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THE CANADIAN PRACTITIONER

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

U. OGDEN, M.D.,
R. ZIMMERMAN, M.D., L.R.C.P., Lond., } Consulting Editors.

A. H. WRIGHT, B.A., M.B. M.R.C.S., Eng.,
I. H. CAMERON, M.B.,
R. B. NEVITT, B.A., M.D., } Editors.

SUBSCRIPTION, \$3 PER ANNUM.

All literary communications and exchanges should be addressed to DR. CAMERON, 273 Sherbourne St.
All business communications and remittances should be addressed to the Publishers, Messrs.
CARSWELL & CO., No. 28 Adelaide Street East.

TORONTO, SEPTEMBER, 1883.

Original Communications

NOTES ON THERAPEUTICS.

BY R. L. MACDONNELL, M.D., M.R.C.S., ENG.

Demonstrator of Anatomy, and Lecturer on Hygiene, McGill University, Montreal.

ANTHELMINTICS. *

Santonin should be given in such a way as that not only the efficacy of its action shall be ensured, but also that it may come into contact with the worms it is intended to destroy. From experimental investigations performed by L. Lewin on rabbits (*Berliner Klin. Woch. No. 12*) it would appear that santonin unless given in an oily solution is rapidly absorbed from the stomach, so that in a short time none of the drug can be detected, either in the contents, or in the walls of the stomach. An oily preparation of the vermicide is absorbed by the small intestines, though not rapidly, according to Lewin, who believes that the only rational mode of employing santonin as an anthelmintic is in the oily state. The likelihood of the appearance of toxic symptoms, such as xanthops, headaches, giddiness, shivering, and spasmodic attacks is also thereby reduced to a minimum.

This plan was recommended years ago by Dr. Ringer:—"In the treatment both of round and thread worms, two to four grains, according to age, are to be mixed with a drachm or more of castor oil, and taken early in the morning before break-

fast, repeating the dose two or three mornings successively."

This mode of administering santonin has always, in my hands, been most satisfactory. Kuchenmeister found santonin and castor oil, used as an injection, a powerful method of destroying ascarides.

And so with male fern, * its frequent failure as a remedy against tapeworm is due to its irrational administration. It has become known that the popular "worm doctors" who use almost exclusively the oleoresin of male fern administer the remedy in conjunction with castor oil, instead of following it by the oil, after two or three hours, as is usually done by practitioners. The object is to bring the extract in an unaltered or undigested condition into contact with the worm. The experiments which have been made by mixing one part of the oleoresin with two parts of castor oil have been very successful, and this mode of administration deserves, therefore, the preference. Oleoresin of male fern is apt to derange the stomach, and when enveloped partly in the oil is likely to pass it more rapidly, which constitutes another advantage. The mixture, it is true, has an unpleasant taste. This, however, may be disguised by filling it in capsules of about 45 grains each. The dose may be regulated from six capsules to seven or eight, or more according to circumstances.

It is advisable to empty the bowels the

* *Lancet*, June 2nd, 1883.

* Dr. E. Dieterich, *London Medical Record* and Braithwaite, Part LXXXVII., p. 246.

preceding day by a mild purgative, best by castor oil.

THE SUBCUTANEOUS INJECTION OF STIMULANTS.*

This practice has been becoming more and more prevalent during the last ten or twelve years. Dr. Zuelzer contributes to the *Deutsche Med. Wochenschrift*, No. 9, 1883, a paper on the various forms of stimulants which have lately come into use. Those which he mentions are sulphuric ether, camphorated oil (1 in 10); camphor and benzoic acid (camphor 1 part, benzoic acid $1\frac{1}{2}$, rectified spirit 12); ethereal solution of camphor (sulphuric ether saturated with camphor); liquor ammoniæ anisatus; valerianate and some other preparations of ammonia; spirit of sulphuric ether; tincture of musk (1 part of musk to 25 each of water and dilute spirit); cognac, and several ethereal oils.

No general bad effects have been recorded, and their action on respiration and circulation has been nearly alike in all, viz., immediate strengthening of both; but as they have generally to be repeated several times within a short space of time, it is important to avoid the irritating ones — *e. g.*, the preparations of ammonia, and still more alcohol, which easily produces sloughing of the skin. Camphorated oil causes least pain, but is inconvenient on account of the small quantity of camphor held in solution — a large quantity of oil having the effect of retarding the respiration. Ether and ethereal solution of camphor have the disadvantage of partially dissolving the shellac with which the end of the hypodermic syringe is fixed to the cylinder. Both ether and the ethereal solution of camphor can be employed freely, as no undesirable results have been known to follow their use even in large doses; partly, no doubt, because they immediately pass off by the breath. The pain after injection is not great, lasts sometimes for several hours, and leaves behind it some numbness of the part. One

cubic centimetre (17 minims) of pure ether may be injected into each of the four extremities at one time, and may be repeated in fifteen minutes at first, afterwards at longer intervals.

These remedies are indicated where there is collapse, when the patient is unable to swallow, or where a more rapid result is desired than by the stomach. The author has used them most often in enteric fever and in cholera. When in typhoid fever there are great cardiac debility, small and irregular pulse, cyanosis, and coldness of the extremities, with deep collapse, the injection renders the pulse fuller and stronger within a few minutes; the cardiac contractions become more energetic and the cyanosis disappears after one or two injections. Where the urine has been suppressed, diuresis follows their use. Leube in Ziemssens' *Handbuch* recommends their use in the dangerous swooning after gastric and intestinal hæmorrhage, where there is the advantage of introducing the remedy into the system without involving the affected organ. Jürgensen, in the same publication, recommends camphorated oil in pneumonia, when weakness of the heart supervenes; and ether has been found of great service in œdema of the lungs in the same disease.

In midwifery, the subcutaneous use of stimulants is extending. Baye describes nine cases in Hecker's clinic, seven of acute anæmia, one of shock after a difficult labour, and one of unfavourable anæsthesia.

Five improved suddenly, the others gradually. Von Hecker has injected $2\frac{1}{2}$ drachms without either local or general disturbance.*

The injection of sulphuric ether gives successful results in the treatment of sciatica and lumbago. After preliminary dry-cupping over the seat of lesion inject subcutaneously ten minims of sulphuric ether, gradually increasing it until thirty minims is reached, if no improvement has taken place in the course of a week. A brisk purge at the outset and a mixture of sal-

* *The London Medical Record*, May 15th, 1883.

* *London Medical Record*, May 15th, 1883.

cylate of soda and gentian are of great benefit at the same time.*

IODIDE OF LEAD IN PUERPERAL MASTITIS.

The breast is smeared with iodide of lead ointment, then covered with a piece of lint soaked in an alcoholic solution of acetate of lead (3 ij.—3 iv. to the Oj.) The lint should be frequently moistened, and in three or four hours the breast may be completely emptied by an experienced hand; the ointment should be used as a lubricant during the manipulation. By applying the iodide freely twice or thrice daily, the secretion will have ceased in less than a week, as a rule. A point of considerable moment is the partial anæsthesia produced, thus enabling the gland to be emptied without producing any acute pain. †

CHROMIC ACID IN CERTAIN TONGUE AFFECTIONS.

From a hint in Sir James Paget's Clinical Lectures and Essays, a work which truly every practitioner should read, mark, learn, and inwardly digest, Mr. Butlin, found that chromic acid was a most useful application, not only in gouty psoriasis, as Paget recommended it, but in other affections as well. He made use of it, therefore in a form of chronic glossitis due to excessive smoking and drinking often combined with syphilis. Cases of syphilitic ulcer of the tongue improved rapidly when treated by this agent. From experience of twenty cases the following conclusions were drawn. Chromic acid cures with marvellous rapidity, secondary affections, ulcers, mucous tubercles, condylomata.

It produces no effect on tertiary affections, gummata, extensive ulcers, tubercular syphilides. Some cases of chronic superficial glossitis, where slight ulceration and renewed inflammation has occurred improve quickly under its influence. Other cases of glossitis, in which the tongue

surface is attacked by a fresh inflammation of great severity, so far from improving appear actually to be rendered worse by chromic acid. Glycerin of boracic acid and soothing remedies are more suitable for such conditions. The strength in which the chromic acid has been almost invariably employed has been ten grains to one ounce of water. In a few instances 15 grains have been ordered. The patient has been told to paint the diseased portion of the tongue three or four times a day with a camel's hair brush dipped in the solution. Pain or discomfort from the application had seldom been complained of; and even if there has been a little smarting at first, this has cheerfully been borne on account of the relief which the solution has afforded. It is very useful in secondary affections of the tonsils and palate.*

REPORT OF COMMITTEE ON MEDICINE, PHYSIOLOGY, ETC., TO THE ONT. MED. ASSOCIATION.

THE TUBERCLE BACILLUS.

