, reaching the bladder, into the perineal wound; by flushing out the bladder and wounds with boracic lotion, and finally by the introduction of a large sponge with Pean's forceps attached, into the bladder to stop the oozing from its interior still going on. The operation occupied three-fourths of an hour, including the delay occasioned by having to send for forceps. An hour afterwards the bladder sponge was removed, and all bleeding had ceased. The patient had a fair pulse, but had not yet rallied from the cold, chloroform and shock.

AFTER PROGRESS.

August 16th, evening. Fair pulse 110; temp. 97° F. Has not yet recovered from shock, and is inclined to be cold. Hypodermic injection of $\frac{1}{4}$ th gr. morphia, and some hot milk and water.

August 17th. Morning, temp. 97°; hands still cool but body warm and perspiring. Has had a good night; slept 3 or 4 hours, and taken freely of milk without sickness. 1 p.m.—Temp. 97.6°; pulse 112. 3.40 p.m.—T. 99°; p. 120. 10 p.m.—T. 102.6°; p. 160; ordered 10 grs. quinine, 10 grs. pulv. ipecac co.

August 18th. 1 a.m.—T. 100.2°; p. 140. 8.20 a.m.—T. 97.4°. 3.20 p.m.—T. 98.8°. 8 p.m.—T. 99°; p. 117. After this the temperature only once reached 100°. For several nights he required morphia to make him sleep, not because of pain, but restlessness.

August 19th. Most of the urine escapes by the abdominal incision in spite of the fact that perineal tube is large and patent. The tube removed in consequence. Secretion of urine very free, and has been ever since operation. To-day he took a quantity of egg-flip, looks much better, but his tongue is dry and he is disposed to hiccough. Ordered calomel gr. j. every four hours.

August 21st. His pulse occasionally intermits and has kept up to about 120 since operation. Ordered tr. digitalis M. 10 every 4 hours. Tongue much cleaner. Asked for and relished some tea and toast.

August 22nd. Most of the urine escaped through the abdominal wound, and a tendency,

apparently, for it to find its way into the urethra has caused some pain. I passed a full-sized drainage tube through from perineal to abdominal opening, and ordered bladder and tube to be syringed out from above every 4 hours with boracic lotion. Patient seems very well and strong. Pulse 100, temp. normal, but cannot sleep well at nights. Urinary secretions very free.

August 27th. Is very well and strong. Upper part of abdominal wound healed, lower part granulating, and both it and perineal wound have closed in so as to embrace the drainage tube. His diet has been gradually improved, and to-day he was allowed to have for dinner, chicken with vegetables, pudding and a glass of beer. After dinner he enjoyed a smoke, and was anxious to know if he could soon get up a little. Was in excellent spirits.

August 28th, morning. Looks rather depressed, and says he does not feel in such good spirits. Has had occasional hiccough, but as his pulse is good, temp. normal, wounds look well, and secretion of urine free, no importance was attached to it; as even when fairly well for some months he has had it occasionally. Evening.—Hiccough much worse, never lets him rest. Tongue dry; pulse 120; temp. 98.4°; very thirsty; drowsy looking and low spirited. Says he is going to die. Hypodermic of morphia and a variety of other things tried.

August 29th. Hiccough never ceases. Has been delirious all night, wanting to get out of bed, etc. Died early in the morning. No *post mortem* can be obtained.

CASE OF PUERPERAL PULMONARY VENOUS THROMBOSIS.

BY AMELIA LE SUEUR YEOMANS, M.D., WINNIPEG, MAN.

On July 14th, 1885, I was summoned to attend Mrs. G. M. in confinement. I found the patient in a very small, ill-ventilated room, around which clothing was hanging in profusion. Her youngest child, a baby of thirteen months, had been weaned only two months previously, and the eldest was now barely two years old. No nurse was present, the patient's husband being the only person available as assistant. Complaints about this state of matters were met by the reply that they were "too

poor" to do any better, and as labor was progressing, little improvement could be effected beyond airing the stuffy room as well as possible and removing all superfluous clothing. The patient was not yet 20, a very restless, nervous and insubordinate woman. Her labor was easy, rapid and normal in all respects; child healthy. An hour after all was well over, I left, promising to call next morning. 15th. Found patient sitting up in bed sewing a gown for her infant; compelled her to lie down and informed her husband that unless my orders were obeyed I would have nothing further to do with the case. Inquiry elicited the fact that she had also that morning, while her husband was absent, left her bed and carried into her room from the next one, a crying child. Called in the afternoon and found patient with flushed face, pulse rapid and weak, temperature 102°. From that time her condition grew worse. Septicæmia of a violent character developed itself, with all attendant characteristic symptoms, wild dreams, with some delirium. Her temperature ranged from 102° to 106°. It is worthy of remark, that throughout this illness the patient's pulse was not rapid in proportion to her temperature, and on this fact hopes of her restoration were based, which were realized.

She recovered after most assiduous and careful treatment. Warburg's tincture was found the most valuable of the medicines employed, and intra-uterine antiseptic injections were freely used, always by myself. Convalescence being fairly established, this patient and her husband were earnestly warned of the danger that would ensue should she again become pregnant before a proper length of time had elapsed for the thorough re-establishment of her health; nevertheless, three months had not passed before she came to me with a request to induce a miscarriage in her case. This was promptly refused, and she was also told that I would not be willing to attend her again. June 21st, 1886, I was again summoned to the same patient. The messenger described her as having an earnest wish to speak with me on an important matter. As she lived only a few doors from my office I went at once, and found my former patient convinced that her fourth labor had commenced and most anxious for my services. I yielded the point, and she informed me that the "waters" had already "broken," but that she had

as yet felt no pain. On vaginal examination, I found sufficient dilatation of the os for admission of the tip of my forefinger. Assuring her that all promised favorably, I inquired as to her general health, and was told that her appetite was poor and that she had been troubled with a frequent tendency to faint, also that she had been working very hard for some time past. I ordered a nutritious diet and rest in the horizontal position at the least approach of faintness, ascertained that the bladder and bowels had been satisfactorily emptied, and left, promising to return by 10 p.m. At that hour I saw my patient again. The uterus seemed to have settled a good deal lower in the pelvis, but there was little or no increase of dilatation of the os, no pain of any consequence, water dribbling away slowly, temperature normal, pulse 102.

On the morning of the 22nd patient complained of a slight headache and feeling of giddiness. There were no labor pains and less water (she thought) was escaping. Her spirits seemed good, pulse was a little slower than the previous evening, temperature normal. I told her that I would not come again until she sent for me, which she was to do as soon as she began to have consecutive pains, as I judged that when the uterus began to act, delivery would follow very rapidly.

At 11.40 on the night of the 22nd her husband came for me. I was with the patient almost immediately. She said she had had but one pain before sending for me. Uterine contractions continued strong and very effective, and the child (a fair-sized boy) was born at 1.15, June 23rd. Fl. ext. of ergot, 3j., was given directly after the expulsion of the head. The uterus now contracted firmly, the placenta was expressed from its cavity by Credé's method. Patient said she felt well, but was enjoined not to stir. Rather a free gush of blood followed the escape of the placenta, and it was noticeable that it was instantly clotted in the bed. Grasping the uterus firmly, I secured its satisfactory contraction, which continued up to the time of the patient's death. There was no further undue escape of blood. I sat watching the uterus and noting patient's general condition for almost an hour and a half. Her pulse varied from 78 to 87 during that time and was rather irregular, but she said she felt well. In spite of earnest injunctions to the contrary, she talked a

good deal. At 3.30 a.m., there being absolutely no one else to do it, I left her for the purpose of washing and dressing the baby. Her husband was directed to sit by her and see that she did not stir. I could hear him through the open door enjoining quietude upon her, and judged that in spite of him she made some impulsive movements. It must have been about fifteen minutes after I left her that she called me, saying that she could not describe the terrible character of her sensations. I found her pulseless at the wrist, gasping for air, perfectly conscious, her face expressive of intense anxiety. Uterus firmly contracted; there had been no flooding.

Stimulants were at once exhibited freely and their administration continued throughout. Dr. L. B. Yeomans was sent for, and with her assistance internal stimulation and external applications of heat and friction were constantly kept up. The window-sashes were entirely removed, that air might have free admittance. Twice our exertions were rewarded by the re-appearance of the wrist-pulse, once it could be counted—126. Had it been possible to keep the patient perfectly still, the fatal issue might have been delayed, or perhaps averted; but her agony was such, that with any means at our command it was impossible, entirely, to control her. A stethoscope was not at hand, but no basic cardiac murmur was discovered on direct auscultation, which was made several times over the heart. Nevertheless, the symptoms were so marked, that we could not fail to class the case as one of Pulmonary Venous Thrombosis. A third physician was sent for, but unfortunately did not arrive until after the patient's death, which took place at 6.45 a.m., five and a-half hours after the termination of her labor.

It is much to be regretted that an autopsy on this case could not be obtained, and the exact location of the obstructing clot ascertained. Patient complained more of the character of her sensations than of sharp pain. She would press her hand on her heart and say, "Why have I such a terrible feeling (sometimes she spoke of it as a pain) here?" She mentioned also numbness of her lower extremities, and a sense of suffocation. That the clot formation was to some extent gradual, seems evident from the fact, that twice early in the attack the heart contracted powerfully enough for the pulse to be perceptible at the wrist. This

patient's blood was probably markedly hyperinot, as a consequence of her four pregnancies following so closely one upon the other; she was anæmic from very poor living and constant overwork during the past winter. It seems possible, also, that her fourth pregnancy commenced before she had fully recovered from the septicæmic attack which I have already mentioned as following her third delivery.

That the case was not one of embolism, seems evident from the early invasion of the fatal attack; there was no time for the degenerative changes necessary to detachment of a thrombus in the uterine sinuses, its migration to the heart and growth there by accretion. This seems to have been a case of spontaneous formation of a venous blood-clot in the right ventricle of the heart or pulmonary artery proper, or perhaps more probably at its point of bifurcation.

In reviewing the case, two points seem worthy of attention: first, as a warning symptom, the tendency to faint complained of by the patient when first I saw her, a feeling which she said she had experienced more or less during the whole period of pregnancy. In all my previous attendance upon her, she had not described this feeling. A judicious tonic course of treatment, persisted in throughout her pregnancy, might have greatly lessened the final risk, in spite of her former criminally careless conduct. The second point is not of practical importance, but a thought naturally arising from the circumstances of the case. If the fatal issue was caused by a peculiar blood state, a condition that would be aggravated by each successive month of pregnancy, it is quite possible that—had the uterus been emptied early—the mother instead of the child might now be alive; but there was no indication for any such treatment when the patient applied to me, nor can I conceive of a possible diagnosis of impending thrombosis so certain as to render the production of an abortion justifiable.

HYDROCELE MULIEBRIS.

BY R. A. D. KING, M.D., COMPTON, QUE.

On 20th September, Mrs. R., from a neighboring town, consulted me concerning what she designated as "a peculiar swelling in a peculiar place."

I requested her to describe it; what symptoms she experienced, and where it was situated. She did so, and upon examination I discovered a hydrocele of the left side—hydrocele inguinalis interna. I did not arrive at this diagnosis at once or off-hand, as it was the first case I had seen during a practice of 18 years, and I do not remember ever having read anything, in what gynæcological literature I possess, concerning this rare affection, rare at least to me, and I thought it quite a unique case. At first I thought it was a hernia, and its rapid accession rather warranted this supposition.

Mrs. R. is 38 years of age; has had five children. I attended her at her last accouchement, six years ago. Her husband died a year afterwards. About a year ago her menses ceased after a period of irregularity, and she thought she had reached the menopause. Eighteen months since she walked a good deal while visiting Montreal, climbing the mountain and otherwise taking unusual exercise, and once she fell quite heavily on her right side, but does not remember ever receiving any blow or injury to the parts affected, and soon recovered from the immediate effects of the fall. About a month ago she discovered a small enlargement just below Poupart's ligament, which became sore and painful. This gradually becoming larger, she consulted a physician of her town, who recommended poulticing, and she kept on the flaxseed poultices up to the above date. The tension increased, but the soreness diminished somewhat. She was told by her attendant that it would break; that it was an abscess. I found the tumor very tense upon her standing up, but becoming softer when she was in the recumbent position. I could not employ the light test owing to her being in street costume, but felt quite sure that it was not an abscess from its appearance and history. Neither did I think it to be an ordinary hernia, or an epiplocele, and decided to test the matter with a hypodermic needle. This I did, and drew off four ounces of hydrocele fluid. There was evidently more than one cyst, as I had to partially withdraw the needle and re-insert it before getting all the fluid. The neck of the sac could be traced upwards with the finger, and while standing the bag was broadest at the most dependent part.

The fluid drawn off was of a straw color, the last ounce being thicker, much the same in appearance as that taken from the pleura at a second

aspiration — sticky and albuminous — the final drachm being bloody, probably from a prick of the needle's point.

After satisfying myself that all the contents were withdrawn, I applied camphor and chloral solution to allay the aching, dragging pain experienced. She expressed herself much relieved after the removal of the fluid, and I instructed her to come again if it re-appeared, and in the meanwhile to wear a compress—just as soon as the soreness subsides.

In looking up the literature upon hydrocele in woman, I find that Hennig, of Leipsic, read a paper on the subject before the Gynæcological Society of Germany, and he says he can only find 39 cases and that he had only seen two.

Correspondence.

MALICIOUS PROSECUTIONS FOR MALPRACTICE.

To the Editor of THE CANADA LANCET.

SIR,—A law suit, interesting to the profession has just closed in which a patient sued a Dr. for malpractice. The jury contrary to the opinion of medical gentlemen who were acquainted with the facts of the case, returned a verdict in favor of the plaintiff.) The Dr. carried it to the higher courts and asked to have the verdict of the jury quashed or be given a new trial. The judges quashed the verdict, not even giving the plaintiff the benefit of a new trial. This case illustrates the unfair treatment our profession receives at the hands of a jury, and the annoyance and very heavy pecuniary loss we may be subjected to at the hands of our patients. Had this Dr. not been financially "solid," he would have been forced to accept the verdict of that jury and been at the expense of \$2,000 because some malicious or ignorant persons saw fit to prosecute him. I believe it is to the interest of the profession to make common cause against all law-suits for malpractice. I am informed that a jurymen once said, "He is a Doctor; they put it to us, we have him now let us put it to him." And every case of success against a Doctor for malpractice encourages other patients to sue their Doctor. Only the other week I was consulted by one who was going to sue his physician for damages; I advised him against it, when he argued

in reply: "So and so got damages against Dr. —, and so and so against Dr. —, why shouldn't I succeed also."

If the Editors of the LANCET and *Practitioner* would act as a committee who would receive subscriptions from every member of the profession whenever a trial for malpractice came up, and apply it as a common fund for the defence of such trials, we would then be able to get justice, and the success of malicious prosecutions would not then be heard of. This is a suggestion on my part, but I trust the profession will take some definite steps to establish a common defence fund for mutual protection.

Yours, etc.,

EDWIN G. KNILL.

Reports of Societies.

HAMILTON MEDICAL AND SURGICAL SOCIETY.

The regular meeting was held Oct. 5th, Dr. Stark, President, in the chair.

Dr. McCargow exhibited a specimen of an enlarged heart. The heart and pericardium weighed 30 ozs. There had been from 5 to 6 ozs. of fluid in the pericardium. There was a large deposit of lymph and fibrin, and the surface of the pericardium was much roughened.