Within two years, Koch, of Berlin, announced his discovery of a specific cause for pulmonary phthisis in the tubercle bacillus. There being too large a supply of credulity in the ordinary medical mind, this was too readily accepted. Many rushed off to carbolic acid as the specific in therapeutics. The other side of the question has now been heard from. It comes from the Vienna School. Dr. Spina—who has long been chief assistant to Stricker, and whose capability cannot therefore be questioned—maintains, as the result of his observation, that the form of the bacillus is variable, such variation depending on the tissue and the local conditions. The objection is a fatal one if the variation of form be considerable. The form of a specific animalcule in general has a fixity of form by which it is known. Considerable variation in this shows, unless otherwise explainable, that it

* S. B. James, *British Medical Journal*, Vol. I., 1883, p. 511.

† Dr. Gaunt, in the *British Medical Journal*, March, 1883, p. 494.

* *The Practitioner*, March, 1883.

is not an animal entity and so destroys it as a specific cause. From a practical standpoint Koch's theory has received a severe blow in two cases which have recently occurred at Nothnagel's clinic. In both cases tuberculosis was diagnosed because bacilli were found in the sputa. Post mortem examination showed them to be examples of bronchiectasis. No tubercles were found at any point. Dr. J. Dreschfeld (*Brit. Med. Jour.*, Feb. 17th) holds that they are absent in non-tubercular chronic pulmonary affections (bronchiectasis, emphysema, fibroid pneumonia, anthracosis, catarrhal pneumonia, and syphilitic disease of the lungs). The possible end of Koch's theory will probably be to be laid on the shelf beside the parasitic etiology of diphtheria, and that the verdict upon both will be that cause and effect have been mistaken. The secretions become putrid from heat, and the bacilli are there naturally developed as part of the process of decay—they are not causative at all. Satterthwaite, in a paper before the N. Y. Academy of Medicine (*Med. Record*, 28th Oct., 1892), and subsequent discussion, shows that we have not yet sufficient grounds for believing in the bacillary and infective nature of tuberculosis, but that bacilli of a peculiar nature were frequently to be made out in phthisical sputa.

MYXŒDEMA.

Dr. A. McL. Hamilton's article (*N. Y. Med. Record*, Dec. 9, 1882) is a valuable summary of the principal papers upon the newly described clinical entity, myxœdema. He is inclined to the view that the disease is dependent upon a "lesion primarily of the bulb with secondary extension to the postero-lateral columns of the spinal cord and the spinal sympathetic ganglia." He thinks that an associated renal disease is the result and not the cause of the myxœdema.

CONVALLARIA MAIALIS,

or lily of the valley, is a new remedy for heart disease. The active principle is an

amorphous bitter glucoside called convallaramin obtained by treating the aqueous extract of the flowers by alcohol and chloroform. Dr. See's conclusions are as follows:

1. It is one of the most active cardiac remedies.

2. In doses of from half to one and a-half grammes daily of the aqueous extract of the entire plant, it produces on the heart, blood vessels, and respiratory organs, effects constant and constantly favorable.

3. It produces copious diuresis.

4. Therapeutic indications: in

(a) Palpitation due to exhaustion of pneumogastric.

(b) In simple cardiac arrhythmia with or without hypertrophy, with or without valvular lesions.

(c) In mitral constriction.

(d) In mitral insufficiency, especially when there are pulmonary congestions.

(e) In Corrigan's disease the peripheral arterial pulsations disappear and respiration becomes markedly restored.

(f) In dilatation of the heart with or without (i) hypertrophy, (ii) fatty degeneration, (iii) muscular sclerosis.

(g) In all cardiac affections indifferently from the moment that watery infiltrations appear, it is prompt and certain in its action.

(h) In lesions with dyspnoea the effect is less marked. In cardiac asthma its combination with iodide of potassium is most useful.

Finally, In cardiopathies with dropsy the convallaria surpasses all other remedies. It has no deleterious effect and no cumulative action.

Some efficient drug having the action claimed for convallaria, is certainly a desideratum in practical medicine.

A second claimant appears in

ADONIS VERNALIS.

In Russia the adonis vernalis is a popular remedy in cases of dropsy and heart disease. Experiments on its value have been made

in the wards of Botkin, at St. Petersburg, the results of which have been described by Dr. Bubnow, in a graduation thesis. Under its influence, in cases of dropsy, the cardiac contractions increased in force, the pulse became less frequent, more regular, and fuller, the urinary secretion increased, and albumen and casts disappeared from the urine. Dr. Bubnow believes that adonis is positively preferable to digitalis in cases of organic heart disease; and he finds that, like the convallaria majalis, it is not cumulative in its action.

Mr. H. Montgomery, Lecturer on Botany at the Toronto School of Medicine, informs me that the *Adonis Vernalis* is the "Vernal Pheasant's Eye," and is a European plant so far as known neither introduced nor indigenous in this country. It is said to be a handsome perennial, one foot high, having a branching stem with sessile and divided leaves. The flowers have five sepals and ten or twelve oblong petals. It belongs to the Ranunculaceæ.

VIBURNUM OPULUS.

Hall recommends high cranberry as a powerful antispasmodic. It is known among American practitioners as Cramps Bark. It is said to be very effective in relaxing spasms and cramps of all kinds, as asthma, hysteria, cramps of the limbs and other parts during pregnancy, but it is in spasmodic dysmenorrhœa that it seems especially indicated. Hall prescribes a few drops of the tincture for a week previous to the expected time. When the pains begin he gives it every half hour, and if severe, every quarter hour. According to Hall, in neuralgia and spasmodic dysmenorrhœa he has yet to meet with a single case which it has failed to cure.

CAFFEINE IN HEART DISEASE.

Prof. Lepine claims that caffeine is as efficacious as digitalis in retarding the heart's action, and in increasing its force. In comparing the relative merits of the two drugs, he asserts

1. It acts more rapidly than digitalis, and in fatty heart, where the latter is contra-indicated, there is no doubt but that it does good.

2. It is tolerated better than digitalis.

3. Most patients prefer it to digitalis.

Where caffeine produces insomnia it is contra-indicated.

To produce benefit the dose must be from 9 to 30 grains.

IODOFORM.

Iodoform is highly recommended in diphtheria. The manner of using it is as follows:—It is applied locally to the patches in its purity with a camel's hair pencil every two hours. Others use it by spraying the aqueous solution. In this way it corrects fetor. According to Billroth we possess no antiseptic, not excepting carbolic acid, that is so trustworthy in making a foul wound sweet.

It is affirmed and denied that it possesses anti-tuberculous properties. It has an influence almost specific over tuberculous swellings and ulcerations. Dr. Henry claims to have cured a number of cases of tonsillar hypertrophy and ulceration by iodoform spray.

Its odour is an objection to its extensive use.

PHYSIOLOGY

Seems to be recovering from the concentration of effort put forth at the International Medical Congress in 1881. In spite of the anti-vivisection embargo, the past year has shown advances, although chiefly on the old lines.

THE SPLEEN, A PORTAL HEART.

Dr. C. S. Roy has further developed his discovery that the spleen is the seat of perfectly rhythmical contractions and dilations independently of cardiac and respiratory movements. That in fact the spleen may be regarded as "a portal heart." This appears to be a new and important fact in physiology.

THE HEART'S ACTION.

Cardiac Physiology has received a good

deal of attention and a new impulse has been given to the innervation and mechanical movements by the opportunity afforded for observing the effects of stimuli directly to its substance in the case that occurred lately in Germany, examined by Ziemssen. A woman, *æt.* 45, had a tumour removed from the anterior wall of the thorax, which left the two ventricles and part of the left half of the diaphragm exposed. The following conclusions have been formulated:—

(i). That the contractions are evoked by the stimulus of alkaline blood to its mucous membrane (?) acting through the ganglia of the sympathetic, which are in connection with the vagus; (ii). That their rhythmical character ultimately depends upon the peculiarity of the muscular tissue and, (iii). That the compensating rest of the heart is due to the nervous structure which might be represented as opening and closing the current.

Important information has been published on "the mean pressure and characters of

THE PULSE WAVE IN THE CORONARY ARTERIES," which appears to settle the question in favour of those who believe "the coronary arteries injected during the systole of the heart and not during the diastole." It is obvious the influence this would have on the nutrition of the heart in valvular lesions.

During the year, important additions have been made to our knowledge of the

COMPOSITION OF BLOOD

as the discovery of a third or transparent corpuscle. The use of the hæmatocytometer facilitating calculations as to the absolute number of corpuscles in the medulla of bones. Also that the white corpuscles contain a ferment that plays an important part in fermentation.

The location of cerebral function has occupied much attention, as also,

CROSS-ACTION OF THE CEREBRAL NERVES.

Dr. Brown-Sequard writes that he is

"convinced that irritation of the base of the brain and the adjacent motor regions causes convulsions more frequently on the side irritated than on the other. The superficial parts of the brain produce chiefly cross convulsions; but irritation in all parts may cause convulsions on the same side, and that the chief foundation for the theory of psycho-motor centres, and of the cross functional relation between the hemispheres and the limbs must be considered to have lost its value; and that the excitomotor zone of the cerebral surface, and indeed all the excitable parts of the brain are capable of putting in action the limbs of the same side as well as those of the opposite." This is high authority for an opinion, which no doubt will cause surgeons to hesitate before resorting to operative procedure in such affections as epilepsy, paralysis, etc., to which it was supposed to be a sufficient guide to indicate the primary lesion or seat of disease.

FUNCTION OF THE SYMPATHETIC.

The sympathetic nervous system while closely connected with the cerebro-spinal yet appears to have an independent action of its own. This is well illustrated by the fact that the fœtus may arrive at the full time with ample perfection of the functions of organic life, while without any trace of brain or spinal cord. Observations also lead to the conclusion that the sympathetic enters largely as a factor into all functional and organic diseases. Dr. E. L. Fox, in his Bradshawe lectures, lately delivered, showed that Dr. Woakes' idea that the "inferior cervical ganglia is a correlating nerve centre" may be explained thus:—The influence of emotion may be seen on the cervical ganglia (blushing,) on the cardiac nerves (palpitation,) on the splanchnic, on the abdominal plexus, and especially on the vesical ganglia. He has also shown that although the sympathetic may not be considered as a cause it is a chief factor in inflammation by causing dilatation of the blood vessels.

ABORTED TWIN PREGNANCY; OR, VAGINAL PREGNANCY.

The accompanying specimen, manifestly that of a human fetus in the early weeks of its development, was passed from the vulva by a married woman, aged 26, without pain, or other premonitory warning, at the breakfast table. Seven or eight months thereafter she gave birth to a child at full term. The question arises: Is it a case of twin intra-uterine pregnancy, one of which aborted, like the small green apple falling from its fellow, or is it a case of vaginal pregnancy? The last catamenial period terminated on March 11th, 1882. Coitus occurred on March 13th, and again on March 29th, and at no other time in the interval. The fetus was expelled April 10th. Delivery of a healthy and fully developed female child occurred on December 20th, 284 days after the last catamenia, and 254 days after the abortion. This specimen is presented by Dr. Wm. Morton, of Wellesley, who states that having been intimately acquainted with the family for years, he can vouch for their veracity and intelligence.

NOTES OF A CASE OF UMBILICAL HERNIA WITH STRANGULATION, GANGRENE, AND RECOVERY, (PROBABLE) WITH ARTIFICIAL ANUS.

BY CHAS. BATTERSBY, M.D., PORT DOVER, ONT.
(Read before the Ontario Medical Association, June 6th, 1883.)

May 13th.—Was called at 7 p.m., to see Mrs. M., æt. 60; found her suffering from an old umbilical hernia of 27 years' standing.

History.—On May 11th, towards evening sneezed very hard two or three times, felt her old hernia suddenly enlarge, immediately followed by great pain; sent for a medical practitioner who tried the taxis, using considerable force and giving her great pain, unsuccessfully. He left her two small powders "to quiet her cough," as she had a slight cold; he saw her again

on the 12th, and morning of the 13th but did nothing further. On the evening of the 13th they sent for me, when I sent the messenger for the original attendant but he refused to go and turned the case over to me.

Present Condition.—Pulse 130, tongue heavily coated; umbilical tumour very hard and tender, with three small soft spots in it, tumour about five inches in diameter, surrounding tissue indurated to a further extent of about 1½ inches all around, suffering great pain, incessant vomiting, but not stercoraceous, bowels constipated since the morning of the 11th, previously very freely opened by a purgative. My examination gave her so much pain that I considered it unadvisable to further try the taxis that night. Put her on ½ gr. morph. mur. every three hours, with large hot fomentations to the bowels.

May 14th, 8 a.m.—Saw her in consultation with Dr. N. O. Walker; found her much easier; pulse 120, tumour still very hard and tender, tongue heavily coated with a yellowish fur, skin of a yellowish tinge; gave her a large injection containing spirits terebinth; but with almost no effect, kidneys acting freely, urine not very high coloured; considered an operation inadmissible, on account of the state of the tumour and the patient's surroundings, continue the morphia and fomentations, and give her what beef-tea she can take. A good deal of tympanitis above the umbilicus.

6 p.m.—Much easier, pulse 116, not much change except in the pain, kidneys acting freely, skin not hot or dry, continue morphia, beef-tea and fomentations.

May 15th.—Pulse 112, tongue coated, much easier; slept several times through the night, sometimes for an hour at a time; vomiting much less; considerable tympanitis above the obstruction; continue same treatment.

May 16th.—Pulse 130, tongue heavily coated, and yellow, decided yellowish tinge on skin, rested pretty well, great soreness

all round the tumour, tympanitis increasing, vomiting almost entirely ceased, integument covering tumour turning black, and the peculiar smell of gangrene becoming apparent; takes beef-tea freely, great thirst, ordered flax-seed meal poultices.

May 17th.—Pulse 116, tongue a little cleaner, vomiting ceased, gangrene extending, fœtor very offensive; added a little sol. chloral hydrat to poultice; takes beef-tea freely; also about 6 oz. port wine per diem; slight fœcal discharge *per anum*.

May 18th.—Pulse 108, tongue cleaner, slight discharge of fœces per anum, tumour discharges very freely, a not very unhealthy looking pus; asking for solid food; complains of more pain to-day; continue treatment.

May 19th.—Pulse 100, tongue cleaner; taking beef-tea freely; slough separating; tympanitis slightly less; pus inclined to be sanious.

May 20th.—Pulse 100, rather weaker, tongue slightly coated, tympanitis increased, sphacelated portion of integument separating, and a portion of what looks like omentum extruded; slept well through the night with but one morphia powder; no vomiting.

May 21st.—Pulse 104, tongue slightly coated with yellowish fur, no vomiting, slept well, very little pain; thinks flatus escapes by umbilicus; slight fœcal discharge per anum; skin and sclerotic almost the hue of jaundice, but kidneys acting freely, and urine not very high coloured; taking beef-tea freely, and says she is hungry.

May 22nd.—Saw her with Dr. Walker; pulse 106, tongue still coated with yellowish fur, but not at all dry; slept well, not much pain, flatus passed per anum, appetite good; continue treatment.

May 23rd.—Pulse 108, tongue coated and yellow; slept well; artificial anus forming; on lifting up sphacelated portion of omentum and turning her on her side, fœces are seen to issue from the wound; appetite good; flatus escapes freely from the wound.

May 24th.—Pulse 112, tongue rather heavily coated, very little pain; artificial anus fully established; did not sleep very well last night, took only one morphia powder; slight nausea; taking beef tea freely.

May 25th.—Pulse 112, tongue slightly coated, some nausea; contents of bowel pass freely by the wound, gave bismuth subnit:grs : 20 *ter die*, reduce morph: mur: to $\frac{1}{4}$ gr. every 6 hours; still considerable tympanitis.

May 26th.—Pulse 108, tongue much cleaner, appetite good, slight passage *per anum*, rested well at night, less nausea; extruded omentum gradually disintegrating; fœces passing freely by the wound; allowed toast with the beef tea, also a little finely-mashed boiled potato, strength keeping up well.

May 27th.—Saw her with Dr. Walker; pulse 116, tongue clean, yellow tinge of skin wearing away; tympanitis less; extruded omentum disintegrating, not over half the size it was; removed a small portion of dead tissue with the dressing forceps; appetite good, slept well, no nausea; stop bismuth.

May 28th.—Pulse 112, tongue clean; the strangulated portion of omentum separated this morning, leaving a wound, about $2\frac{1}{2}$ inches in transverse diameter, by 2 inches vertically; surface generally healthy, but some sloughy tissue still remaining in the lower left portion of the wound; appetite good, rather restless last night, no pain; omit poultice, and dress with water dressing; contents of bowel passing freely from the wound; slight discharge of mucous *per anum*, no nausea.

May 29th.—Saw her with Dr. Walker; pulse 112, tongue clean, wound cleaning, appetite fairly good; wound contracting and granulating from the bottom; fœces passing freely and almost constantly; ordered ferri et quin. cit. grs. iv. *ter die*; continue water dressing.

May 30th.—Pulse 118, tongue clean, wound clean; appetite better; slept well.

with one morphia powder; three slight passages *per anum*, consisting principally of mucus, fat, with slight fœculent matter.

May 31st.—Pulse 104, tongue slightly coated, appetite not quite so good, several very small mucous passages *per anum*, slept well; to take only $\frac{1}{4}$ gr. morphia at bedtime.