Dr. Malloch brought before the Society a patient aged 21 years, whose right knee he had excised on the 1st of May of this year, the man walked in without crutch or stick, having a thick-soled boot on the affected side. Dr. Malloch read the following notes of the case. The operation performed under strict antisepticism, was that of Dr. Fenwick of Montreal. Watson's splint was used with paraffine bandages. The knee was dressed only four times between the day of operation and the 10th of June, when the original splint was changed as the paraffine had become soft from the heat. Plaster bandages were then used, the soft parts were firmly healed, though of course union had not fully taken place. The patient was then allowed up on crutches and subsequently to put his weight on it. The pieces of bone removed showed unmistakably that there had been ulceration of the cartilages. The patient has never suffered in the least from the knee since the operation.

Selected Articles.

THE PLAINT OF AN AGGRIEVED UTERUS.*

In presuming to ask your attention to a communication from one not of your number, I feel that a few words of introduction would be proper. I am, or at least I think I am, a much wronged Uterus. For a long time I have felt that the medical profession was not acting with fairness toward me;—that, on the contrary, I am made the object of unjust suspicion and annoying espionage. I am the victim of constant fault-finding and accusation. Contrary to all rules of law and justice, I am continually called on to prove my innocence—am never allowed the benefit of a plea of "not guilty." Certain members of your profession have gained the ear of my hostess, and have inculcated a bitter prejudice in her mind against me, so that I am looked on by her, on all occasions and under all circumstances, as the one peccant organ concerning which nothing good could be credited, nothing evil disbelieved.

My innate modesty and shrinking timidity have thus far prevented me from giving voice to my complaints, and I was not without hope that meekness and patience would one day bring their promised reward. But events of late seem to shape themselves more and more adversely. Any anticipation that time would bring relief seems about extinguished, and I am almost ready to prolapse under my accumulated troubles. Oppressed by gloomy forebodings, I yet felt that existence was worth at least a little more of struggle and effort, and, while revolving in my mind what I should do, the idea suddenly occurred to me to lay my grievances before you, in the hope that I might gain a hold on your sympathies, and possibly secure a champion who would enlist his efforts in my cause.

To specify, then, more particularly the matters I complain of, shall be my first business. You are all acquainted with my hostess. You know she is rather thin in flesh, not very well nourished, with feeble and easily disordered digestion, nervous, whimsical; her social and domestic relations not always pleasant, with a good deal of unoccupied time on her hands (she doesn't keep house), a couple of children (who are taken care of by their grandmother), and much afflicted with headaches. You know, also, that she very rarely acknowledges that she feels well.

To give you an idea of how we have been getting along together, it will be necessary to go back a few years. For a considerable period after I began to perform my physiological duties, we got

* Recently read before the Medical Society of the State of West Virginia, by L. D. Wilson, M. D., of Wheeling, West Va.

along well enough. But by and by, late hours and undue indulgence in sweetmeats began to tell on my lady's digestion, and, as a consequence, the supply of the particular material necessary to the proper performance of my duties becoming deficient, both in quantity and quality, I could not perform them well, and we had a little trouble. The old family doctor, who was consulted about it, told her mother, among other things, that late hours and excitement, and dissipation were bad for her, but things went on in the same way, nevertheless; I, meanwhile, doing the best I could. One day, however, my hostess heard of some great man, who had been away off somewhere, and who could effect almost anything in the line of relieving afflicted females short of a miracle; so she began to complain more and more in the hope that she might induce her parents to send her to him. And an unlucky day it was for me when she succeeded, as she did. So away we went—the Great Man was seen—and with a wise shake of the head, he said: "Miss, it's your womb." Well, I was astonished—I wondered what I had done—I couldn't think what he meant. I wasn't very long in finding out what he proposed to do in the matter though. A short time afterward I felt something cold, and then I saw a great round opening to the light, and immediately the Great Man's eye came into view. I was so startled and confused, I didn't observe much that he did, but before he quit he had pushed a hard, smooth stem up into my cervix, and I had to wear it there ever so long.

I believe after awhile that my hostess began to think she was better. She went back home at any rate, and began the same routine of life she had followed before. My work was often interfered with by imprudences on her part similar to those which had caused our first trouble, and we didn't get on at all as we should have done. So after awhile away we went to see the Great Man again. This time he introduced me to a crooked, twisted sort of a thing. I heard him say it was a pessary, and he made me ride on that to correct my malposition as he called it. I didn't like this treatment a bit, and soon let them know it, so they very soon took the thing away, and my hostess went home again rather hastily. I wondered why she didn't stay longer, as she did the other time—and that was soon explained, too—there was to be a wedding. Well, that came off in course of time, and as I never gossip about family affairs, even if I am ill-treated, our narrative will be interrupted for a time.

Not so *very* long after this—just as I had expected too—I found I had another duty to perform. I was glad of it, too, for I hoped by doing my best (as indeed I had always done), I might regain my hostess' regard. How well I did, you can see for yourselves any fine day, if you will only peep over into his grandmother's yard—as fine a boy as any-

body's boy. But I wasn't altogether fortunate in my endeavor, for I had the misfortune at one period of my efforts to lacerate my os a little. This I looked on as a trifling occurrence at the time, as it soon healed up again and seemed all right, but eventually I found out my mistake.

My hostess, through nursing and some domestic disappointments, did not seem to get along very well, and after some months we went to see the Great Man again. And would you believe it? "Madame, it's your womb," again. And then he began talking about some other great man. I think he called him Emmet, but I was so set back at the idea of being accused of causing all the trouble my hostess was having, that I didn't attend to much that was said. The result of this conference was that I was vigorously attacked with a lot of sharp tools, scissors, needles, knives and the like. My os was cut where it had been torn, it was stitched up again, and my hostess spent a month in bed. I never could understand what the man did this for, but it all healed up very much as it had done before; and the rest in bed did madame much good. But I had it all to undergo again after the little girl was born. That time my os was again torn, and it hadn't healed up very well, though I believe, if they had only kept madame at rest and given us a little more time, it would have been all right.

Since then we have been getting along very much as before. Sometimes pretty well—sometimes not. We've been to see the Great Man a time or two since, but he doesn't seem to know what else to do. I've been torn open and I've been sewed up, and that seems to have taken him about to the end of his string; so matters are about as I described in the beginning. The old doctor drops in now and then to see the children, but he doesn't seem to concern himself much about madame. He tells her mother she will come around all right some of these days. I occasionally hear him tell about the doings of some of the great men of your profession, gynæcologists he called them. The Great Man we went to was one of them. I heard him once tell about how one of these, I think he called him Sims, used to slit open our cervices to cure all our hostess' complaints, and then, right after him came the other man I mentioned, Emmet, who cured these same complaints over again by sewing up those slits. Being a simply constructed organ, then, and having such a limited field of usefulness, it cannot be otherwise than that I am subject to very simple derangements; and that the effects of these should not differ in any material respect from similar derangements in similar structures anywhere else. An abrasion or laceration in the mucous membrane of my hostess' mouth ought to produce pretty much the same effects as when they are located in my os, and they ought to be amenable to pretty much the same treatment.

In my search for knowledge about myself, I accidentally glanced one day into an instrument-maker's catalogue. Here was a find. It made me dizzy to look through it. Such a lot of queer, crooked, ugly and savage-looking things, no uterus ever imagined. I thought I would look over the list of such instruments as are used in the treatment of the less serious disorders attributed to my kind, and this is the result: There were 62 speculums (one of these is what the Great Man looked at me through), 31 dilators, 7 uterotomes, 8 scari-fiers (scare-ifiers I first read it), 113 pessaries, and sounds, and depressors, and elevators, and replacers, and uterine forceps, and curettes, and applicators, and syringes, and retractors, and oh, I couldn't name them all in an hour. I counted 273 of them, and then quit. I was impressed with one thought, and that was, that these gynæcologists must be a wonderfully industrious set of men. Remember, too, that I only counted those instruments which are used in minor uterine surgery, as it is called; I got tired before I came to those used in removal of tumors, vesico-vaginal fistula and the like; there must be one or two hundred more of these.

I started to find out if I could what gynæcology was founded upon, and I found that if I were left out, there would not be much of the specialty left. It was about what I had expected, and yet it made me uneasy. I wish I didn't occupy such a prominent situation. The gynæcologist, you know, looks at the world through a speculum, and, as I am always at the other end of it, he has some excuse, I suppose, for considering me to be the foundation on which the structure of his fortune and fame rest. But this thing of having a lot of busy, inventive, ambitious men continually at work contriving new reasons for doing new things to me, and devising new instruments to do them with, opens up a prospect which is far from reassuring. What I most dread is the legitimate and inevitable result of this state of things. Under the stimulation of emulation, honorable and otherwise, every square inch of my os, cervix and mucous lining is continually interrogated, and its various states of anæmia or hyperæmia, congestion, active or passive, redness or paleness, minutely dwelt upon, the tilt of my body wisely scrutinized, the depth of my fundus carefully probed, every segment of my muscular wall solemnly investigated, mucous follicles inspected, epithelial lining examined, secretions analyzed and differentiated, every constituent part of myself worked over and compared with some ideal standard, which each individual investigator has set up in his own mind as representing the normal condition. All this concentrated attention directed to an organ which is three inches long, two inches broad, an inch thick, and which weighs from an ounce to an ounce and a half.

I should be sorry if anything I have written should give you the idea that I have not a very high regard for your profession. I admire this never satisfied spirit of investigation which possesses so many of you medical men very much. It is a grand endowment, and too much cannot be said in praise of its efforts and achievements, only, I think I have been receiving a little too much of its attention lately. How would it do to have a little change? Suppose you try the plan of resting yourselves by changing the field of inquiry. Now, there is my friend at the other end of the avenue, the Hymen. Why not take that up as a subject of investigation? Here we have blood vessels, and nerves, and mucous membrane, and epithelium; surely there must be some pathology where we have so many of these. Then it is constantly exposed to injuries of various kinds—lacerations even. These alone would furnish a fine field for such of you as may be fascinated by such dreadful things.

Then there are my neighbors, the Ovaries—no, I'd rather not—that's a little too near home. But there are the liver and kidneys, and a dozen other organs; organs, too, which are complicated in structure and function, and which you cannot get at very readily to do harm to; these will bear any amount of scientific inquiry, and, by engaging in it, you stand a much better chance of advancing the claims of your profession than you will by poking around me all the time. And there is the nervous system. This is another fine field; perhaps, the most promising—certainly the most mysterious of all, and I am strongly of the opinion that if it is diligently worked you will find here the origin of the greater part of the mischief which you now attribute to me.

To be candid, I don't care what you do, or what organ or system bears the brunt of your scientific questioning, just so I escape. I have become the embodiment of undiluted selfishness. All other organs may defend themselves as best they can. They never tried to help me any, and I am not sure that some of them haven't done what they could to get me into trouble.—*Col. and Clin. Record.*

SPRAINED JOINTS.

BY EDMUND OWEN, F.R.C.S.

A sprain is the result of a twist or wrench which has stretched the fibrous capsule of an articulation and its synovial membrane, but which has not sufficed to cause either fracture or dislocation. The injury should be treated upon exactly the same surgical principles as those which guide us in dealing with a fracture or dislocation of a joint; yet a joint which is only "sprained" is somewhat apt to obtain but scant professional attention. Though the com-

mon saying teaches that "A sprain is worse than a break," the unfortunate subject of a sprain is usually contented with doing the best that he can for himself with arnica, cold water, or oil, as chance, experience, or advice may suggest, seeking the surgeon's aid only for the remote and often intractable complications. In unhealthy subjects, and especially in children, want of treatment often entails articular troubles which run a lingering course and may end disastrously; and even with the strong a severe sprain is apt to involve a long-continued enfeeblement of the part.

Immediately after a sprain there is a want of pliability in the joint, due in part to the pain and tenderness caused by the violence, in part to the tension of the sensory nerve filaments from the sudden effusion, and in part also to the mere mechanical effect of the presence of blood and other fluids in and around the joint. In certain situations a serious wrench of an articulation may give no visible sign upon the surface of the body; especially is this the case with the hip, the shoulder, and the spinal articulations, all of which are thickly covered; stiffness will then be the only objective sign indicative of the lesion.

If a joint in the lower extremity be seriously sprained, temporary but absolute rest should be secured by, if practicable, putting the patient at once to bed; by raising the limb on a pillow or in a swing cradle, until the heel is above the level of the chin, so as to hinder capillary and venous congestion, and by applying firm and even compression. I am convinced that judiciously applied compression not only checks effusion, but also promotes the absorption of fluid which has already been poured out, and as a rule the patient experiences immediate comfort from it. At times, however, it is possible that from tenderness of the skin or from mere apprehension, the patient will not submit to the compression immediately after the injury. Then one must be content to apply either the ice bag or an evaporating lotion. Cold plays a double part: by stimulating the vaso-motor nerves it causes a contraction of the small arteries, with the effect of checking further hemorrhage and inflammation and limiting the effusion, and by numbing the sensory nerves it diminishes pain. The lotion should not be used, however, as is often done, as a water dressing under oil silk. It must be applied on a single fold of lint, with the fluffy side outwards, so that evaporation may proceed with energy. The lint should never be allowed to get dry, nor should the limb be covered with the bed clothes.

If a man sprains his ankle while out in the fields, it should as quickly as possible be put into running water, and then be firmly bandaged with strips of wetted handkerchiefs; the boot should be worn, if he can get it on again, for the sake of the compression it affords, but it is better not to re-

move the boot at all until the joint can be bandaged.

Nothing short of absolute rest in bed suffices when a child sprains a joint in the lower extremity; he must not be trusted to lie on a sofa, for he would soon be off it. Where the hip-joint is sprained, the limb should be raised and rest insured in the extended position by the application of the weight and pulley, so that if matters do not clear up there will be no need for further change of position. A sprain is often the beginning of an attack of hip-joint disease.

In the case of the knee being sprained, the leg would be extended; in case of the ankle being sprained, the foot would be put up at a right angle. But in each instance the limb should be carefully bandaged upwards before the compression is applied, or œdema may follow; complete rest would be still further insured by adjusting a splint to the back or side of the limb. Compression may be applied by means of a roller of domette, or by the additional aid of plastic splinting moulded on. With children a well padded, flexible metal splint is of great service, but a casing of plaster-of-Paris and house flannel answers even better.

I have at present two men under my care each with a severely sprained ankle, the part being swollen and discolored and the foot stiff and useless. The foot and leg have been immobilized in well-lined plaster-of-Paris casings, and thus the patients are quickly enabled to get out of bed and go about with crutches, without risk or discomfort. In neither of these men was a fracture to be detected.

When an ankle is greatly swollen from a recent injury, and signs of fracture are not evident, it is not advisable to conduct the examination for obtaining a knowledge of the exact nature of the injury in too inquisitive a manner. If the limb be treated on the principles enunciated above, it will be well either for a severe sprain or a fracture without displacement. Possibly the patient might be unsettled at not being definitely informed whether there be fracture or not, for the oft repeated question of the patient or parent as the surgeon examines the part is, "is the bone broken?" But I am speaking merely of the principle involved in the surgery.

Absolute rest is demanded as long as heat of the surface and intra-articular pains persist. As the pains subside recourse must be had to frictions and rubbings and the use of stimulating linaments and cold douches. The rubbings should be executed always in the direction of the venous and lymphatic return, and may be combined with firm fingering about the part and the rubbing in of olive oil. When effusion persists over the painless joint, one may apply over the joint the even compression of a Martin's elastic roller for a certain length of time each day, the skin being duly protected by a soft covering. This is a highly satis-

factory method of treatment in cases of chronic thickening and effusion. Leslie's soap strapping, too, when evenly and liberally applied over a sprained joint, is an excellent therapeutic measure in the days following close upon the injury.