June 1st.—Pulse 104, tongue clean; slept well last night, but rather restless during the day; appetite fair; allowed some boiled chicken, with potatoes, toast, etc.; for a distance of about 2 inches below the edge of the wound, the surface of the abdomen is excoriated from the irritation of the fluid fœces.

June 2nd.—Saw her with Dr. Walker; pulse 98, tongue clean, appetite good, slept well; wound granulating and slowly contracting; applied a wooden pad, oval in shape, about 4 inches by $3\frac{1}{2}$, covered with oiled silk over the aperture, confining with a broad bandage.

June 3rd.—Pulse 96, tongue clean, appetite good; pad does not answer, as she is unable to bear sufficient pressure to control the escape of the contents of the bowel; aperture in abdominal walls filling up on the right side and centre with healthy granulations.

June 4th.—About 11 p.m. last night they sent down for some more bismuth powders, as she had considerable nausea. Noon.—Pulse 108, tongue rather coated, no nausea; took two bismuth powders during the night; yesterday afternoon and evening had two small passages *per anum*, the first consisting of three or four fœcal lumps about the size of the first joint of the little finger, the second of about six similar lumps; they were unfortunately thrown out, and I did not see them; appetite good, wound looking healthy.

June 5.—Pulse 108, tongue clean, complains of being hungry; granulations in centre and right of wound, rising above the surface of the surrounding integument, some portions of undigested chicken passing

by the wound; patient has lost her teeth and cannot masticate food; slept fairly last night without morphia; ordered 15 grs. maltopepsin *ter die* with meals, and to re-apply the pad.

Selections: Medicine.

THE TREATMENT OF ECZEMA IN PRAGUE.—Dr. Robert B. Morrison, of Baltimore, says, in the *New York Medical Record* of July, 28th, 1883, he has watched the treatment of eczema by Professor Pick, of Prague, for some months, and is greatly struck with the simplicity of its action, its cleanliness, and its most excellent results. Instead of the troublesome use of powders and salves, which in Vienna must be applied at least twice a day, the patient in Prague has immediately wrapped over his diseased parts linen bandages smeared with unguentum saponis containing five or ten per cent. salicylic acid. This is applied in any stage and left *in situ* a week.

After the bandages are applied they are covered with what is known as *tricot*, which is manufactured for Prof. Pick in England. A patient thus dressed is able to go about his work with no inconvenience to himself, and no injury to his clothes. After a week's time he appears at the hospital, the bandage is removed, and the disease examined. If it is found necessary, from the still remaining inflammation and induration a fresh bandage is applied and left on for another week. Then the gelatine is applied in the following manner: a portion of a mass made by dissolving fifty grammes of the purest gelatine in one hundred grammes of distilled water, and which has been allowed to cool previously, is melted by putting it in a cup and placing the cup in hot water. To this is added the required strength of salicylic acid, usually five per cent. When sufficiently cool this mixture is painted upon the diseased parts with a painter's brush made of bristles, such as is used in applying tar. The layer of gelatine is made about as thick as a sheet of writing paper, and after it is dried is gently covered with a minimum quantity of glycerine spread on with the hand.

The use of glycerine is found to be necessary to render the gelatine layer pliable, and to prevent it contracting and thus irritating the skin. It takes a very small-

quantity of glycerine only, after the plaster has dried on the skin, to render it soft and pliable. With such a gelatine bandage, a patient seldom feels the slightest itching, the diseased parts are seen through the transparent layer, thus rendering the progress of the disease visible without the removal of the application, and, what is much more agreeable to the patient, an ordinary bath removes all traces of it. So easy is this method that the patient can make his own applications in most cases. There is no reason why the medicated gelatine should not be immediately applied in any cases of eczema at any stage; but experience has shown that salicylic acid first applied in the worst stage of acute eczema in the form of salicylated soap ointment for a period long enough to reduce the inflammation, renders the use of medicated gelatine more prompt in its results.

INDIGO TEST FOR SUGAR IN THE URINE.—Dr. George Oliver, in the *Lancet*, employs test papers charged with a solution of the sulph-indigotate of sodium in sodium bicarbonate. His mode of testing is as follows: One of the papers should be dropped into an ordinary half-inch test tube, and as much water poured in as will just cover the upper end of the paper. Then not more than one drop of the suspected urine is let fall into the tube from a pipette and heat is applied. After the first change of colour it is advisable to merely keep the contents hot by moving the tube out of the flame into the upper part of the column of the heated air. The play of colours is very vivid and beautiful, passing from violet to purple, to red and orange red, and finally assumes a straw colour, which remains without further change though heated ever so long. On shaking the tube the colours return, in an inverse order to that in which they appeared, and is due to the action of the oxygen of the air.

Observation leads me to believe the indigo test possesses the following advantages over Fehling: 1. It will detect sugar in any proportion in the presence of albumen, blood, pus, or bile, and as readily as in ordinary diabetic urine. In the case of albuminous urine it is therefore unnecessary to precipitate the albumen and filter. It is well known when there is much albumen and little sugar—as in this urine—the lat-

ter may be overlooked by Fehling. 2. It gives no play of colour with uric acid, though the latter can slowly discharge the colour of the test. It is well known how this constituent in the urine breaks up Fehling. 3. Alkaline sulphides (so apt to be present in stale albuminous urine) do not, so far as I have seen, affect the indigo test applied as I have suggested. 4. The stability of the test is one of some promise, and if proved by further experience—and I know nothing to cause me to doubt it—it will be a great comfort in sugar testing. Moore's, Trommer's and Bœtger's bismuth tests are all inferior in delicacy.

PLEURO-PULMONARY COMPLICATIONS OF ERYTHEMA NODOSUM.—According to M. Germain Sée erythema nodosum, though usually a benign disease characterized simply by a slight febrile movement, a little gastric disturbance and some articular pains and by local cutaneous phenomena, may sometimes take on a very grave aspect. In support of this opinion he cites a case of a man forty-five years of age, who, after an attack of erythema nodosum, just as the local cutaneous phenomena began to disappear, was seized with a sharp pain in the side and a severe attack of pleuro-pneumonia supervened, of which he died. The pleural lesions were developed from three centres, and M. Sée considers these to have been three patches of erythematous exudation similar to the nodulous patches upon the skin, and that these patches, at first discrete, became general. Dendy, Begbie, Neumann, and Trousseau have published analogous cases. M. Sée does not consider erythema nodosum to be of rheumatic nature. He says it is a specific fever, an essential affection, and separates it from papular erythema, which appears to him to be rheumatic. His conclusions are as follows: 1. Erythema nodosum is a specific fever analogous to the eruptive fevers, and is not a cutaneous manifestation of rheumatism; 2. This fever, benign in general, may be complicated by respiratory affections; 3. Pleurisy is the most frequent of these complications; 4. This pleurisy usually presents no special characters; 5. However, in the single case terminating fatally. It is well to note the development in patches from distinct successive centres, the abnormal thickness and abundance of the fibrinous exudation, and the small quantity of the effused fluid. 6.

Ordinarily these pleuro-pulmonary complications are as benign as the primary disease, though in two cases they caused death. 7. The pleuro-pulmonary complications of erythema nodosum are no more than the erythema itself, of rheumatic nature, but arise directly from the specific principle of the disease.—*Jour. de Med. de Paris.*

ACETONURIA.—Gerhard, in 1868, found that certain urines containing sugar gave a red colouration in the presence of perchloride of iron. Until recently it was generally accepted that this reaction was due to the acetone exceptionally present in the urine. Certain comatose phenomena, occurring in the course of saccharine diabetes, were likewise attributed to the presence of acetone. Von Jaksch came to different conclusions: he proved that Gerhard's reaction was due to the presence of acetylacetic acid, and that acetone was revealed only by special manipulations. Lieben, in 1870, demonstrated that acetone exists in all normal urine in a small amount. This amount, in certain pathological conditions, may be largely increased. These conditions are chiefly—1. In fever of any kind, if the temperature remains persistently high. 2. In diabetes, in some of these cases, along with the hyperacetonuria—Gerhard's reaction is present—these mostly die comatose. 3. In certain cases of carcinoma. 4. In acetonæmia, a disease described by Kaulich and Cantani. In these Gerhard's reaction is almost invariably present. The distillation of acetylacetic acid produces acetone, to which is due Gerhard's test. Siefert considers that Gerhard's reaction in diabetic urine is due to the ingestion of alcohol forming acetylacetate of ethyl, this substance and the acid readily forming acetone on decomposition. F. Th. Frerichs, whose experiments were conducted by Brieger, says that the three substances, acetone, acetylacetic acid, and acetylacetate of ethyl, are all inoffensive, and that diabetic coma is due to a special intoxication due to a decomposition of the blood; that these substances are the terminal products of this decomposition, the process being as yet unknown.—E. Vogt, in *Le Prog. Méd.*

SPECIFIC ODOURS.—At the St. Louis Medico-Chirurgical Society, Dr. Hardaway related two cases. One, a masturbator, who imagined that there was a very dis-

agreeable odour emanating from his person. The Doctor could not perceive it, nor could the patient's friends. In another case, there was a delicate perfume of violets emanating from the body at intervals. It is perfectly apparent to those standing around. In smallpox, it is a commonly accepted observation that a peculiar odour emanates from the body. Dr. H. has never been able to detect more than the common sweetish odour of fever—with pus formation. In measles there is also said to be a mouse odour peculiar to that disease. It was mentioned some years ago by a Dr. Heine, a Berlin physician. Dr. Grindon compared the smallpox odour to grease on the fire—there was a sour element in it. Dr. Carson could detect the specific odour of smallpox, and was able to recognize the disease by that means alone. Dr. Shaw noticed the peculiar odour fifteen years ago, when he suffered from a bad attack of smallpox; and the odour was so characteristic, that when he noticed it in a patient he immediately ordered him to be quarantined—whether there was an eruption or not. Dr. Baumgarten remarked that syphilis had to him a specific odour. It was so distinct that when noticed he knew that he had a case of syphilis to deal with. It was not always present, and he did not know if it were due to pus formation or not. It was very distinct but he could not describe it. He mentioned a case which he had met with in a man confined with many comrades; he suffered from habitual constipation, and emitted such a disagreeable odour that his comrades begged his removal.