At other times nothing seems to render such efficient aid as a wetted calico bandage. Compression in some form is needed.

On physiological grounds the early treatment of a sprained joint by poultices or fomentation is inexpedient. The application of warmth produces a vascular fullness of the part, and a relaxed condition of the tissues which are in need of being toned up and strengthened; though if synovial inflammation of an acute kind follow the sprain, leeches and fomentations may not improbably be indicated later on. For the promotion of the absorption of the lingering products of effusion, an alternation of douchings under streams of hot and cold water gives valuable aid. In no stage of the pathological process associated with a sprain should arnica solution be applied. One has met with instances in which painful and serious cellulitis has followed its use, even where there has been no previous lesion of skin. How is it that arnica has earned its reputation in the treatment of sprains, and how has that reputation managed to survive so long?

A surgeon was driving his wife in the country when the pony fell and the occupants of the carriage were thrown out into the road. When I saw him a few hours after the accident, he was wearing his right arm in a sling, the elbow being at an obtuse angle. He said that in the fall the right hand (in which he was holding the reins) and the arm were doubled and twisted underneath him, and that though he was sure no bone had been broken, he could neither bend nor straighten the elbow on account of the severe sprain it had received. He said that on his way home, and certainly well within an hour of the fall, on placing his left hand under the damaged elbow, he found a soft swelling which seemed pretty nearly as large as an egg; his wife could also feel it through his coat sleeve. Having taken the limb out of the sling and removed some water dressings, universal and extensive effusion in the articulation was evident; the distended synovial membrane was specially bulging about the head of the radius. The intra-articular pain was intense. There was no contusion of the skin nor any definite ecchymosis; movement caused great distress.

Beginning at the fingers, we firmly bandaged the extremity with a roller of domette (which from its softness and elasticity adapts itself with delightful evenness and comfort), drawing the turns which surrounded the swollen joint itself more closely and firmly for the sake of compression. Then, having bent to the proper form of the arm a padded, flexible iron splint, and carefully ad-

justed it, the elbow was packed round with cotton wool, and having enclosed all in a second and wider domette roller, and having got the patient to bed, we arranged the arm upon a pillow. The compression and the security afforded by the roller and the splint gave great satisfaction. On the second day we readjusted the splint and the bandages, which had now become slack. Most of the tenderness and swelling had departed. Two days later and at other intervals we tightened the bandage, finding always steady improvement. In ten days the splint was removed and cautious use of the arm was allowed, but for the entire removal of the stiffness a course of shampooing from a professional rubber was resorted to. The effusion which had come on so quickly, within an hour of the injury, was evidently not inflammatory in its nature; probably it consisted of synovia, blood and serum.

The other occupant of the carriage had severely sprained her left ankle, which was painful, stiff, and full of sero-synovial effusion. There was no fracture. The swelling was confined within the limits of the synovial membrane; it did not extend up above the external malleolus in the manner so characteristic of Pott's fracture. The treatment adopted consisted in surrounding the ankle with an even layer of cotton wool and in bandaging from the metatarsus upward with a soft roller, the turns of which were continued well up the calf of the leg. The foot thus firmly encased was raised upon a pillow. In a few days all the excess of synovial fluid had disappeared, but the firmly applied bandage was still worn. In a week she began to use her foot, and was finding comfort in having it and the ankle rubbed with oil several times during the day. On the occasion of my first interview the patient volunteered the important clinical statement that after the accident her foot and ankle were fairly comfortable until her boot was removed. Probably if a bandage of plaster of Paris casing could have been applied immediately after the accident, but little effusion or œdema would have occurred. Certainly compression of a recently sprained joint gives results, both as regards expedition and thoroughness, with which those obtainable by the system of evaporating lotions cannot be compared.

If the sprained joint be in the thumb or finger, much pain and want of pliancy may result. A small splint should be moulded on; firm compression with a pad of cotton wool and a soft bandage exercised; and the hand worn in a sling—it should not be left free except for the cold douchings. A few days' absolute rest is expedient.

Even long years after all the local signs of a sprain have passed away, a jerked or sudden movement of the joint, or a change in the weather, reminds the subject that the part is not absolutely sound. Nearly twenty years ago, I severely sprained my left wrist at football, and to this day it has not

absolutely recovered. I cannot flex or extend it as I can its fellow. A sudden movement of it is often accompanied with audible crackling and discomfort. From a close and interested observation of this joint I feel convinced that in the crevices between the articular surfaces of the bones, and against the attached parts of the capsule out of the way of pressure, there are growing delicate and injected fringes of the synovial membrane. The synovial fluid is thin in quality and in excess of the normal amount; there are no adhesions inside the articulation, but there is probably some shortening of the extra-articular fibrous tissues which were implicated in the inflammation—a shortening secondary to inflammatory thickening. Probably this shortening of the fibrous tissues plays the important *role* of a perpetual splint shielding the enfeebled synovial membrane from further shock and distress. On no account therefore, will these adhesions be broken down or stretched by manipulation; such a treatment is contra-indicated by the pain which closely attends any attempt at more than the accustomed movements of the joint. The very audible crackling, which even a bystander may sometimes hear on working the joint, is the result of the altered synovial fluid being quickly driven by the movements of the joint between the vascular fringes.

Occasionally when a joint has been wrenched by a recent accident, and is in consequence painful and useless, the manipulative examination which it receives from the surgeon is the means of removing much of the pain, as well as of restoring a good deal of the lost function. I am satisfied that such improvement is real, and not merely subjective. Yet because in the weakly and ailing such a therapeutic measure might probably be attended either immediately or remotely by disastrous results, and because of its utterly speculative nature, it is not to be recommended as routine practice, though it may well be kept in reserve for rare and special occasions. It certainly has a close and important bearing upon the question of bone-setting. A man sprains his ankle; the surgeon examines and reports accordingly; but, because no bone is broken, he perhaps speaks of the lesion in a careless or off-hand manner, and does not insist on the necessity of rest and of other appropriate treatment. So the ankle does not get sound, and the faithless patient resorts to a quack, who at once find "a small bone out of place." Then come a sudden twist and a crack, and lo! "the bone is in again." The patient believes that a bone has there and then been restored to its place because he is at once absolutely more comfortable, and can not only move the joint freely, but can even accept the advice to throw away his crutch or his stick, and walk on his damaged foot without further help. Perhaps he is told to go home and apply ice; and at any rate from that time he con-

siders himself to be and indeed is—cured. Forcible manipulation is, of course, the bone-setter's panacea. I have known him employ it in the case of fracture of the surgical neck of the humerus, and as may be expected, with very serious results. In the case of recent sprain, however, the patient cannot but believe that the bone-setter's statement is true, because, beyond a doubt, his manipulation has proved effectual.

The following report illustrates the point: A gentleman of highly nervous temperament came to me with considerable bruising of the deltoid, the day after receiving a fall which might have been attended with much more serious consequences. The arm was so stiff at the shoulder-joint that he could not raise it to dress himself, nor could he touch the ear of the opposite side whilst his elbow was brought towards the front of the chest—it remained permanently though slightly abducted. Any movement of the arm was attended with pain and distress. There was no definite hollow beneath the acromion process, nor any other unequivocal sign of discoloration. There was a great element of obscurity in the case; the patient was in pain and apprehension, and expressed his fear that the shoulder-bone was "out."

A consultation on the case was not obtainable, and the course of action had to be decided. So, to err upon the safe side—if error there might be—and in order to make a thorough and practical examination of the joint, I agreed with him that there was "displacement of the shoulder-bone," and laying him upon the floor, with my heel in the axilla, I flexed the fore-arm to slacken the biceps, rotated and pulled down the arm, and then adducted it *vi et arte* and in a most determined manner. There was no click, or the sign of a readjustment having taken place, but immediately on the patient rising from the ground he said that he was much more comfortable; he had lost most of the pain; he could move his arm with comparative freedom; and to his delight, and my satisfaction, he dressed himself without assistance. He was convinced that I had reduced a dislocation. In my own mind I was sure that I had not, but for obvious reasons I did not tell him that the success attending my treatment was worthy of a more exact diagnosis. It is with no sense of pride that I record the case; nevertheless, it might be expedient to adopt this treatment on another similar occasion. With a hyper-sensitive and nervous patient, and a fat or swollen shoulder, it is occasionally impossible to affirm, without the aid of an anæsthetic, that there is no displacement. Traction on the bent elbow, with the heel in the axilla, enables the surgeon to make the necessary examination. Certain am I of this,—that my nervous patient would not have allowed me thoroughly to examine him if I had first said that I thought there was no displacement.

I have observed the same course of events in other cases. For instance, a man has just damaged his ankle, which is now painful, swelled and stiff; a thorough manipulative examination reveals no definite lesion. But immediately after the handling the patient finds the foot so much better in every respect that he talks too lightly of his injury and wishes at once to walk about. Or an elbow, knee, or wrist is stiffened by a wrench. On being thoroughly overhauled, nothing is found absolutely wrong with it; but the patient, though a sufferer during the examination, finds the joint greatly improved by it. The surgeon will rightly refuse to include such a speculative therapeutic measure in his routine practice; but its blind employment by the charlatan is the means of securing many a triumphant success.

Where a limb is stiff from chronic muscular rheumatism, much good may often be done by *massage*, and by sudden movements imparted to it, the stiffness disappearing by magic, whilst no harm can follow the treatment.

Stiffness may follow on a sprain from effusion taking place, not into the synovial membrane of the articulation, but into a sheath in connection with a neighboring tendon. One has often to treat such effusion in the sheaths of the extensors of the thumb and wrist, and also in those of the tendons of the tibial muscles and extensors of the toes. It is, of course, easy to differentiate between an articular and a thenar effusion; the same principles direct the treatment in each case. I have, at the present time, under my care, a wrist which is stiffened from slight effusion into the sheath of the radial extensors; great relief is being afforded by the firm compression and support of a domette roller which is kept constantly wet.—*The Practitioner*.

PUERPERAL SEPTICÆMIA AND ITS TREATMENT.

To comprehend fully the present condition of our knowledge of puerperal septicæmia, we must go back to the suggestive paper by Sir James Y. Simpson, "On the Analogy between Surgical and Puerperal Fever." More recent scientific investigation has worked along the lines of this analogy, and the results have proved that it rests on a sound pathological basis. These results promise to carry us further, and establish not only analogy but identity.

The next important step was the discovery by Pasteur in 1857 of the lactic-acid ferment, which gave birth to the germ theory of disease. This theory found in the hands of Sir Joseph Lister its most fruitful application to surgery, and it was only one step further to carry it into the province of obstetrics. Nothing is more remarkable than the eagerness with which practical obstetricians have seized hold of the principles of antiseptic

treatment laid down by Lister; the only misfortune is that our treatment has shot so far ahead of our pathological data that we may expect a reaction similar to what has occurred in the province of surgery. These data are, however, being slowly accumulated, mainly through the work of Pasteur and those who work under him.

Although we must wait for further investigation to determine the exact relation of germs to septic poisoning, there have been established the very important facts that we *have the same pathological changes in puerperal as in surgical septicæmia, and that these hold exactly the same relation to the germ theory.* In most cases of puerperal fever we have simply to do with blood poisoning from unhealthy wounds, identical in pathology with the blood poisoning from an unhealthy condition of the wound after an amputation. The constitutional symptoms are, of course, modified by the puerperal condition, just as the local changes are affected by the peculiarities in the anatomical structure of the post-partum uterus—the condition of the tissues lining its cavity, its enlarged veins and lymphatics, and its hypertrophied parametric tissue. In a former paper I described the normal condition of the tissues in the post-partum uterus, and here we need only point out what a favorable soil the breaking down tissues of the placental site offer for the growth of micro-organisms, and how the removal of the epithelial covering from the whole of the interior of uterus and cervix uteri favors septic absorption. That septic poisoning does not oftner occur is probably due to accurate apposition of the anterior and posterior vaginal walls (following the expulsion of the uterine contents), which prevents the entrance of germ-laden air, and also retards the growth of those organisms which, as Pasteur has shown, require air for their development. The fact that the epithelium of the vagina is not detached by the passage of the child is significant, as this will prevent septic absorption from taking place through its walls except when lacerated.

The practical conclusion from the foregoing is that *the condition of the interior of the uterus should occupy the same place in the mind of the obstetrician that the stump does in the mind of the surgeon.* The condition of the lochia gives valuable information as to the state of the uterine wound. We must remember, however, that we may have septic absorption going on without fœter of the lochia, as we have seen in one case. We must distinguish between putrefying matter (which will, of course, produce fœter) and septic matter: *all putrefaction within the uterus after delivery will cause septic poisoning, but not all septic poisoning implies putrefaction.* We have a pathological basis for this distinction in the difference between the microbes characteristic of putrefaction and those described in septicæmia.

The germ theory receives confirmation from the fact that those substances which have been shown to be most effective in destroying micro-organisms have proved most useful in treating septicæmia. It is established beyond question that the washing out of the uterus with antiseptics in cases of puerperal fever is followed by the most remarkable results. Till recent years carbolic acid was the most favorite antiseptic, but corrosive sublimate possesses so many advantages that it is gradually replacing it. Koch's experiments have shown that the latter is much more destructive to microbes. The spores of anthrax bacillus would still grow after immersion for seven days in a 2 per cent. solution of carbolic acid, as also they did after immersion for a day in a 5 per cent. (1-20) solution. But after immersion in a solution of 1-10,000 of corrosive sublimate for from 5 to 60 minutes, the same spores become sterile; in fact, immersion for ten minutes in solutions up to 1-20,000 also sterilised the spores. He places the limit of the action of the sublimate on the spores of anthrax bacillus as lying somewhere between a 1,20,000 and a 1-50,000 solution. His experiments on mice were very interesting. Three spore-laden threads were dipped for ten minutes in solutions of 1-10,000, 1-20,000, 1-50,000 respectively, and then introduced beneath the skin of different mice. The 1-50,000 mouse died next day, as rapidly as if the spores had been fresh. The 1-20,000 one died on the fourth, the 1-10,000 on the fifth day. These last showed, therefore, an extraordinary prolongation of the period of incubation, which may fairly be attributed to the action of the sublimate. The same experiment was repeated with the difference that the spores lay for one hour instead of ten minutes in the solutions. The 1-50,000 mouse died in forty hours; the 1-20,000 mouse died in three and a half days; the 1-10,000 mouse survived. "Sublimate is, therefore, the only one recognised of all antiseptics which possesses the very important peculiarity, that it kills by a single application of a comparatively weak (1-1000) solution for a few minutes all, even the most resistant, spores of micro-organisms; even with a solution of 1-5,000, a single dipping was sufficient."

Another advantage of the corrosive sublimate is its portability. Owing to its solubility in the presence of chloride of ammonium, we can have a very concentrated solution. At Dr. Hart's suggestion, Messrs. Duncan and Flockhart have prepared a solution of 16 per cent.; so that one drachm added to a quart of water gives a solution of 1 in 2,000, which is an efficient antiseptic. It is made up in special bottles provided with a glass cup of one drachm capacity fixed to the cork. Those engaged in obstetric practice will find it a great convenience, as it can easily be carried, and can also be ordered for use by the nurse where it

is desirable to have antiseptic injections given daily during the puerperium. A great deal has been said against corrosive sublimate owing to toxic effects which have followed in a few cases. Koch has, however, pointed out that its action on germs is so rapid that long immersion is not necessary. The practical application of this is that in cases where we might be afraid of too much absorption of the sublimate an injection of water might be given immediately after the antiseptic one without diminishing the effect of the latter. After a vaginal injection given in the dorsal posture, a considerable quantity of fluid may remain in the vagina so long as the patient remains in that posture. This fact and the lacerated condition of the cervix may explain the absorption with toxic results which has sometimes been observed. The 1 to 2,000 solution is now widely used in this country, and we have never heard of any bad effects.—*Ed. Med. Jour.*

AFFECTIONS OF THE JOINTS WHICH COMPLICATE OR FOLLOW SCARLET FEVER.