DR. KEATING, on the salivary digestion of starch by infants, concluded as follows:—The saliva of some infants possesses the property of converting starch into glucose, regardless of age.

The age of the infants cannot be taken as an indication of this property of its saliva.

When such a condition is found to exist, a small quantity of well-prepared farinaceous food is valuable as an element in the diet, incorporated with mixed cow's milk.

An examination of the stools of children so fed would be a guide as to the quantity of starchy food to be used, and when farinaceous food is employed, slow feeding is probably preferable to the bottle.—*Med. News.*

TUBERCLE BACILLI IN CHILDREN'S DISEASES.

—Dr. Demme finds that the catarrhal pneumonia accompanying or following measles and whooping-cough affords exceptionally good conditions for the deposit and development of bacilli. In cases which do become tuberculous the bacilli appear at first isolated in the sputum, but as the tubercular pneumonia develops they become proportionately increased in numbers. The expectoration in acute miliary tuberculosis, on the contrary, does not contain bacilli. In the ulcerative form of lupus vulgaris bacilli may also be detected, although rarely.

In one of those very rare cases of tubercular disease of the nasal mucous membrane reported by Demme (*Berl. Klinisch. Wochenschr.*, No. 15, 1883), bacilli were detected in the nasal discharge. The case is a very interesting one. A boy, 8 years of age, died of an acute meningitis, the autopsy demonstrating tubercular meningitis of the base of the brain. The glands in the lungs, bronchi, and mesentery were free from tubercle; on the surface of the mucous membrane of the right nostril were a few grayish-yellow nodules of tubercle. There was no history of inherited disease. The malady was attributed to direct infection from a nurse who was suffering with pulmonary phthisis, and the opinion is not an untenable one that the bacilli were carried directly from the nasal mucous membrane to the pia mater of the base of the brain, causing the tubercular meningitis.—*Deutsches Medizinal Zeitung*.—*Phil. Med. Times*.

The *bothriocephalus* is not a worm indigenous to France, but appears to be endemic in parts of Switzerland especially in Geneva. The region of the great lakes of Russia, also nourish a large number of these parasites. Dr. Max Braun, of Dorpat, has found in the muscles and viscera of 90 per cent. of the pike sold in the Dorpat market a quantity of the scolices of the *bothriocephalus*. These pike were caught in the lakes in the immediate vicinity of Dorpat. Pursuing his researches, he found the same parasites in the pike of lake Ladoga, in a fine pike from the lake of Novgorod, he found no scolex. After numerous experiments on dogs and cats, Dr. Braun, was fortunate enough to find three students of St. Petersburg who were willing to submit themselves

to experiment. After a preliminary purging and finding the dejecta free from the eggs of the parasites, he made them swallow some scolices from a fresh pike. The students promised to abstain from drinking water and from eating fish. At the end of three weeks one of the students complained of his stomach, some days later Dr. Braun found in his stools a very large number of the eggs of the *bothriocephalus*. The experiment was decisive as regards the pike of Dorpat. In other countries other fish may be the vehicles of the parasites; though the evidence as yet, as in Geneva, where the salmon trout is incriminated, rests upon clinical observation only.—*Le Prog. Méd.*

VLEMINGCK'S SOLUTION IN ACNE ROSACEA.—

The solution is made by adding one part of lime and two parts of sublimed sulphur, or flowers of sulphur to twenty parts of water. This is boiled down to twelve parts, cooled, and then filtered. The result is a dark orange-yellow coloured liquid, with a strong odour of sulphuretted hydrogen. This is to be diluted as circumstances require. In three cases reported, in one the solution was diluted one to five with water, and the parts bathed for several minutes. At intervals of ten days the strength was raised to one in three. Improvement began at once and in two months he ceased his visits. In a second case application at bedtime for several minutes of the solution one to four of water gradually increased to one to three. In three months the patient though not absolutely cured ceased to attend. In the third case the solution was used in the strength of one part to five of water gradually increased to one in three. In three months the patient was entirely free from her trouble. At times it may be necessary to intermit the treatment for a few days on account of the desquamation which ensues after the stronger solutions. The improvement would be more rapid if used more frequently. The solution is not absolutely a specific, but in the milder cases is the most reliable single remedy.—H. W. Stalwagon, in *Med. News*.

M. FOURNIER, at the St. Louis, has been lecturing upon the subject of late hereditary syphilis. He contends that the manifestations which have hitherto been considered as scrofulous—as they are obstinately rebel-

lions to an antistrumous treatment—and cede rapidly to specific treatment, whence he calls them “*false scrofula*,” are syphilitic. He says that it is no more difficult or unreasonable to believe that tertiary symptoms may be manifested at the ages of eighteen to twenty-five years, when the initial lesion was acquired at the age of a few weeks or months, than that tertiary symptoms may appear at the age of forty-five or fifty-five, when the primary sore appeared at eighteen or twenty-five years. He cites clinical evidence from personal cases and from other incontestable domestic and foreign sources. He brings pathological evidence to bear upon his case. He places the signs by which the retrospective diagnosis of hereditary syphilis may be made into nine groups, as follows: 1. Countenance and expression; 2. Tardy or incomplete physical development (infantition); 3. Cranial and nasal deformities; 4. Osseous lesions; 5. Cicatrices of the skin and mucous membranes; 6. Vestiges of keratitis, iritis, etc.; 7. Lesions of the auditory apparatus; 8. Testicular lesions; 9. Dental malformations (syphilitic teeth). He further advises a minute inquiry into the life and habits of the parents, especially to note the multiplicity of miscarriages and the polyethality of their infants.—*Jour. de Méd. de Paris*.

CASTS, as a rule, are found in connection with albumin. Generally speaking, if albumin is found in the urine, there will also be casts; and, on the other hand, if there are casts, there will also be albumin. But this rule is not without exceptions, and frequently you may find albumin present and not any casts, and frequently there will be casts and no albumin. And again, just as you may find albumin in some persons who have no kidney disease, so you may sometimes find casts. These are usually small hyaline casts, and not present in a very large amount. But in persons who are accustomed to take very severe muscular exercise there may be a production in the urine not merely of hyaline casts, but also of nucleated and granular casts, showing changes in the kidney epithelium.—*N. Y. Med. Journal*.

TREATMENT OF CONSTIPATION.—Cases of constipation may be treated successfully by mechanical means. Massage will undoubt-

edly cure; but the patient must have daily treatment, not only to the abdomen but also to the lower limbs. Vibration of various viscera is a beneficial method. Dr. Lee makes use of an apparatus for this purpose. The patient lies with the portion of the body that is to be vibrated resting on a firm cushion, which is supported by a bar that can be thrown into vibration. The speaker detailed the case of a clergyman who suffered from meningeal congestion, and in whom the bowels were very irregular, the fæces small in amount and of light-brown colour, hard, dry, and scybalous. He used the vibrator over the liver on two successive days. The next day the fæces became abundant, soft, and dark green. The benefit has been permanent, and the patient's general condition is steadily improving.—*Phil. Med. Times*.

THE three canous which regulate house drainage were given thus:—“All refuse matter must be completely and rapidly removed. No passage of air can be allowed to take place from drains or waste-pipes into houses. No communication can be permitted to occur between the drains and the water supply. The lecturer then proceeded to explain how the principles could be best put into practice. Drains to be self-cleansing must be laid in straight lines, must be watertight, and have a certain fall; the soundness of the pipes and joints can only be guaranteed when, the outlet being closed, the drain holds water without any leakage. Traps which allow of deposit, such as the D and dip varieties, must always be rejected. An excellent contrast was instituted between a form of the hopper closet, shown in action in the Parkes museum, and the ordinary pan closet with its container, in which filth always accumulated. Waste preventers constructed on an ingenious application of the syphon principle were considered to be the best forms for flushing water closets.—*Lancet*.”