It serves a useful purpose at times to take stock, as it were, of some group of allied diseases, and, while refreshing our memories with the collective wisdom of the past, to compare with it whatever personal knowledge or experience we may have to add to the common store.

With this end in view, I propose considering an important group of complications which are apt to be associated with a disease which has much of interest and importance for every practitioner of medicine. Scarlet fever is truly many-sided, and claims our interest, not only in consequence of its infectious and fatal character, but also on account of the many complications which attend it, and the sequelæ which may supervene when the disease has spent its force.

It has been known since the beginning of the century that in some epidemics of scarlet fever the joints become affected; but it is only in later times through the writings of Underwood, Betz, Trousseau, Henock, and others, that we have any definite information concerning these affections, or any attempt to clear up their pathology.

Trousseau, in his clinical lectures, calls special attention to what he designated "scarlatinal rheumatism," stating that it occurs much more frequently than is generally believed; and he does not appear to doubt its identity, or, at least, close relationship with acute rheumatism, though he notes some of its most important eccentricities. His description has been largely followed in our own text-books, though the accounts given have been meager, most writers, like Bristowe, remarking that scarlet fever is at times followed by

rheumatism, which does not differ from the ordinary kind, though noting the fact that suppuration occasionally occurs. The opinion that the common form of joint-lesion occurring in scarlet fever is due to the rheumatic diathesis of the patient, rather than to any synovitis produced by the scarlatinal poison, has been commonly held by continental and English writers; and in a discussion which took place at the annual meeting of the Brit. Med. Assoc. in Liverpool, in 1883, scarlatinal was held to be essentially the same as the ordinary form of rheumatism. In a short paper which I read on that occasion, I tabulated some cases which had come under my care, and pointed out that they supported the belief that one form at least of the joint affection is connected rather with a septicæmic than with a rheumatic condition. A further experience has made it clear to me that the difference of opinion which existed on that occasion was due to the fact that the difference of observers had really been observing different diseases; that while my cases were all confined to those seen in the fever-ward of a children's hospital, those described by the physicians who took part in the discussion were rather those of adults who had recently recovered from scarlet fever, the former being septicæmic in nature, the latter being true rheumatism.

It may, perhaps, be worth our while to analyze the various forms of joint affection which may occur in connection with attacks of scarlet fever. They may be divided thus: 1. Synovitis; 2. Acute or chronic pyæmia; 3. Acute or subacute rheumatism; 4. Scrofulous disease of the joints.

Synovitis.—Of this form I have notes of twenty cases that have come under my care in the last few years, in which there was a more or less acute inflammation of the joints, and which subsided in a few days without going on to suppuration. It is not easy to say how frequently it occurs, or what percentage of cases of scarlet fever suffer from it, inasmuch as it is much commoner in some epidemics than others. It not unfrequently happens that two of the same family suffer from it. In four out of every twenty cases it was followed by nephritis. It is important to notice that it rarely supervenes in mild cases; at least, such is my experience, though true rheumatism does appear often after light attacks. In my own cases the attacks of fever were certainly severe, the throat symptoms well marked, and an elevated temperature was maintained beyond the average. In an uncomplicated case of scarlet fever the temperature goes down toward the end, or, at least, well within the limits of the first week, the rash disappearing and the throat regaining its natural appearance. Among my own cases, in no one of them did the temperature fall to normal and remain so during the first week, but the fever continued into the second and third weeks, caused in

nearly all instances by the severity of the throat complications. Thus, the tonsils were excavated, or sloughy, the mucous membrane of the nose joined in the inflammatory catarrh, the lymphatic glands were swollen, and often surrounded by cellulitis.

In four of the cases, excluding one who died on the ninth day, the temperature fell to normal within a fortnight; in the remaining fifteen the febrile symptoms did not abate till the third or fourth week. It thus clearly comes out that the synovitis appertains to those cases in which the symptoms are severe, and the fever unduly prolonged by the ulcerative and sloughy condition of the tonsils and soft palate. Of the twenty cases, two were fatal, one on the ninth, the other on the twenty-fourth day. The joints which were most commonly attacked were the wrists and finger-joints, the inflammation often involving the synovial membranes of the flexor and extensor tendons in the palm and back of the hands. The knees and ankles were frequently involved, and, with the latter, the soles of the feet; the hips and shoulders were less affected; movements of the head and neck caused acute pain. For the most part the joints were painful on movement. In no one of these cases was there any definite cardiac complication (see *British Medical Journal*, *loc. cit.*).

In some few cases the wrists only, or knees only, were affected. In one case the synovitis became chronic in the knees, the effusion lasting for several weeks (sixtieth day), but eventually the fluid was absorbed, and the girl quite recovered. In two other cases the synovitis remained exceptionally long, in one case lasting from the seventh to the twenty-second day, and in another from the eighth to the seventeenth; in five only did the pain and tenderness last beyond the week; in the remainder the patients were free from pain in two to five days.

In the majority of cases the synovitis supervened at the end of the first week or beginning of the second, the earliest commencing on the fourth day of the fever, and the latest on the thirteenth, fifteen out of the twenty beginning from the sixth to the ninth day. This knowledge that synovitis nearly always commences at the end of the first or beginning of the second week may be an important element of diagnosis, inasmuch as true rheumatism, when it supervenes, generally does so during convalescence, or, in some cases, at the very commencement of the attack.

The drug commonly given directly the joints became painful was salicylate of soda. It is difficult to estimate its effects on a disease which is, as a rule, so fugitive as scarlatinal synovitis; and I am inclined to think that, in some cases, where the patient was quickly free from pain, this was only the natural course of events, and was not due to the treatment employed.

It must, I think, be tolerably clear from the foregoing account that there is good reason for classing this joint affection outside the pale of what is ordinarily termed acute rheumatism. On the other hand, the symptoms point to a condition which may be termed "scarlatinal septicæmia," arising from the absorption of putrid matters from the ulcerative or sloughing process going on in the throat, and resembling the acute or chronic septicæmia in puerperal cases, gonorrhœa, ophthalmia, or diphtheria.

That synovitis differs essentially from rheumatism may be seen by a consideration of the following points:

1. Synovitis is more common in some epidemics than in others, and occurs more especially in those cases where the febrile stage is prolonged on account of the severity of the throat affection.

2. The joint lesions nearly always supervene at a definite stage of the attack, namely, at the end of the first week; a fewer number of joints are affected than in acute rheumatism; the attacks are more fugitive, and rarely occur.

3. Pericarditis and pleurisy are not common, and endocarditis is very rare.

It must appear tolerably certain that if these attacks were really rheumatic, the scarlatinal poison bringing into activity the latent rheumatism, the frequency of the attacks would not vary with the epidemic, or supervene so constantly at one period, or, above all, would so rarely give rise to peri-endocarditis, as it is well-known that an attack of acute or subacute rheumatism during childhood only exceptionally spares the heart.

Acute or Chronic Pyæmia.—I have already spoken of scarlatinal septicæmia resulting from the absorption of septic matters from the throat; but, in addition to this condition, there is unquestionably a further stage in which phlebitis, septic embolism of various organs, abscesses in the joints, and purulent inflammation of various serous membranes, takes place. Pyæmia is by no means uncommon in scarlet fever, yet it cannot be said that suppurating joints often occur. I have only seen three such cases. In one case, which was fatal on the nineteenth day, there were *ante-mortem* clots in the right internal jugular vein, infarcts in the spleen, minute abscesses in the kidneys, and suppuration in both ankle-joints. In a second case, there was suppuration in the distal joint of the thumb, in a boy who died on the fifteenth day. In a third case, in a boy aged 2½ years, in which recovery took place, there was redness and swelling in the finger-joints on the eleventh day; the next day, pain and tenderness in the knee and ankle; on the fifteenth day, two ounces of pus was let out from the knee; and on the twentieth day pus was evacuated from the palmar surface of the hand.

Acute and Subacute Rheumatism.—Whilst, in children, at least, by far the commonest joint affec-

tion in scarlet fever is the synovitis above described, yet it must be admitted that true rheumatism does sometimes complicate scarlet fever, and is apt to follow during convalescence. What part the effects of the scarlet fever poison plays in producing or calling latent rheumatism into activity, it is difficult to say; it is possible that the tissue-waste leads to an accumulation of effete materials in the system, which, in those prone to rheumatism, brings about an attack. An attack of scarlet fever certainly does seem at times to stir up an attack, or a recurrence, of joint-pain or peri-endocarditis. Thus, in four cases which have come under my notice, who had previously suffered from endocarditis and rheumatism, and who contracted fever, the attack was quickly followed by joint-pain, pericarditis, or erythema nodosum. In one case, John M., aged 9, who was admitted on the eighth day of an attack of scarlet fever, a pericardial rub was detected as well as mitral disease, which latter was evidently old; a few days later, there were joint-pain, and an eruption of erythema circinatum.

In another case, M. E. J. B., aged 13½, admitted to the general wards for acute rheumatism and endocarditis, during convalescence, when she had been free from pain for two or three weeks, contracted scarlet fever. On the fifth day there was a recurrence of rheumatism in the joints; and on the ninth day pericarditis occurred.

In another case, Eleanor H., aged 5, admitted for mitral disease, having suffered from rheumatism six months before, contracted scarlet fever. There was a pericardial friction-sound heard the same day; and on the fifth day there was an erythematous rash. Two brothers, aged 8, and 10 years old, suffered from a mild attack of scarlet fever; during the fourth week, when they were up and about their room, and still desquamating, they began to complain of pain in their joints, which, however, was never severe, and also pain in the region of the heart, with dyspnoea. Both quickly developed both mitral and aortic bruits, and later on pericarditis; one died within three weeks, and the other within five weeks of the commencement of the rheumatic attack. Both evidently suffered from acute or malignant endocarditis. Such cases are of great importance and easily mislead, especially as the joint-pains may be comparatively slight.

Scrofulous Disease of the Joints.—Disease of the hip, or of other joints, is not, as far as I have seen, a common sequence of scarlet fever, though it is quite possible it may happen oftener than I think as the cases occurring would gravitate to the surgical side. Presumably the weakened condition of health produced by the fever predisposed to tubercular disease of bone or other organs. There can be little doubt that an attack of scarlet fever, as a rule, greatly aggravates chronic disease of joints which has already become established. Sup-

uration quickly takes place in a perhaps hitherto quiescent hip-joint, and possibly a condition of septicæmia or pyæmia supervenes. It seems probable that sometimes a joint which has suffered from scarlatinal synovitis may become the seat of chronic disease, though I cannot say I have ever been certainly able to trace out such a sequence. Much of the variance of opinion with regard to the rheumatic or septicæmic origin of the joint-lesions in scarlet fever has, no doubt, originated from the fact that observers have been describing the different forms which occur. Personally, I have no doubt that the form which occurs most commonly in children is of septicæmic origin, and rarely leaves behind any damage to the heart; but it is also certain that an attack of scarlet fever will sometimes cause a recrudescence of true rheumatism, or in some way predispose, so that an attack supervenes in the course of the patient's convalescence.—*Dr. Ashby in British Medical Journal.*

THE RELATIONS OF THE MEDICAL PROFESSION TO THE USE AND ABUSE OF ALCOHOLIC LIQUORS.

While I have no adverse word for what are called temperance or total abstinence organizations, I do not speak as their representative, having no connection with them and not being bound by any pledge to advocate their views or practise their prohibition, but what I have to say upon this occasion is from a purely professional standpoint, and is intended to be a discussion of the use and abuse of alcoholic liquors as strictly related to the science and art of medicine.

Dr. N. S. Davis, as the results of his own careful experiments and observations, combined with the experimental researches of a number of medical men in England, France, and the United States, has formulated the following propositions:

1st. That alcohol, when taken diluted in the form of fermented or distilled spirits, is rapidly absorbed without change, carried into the blood, and with that fluid brought into contact with every structure and part of the human body.

2d. That while circulating in the blood its presence retards those molecular or atomic changes by which nutrition, disintegration and secretion are maintained and the phenomena of life continued.

3d. That its presence retards the elimination of waste matter, impairs nervous sensibility, lessens muscular excitability, and lowers the temperature of the body.

4th. That a part at least (and from the testimony of other observers, I would say the whole) of the amount taken in is finally eliminated or thrown out of the system with the excretions without having undergone any appreciable chemi-

cal change. As he further remarks, "these facts are as well established as any in the domain of physiology or in the whole field of natural science, and they point, with all the clearness and force of a mathematical demonstration, to the conclusion that alcohol is in no sense food, neither furnishing material for the tissues nor fuel for combustion, nor yet generating either nervous or muscular power." But, on the other hand, I would remark that it is essentially a poison, antagonizing some of the most important interstitial changes upon which the vital forces are dependent, and is the fruitful source, when habitually used, short of intoxication, of the most serious and fatal diseases which the physician is constantly called upon to treat, which can be exhibited most fully by numerous facts readily drawn from the standard literature of the profession. In reply to the second question, as to any compensating advantage to the human family in the relief of disease for the incalculable injury inflicted in the production of disease and the demoralization of humanity by the countenance given to its use and traffic through its recommendation as a medicinal agent, I would say that there is, in my judgment, no conclusive evidence that alcohol has any more power in rectifying morbid processes and removing disease than it has in promoting the vital processes in a state of health. I will go still farther and assert that alcoholic liquors, whatever may be the undemonstrated advantages, have no absolutely defined place in therapeutics and cannot be proven to occupy any distinctive or legitimate position as agents for the treatment of disease; that there are the most discordant, loose, and undefined views in our approved medical works as to their application, and practically no exact therapeutic rules clearly established as to their *modus operandi* in special diseases, or as to the quantity in which they are to be administered, and thus lacking all recognized essential elements of approved and reliable medicinal agents. While this is to a great extent true in regard to simple alcohol, it is to a much greater extent true in reference to brandy, whisky, rum, gin, wine, and the legion of malt liquors, all of which are prescribed by medical men, and the people, following their example, with the most reckless disregard to the systematic and definite purpose supposed to properly belong to the use of agents which have obtained a fixed place in the *materia medica*.

I have for a number of years condemned its use in consumption, as not only not beneficial, but as absolutely injurious, by the aggravation of the malnutrition, which is one of the most conspicuous and essential elements of the disease; and it is now asserted with confidence, to which I am strongly disposed to accede, that its use is really in some cases the cause of certain forms of the disease. The tendency manifestly is, among some

of our most intelligent medical observers, to abandon its use in this disease, and thus drive it out from one of its principle strongholds. I think I can say with perfect candor, in a very laborious and extended professional life, I cannot recall a half dozen instances in which I really believed that life has been saved by alcoholic liquors, and the inclination of my mind is strongly toward the conviction that the time will come, at no very distant day, when alcohol in any of its forms will no longer be recognized as a medicinal agent, beyond its value as a menstruum, extractive and preservative agent, or as the source from which may be obtained some one or more innocuous and possibly beneficial elements.

While individually I do not hesitate to say that I would greatly rejoice in the exchange of the present status of alcoholic preparations for their entire extirpation, believing, as I do, most solemnly, that their use, even by physicians in the unsettled and unscientific manner in which they are largely prescribed, is an infinite evil, and we are not in any way compensated by whatever of good is derived therefrom; yet I fully recognize the fact that many intelligent and reliable physicians, who have my respect, regard alcoholic liquors in some form as important to them in the discharge of their professional duties. I fully recognize the fact, whatever I may individually think of the present use of alcohol or anticipate of the future, as already indicated, that the time has not arrived, and may never come, when the State can deny to the physician the use of simple alcohol, based as it is upon his perfect right to the exercise of his best judgment with the most perfect independence, within the limits of professional approval, in the selection of remedies for the treatment of disease. But if it is indispensable and must be furnished, let it be done under such restrictions and under such supervision as obtain in regard to the sale of other poisons, and as will lessen to the greatest possible degree the liability to a perversion of the privilege, even if it should be necessary to appoint and hold accountable its own agents.—Dr. Logan, *Atlanta Med and Surg. Rep.*

EVOLUTION IN PATHOLOGY.

It needs no foresight to see that pronounced significance will ere long be attributed to the Darwinian aspects of pathology. There has, perhaps, been some tardiness in applying the all-embracing principles of evolution to phenomena, which fall within the special cognisance of the pathologist; but progress in this direction has been made, and, though slow, it has been sure.

Already in this connection several lines of thought have been taken up; and, carefully followed, they promise results of the greatest interest.

Many have been recently recorded in this journal. It has been suggested that enchondromata of the limbs of man and of many animals are growths homologous with structures which always exist in the selachian fin, and that many other so-called abnormal developments may be regarded as instances of reversion. Darwinism teaches that the developmental history of the individual is an abbreviated history of the development of the race to which the individual belongs; and the above suggestion concerning the homology of certain enchondromata is one which arises out of a consideration of the supposed ancestral history of man. Regard, too, must be paid to the inter-reactions of incident forces and living things, for such inter-reactions are largely operative in the production of varieties. There are, in fact, two sets of factors—heredity and environment—concerned in the coming into being of new forms of life. And in the coming into being of new diseases, Sir James Paget has pointed out how these factors are to be considered. There is, again, the matter of correlation (correlation of structures and association of functions), to which Darwin drew special attention; and it seems that a knowledge of it, also, is of profound importance, as serving to throw light upon facts of everyday clinical experience.

Another Darwinian line of thought has been forcibly presented by Dr. Aitken. It has for many years been maintained that close genealogical, or, at any rate, gradational, relation exists between the *materies morbi* of remittent, that of intermittent, and that of enteric fever; again, between that of enteric fever and that of typhus; between also, that of enteric fever, and that of scarlet fever, and between that of scarlet fever and that of diphtheria. Dr. Aitken has been ably advocating extension of careful observation upon these and such like relations. Those who believe in the germ theory as applicable to most infectious, contagious, and miasmatic diseases, and, at the same time, adhere to the creed of the evolutionist, see no reason for supposing that pathogenic micro-organisms form an exception to laws which are applicable, it would seem, throughout Nature. And, though sceptical concerning many of the explanations which have been advanced in this connection, we may yet allow that some amount of truth lies behind; and this despite the fact that the conversion of bacillus subtilis into bacillus anthracis in the laboratory has been abundantly refuted.

Some incline to a view taken long ago, a view expressed in the statement that, as results of overcrowding, typhus is begotten of man, glanders of the horse, and pip of poultry; and the observation of Sir Thomas Watson, concerning the conversion of a so called simple inflammation into a contagious inflammation, has been referred to as affording corroboration of such a view. In this sense evolution has been regarded as having had to do with

the coming into being of some forms of infectious and contagious virus, and as affording explanation for certain intergradational reactions of such forms of virus upon the animal body. It deserves notice, however, in connection with arguments bearing upon this subject, and drawn from the so-called *de novo* origin of certain infectious diseases, that several micro-organisms, capable of producing infectious and contagious disease (for example, erysipelas and anthrax) can live and multiply outside the animal body, and yet produce their peculiar effects when reintroduced. And again, there is the question of degree of insusceptibility (that which is associated with age, that which is acquired and that which is inherited) which must be fully allowed for. It has been suggested that small-pox may have originated in a tropical lichen; but while our knowledge of disease in lower animals is as limited as it still is—and in the case of variola there is doubtless much yet to learn concerning it, for instance in the camel, in the goat, and possibly, too, in a wide range of animals; and variola may have existed in animals now extinct—we may well hesitate before accepting such speculation.

Dr. Aitken says: "Facts are in request which will illustrate the natural history of cases rather than mere opinions;" and in this remark he does but repeat what has very frequently been said of late years. In some, indeed in large degree response is, we think, being made to these appeals, for we read in the records of work (upon pathological subjects) now in progress, the attentive observation of men trained in each of the sciences, as well as of men deeply experienced in the science and art of medicine and surgery. The mystery of life is yet unsolved, but there is ample cause for taking a bright view of the biological revelations likely to be made even in the near future.—*British Medical Journal*.

THE DOCTOR AS PATIENT.

"The study of medicine and personal devotion to the alleviation of suffering do not insure the doctor against the ills common to all mankind; nor does an intimate acquaintance with the vagaries of the sick enable a physician to pass through his own trials with equanimity. In fact, the doctor is far from appearing at his best in the rôle of patient; he feels as much out of place on a sick bed as would a general officer if he were reduced to the ranks. He has been so long accustomed to command that he finds it very hard to obey, at least, without some sort of a protest.

"During his student days he was led astray by his imagination, which made him suffer from the ills of which he studied. He probably, at that time, convinced himself of the ease with which one exaggerates his own sensations, and learned to disregard his own feelings for the most part. Only

in such a way as this can we account for the neglect in himself of those beginnings of disease which a layman would suppose would infallibly arrest a doctor's attention, as they certainly would in a second person; as it is, he usually disregards his early symptoms and goes about with a temperature higher than that of the patient whom he sends inexorably to bed. He hopes for the best in his own case, as in others, but he fails to prepare for the worst, as he advises his patients to do, for he uses up, by continuing his work, the strength he ought to reserve to carry him through the sickness it needs no angel sent from heaven to foretell. Once fairly prostrate, it is usually the alarmed relatives who summon the doctor, rather than the patient himself.

"And it is no light task for the brother physician who presides over his sick bed to care for the prostrate individual, who insists on discussing the method of treatment, and, with a disordered imagination and weakened intellect, desires to sit in judgment on the conduct of his own case. The patient is apt to be skeptical as to the powers of the drug on which his friend and adviser relies. He suspects his friend of a want of candor in his bedside talk. The little talk outside his door, the ruses of his wife to gain a little private conversation with the doctor, excite his anger. He listens for the noise of the wheels after his friend has left the room, and, if the sound of his chariot is too long delayed, he feels sure that the long-suffering man is delaying at the door to tell what he 'really thinks,' and he takes pains to interrupt the conversation by some abrupt message; perhaps, if it happens to be evening, by saying that it is time to close the house for the night.

"But if he is critical and somewhat skeptical, he learns to know his physicians by their steps, and even the roll of their carriages on the street; and no patient gives them a more cordial welcome, or parts with them more reluctantly. He feels sure that his memory of their kind attentions certainly must be longer than that of certain patients who, according to the familiar lines, whose truth is too often confirmed by experience, forget even the doctor's face when they have recovered.

"He seldom escapes making himself disagreeable to his nurses. It is hard to convince him that it is his own fault that his food does not taste as it ought. He is indignant that his own kitchen can not produce broth as good as that of his neighbor: but the tales of his own peevishness, when he hears them after recovery, he can but believe are grossly exaggerated.

"Nothing is more surprising to the doctor, when reduced to the position of patient, than to find that he himself is subject to like weaknesses as other members of the human family. The nervousness, for which, in others, he has had too little sympathy, shows itself in a thousand ways. The

little noises impossible to avoid, disturb him, and the children of his household seem most unruly. Most strange of all, and most humiliating in his remembrance afterward, he even calls his doctor for nothing. He wakes from sleep, sure he is going to have a chill, or some equally unpleasant manifestation, and when, with grave face and careful attention, his hastily summoned physician has felt his pulse, taken his temperature, and sought for the signs of any possible complication, to inform him at the end that there is nothing to justify his fears, he admires and is grateful for the patience that has borne with his apprehensions, but he feels great curiosity to know what his doctor says to himself as he goes home to renew his broken sleep; and, most of all, he wonders at himself and mutters, 'Is thy servant a dog that he should have needlessly disturbed a doctor's sleep?'

"But especially trying to an invalid doctor is a tedious convalescence. His knowledge of the possible complications and sequela gives a wide field of possibilities, over which his imagination wanders uncontrolled, and he is fortunate if he does not become a hypochondriac. He is pretty apt to partake of the lay fondness for talking about the unusual features his case has shown. If he thinks about the matter at all, he finds how difficult it is to know at what length to detail his symptoms to inquiring friends. Unless he keeps his tongue in due subjection, he is apt to realize that few men are really good listeners, and his kind friends, when they are released from his story, may be excused if they say, 'Poor fellow, he needs bracing up.' But really there is some excuse for him if he is a little garrulous; personal experience of pain is different from looking on, but, interested as he is in his own closer acquaintance with disease, his account of it differs little, in the ears of his medical brethren, from the story they have often heard before.

"But a little personal experience of the sick-bed teaches the doctor many things. He certainly learns that a sick man does not look upon things as a well man does, and his charity towards an invalid's whims is greatly increased. He cannot fail, too, to be touched and softened by the many kind inquiries and pleasant messages that come to him. Busy men come and sit down beside him as though the dearest object of their hearts was to see him recover; men who justly plead bodily infirmity as an excuse against the slightest exertion climb his stairs to express their sympathy, and patients who have seemed thankless and forgetful show that they needed only the opportunity to show their gratitude. And, when the sick man resumes his place in life, he is pretty sure to have not merely an increased enjoyment in living, and a better idea of his fellow-men, but also a higher estimate of the value of his own profession."—*Boston Med. & Surg Jour.*

THE MICROBES OF PNEUMONIA.—The subject of acute pneumonia is one of those which of late has excited a considerable amount of attention, and yet, common as the disease is, it is one which is surrounded by many unsolved problems. Professor Weichselbaum has recently contributed to the Vienna Medical Society, a paper, in which, after stating the prevalent opinions on the nature of the affection, and dwelling especially upon the different opinions held by Friedländer on the one hand and Fränkel on the other as to the precise characters and properties of the supposed bacterial agent, he relates his own experience. He points out that clinicians are divided into two camps upon the etiological question, some regarding pneumonia as solely an infective disorder, others considering that the infective forms are different from those caused by exposure to cold. Weichselbaum, distinguishing between primary and secondary forms, divides them into (1) lobar; (2) disseminated; (3) passive pneumonia—hypostatic, etc.; and (4) lobular. He has examined 127 cases and instituted 87 cultivation experiments, the material for the cultures being obtained one or two hours after death, as well as from the living subject, by means of a Pravaz syringe introduced into the lung and pleura. He distinguishes four kinds of microorganisms. The diplococcus pneumoniae is the most common, consisting of oval, elliptical, and round cocci, which occur in chains as well as in pairs. The chains are composed of from six to eight or as many as twenty to thirty cocci, are straight or slightly curved, and the cocci are developed in a capsule of varying thickness in proportion to their vitality. The second variety resembles the first, but distinguished by a greater uniformity in spherical shape, and in forming long and sinuous chains. The third is known as the Staphylococcus aureus s. albus. The fourth he terms the bacillus pneumoniae, consisting of rods of different lengths, the smallest and apparently youngest being oval. They have a capsule, and correspond to Friedländer's pneumococcus. The first variety was found in ninety-one cases, mostly of croupous pneumonia, also in the secondary forms. The second, or streptococcus, was found twenty times—namely, in fifteen cases of primary and five of secondary pneumonia. The staphylococcus occurred in secondary cases only, and mostly where the primary disease was due to this microorganism. The fourth kind was met with nine times, four times unmixed with other forms. All these organisms were most abundant in the earlier stages of the disease, being scanty or absent in gray hepatization, and, if present, staining badly or unencapsulated. At the margins of pneumonic focus in the œdematous tissue micrococci were numerous, pointing to the œdema being not a passive process but a precursory stage of pneumonic infiltration, and resembling the invasion of cutaneous tissue in

erysipelas. Moreover, inflammatory changes accompanied by these microorganisms were found in the respiratory tract above the lungs. Secondary meningitis in pneumonia was shown to be due to the presence of the same microorganisms, which were also found in the serous exudations of pleurisy and pericarditis, which might complicate the lung affection. The bacterial origin of the disease was, therefore, held to be demonstrated.—*Lancet*.

THE TREATMENT OF HÆMORRHOIDS.—The old division of hæmorrhoids into external and internal is useful, but is in many ways unsatisfactory. There are many varieties both of external and internal, and there is a distinct class which can scarcely be included in either, and which I have been in the habit of speaking of as intermediate.

Beginning with one form of the external trouble, the patient will give a history something like the following: He or she is in good health, and until a day or two past has never had any symptoms of rectal trouble. Quite suddenly, while about the usual occupations of the day, a sense of pain, just at the verge of the anus, is experienced, which steadily grows worse, until it becomes very troublesome. An examination is made by the sufferer, and a small, soft tumor is felt, which is very tender, and which disappears on pressure, but immediately reappears when the pressure is removed. It can be pushed within the sphincter, and the act gives relief, but it is down again in a moment.

After a few hours and some handling the patient is unable to sit with comfort; but the affair is so trivial that he does not care to go to bed, and so keeps around on his feet, and very likely applies Pond's Extract. After going to bed he feels better, and next morning imagines he is nearly well; but after an hour or two the pain is worse than ever, and the tumor is larger, harder, and more sensitive than on the day before.

If an examination now be made an external hæmorrhoid of one variety will be found.

The tumor will vary in size from a pea to a large grape, and is composed solely of blood clot. A small external hæmorrhoid vein has ruptured, and blood has been extravasated in the delicate subcutaneous connective tissues. The blood show black under the tightly stretched skin, and the pain is due to the tension.

There are two ways of treating such a tumor. The first and best is to lay it freely open and turn out the clot from its bed. The bistoury should be sharp-pointed and delicate, the tumor should be transfixed from the anal surface outward, and the incision should be in the line of the radiating folds. After such an incision the pain will almost instantly disappear. A little styptic cotton should be placed between the cut surfaces, a large towel folded into a pad applied to the part,

and the patient told to sit upon a hard chair, with the compress under him, for fifteen minutes till there is no longer any oozing of blood. The subsequent treatment consists only in bathing with cold water two or three times a day, and the cut will be healed in three or four days.

This operation is so trivial and the relief so immediate that it is generally safe to perform it without any previous explanation to the sufferer; but should it not be permitted another plan must be followed. A cathartic containing podophyllin (pil. podophyllin co.) should be given at once, to secure two or three free actions of the bowels, the patient put upon his back on the bed or sofa, and a rubber ice-bag filled with finely powdered ice placed against the part, and kept there till the pain subsides. Cold usually gives great and immediate relief; but should it not, a poultice may be substituted. Under this plan of treatment the patient will probably be relieved in two or three days, so as to be able to get around with comfort, provided the clot is to be absorbed. In some cases, however, suppuration will occur, and in about a week from the time the swelling first appeared it will open spontaneously and discharge a few drops of pus, to the great relief of the patient. As soon as it becomes evident that this is to be the course of events, poultices should be applied and continued.