BROMIDES IN NAUSEA AND VOMITING.—Dr. Cheron (*Archives de Toxicologie*) has found that great benefit results from the administration of bromides in an effervescing mixture in the persistent nausea and vomiting so often seen in women with uterine affections. His formula is: 1. Bicarb. potass. grs. xxx; water, f̄3 ij; bromide potass., grs. xxx.—M. 2. Citric acid, ʒj; water, f̄3 iv:

syrup, f3 x.—M. S.—Add a teaspoonful of No. 1 to a tablespoonful of No. 2, and drink immediately. This dose may be repeated every half hour or hour, the quantity stated in the above formula being the maximum *par diem* amount. In localized pelvic peritonitis, this mixture often arrests the tendency to vomit, even in the acute stage.—*Medical Times and Gazette*, April 7, 1883.—*Phil. Med. News*.

OLEATE OF BISMUTH IN ECZEMA:—

R Bismuthi Oxid..... ʒ i.
Acidi Oleici ʒ i.
Ceræ Albæ ʒ iij.
Vaseline ʒ ix.
Ol. Rosæ ℥ ij. M.

Its action is particularly satisfactory in eczema of the hands.—Van Harlingen in *Phil. Med. Times*.

ECTOPY OF THE HEART.—M. Tarnier showed to the Academy of Medicine a young woman nine months gone in pregnancy, offering a rare example of ectopy of the heart. This organ beats under the skin, through a large congenital division of the sternum. It is possible to take the ventricles in the hand and, as it were, to examine them nakedly.—*L'Union Méd.*

Surgery.

FATAL HÆMORRHAGE ENSUING UPON THE LANCING OF A STRUMOUS GLAND IN THE NECK.

Dr. Chew related the following case, which occurred under his observation last week and which he said was unparalleled in his experience. A child had an enlarged gland on the side of its neck, apparently of a strumous nature, and accompanied by considerable febrile movement. With a view to preventing suppuration, if possible, quinine and iodine ointment were directed. Three days later evidence of suppuration was found, with considerable dyspnoea, considered to be due to pressure upon the trachea. The abscess was opened, when an immense amount of pus escaped, four to five ounces at least. There was slight bleeding. That night the bleeding was so great that the patient became exsanguine and surgical aid was summoned. The abscess was now laid open freely, and, as free

oozing of blood continued, the cavity was packed with iron-cotton. There being no relief, the cotton was removed and hot water was injected by means of a Davidson's syringe. This also failed. The cotton was replaced and as much pressure exerted upon it as could be made, but in spite of all, the patient died.

Dr. Michael had been called in to the above case. He found that the abscess, which had pointed posteriorly to the sternocleido-mastoid muscle, passed across the median line, back of the trachea. In the incision which he made, only two small arterial twigs were cut. The hot water employed was hotter than one could bear his hand in with comfort, and it was injected for five minutes. The hæmorrhage came from small vessels in the abscess walls.

Dr. Tiffany had met with a somewhat similar case in a child, æt. 2, who had swollen cervical glands, consequent upon an attack of scarlet fever. One of the glands suppurated and was opened. Two or three days later the abscess was found distended and dark-coloured, and on examining it the physician started a hæmorrhage. Bandaging was resorted to, and afterwards Dr. N. R. Smith was called in and directed that pressure should be made. There was an extremely blue swelling extending from ear to clavicle, which was supposed to be due to a hæmorrhage from the internal jugular. It was decided to open it, and accordingly, the child being held steadily, Dr. S. made an incision from ear to clavicle. Dr. S. then held the wound open whilst Dr. T., who assisted at the operation, removed the clots and placed his finger on the point from which the blood came; this was at the base of the skull, and there was no possibility of tying anything. No doubt the internal jugular was involved. A graduated compress was applied and there was no further bleeding, although the child died within twenty-four hours.

It is a peculiarity of these strumous abscesses that the veins may open. Unless opened freely and the cavity examined, we cannot say in such cases as those reported that the hæmorrhage does not come from a vein.

Dr. Michael said there was no blood-clot in his case. The only gush of blood took place at the time the incision was made and consisted of dark blood and pus. The opening made was sufficiently large to see

a large portion of the abscess. There was no stream of blood, but from all the surface exposed oozing took place. It required at least a minute for the blood to make its appearance from the bottom of the wound. The hemorrhage was too slow to have been from a vessel of any size. Further cutting would have exposed important structures.—*Med. Med. Journal.*

FOREIGN BODY IN FEMALE BLADDER.—

About two years ago, Dr. F. H. Gross was requested by Dr. Franklin to assist in the removal of a stone from the bladder of an out-patient at the German Hospital. The patient belonged to the working class, and was about fifty-six years of age. She said she had at one time worn a Meigs' ring pessary but had lost it (?) Dr. Franklin dilated the urethra and introduced a narrow pair of forceps, expecting to extract the stone or crush it. The hard body could be felt by the instrument, but could not be grasped. I endeavoured to introduce my fingers into the vagina and give assistance in that way, but found the vagina puckered into a mass of folds and ending in a cul-de-sac. The Doctor then introduced his little finger into the urethra, and soon astounded me with the announcement that there was a pessary in the bladder. I verified the statement with my own index finger. By pressing downwards the point of my finger came in contact with the inner surface of the ring pessary, which was encrusted and rough from deposits from the urine. By a lateral movement of my finger, the pessary was made to rotate completely around. We were not prepared for such a discovery, and had the patient admitted to the hospital, intending to devise some plan to remove this body from the bladder. Very early the next morning, however, the woman left the hospital, saying she had no time for an operation and must go to work. We have never heard anything of her since. The pessary, which this woman thought she had lost, had evidently produced ulceration and closure of the vagina, and afterwards by ulceration and absorption, through pressure, found its way into the bladder.—*Med. News.*

ternal injury was seen: several ribs on each side were broken, and the heart was found *free* in the abdominal cavity, it having been torn from its attachment to the great vessels, and forced through a rent which was made in the diaphragm.

At the Society of Surgery, M. Maurice Perrin detailed a case of cerebral syphilis, and the long treatment and various medicines which had been given, with eventual cure of the disease. In commenting upon the case, M. Desprès said:—"In the enumeration of the divers medicines that he has made his patient swallow, M. Perrin has forgotten one which certainly plays an important part in the cures of cerebral syphilis. I refer to the element, Time. Indeed, there are certain syphilitic manifestations of the brain which recover very well in time, and in these cases the last medicine given before the natural period of recovery gains the credit of having effected the cure. In general, syphilitic manifestations of the brain get well spontaneously; as for myself, I abandon them to their natural evolution, and am content to apply a few revulsives in the neighbourhood. There are other patients, on the contrary, with the same or analogous lesions, who die more or less rapidly in spite of anything you may do."

EXCISION OF THE HARD CHANCRE.—Dr. O. Lassar (*Wien. Méd. Woch.*) says that out of 37 cases of excision, 19 remained under observation. Of these 19 cases, 13 suffered from constitutional syphilis, and 5 remained quite free for a sufficient length of time to show immunity. That the operation be of any use, in his opinion, it must be performed before any induration of the inguinal glands take place. In the event of cases coming under early notice, he strongly recommends excision.

RESORCIN IN ANTHRAX.—P. G. Unna, (*Arztl. Intelligenz Blatt*) speaks very highly of resorcin in anthrax. He has used it with much satisfaction. In strengths from 50 per cent. to 70 per cent. with vaseline, and applied freely, the diseased processes usually cease in about three days. Resorcin is a colorless, prismatic, crystalline substance, obtained by the action of potassium on galbanum assafœtida, etc. It belongs to the diatomic, aromatic hydrates.

THE Prague correspondent of the *Medical News* tells of a man whose thorax was caught antero-posteriorly between the bumpers of two cars as he was coupling them. Death was instantaneous. At the autopsy no ex-

INJECTION OF ARSENIC FOR UNIVERSAL SARCOMA OF THE SKIN.—Dr. Köbner, (*Berlin Klin. Woch.*) records another very interesting case of this disease, treated by hypodermic injections of Fowler's solution. When treatment began the liver and spleen were enlarged, and the skin covered with nodules. When treatment ended the liver and spleen were normal, and the skin soft and glossy. The girl had gained eight pounds.

M. BOUCAUD says that one of the best means of being assured of the presence of subluxation of the foot backwards is by measuring the distance from the heel to the inner malleolus. This distance varies with the position of the foot. If the foot is in equinism the distance is a full centimetre less than with the foot at a right angle with the leg.—*Lyon Méd.*

REMEDY FOR TOOTHACHE.—Dr. Hugo Erichsen, (*Med. Chir. Correspondenz Blatt, Buffalo*), claims that to clean out the hole in the tooth, and then carefully fill it with cotton wool soaked in a mixture of equal parts of croton, chloral hydrate, and carbolic acid, will give speedy relief.

Midwifery.

AN EXPERIMENTAL RESEARCH ON THE UTERO-PLACENTAL CIRCULATION.

Dr. J. P. Pyle concludes a paper on the above as follows:—

"Nineteen experiments were made with ultramarine blue. In each instance the blue, which had been introduced into the circulation, was found widely distributed in the maternal organs. The total number of fetuses obtained from these animals was sixty-one. Of these, forty-six gave positive results, *i.e.*, the foetal tissues were impregnated with blue granules in varying quantity. Only fifteen of these fetuses gave negative results.

"Of the placenta only fifteen were examined, thirteen of these showing blue granules, the remaining two giving negative results.

"Of the thirteen umbilical cords examined, eight gave positive and five negative evidence. I regret that, owing to cir-

cumstances beyond my control, the remainder of the cords and placenta were not examined.

"It is also seen that ten experiments were made with septic poisonings with the object to study the transition of bacteria from the mother to the foetus. The maternal tissues were in every case impregnated with bacteria. Of the thirty-nine fetuses examined, in every one identical bacteria were discovered. Eight of the placenta gave positive results, as well as seven of the umbilical cords examined.

"The control experiments, two in number, made with the object to determine whether or not the bacteria were of an accidental occurrence, gave negative evidence. It is true that putrefactive bacteria do occur in animals after the lapse of a certain time after death, and this I observed in the blood from the heart of the animal which was examined eighteen hours after death. But even here the fetuses were free of them. Moreover, it can be seen from my experiments that the examinations were made immediately after death, or within a few hours, and that only bacteria pertaining to septicæmia (micrococci) were seen, and not the organisms of putrefaction, which are dumb-bell-shaped and rod-like. The few negative results are certainly of no significance in contrast with the many positive observations, especially in view of the difficulty in making the examinations.

"The observation in the human being, which I had the exceptional opportunity to make, I regard of still greater importance than all the experiments combined. As elsewhere described, I have observed that the bacteridian disease of the mother is transmitted to the foetus. The examination of the foetus, which was removed by Cæsarean section, was made one hour after the death of the mother. In this case, also, the bacteria in the blood and tissues of the foetus could surely not be accidental.

* * * * *

"I think that Cohnheim's theory of the migration of white blood-corpuscles, which has lately been proven by himself to be a mere passive process of filtration through the blood-vessel walls, is a fair analogy to what we may find in the transmission of solid particles through the attenuated utero-placental walls."—*Phil. Med. Times.*

THE MANAGEMENT OF ABORTION.

BY WALTER COLES, M. D.

In view of the advanced doctrines which have been recently published in certain quarters, wherein the "immediate removal" of the secundines is laid down as the inexorable rule of practice, it behooves those who are less heroically inclined to defend their position, lest our conduct become the subject of criticism. Whether such criticism be just or unjust would depend not so much upon what might be said of it, as on the intrinsic merits of the practice pursued. With the object of bringing out discussion on this point I propose to briefly compare the various plans recommended, in order, if possible, to arrive at an understanding as to the safest and best method of dealing with this, often perplexing and troublesome, class of cases.

In the *American Journal of Obstetrics*, Feb., 1888, Dr. Paul F. Mundé of N. Y., has written an article entitled, "*The immediate removal of the secundines after abortion*," in approval of another paper in the same journal by Dr. Alloway, of Montreal. The title of Dr. Alloway's paper is "*The immediate use of the uterine scoop or curette in the treatment of abortions, vs. waiting, or the expectant plan*." Dr. Mundé says: "Having now expressed my opinion that the future safety of the patient demands that the secundines should be *at once* removed after expulsion of the fœtus in every case of abortion in which such removal can be accomplished without force sufficient to injure the woman, I will proceed to describe the manner in which it has been my custom to perform this operation." The doctor then goes on to say that when called to a case in which the fœtus had already been expelled, he would proceed "*at once*" to "*forcibly*" deliver the secundines by manual or instrumental means, provided the cervix was sufficiently patulous to admit a finger or curette, the patient being chloroformed for the purpose, and, where contraction of the internal os exists to such an extent as to prevent this, he would immediately resort to forcible dilatation. As I understand them, this would be the practice of Drs. Alloway and Mundé, in all cases where there was reason to believe that any portion of the ovum or its appurtenances were still retained in utero, whether the immediate symptoms were urgent or otherwise; further-

more that they would follow this practice to the exclusion of what is ordinarily known as the *expectant plan*.

While it is far from my desire to detract from much that is meritorious in the two papers alluded to, candor impels me to say that the doctrines inculcated therein are somewhat ultra and dangerous in their tendencies, being too dogmatic and sweeping in character, while at the same time they are lacking in fairness towards those who hold more conservative views. Dr. Alloway commences his paper by remarking that "In recently published textbooks on obstetrics, we find insufficient stress laid upon the importance of removing *at once* a retained placenta after abortion." Dr. Mundé, in endorsing the foregoing, places all who would not advise the immediate chloroforming of a woman and "*at once*" and "*forcibly*" removing a retained placenta, as in favor of a "*let-alone*" policy. Now this is by no means a fair statement of the attitude of our "*older confrères*," or of the less "*progressive*" among the younger members of the profession who are not *en rapport* with such advanced ideas. There is certainly a broad intermediate ground between a "*do-nothing*" and "*let-alone*" policy and the heroic measures recommended by Dr. Mundé.

To every one of experience it must be apparent that no routine treatment can be laid down for abortion. While certain fundamental principles must govern our action, our precise line of conduct will depend upon the circumstances surrounding each individual case. In a word, it is the attendant's duty to reduce bleeding to a minimum and see that the uterus is effectually emptied at the earliest practicable moment. The methods which he should adopt to attain these ends must of course vary according to the stage of pregnancy, the degree of hæmorrhage, and the condition of the os. Sometimes in early spontaneous abortions the entire ovum with all its annexa will have escaped before the physician arrives. In such cases, although the hæmorrhage may have been serious, it will be found to have nearly or quite ceased, and there is left little or nothing to do. Not unfrequently, owing to carelessness in disposing of blood-clots, the attendant finds himself in doubt whether the abortion has been completed or not. Under such circumstances he must be guided by certain indications.

If he finds that all pain has ceased; that hæmorrhage, which before had been considerable, has all stopped; that the uterus has been reduced in size, that its os is soft and patulous, and with no indication of any substance presenting from within, he would be warranted in assuming that the uterus was empty. Nevertheless it would be safe to administer a full dose of ergot, and, if any doubt remain, it would be well to place a temporary tampon in the vagina before quitting the house. This would be all that the utmost prudence could require under such circumstances; the attendant would certainly not be justified in forcibly dilating the uterus and scooping its interior without first "waiting" for the development of some evidence of retained secundines.

But, let us suppose that we have been called to a case in which the embryo has just escaped during the third month and the secundines are retained. Under such circumstances there is generally considerable hæmorrhage going on, and the first thing in order is to check it. Of course the most effectual and desirable method of so doing is to empty the uterus and cause it to contract. A teaspoonful of fluid extract of ergot is administered, and the accoucheur at once examines the uterus. If it be practicable by digital manipulation, or the aid of forceps, to deliver the placenta, this is a fortunate circumstance which should be availed of on the spot. But if the os is too contracted to admit the finger, or even if patulous and the membranous placenta is so adherent as only to be detached in fragments, it is better not to disturb it for the time being, rather than resort to immediate and forcible extraction. We should, however, be equally far from pursuing a *passive* policy; the hæmorrhages should be controlled by means of a tampon, aided by ergot, supplemented by a full dose of tinct. of opium—the latter being especially beneficial as a soothing stimulant after blood loss. A tampon ought always to be applied with the aid of a speculum, that of Sims being the best. There is a great deal in the method of tamponing; it should be carefully packed over the os and around the cervix. The best material is old cotton muslin torn into strips; I prefer to put it in dry. Sponge is of very little service as a tampon; it absorbs the blood and permits it to flow through.

In most cases thus managed the physician will find on removal of the tampon twelve

hours later that the secundines have either escaped entire, or else are presenting at the os, whence they may be readily removed by very slight manipulation. But in case this cannot be done without violence, it would be proper to wash out the vagina and again tampon, with the expectation that under the excitation of the plug and the continued influence of ergot the uterus will by its contractions detach and expel its contents. If at the end of twenty-four or thirty-six hours there is no indication of dilatation, it will be quite time enough to consider the propriety of artificial dilatation and extraction. If the internal os continues closed, it is pretty conclusive evidence that the placenta is still adherent and hence not extensively decomposed. Lusk recognizes this condition of the internal os as a valuable indication—a fact pointed out by Hüter. He remarks that "When decomposition has once set in, the os internum will, as a rule, allow the finger to pass into the uterus." Such being the case, we have less reason for being in a hurry when the uterus is closed than if the inner os were lax and the discharges offensive; under the latter condition of things the practitioner should lose no time in emptying the uterus of all decomposing material, provided he can do so without inflicting too much violence on the organ itself.