Those who have once been troubled with this form of hæmorrhoids are very liable to repeated attacks.—*Med. Rec.*

ON THE USES OF PAPHINE.—Dr. W. J. Crittenden, of Unionville, Va., gives the following in the *Virginia Medical Monthly* for August, 1886:

In the practice of medicine we are often called upon to treat patients who possess a peculiar idiosyncrasy as to the effects of opium or any of its preparations.

During January, 1886, I was called to see a lady suffering with acute peritonitis. She assured me that she could not use opium, as she had tired of it previously. But I gave her one-eighth grain of morphia sulphate and one one-hundred-and-twentieth grain of atropia sulphate hypodermically, and in a few minutes the depressing effects was noted, both upon the respiration and circulation; the pupils also became visibly contracted. I then tried the various usual substitutes for morphia in succession, but to no effect. I determined to try PAPHINE; but not being able to give it by the mouth on account of nausea, and as she objected to the use of the hypodermic needle, I gave her two drachms per rectum, and repeated it in one hour. The result was that she sank into a quiet, peaceful sleep, which lasted for several hours. During the remainder of her sickness I gave her PAPHINE, with the most gratifying results. As

soon as her stomach would retain it, I gave it to her by the mouth in one drachm doses.

I have also used PAPHINE in a case of uterine cancer, in lieu of morphia. In cases which patients have been taking morphia until it has lost its anodyne influence, PAPHINE is well adapted.

Some time ago (in absence of the family physician) I was called to see a lady one night, in great haste, who was suffering with malignant disease of the uterus. On my arrival the nurse informed me that she had given her a grain of morphia, with suitable percentage of atropia, every hour for five or six hours, and during the intervals she had given her chloroform, but to no effect whatever. Accordingly, I gave her xxx min. of PAPHINE with eighth grain morphia sulphate, repeating it in fifteen minutes, and in a short time she fell asleep and slept for six hours, which was more than she had slept at a time for months.

In pneumonitis, pleuritis, and bronchitis I have found PAPHINE to answer an excellent purpose. In dysentery it is useful both as an anodyne and in relieving the tenesmus. In the diarrhœa of children I frequently combine with it bismuth subnitrate and prepared chalk. I have used it also in cystitis. In neuralgia, when I wish an anodyne, I use PAPHINE. As an anodyne it is equal if not superior to morphia; and I have never yet seen any unpleasant effects from its use. As a hypnotic I find it to be an agent of great value.

It is inferior to bromida when we simply wish the effect of a hypnotic. But it fulfils the indications when we wish a decided anodyne as well as a hypnotic influence.

BEAUTIFYING THE SKIN.—The *Southern California Practitioner* tells us that in the work on diseases of the skin edited by Professor von Ziemssen, Dr. Heinrich Auspitz, of Vienna, makes the following observations upon this subject:

1. A healthy integument is not necessarily beautiful. Even if all requirements concerning diet, residence, atmospheric and climatic conditions, etc., are carried out, the complexion is often extremely bad. The general condition of health has no influence upon the beauty of the complexion, though it has upon the health of the skin.
2. Cleanliness is a *sine qua non* of the beauty of the complexion, though it does not play a great part in the health of the skin.
3. Water is serviceable to the skin in only moderate amounts and at moderate temperature. Very cold or warm baths, when used to excess, diminish the elasticity of the skin and its power of resistance to external irritants.
4. Distilled and so-called soft water are more suitable for washing, and less irritating than hard water.
5. The hard soda soaps are usually preferable to the soft potash soaps for toilet purposes. The quality of soaps depends upon the quality of their constituents and the thoroughness

of their saponification. Good soaps must not contain free alkali, or any foreign irritating substance. The addition of moderate quantities of perfumes does not materially change the quality. 6. Simple, finely ground powders, such as starch, magnesia, etc., are entirely innocuous, and often act as a useful protection against external irritants. 7. Frequent application of alcohol abstracts the water of the skin, makes it dry and brittle, and impairs its nutrition. This is also true of glycerine. All toilet washes containing alcohol to any considerable extent should be avoided. 8. This is true to a still greater extent of other additions to washes, such as corrosive sublimate, mineral acids, certain metallic salts, etc. 9. Camphor acts merely as a bleaching powder. This is also true of benzoic resin, sulphur flowers, and substances containing tannic acid. 10. The use of sweet-smelling oils and fats should be employed to a greater extent than is now done for toilet purposes. 11. This is particularly true with regard to the growth of the hair. The nutrition of the scalp should be increased by the rational application of fat (for example in the form of oil baths by means of the application at night of a sponge soaked in oil upon the scalp), and the greater use of simple pomades. These should be applied to the roots of the hair rather than the shafts. 12. Substances should be avoided, or sparingly used, which abstract water from the skin and the roots of the hair.—*Med. & Surg. Rep.*

THE TREATMENT OF PLEURISY, DA COSTA.—

1. *Acute Pleurisy*—In the early stage, when effusion has not yet taken place, the question arises, Shall we employ local blood-letting? In a young, vigorous adult it is good practice to withdraw from $\text{f}\overline{\text{v}}\text{iiij-xij}$ of blood. Follow the cups by a poultice, on which place sufficient laudanum. This is a comfortable application. If we do not employ venesection, poultice at once and use counter-irritants. Subcutaneous injections of morphia in small doses near the inflamed pleura are of great value. It is of importance to keep the patient under the influences of an opiate. Dover's powder is a convenient form. Control the circulation by the use of tincture of aconite, in drop doses every hour, as indicated by the heart.

When effusion has taken place, do not cup; nor is aconite indicated, since the heart is displaced. At this stage, the acetate of potassium and digitalis are of great value, ʒ ss of the acetate to be given in liquor potassii citratis, in the twenty-four hours. Digitalis may be advantageously combined with the above. In a strong man, when the effusion persists, jaborandi is often of decided value. The iodide of potassium is a most useful agent when the effusion tends to linger. During its use, add small blisters, repeated occasionally. Often in these cases a gentle mercurial impression will start the

effusion; then follow up with diuretics as well as diaphoretics. Sustain the strength, especially in lingering cases, by the use of stimulus.

When the effusion is overwhelming, the question of paracentesis comes before us. When delirium begins, and circulation and respiration become irregular, then it is time to tap. If the effusion be double-sided, then aspirate; but, as a rule, a double-sided pleurisy occurs in tubercular patients, so that tapping will not materially lengthen life.

2. *Chronic Pleurisy*.—This is both medical and surgical. In the medical treatment we have two remedies of great value, to wit: Basham's mixture, $\text{ʒ}\overline{\text{ss}}$, ter die, with strychnia, gr. $\frac{1}{60}$, ter die. Begin their use before pus has formed, for then only surgical means are of avail. The second remedy of utility is the iodide of potassium, to which add the use of small blisters. When irritative fever sets in, use quinia and digitalis. In weak persons, ol. morrhue is of great benefit. Chronic pleuritic effusion may sometimes be removed by half-drachm doses of fluid extract of jaborandi, given two or three times daily, just sufficient to keep up free action of the skin and kidneys.

When surgical treatment becomes necessary, some advise tapping always when fluid is present. Prof. Da Costa does not employ tapping as frequently as he did: the after results are not always favorable. Always select your cases for the operation.

The following directions are suggested for the operation of tapping: 1. Never tap until you have tried medical means. 2. Don't wait a day if pus be present. 3. In doubtful cases better tap, since medicine will not remove pus. Suppose your patient should take medicine for six months, and no result, when suddenly some fever develops: you may not fully believe that pus has formed in this case, but "tap, anyway." 4. Better tap more than once than leave a drainage tube in the cavity. 5. In large purulent effusions the tube may be used, but it produces fever.

Injections.—Prof. Da Costa prefers tincture of iodine; carbolic acid may be used, or corrosive sublimate in weak solution.—*Col. and Clin. Record.*

DOVER'S POWDER AND ITS MODIFICATIONS.—"If I could envy any one, as a therapist, it would be the old physician who originally had the happy thought of blending astringent opium with relaxant ipecacuanha, and both with a diuretic and laxative. I suspect that Dover's name, though so little is known of the man himself, is more frequently quoted than that of any other physician. This by the way; that which I have in my mind is to suggest that it is often very good practice to modify Dover's powder by combining the one grain of opium and the one grain of ipecacuanha with other salines than sulphate of potassa. The true Dover's powder contains nitrate of potassa as well

as sulphate, four grains of the nitrate to four of the sulphate, and it often seems to me reasonable to revert to this form, the nitrate of potassa being, in small doses, a good diuretic. I also very often venture to prescribe the powder with other modifications of the saline part, and with advantage. In acute rheumatic fever I usually substitute sodium salicylate for the potash salt; in gout, bicarbonate of soda; in remittent febrile cases, two grains of quinine with five of sodium salicylate; and in tonsillitis and other febrile throat affections, chlorate of potassa. It would surely be worth the time and skill of one of our scientific pharmaceutical brethren to prepare and bring out a series of Dover's powders in these modified forms.—*The Asclepiad*.

A DANGER FROM PUBLIC BATHS.—An interesting case is recorded by Dr. Aubert, in which blennorrhœa was communicated by means of a bath. A lady consulted him for her child, aged 4 years, who, for some days, had had an abundant vulvar secretion. The child also complained of pain and burning in passing urine. In relating the case the mother stated that she herself had, for some weeks, been affected with a like discharge, and her husband with a urethral discharge. According to the lady's husband, this was due to drinking turbid wine; an explanation which, as it was satisfactory to the lady, was not questioned by the medical man. A microscopic examination revealed the gonococcus in the discharge from both mother and daughter. On further inquiry it appeared that the child, three or four days before the appearance of its discharge, had taken a bath with its mother. No other possible source of infection could be thought of. In the same family there was another child which did not have the bath, and which escaped the infection. Professor Filippi, of Florence, commenting on this case (*Lo Sperimentale*, October, 1885), relates that, during the previous year, fifty-five little girls were infected with vulvitis at the public baths of Santa Lucia at Florence. Some of the children also contracted severe purulent inflammation of the eyes. The only explanation of this outbreak was, that the contagion had been deposited in the water by some woman or child already infected. Professor Filippi goes on to remark on the hygienic and medico-legal aspects of the case. It is not always possible to make sure that people making use of public baths are free from every sort of infectious disease. Unless, therefore, the supply of water be undergoing constant renewal, the water ought to be changed for each person. The forensic aspect of the case is also important. When a child, with vulvar discharge, is brought for examination on account of a supposed criminal assault, the above-mentioned mode of infection ought to be borne in mind.—*Brit. Med. Jour.*

GANGRENE OF THE PENIS.—Dr. Frank A. Coward, of Huddersfield, reports the following rare case to the *Provincial Medical Journal*.—On the 9th of January, 1886, J. L., æt. thirty-five, a weaver, married, consulted me for a swollen and œdematous condition of the penis. He had not suffered at any period of his life from gonorrhœa, syphilis, or stricture. Had always been healthy, though at times subject to fits of intemperance. Had worked up to the day of consulting me. I ordered him to bed at once. The next day, the 10th, the state of affairs were much the same, except that now a slight discoloration was visible on one side of the prepuce. On the morning of the 11th, the whole of the prepuce and a portion of the skin behind it was one mass of slough; so, with the assistance of Mr. John Martin, surgeon, I placed the man under chloroform, and slit up the mass, and then discovered that the glans penis was also involved, but no signs of a chancre, either hard or soft, were present, nor were any of the lymphatic glands enlarged. From the 11th to the 17th the gangrene spread slowly from the extremity to within an inch of the root, and a line of demarcation having now shown, I decided to remove the organ. On the afternoon of the 17th, again assisted by Mr. Martin, I amputated the penis by means of the thermocautery, about three-quarters of an inch from the root, and the man made a rapid recovery, and was able to return to work on the 5th of February. I have seen him lately; he is in good health, and shows no signs of secondaries, or other venereal complaint. There can be little doubt that gangrene was due to embolism of the dorsal artery.

CONDIMENTS FOR THE SICK.—Dr. W. A. Hammond, (*Jour. of Reconstructives*), writes as follows: "It is rarely the case that sufficient attention is given to the use of condiments in the sick-room; they are often altogether excluded, or the patient is allowed to take them at his discretion, whereas much benefit will frequently be obtained by the judicious employment of these important agents. In certain low fevers of typhoid type, and in almost all malarial disorders, condiments may be largely used with advantage. Probably no one of them is more generally efficacious than black pepper. Mustard is also frequently relished, and we all know how grateful to us in our illnesses a little vinegar has been. In inflammatory affections of the stomach and bowels the stronger condiments, such as pepper, cayenne, mustard, and horseradish, are seldom admissible; but many cases of diarrhœa are very decidedly benefited, especially when they occur in persons who have somewhat run down in general health, by black pepper, cayenne, or mustard, taken in quantities far above those which a healthy person would be likely to ingest. I have frequently known severe cases of diarrhœa to be

cut short by a few doses of twenty or thirty grains each of cayenne, taken either in a little water or syrup. Black pepper is well known to be a remedy of no mean power in the common fever and ague of this country; it will often cut short attacks with as much promptitude as would large doses of quinine."

BELLADONNA IN STERILITY OF FEMALES.—There are few drugs which exhibit so pronounced a predilection to act upon certain structures of the body as belladonna. Among its favorite tissues, those of the female sexual organs may be mentioned. Its employment is followed by more or less benefit in every disease to which these parts are liable. I suppose it has fallen to the lot of almost every practitioner to be consulted by married women who never were pregnant, as to the cause of their barrenness. Apparently they enjoy the best of health, and have never suffered from any irregularity of the sexual apparatus. To such I have on several occasions prescribed belladonna internally, and have found that after taking the medicine for some weeks, they become pregnant. I have seen this happen so often that I am constrained to regard the occurrence as something more than accidental. I shall not venture to theorize upon its action, but will merely mention that I have observed that the external genitals become more relaxed, and the os and cervix uteri somewhat softened and pliable, during the treatment.—*N. Y. Med. Jour.*

THE DANGER OF SELF-MEDICATION.—Examples are plentiful of the risks which attend self-medication, even by medical men, who may be supposed cognisant of the potent nature of the remedies employed. The danger is singularly increased when the drug taken is of a narcotic or anæsthetic character, since by its use the faculty of self-preservation is placed in abeyance, and is unable to direct remedial measures when these have become necessary. A very sad case occurred during the past week, when the wife of a physician died in consequence of an over dose of ether, inhaled to relieve asthmatic attacks, to which the deceased lady was liable. The jury very judiciously added a rider to the effect that they were of opinion that so large a quantity of ether should not have been placed at her command. The lady was away from home at the time, and the reproach, therefore, was addressed to the persons who unadvisedly, if innocently, acceded to her request for a bottle of the drug. It would be some small consolation to think that this and other cases might serve as a lesson to people to use some discretion in employing toxic agents, but unfortunately past experience does not justify any such hope.—*Med. Press & Circular.*

AN ITEM FOR SMOKERS.—It is stated on the

authority of an American contemporary that the watercress destroys the toxic principle of tobacco without damaging its other qualities. It is said to be sufficient to moisten the tobacco with the juice of the watercress to deprive the tobacco of its deleterious effects. If this information may be relied upon, it will prove of especial service to beginners, and may help to spare them the pangs of physical remorse which not unfrequently attend the earlier efforts to acquire what is at best, an expensive and wasteful habit. It is open to question, however, whether if this end be obtained, smokers would not after all prefer the unsophisticated article; tobacco without nicotine is like certain teetotal beers without alcohol (some teetotal beers are, however, not exempt) which only satisfy when thirst is very urgent.—*Med. Press & Circular.*

SLEEPLESSNESS.—Dr. J. Milner Fothergill says of sleeplessness; "One broad rule to bear in mind is this: Opium is the agent where insomnia is due to pain; chloral, where it is due to a high blood pressure in the arterial system; the bromides where there is any peripheral irritation. Opium having a pronounced effect upon the sensory portion of the brain as an anæsthetic, is the drug par excellence in sleeplessness due to pain. Whenever there is a morbid condition in tense tissues, as a syphilitic node, for instance, pain on going off to sleep is set up by that dilation of the blood vessels of the system generally which is essential to brain depletion. The effect of pain is to arouse the brain into wakefulness. Where such a complication exists it is well to combine the opiate with some potent depressant of the circulation, as antimony or aconite. In many cases a full dose of alcohol is sufficient for the attainment of the desired end."—*Brief.*

BORACIC ACID IN CYSTITIS.—In a thesis, on "Boracic Acid and its Therapeutics," by Senor Hermino Moreno for the degree of M.B. in the Lima University, he gives the following formula, as the prescription generally given for chronic cystitis in the Surgical Hospital of Guadalupe, of which Dr. Moreno was intern.

R Infusi buchii, . . . 120 grms.,
Acidi boracici, . . . 4 grms.,
Acidi benzoici, . . . 2 grms.,
Syrup menthæ, . . . 15 grms.

Ft. mist. A teaspoonful for a dose. This treatment is associated with washing out the bladder with water. The results are said to be most happy; the majority of such cases being cured in three days.—*La Chronica Medica.*

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EMANATIONS FROM DECAYING ANIMAL MATTER.

It cannot be disputed that the gases generated from putrid animal matter, in a concentrated form, are more or less inimical to health. But we are of opinion that the danger arising therefrom is greatly exaggerated. That the new organisms emanating from decaying vegetable matter, in certain seasons and climates, are very deleterious to those inhaling them, and active agents in causing disease and death, is well established. But that the organisms resulting from decaying animal matter, are equally noxious is by no means so clearly proved. Many scientific investigations re the poisonous effects of the gases and organisms, produced by the decomposition of the bodies of animals have been made. While most of the investigators admit that some deleterious effects may be caused from their inhalation for a length of time, when in a very concentrated form, the general tenor of the evidence adduced, goes to prove that these so called septic gases, are not so deleterious as is commonly believed. M. Parent Duchatelet, of Paris, in 1836, made a thorough investigation, regarding the health of those continuously employed in the manufacture of animal grease, glue, musical strings, Prussian blue, etc., and frequently visited all the tanneries, slaughter houses, especially Montfaucon, where the bodies of many thousands of horses, dogs, cats, and other domestic animals, are annually worked up for various economic purposes.

He says that 'nothing could exceed the filthiness of *chautier d'equarrisage*. The enclosures, and the air of the country for some extent around, are saturated with the most disgusting odors.' Yet he found that the employés in all these establishments enjoyed as good health as the same class of laborers in any other occupations. M. Rousseau, of Paris, superintended the dissection of the bodies of animals for thirty-six years; yet he says that neither he nor any of his assistants ever suffered from their occupation, even during the summer.

M. Lallemand says the dissecting rooms established by Dessault, are situated in the top storey of an old decayed house, in a crowded part of the city. The average number of bodies on the tables was from fifty to sixty, and the number of pupils two hundred or more. The rooms were seldom cleaned, and the stench diffused over the immediate neighborhood was abominable. Yet, he says, "we never heard of any disease, which might fairly be attributed to the dissecting rooms, either among the pupils themselves, or the inhabitants of the adjacent houses." Dubois, Dupuytren, Boyer, Andral, Lawrence, Warren, and many other teachers of anatomy all concur in the opinion that 'it is an error to suppose, that the air of a neighborhood is ever contaminated, so as to induce disease, by emanations from dissecting rooms, or that the students ever suffer from breathing the impure air of those places. Did space permit, we might multiply eminent authorities who endorse this view. But to come down to our own experience; we are all aware that many students, in all medical schools continuously inhale while at college, the gases from the dissecting rooms, which must permeate the whole building, and the health of medical students will compare favorably with that of any other class of men or students similarly situated, minus the dissecting rooms. In the many slaughter houses of all our towns and cities, the butchers employed are proverbially healthy, although large quantities of blood, and other parts of the animals, must be continually in a process of decay therein, and the emanations more or less frequently inhaled by them, at all seasons of the year. The mortality of Chicago, Cincinnati, and other centres, where slaughtering of animals for export is largely carried on, does not appear to have been augmented from this cause.

We are fully aware that instances of disease in

armies, said to be caused by the putrefaction of the bodies of men and horses, are recorded. Yet modern history does not appear to bear out this idea. We therefore may be permitted to doubt the alleged cause, especially as physicians of remote times, were not sufficiently advanced, nor had they the means to properly differentiate the various causes of disease, as those of a later period, or the present day have. They would therefore, be more likely to attribute the cause to what so offensively impressed their Schneiderian membranes. Decaying vegetable matter, pools of stagnant water, emanations from the bodies of the living, contagion germs, sewer gas, etc., are admittedly much more potent factors, although not recognised when "coming between the wind and our nobility," than any thing which offends our sense of smell. Therefore the offensiveness of an odor is no test of its unsalubrity. Otherwise the so called health resorts, where certain springs keep the surrounding air charged with sulphuretted hydrogen, and other offensive gases, would become centres of disease, and shunned by all. It has also been said, that persons have been made ill or suffocated by going into vaults where the bodies of the dead had lain for some time, but this is no evidence that the septic gases therein, emanated from the bodies, as many persons have experienced the same effects, from descending into old wells, mines, caverns, and other cavities in the earth, in which there were no bodies of the dead. Recent experiments in a dead-house in New York, have proved that the air of the autopsy and other rooms, contained fewer septic microcosms, than the most favored (Osborne) ward of Bellevue Hospital, which is a one storied brick pavilion, and is considered a model of sanitary construction and arrangement. Many other instances corroborative of the comparative innocuousness of decaying animal matter, might easily be adduced, but space forbids. Enough has been said to establish all we claim. Nor do we for a moment deny the necessity for the interment or destruction of all animal bodies, before putrescence has supervened, not only for the abatement of a nuisance, but in the interest of the public health, save only, when science or art demand these bodies in the interest of, and for the welfare of the living. We write only to remove improper conceptions and fallacies, which have been inculcated by our early teaching, and have been long establish-

ed. While we admit and believe that there is some danger to the living from the decomposition of the bodies of the dead, no relaxation of our efforts to obviate any risk from a contaminated atmosphere should be permitted. But where science or art requires those bodies for any purpose, it is important that all should entertain correct opinions; that useless anxiety and alarm should be removed, and unnecessary opposition, whether arising from public prejudice or authoritative mis-information, thereby obviated.

COLD BATHING.

The value of cold bathing is variously estimated by different members of the profession and the laity. Some physicians believe in its usefulness as an ordinary part of the day's programme, and accordingly, recommend it almost indiscriminately, talking learnedly all the while, about "toning up the system," reaction, etc.; while others go so far as to condemn it unreservedly as a matter of toilet, thinking it a waste of energy. The feeling of the latter is well expressed by the following sentence which we heard from the lips of an old member of the profession, one whose acumen was remarkable, "Are you one of those idiots who goes slashing himself over with cold water every morning?" We read of such men as old Haddon who bathed in the Thames, every morning for the last fifty of his 92 years, ice or no ice. Such cases prove nothing but that a *lusus nature* more has been discovered. The truth about the matter probably is, that this, like every other means of promoting health and vigor, must be used judiciously and not as a routine in all cases. This sounds like a platitude, in speaking to the profession, but the laity require education on this point. How many intelligent men injure themselves daily, by the too plentiful use of cold water, under the idea that they are toning themselves up. True they may feel a reaction for a short time after leaving the bath, but this is followed by a depression in a few hours during which nutrition and tissue change are decreased. Such of our population as wear themselves out by the fatigues of business, late hours, dissipation, etc., who waken unrefreshed and miserable, find the stimulus of a cold bath most agreeable, but this stimulus is most objectionable, and it is objectionable for the same reason that an

alcoholic stimulant would be objectionable, viz. : that it enables the individual to draw on his reserve force, and so get through his duties for a few hours, but does not supply any force, or anything which can be changed into force.

Again, many delicate and unsound persons use the cold bath freely, sometimes under medical advice and sometimes not, but in nearly every case to their detriment. Such persons should never use the cold bath, except under careful medical supervision.

The first effects of immersion in cold water are depressant, the surface becomes cold, owing to the contraction of the cutaneous vessels; shrivelled and pale, there is general shivering, quickened pulse and respiration. Now if in a few seconds the system rouses itself and meets the shock, if the skin turn red and glowing, the pulse strong and slow, and the bather feel exhilarated, with a sense of physical and mental well-being, the cold bath may be employed as a tonic. But always on condition that it shall be discontinued before depression again sets in, for otherwise this sense of depression deepens, the lips and extremities turn blue, and the individual feels utterly wretched, which condition may persist for hours or days and the effect of the bath may thus be entirely bad. The reaction so necessary for the good effects of a cold bath, may be aided by friction with a flesh brush or cash towel, or also by a short brisk walk. Old persons, not having much power to resist depressants should use the cold bath with the greatest caution, as should persons, who, though apparently robust, have some organic disease. Some authorities go so far as to credit excessive cold bathing with being the cause of latent albuminaria. The popular idea of *hardening* by exposure, has been shown by Rosenthal, to rest on a scientific basis. Cold baths by training the cutaneous vessels to contract, lessen the loss of heat when the body is suddenly exposed to cold, and thus persons who have in this manner "hardened" themselves are not only less liable to "catch cold;" but are also able to endure greater degrees of cold than are those who have not so trained their cutaneous vessels. Again, the stimulation to the circulation which comes on as an after effect, tends to increase the histological metamorphosis of the tissues, as well as to hasten the excretion of the waste products in the body, and thus the bath truly acts as a tonic of the

highest order, both to the nervous and muscular systems. The respiratory system is also reflexly stimulated by the action of cold on the surface, as is evidenced by the sobbing, convulsive breathing, noticed when the water reaches the breast. Ringer recommends cold sponging as exceedingly useful in laryngismus stridulus, and says that a paroxysm may often be arrested by dashing cold water over the child.

The time of taking a cold bath is a matter of some importance; before breakfast being the usual time. This can be well borne only by the most robust, the best hour being about midway between breakfast and dinner, when the system is fully braced to throw off the depressant effect of the cold water, and to rouse to that reaction which has been insisted upon as a *sine qua non*, if the bath be not absolutely harmful.

Another popular idea, that the water should not be entered while the surface is warm, needs to be exploded. The surface and extremities should be *warm* when a cold bath is taken, and exercise should be taken just previously, if necessary, to effect this purpose.

THE AMERICAN PUBLIC HEALTH ASSOCIATION.

The fourteenth annual meeting of the American Public Health Association was held in Shaftesbury Hall, Toronto, on the 5th, 6th, 7th and 8th of October, under the presidency of Dr. Henry P. Wolcot, of Cambridge, Mass. A large number of gentlemen both lay and professional were present, and the proceedings were characterized by more than usual interest. A number of new members were elected on the first day, and the report of the treasurer read, showing a goodly balance in favor of the Association. Dr. Reeves, of Wheeling, Va., read an excellent paper on the "Destruction of night-soil and garbage by fire." Dr. Playter, of Ottawa, read a paper on the disposal of sewage. "Toronto sewers," by Alan Macdougall, followed, and a paper by Dr. Oldright, of Toronto, on "The influence of sewerage on health," with special reference to Toronto. This last was discussed by Mayor Howland, Drs. Covernton, Canniff, Cassidy and others.

In the evening a conversazione was held in the Normal School buildings, Dr. Wilson in the chair.

Dr. Covernton gave a short address, in which, after welcoming the visiting brethren, he explained the position of the Provincial Board of Health, and spoke of the willingness shown by the Government to aid them in their labors. The address of the President was next in order, and it was received with applause. He spoke of the importance attached to scientific investigations, and urged that the Government should begin the work of investigation in the case of diseases which affect the people as a whole. He concluded by drawing attention to the great work which had been done by intelligent health authorities, and believed that still more might be accomplished if their functions were performed in a more fearless manner than had hitherto been the case.

On the morning of the 6th, the President being in the chair, a number of new members were elected. After other routine business, Dr. Covernton read a very interesting paper on "The relation between Sanitary Science and the Medical Profession," by Dr. N. Allen, of Lowell, Mass. It was well received. Dr. Hewitt read the report of the Committee on State Boards of Health, including the subject of "Inter-State notification on the outbreak of small-pox, cholera, and yellow fever."

In the evening Dr. Bell, of New York, presented the report of the Committee on the disinfection of rags. After an interesting discussion, in which a number of members took part, the resolution was adopted.

The following days were occupied with papers on various subjects of interest, by Drs. Bryce, Covernton, Baird and others, and in the election of officers, as follows: President, Dr. Sternberg, Major U.S.A., Baltimore; 1st Vice-President, Dr. C. N. Hewitt, Secretary Minnesota State Board of Health; 2nd Vice-President, Dr. C. A. Lindsley, Secretary State Board of Kentucky; Treasurer, Dr. J. B. Lindsley, Nashville, Tenn.; Secretary, Dr. Irving A. Watson, Concord, N.H. Executive Committee, Dr. Hy. B. Baker, Lansing, Mich.; Prof. H. A. Johnson, Chicago; Dr. Holt, New Orleans; Dr. Rohe, Baltimore; Col. Haddon, Nashville, Tenn., and Dr. Montizambert, Quebec.

THE PROPHYLAXIS OF PUERPERAL ECLAMPSIA.—Supposing that during pregnancy we find albumen present, we should give purgatives and keep the patient at rest and on a milk diet, says Dr. Jno.

W. Byers in the *Dublin Jour. Med. Science*. Both Tarnier and Chantreuil recommend this form of milk diet. All nitrogenous food should be avoided, and a course of iron should be prescribed; if, however, the regular examination of the urine shows that the amount of albumen is large and *steadily* increasing, if there are casts and œdema of the face and upper extremities, and if, in addition, any cerebral symptoms appear, then undoubtedly labor should be induced without delay. Further, if towards the end of gestation the urine become diminished in amount, if there is a good deal of albumen, and if to these symptoms be added the presence of headache, we should at once administer chloral and keep a most careful watch on our patient, so as to be ready to induce labor if convulsions set in. We do not understand why we should give chloral, but we suppose Dr. B. knows what he is talking about. If we had a patient in this condition, we would resort to jaborandi for the drug treatment.

ANTIPYRINE.—The employment of antipyrine in a large number of cases, reported by Pavay in a foreign exchange, leads to the following conclusions: when the temperature reaches 105° and above, as many as 60 grains should be given in four doses administered half an hour apart. This quantity will seldom fail to reduce the temperature very materially, and cause it to remain lowered from six to sixteen hours. Provided the temperature does not exceed 103°, 31 grains divided into three powders and given half an hour apart will suffice to reduce the temperature. In a temperature of 104°, three doses may be given, as in the previous case, of 15½ grains each. If in any case the stomach can not be made to retain the medicine, it may be given by enemata in quantities of from thirty to forty-five grains at a dose. It may also be given hypodermically in a five per cent. solution. Whatever manner it shall be given in, if given correctly in sufficient doses, as indicated by Pavay, the temperature will be reduced and held in check.

TREATMENT OF CHANCROIDS.—Prof. Gross treats chancroids (*Col. & Clin. Rep.*) as follows, if seen a few days after their appearance: Wipe out the sore and under the edges thoroughly with cotton, then apply with another bit of cotton carbolic

acid, being careful to touch all the raw surface and to get well under the undermined edges. The pain caused by the application is but momentary, and is followed by a sensation of numbness, which prevents pain from further manipulations. Now, with a bit of cotton wrapped on a match, touch the ulcer with strong nitric acid. This will destroy whatever poison there may be left. Protect with a bit of cotton. Have the patient bathe the penis in warm alkaline water three or four times per diem. If the prepuce covers the sore, let him use a wash :

R Cupri sulphat., gr. ʒ
 Acid. tannic., gr. ij
 Aquæ f ʒj M

Place a piece of cotton cloth between the glans and prepuce. A bubo can be aborted by injecting into it an eight per cent. solution of carbolic acid, and the use of compression. If already formed, it may be treated as the original sore.

MANITOBA MEDICAL ELECTIONS.—The first election of members of the Medical Council of Manitoba, under the Act passed last session, took place on the 30th of September. The following territorial representatives from different parts of the Province, were elected : Drs. J. S. Lynch, S. C. Corbett, J. S. Gray, W. J. Roche, F. B. Lundy, M. Macklin, J. A. McDonald, R. L. Thornton, H. A. Husband, D. Young, and D. H. Cameron. College Representatives: Manitoba Medical College, Drs. R. B. Ferguson, R. J. Blanchard, J. Patterson. The first meeting of the Council was held in Winnipeg on the 13th ult., when the following officers were elected for the ensuing year : President, Dr. J. S. Lynch ; Vice-President, Dr. J. A. McDonald ; Registrar, Dr. J. S. Gray ; Treasurer, Dr. S. C. Corbett. The following gentlemen were appointed to represent the Council on the Senate of Manitoba University : Drs. M. Macklin, H. A. Husband, J. S. Lynch, S. C. Corbett, R. J. Blanchard, R. B. Ferguson, J. Patterson. Under the Act powers are granted to the Manitoba University to hold all examinations thus materially lessening the expense to the medical student. The Act also provides for reciprocity in medical registration with other Provinces having similar boards.

NEW (?) PRINCIPLE IN TREATMENT OF PARASITIC SKIN DISEASES.—Dr. Perry, of San Francisco,

writes to *The Med. Rec.* that the cause of failure in the treatment of skin diseases is not due to the powerlessness of the parasiticide, but to the fact that the agent does not reach the parasite. He remarks that the bichloride and iodine are soluble in ether, and that turpentine and benzine dissolve iodine. He prefers the use of the bichloride in ether gr. ii, ad. fl. ʒi. for the reason that it always remains active, while the iodine oxidizes in both turpentine and benzine. The principle is that the ether or benzine penetrates the skin, and reaches into the follicles, thus bringing the parasiticide into contact with the parasite.

THE CHLORODYNE HABIT.—This is another of the many habits which have such a hold upon humanity. The *Br. Med. Jour.* mentions three cases of the habit. The body of a lady aged sixty-two was examined and it was found to be greatly emaciated, not weighing more than fifty pounds, owing to the continued use of chlorodyne, which it was shown, she as well as two sisters who resided with her had been taking for years. The jury returned a verdict of death from continued doses of chlorodyne.

BROMIDE OF ARSENIC IN DIABETES.—Mooch (*France Med.*, Feb. 25, 1886 ; *Glasgow Med. Jour.* July, 1886) reports the case of a woman fifty-four years old, who had probably had diabetes about four years, and who also had phthisis in the stage of cavity. She was much troubled with itching of the vulva. Small doses of bromide of arsenic were given, together with iodoform, and in two weeks the pruritis had entirely disappeared and the chest symptoms were much ameliorated. At first she was given gluten bread, but afterwards she was allowed ordinary bread toasted. The improvement continued steadily for two months, at the end of which time the amount of sugar passed in the urine had been reduced to not much more than one-twentieth of the original quantity, and the chest symptoms were quite checked, although a cavity, of course, remained.

TONGALINE.—This new remedy for Neuralgia and Rheumatism has been used extensively by the physicians throughout the United States, and has been found to control those obstinate troubles more speedily and more thoroughly than any other agent, without causing any unpleasant results. Messrs.

Evans, Sons & Mason, of Montreal, will furnish samples gratis, to all those who apply for the same and are willing to pay express charges on the package. We believe the remedy is worthy of a trial.

APPOINTMENTS.—Dr. J. C. Cameron, late Prof. of Obstetrics in Bishop's Medical College, has been appointed Prof. of Obstetrics in McGill College, Montreal. We congratulate the Dr. on this important appointment. The fact that he went abroad last summer to study the most modern ideas and improvements in this department, is an indication of the zeal and interest which he will bring to bear in the discharge of his duties.

Dr. N. E. McKay, of Halifax, N.S., has been appointed a member of the Provincial Medical Board.

Dr. W. S. Oliver, of Halifax, has been appointed consulting physician to the City Hospital.

A REMARKABLE CASE OF SUPERFETATION.—

Five months ago the wife of James Lewis, of Halifax, N.S., was delivered of a fully developed male child, and a few days ago she is reported to have given birth to another healthy infant of the same sex. Both children and their mother are reported in good health. We have written to Dr. Somers, who attended the woman on both occasions, for an authentic report of the case.

OWNER WANTED.—We received on the 13th ult. a registered letter from Montreal containing \$6, but without any signature. We also received \$3, a few months ago without letter or signature from a messenger of the Rossin House, Toronto, but he could not give the name of the party who handed him the money.

FUNCTIONS OF THE PROSTATE GLAND.—Professor Fürbringer from the study of a case of spermatorrhœa, concludes (*Med. Rec.*) that the function of the prostate "is to exert a specific vivifying influence upon the spermatazoa which while in the seminal ducts and vesicles possess but slight vitality, and quickly die when removed from the body unless subjected to the stimulating influence of the prostatic fluid."

AMENDMENTS TO THE QUEBEC MEDICAL ACT.—At last there is some prospect of the establishment

of a central examining board for Quebec. The proposed board will consist of twenty members—ten English and ten French. A clause is also to be introduced providing for reciprocity in registration with Great Britain, Ontario, and any other Province in Canada which shall establish a central examining board.

MIXTURE FOR DIARRHŒA :

R Tr. opii camph. ʒ i
Mistura cretæ ʒ iii
M. Oil Menthæ pip. ℥. x

Sig.—A teaspoonful for an adult every three hours until diarrhœa is checked.

For infants the following prescription will be more appropriate, and more easily retained on the stomach :

R Vin. Pepsini ʒ ii
Bismuth. subnitratiss ʒ iii
Glycerini ʒ i
M. Aqua q. s. ʒ iv

Sig.—Give ʒ i. at a dose every two or three hours.

BACILLUS OF DYSENTERY.—Two Italian physicians (in the *Rivista Internazionale di Medicina e Chirurgia*, No. 12) allege that they have discovered that dysentery is caused by the presence of a bacillus not yet described. This parasite they have invariably detected in the fæces of dead patients who have succumbed to dysentery, in the air of hospital wards where the patients were congregated, and in the water of two wells which had been exclusively used for these patients.

ABORTIVE TREATMENT OF MAMMARY ABSCESS.—

In referring to the treatment of mammary abscess, Dr. Chase, Millwood, Kansas, writes to the *N. Y. Med. Rec.* that he uses extract of belladonna. The solid extract rubbed up with enough simple cerate to make the mass soft, or fluid extract of belladonna ʒii, tincture of iodine ʒi, painted on the part. He concludes thus: "I never fail in arresting suppurative tumors when application is made any time before the formation of pus."

FEMALE MEDICAL STUDENTS IN INDIA.—The Medical College of Madras has fourteen female students, four of whom are native Indians. The movement was inaugurated by Lady Dufferin, who has done so much for the improvement of the condition of the native women.

SALIVATION OF PREGNANCY.—Dr. Schram finds (*Br. Med. Jour.*) that Bromide of Potassium is the most effective drug for the excessive flow of saliva, sometimes occurring during pregnancy. He states that it is harmless, and yet exercises a distinct effect on the salivary nerves. From a chemical examination of the saliva, ptyalin was found to be absent.

PAINLESS LIGATION OF HEMORRHOIDS.—Dr. Stalord of Manchester, writes to the *Br. Med. Jour.*, that he has ligated piles after the injection of ten drops of a 10% solution of cocaine, without causing the patient the least pain. As the effects of the drug are transient, it requires to be followed by morphia. No toxic effects were noticed in any case.

A medical man who makes liberal use of printer's ink remarked to us a short time ago: "You may say what you like about your medical ethics, but it pays to advertise."

M. SELLAR states (*Br. Med. Jour.*) that he finds great improvement in patients suffering from tuberculosis, who are treated by inhalations of hydrofluoric acid.

WINNIPESAUKEE means (*Med. Summary*) "The smile of the Great Spirit." It will save winking in the drug store, therefore, to simply ask for a "Winnepesaukee."

REMOVAL.—Dr. G. S. Ryerson, oculist and aurist, has removed from Church Street, to 60 College Avenue, Toronto.

The distinguished Birmingham surgeon, Mr. Sampson Gamgee, is dead.

Books and Pamphlets.

ELECTROLYSIS, ITS THEORETICAL CONSIDERATION AND ITS THERAPEUTICAL AND SURGICAL APPLICATIONS. By Robert Amory, A.M., M.D., Member of the Massachusetts Medical Society, Fellow of the American Academy of Arts and Sciences, Fellow of the Academy of Medicine, etc. Illustrated by one hundred fine wood engravings. "Wood's Library of Standard Medical Authors," for 1886.

We cannot withhold our thanks to the publishers for their considerate supply, in type, of the above

heading. A great poet has told us that "nothing in writing is so hard as a beginning." The writer of notices of new books, and especially of those on medicine, cannot fail to corroborate this testimony. At the very start, he is, in the majority of instances, confronted with a string of authorial titles, which very severely test his mental placidity, and perhaps too often induce a sourness of temper which is rather inconsistent with just criticism. "Good ale requires no broom," is a very old and a very true maxim. We seldom light upon a book from the pen of any really able and judicious author, that bespeaks our admiration, with a long tail flourish of collegiate honors and dazzling memberships. But publishers best understand their own business, therefore we simply tender our expression of sympathy with Dr. Amory under the severe trial of his modesty, which he must have suffered in glancing over the title page of his book, an infliction to which, we feel almost certain, he will not be subjected in the event of a second edition being called for; and we must confess that the merits of his work well entitle it to a very large circulation.

Electrolysis, in the armamentaria of therapeutics is destined to play a high and effective role in medicine and surgery. Even as yet in its infancy it has achieved numerous signal triumphs, with which no earnest and benevolent practitioner of the healing art should be unacquainted. An attentive perusal of Dr. Amory's book will amply confirm this commendation. In a general summary, at the conclusion of the volume, the author names the following affections, in which it has proved either positively curative or acceptably ameliorative, viz.: Aneurisms, Effusions, Hydroceles, Hæmatoceles and Varicoceles, Orchitis, Hypertrophy or Elephantiasis, Nævi, Varicose Ulcers, Eczema, Warty Growths, Wens, Fistulas and Sinuses, Goitre, Hypertrichosis, Urethral Strictures, Cystic Tumors, Extra-Uterine Fœtation.

Practitioners to whose lot it has fallen to contend with any rebellious cases of the above named affections, will assuredly feel very grateful for impartment to them of any instruction which may enable them to arrive at better results than heretofore; and as the method of employing electrolysis, preferentially advised by Dr. Amory, is almost totally exempt from pain, their patients will not be averse to the experiment.

Among the number of bodily ailments mentioned

by Dr. Amory, in which electrolysis has been employed, there is one, which is perhaps less unfrequent than the revealed secrets of evening office consultations might show. Speaking plainly, we allude to obstinate, tight urethral strictures. Dr. Amory's run of practice among this class of clouded moonlighters has probably been but limited, otherwise he might have shed valuable light on the efficiency of electrolysis in this delicate department. Dr. Neuman, of New York, has reported a large number of strictural martyrdoms successfully treated by him, by means of electrolysis; and it is quite probable that a decent proportion of other more reticent members of the profession, who "do good, but blush to find it fame," might give corroborative evidence. We by no means desire to wound the delicacy of our own townsman, Dr. Cassidy, when we state that he has successfully treated by electrolysis, at least two cases of rebellious urethral stricture. We would fondly trust that the faculty of our city could augment this number; or if not, that its reading members will soon be able to do so; and in order to reach so desirable a consummation, no better course can be taken than to purchase Dr. Amory's instructive book, and read it patiently, excusing some American bad grammar.

A SYSTEM OF PRACTICAL MEDICINE, by American Authors, edited by Wm. Pepper, M.D., LL.D., Provost and Professor of Theory and Practice of Medicine, and Clinical Medicine in the University of Pennsylvania; assisted by Louis Starr, M.D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania. Vol. V.—Diseases of the Nervous System. Philadelphia: Lea Brothers & Co., 1886.

We have received the 5th and last volume of this most excellent work by American authors and are greatly pleased with it. It is devoted to the consideration of the various diseases of the nervous system, and is a most exhaustive treatise on the subject. The entire work is now before the profession, and those who are its possessors have before them an elaborate, exhaustive, and practical treatise on medicine. The total number of articles is 185, written by 99 authors and covering about 5500 pages. We heartily commend the work to our readers.

PHYSICAL CULTURE: First Book of Exercises in Drill, Calisthenics and Gymnastics, for the use of Schools and Colleges. By E. B. Houghton. Toronto: Warwick & Sons.

This book is one of the Canadian series authorized by the Minister of Education of Ontario.

Its aim is to bring the mental powers into action with the physical and thereby improve both. While the author has endeavored to preserve the general physiological basis he has varied the exercises so that different sets of muscles are brought into play successively, requiring sharpness of intellect to follow them up, especially when performed in concert. The "Drill" is an adaptation of the "Field Exercise," and requires no change in case the pupil afterwards enters the Volunteer Corps. The work is well illustrated, the explanations clear and concise and the methods well adapted to fulfil the object aimed at. The part devoted to girls is worthy of the highest commendation.

THE MEDICAL NEWS VISITING LIST FOR 1887, with Erasable Tablet and Thumb-letter Index. Price \$1.50. Philadelphia: Lea Bros. & Co.,

The above mentioned list is published in four styles; *dated* for 30 patients per week (1 vol.), for 60 patients (2 vols.), for 90 patients (3 vols.) and *undated* (1 vol.). The work contains brief memoranda on examination of urine, disinfectants, poisons, new remedies, doses, therapeutic tables, etc. In short it meets every requirement of the profession, and cannot fail to give satisfaction.

Births, Marriages and Deaths.

On the 29th Sept., Geo. R. Cruickshank, B.A., M.D., C.M., of Ellesmere, to Emma J., daughter of John Downie, Esq., Chatham, Ont.

On the 23rd Sept. Robt. Wilson, M.D., of Morden, Man., to Bella, only daughter of Robt. Wallace, Esq., Fallowfield, Ont.

On Oct. 13th ult., Dr. Storms, of Hamilton, to Miss Kate Hinch, daughter of Mr. Thomas Hinch, of Napanee.

At St. Louis, Mo., on Oct. 20th ult., Dr. A. Woolverton, of Hamilton, to Miss Colcord, of Hamilton.

On the 21st of September, Dr. McDonald, son of Dr. McDonald, of South Cove, N.S., in the 26th year of his age.

On the 24th of September, J. Steverman, M.D., of Lunenburg, N.S., aged 77 years.

* * * The charge for Notices of Births, Deaths and Marriages is Fifty Cents, which should be forwarded in postage stamps with the communication.