All I am contending for is against extreme measures either way. Of course there are cases in which the medical attendant would be culpable if he did not resort to the methods resorted to by Drs. Priestly, Alloway, Mundé and others. No doubt all of us have seen such cases, and that we have been called to patients where some such active policy had been too long neglected. The testimony which these gentlemen bear to the utility of the curette and forceps is valuable, but that scoop or curette should be resorted to *primarily*, before giving nature any voice in so important an affair, certainly savors of rash practice, fraught with unnecessary suffering and danger.

The advocates of immediate and forcible removal of the placenta are rather disposed to exaggerate the danger from hæmorrhage. I would by no means underestimate the gravity of the serious depletion sometimes incident to abortion, but cases of fatal flooding must be exceedingly rare. In the majority of instances the most serious bleeding

will be found to have already taken place before the physician reaches the patient; this usually commences prior to and during the extrusion of the embryo, to be greatly augmented immediately after this act and in the interval between it and the arrival of medical aid. I dare say this is the observation of all of us. Indeed, I may say that when a case of abortion is carefully watched from the start and properly managed with tampon, ergot and opium, it must be exceptional for anything like a fatal or even dangerous hæmorrhage to occur. At any rate the danger from this source is not sufficiently imminent to warrant immediate and vigorous measures for forcible extraction of the secundines when the chances are ten to one that nature when judiciously aided will accomplish the same end with much less hazard. For no matter how skilfully and cautiously done, a young, almost membranous placenta, when adherent and in a perfectly fresh state, cannot be detached without a certain degree of force, which materially aggravates the traumatism already existing and which is one of the chief and unavoidable dangers in every case of abortion.

We are assured by the advocates of immediate removal that this feat is very easy of accomplishment—a thing which the merest tyro may perform—but most of our leading obstetrical authorities entertain a different view of the difficulties and dangers involved. Playfair, while admitting the desirability of emptying the uterus when feasible, goes on to say: “Cases, however, are frequently met with in which any forcible attempt at removal would be likely to prove very hurtful, and in which it is better practice to control hæmorrhage by the plug or sponge tent and wait until the placenta is detached, which it will generally be in a day or two at most.” Barnes reiterates the same advice, and cautions us that “We must not persevere too pertinaciously in the attempt at removal lest we inflict injury upon the uterus.” The same author, recognizing the fact that the placenta, after abortion, quickly undergoes retrograde changes whereby its adherence to the uterine wall is weakened, thereby facilitating its removal, remarks that, “The consulting practitioner here occasionally reaps credit which is scarcely his due. He is called in, perhaps, on the third day, or later, when the adhesion of the decidua to the uterus is

breaking down. He passes in his fingers and extracts at once. But had he tried the day before, he might have failed like the medical attendant in charge. (*Obstet. Operations*, p. 359.)

In this connection I trust I may be excused for again referring to the papers of Doctors Alloway and Mundé. Dr. Alloway publishes five cases which he treated by *immediate removal* of the secundines with the curette,” and yet, strange to say, but *one* of them is in any sense illustrative of the principle inculcated in his paper. For in one the placenta was removed on the third day; one on the seventh and eighth days respectively, while the fourth was simply the premature delivery of a syphilitic child in the sixth month, and of course he delivered the after-birth, as is usual in obstetric practice. Dr. Mundé's table, in which he gives the result of fifty-seven cases in his own hands, is open to similar criticism. It certainly does not illustrate the “*immediate*” delivery of the secundines, as in thirty-nine, or upwards of sixty-eight per cent. of his cases, they were delivered after the lapse of from twenty-four hours to sixty days. Indeed, so far as delivery “*at once*” with the curette is concerned, we look in vain for a single typical example—there being but four instances in which this instrument was employed under eighteen hours, and even in these only after a lapse of “several hours.” In nearly all the cases where Dr. Mundé resorted to the curette, the instrument was clearly indicated to dislodge putrid masses after the lapse of several days or weeks; and the fact that they terminated so favorably would indicate that there is less danger in temporary retention than is generally supposed, and furthermore, that as a *secondary measure of relief*, the curette is a valuable resource, as has been long since pointed out by Matthews Duncan and others. To this extent Dr. Mundé's statistics are interesting, though it would seem that they contain no data sufficient to warrant any decidedly new departure in practice, or as bearing on the special points advanced in his paper.

Whenever the uterus can expel the placenta within a reasonable time, that is to say, before decomposition takes place, it is better to rely on nature than on mechanical force, for the reason that uterine contraction nearly always effects a more perfect separation and cleaner deliverance. This

is also much more apt to occur if the secundines are not interfered with, and are allowed to come away *en masse*. It is always a misfortune, to be guarded against if possible, when the placenta is broken into fragments, for we can then never be quite sure that we have gotten it all, while the consequent diminution in bulk renders the uterus less able to expel any remaining portions, which may tend in future to provoke continued bleeding, or septicæmia, two of the evils sought to be avoided.

Whenever there is serious and persistent hæmorrhage threatening to exhaust the patient, active interference is of course demanded. Or, if there is an offensive discharge, and an elevated temperature together with rigors, we have good reason to apprehend blood-poisoning from the absorption of putrefying elements within the uterus. Under such circumstances it would be proper to explore the interior of this organ, dilatation being resorted to if necessary. For this purpose the tupelo tent is certainly far superior to the sponge or sea-tangle. It has all the dilating qualities of sponge, while it is cleaner and can be introduced more readily, even without a speculum if desired. It has also the advantage over the sea-tangle in that it can be procured in larger sizes and is less liable to slip out of position. Whenever full dilatation is required the tupelo is preferable to all other tents. The uterine cavity having been exposed, all fragments of secundines should be carefully dislodged with either the finger or curette, after the manner so well described by Lusk and Mundé, and the organ washed out with some disinfectant fluid. Where there is a tendency to bleeding, tincture of iodine answers an excellent purpose, and is cleaner than perchloride or persulphate of iron as recommended by Barnes. Where the disintegrating fragments are small, repeated irrigation of the uterine cavity (the os being patulous) will generally suffice, as they usually melt down and come away with the discharges. It is not safe to scrape the uterine surface more than can be avoided, for fear of opening up fresh avenues by which septic materials may reach the system, since we know that nature interposes a bar to infection by glazing over denuded surfaces and closing gaping vessels. For this reason Lusk remarks that "Fatal results are, however, rare, as decomposition is usually a late occurrence,

setting in, as a rule, only after protective granulations have formed upon the uterine mucous membrane and after the complete closure of the uterine sinuses. (*Science and Art of Midwifery*, p. 297.)

In 1875 I contributed several articles to the *St. Louis Medical and Surgical Journal* on the subject of "*Abortion, its Causes and Treatment*." The following is the concluding paragraph of my last paper on that subject: "In all cases of abortion when there is a prompt and clean delivery, but little trouble is to be apprehended. Matters do not always progress thus favorably however, and the practitioner frequently finds himself confronted with one or more of four complications, for which he should always be on the alert: these are *imperfect deliverance, hæmorrhage, septicæmia* and *inflammation*. Now these conditions nearly always bear a certain reciprocal relation to each other, as well cause and effect, as in point of absolute danger. What are these relations; what their comparative danger? The proper answer to these queries embodies the practical management of abortion. The dilemma may be thus stated: If there is imperfect deliverance we are almost sure to have hæmorrhage, whilst if in order to staunch the latter, we use heroic means to obviate the former, inflammation may be provoked; on the other hand if these measures are neglected, there is risk of septicæmia. The whole question therefore turns upon the comparative importance inherent in each one of these conditions. The writer is clearly of the opinion that of all these complications *inflammation* is the one most to be dreaded; and for the reason that women rarely flood to death during abortion, while many die from inflammation, the result of rough manipulation of the uterus. Not only is this so, but inflammation under such circumstances is peculiarly liable to septic complications; indeed it is quite certain that the breaking up and gouging out of the placenta, by which the mucous membrane is bruised and lacerated, predisposes more certainly to septic fever than the temporary retention of the secundines would be likely to do. Even with the greatest care it is frequently impossible to remove the after-birth without breaking and leaving more or less behind as the focus of fresh hæmorrhage, irritation, and poison; whereas if left to nature for a few hours, or even days, easy detachment might be effected.

great peril avoided, and perhaps a life saved. The good old maxim, 'meddlesome midwifery is bad,' applies as well to the management of abortion as to labour at term, and unless there are clear indications for it, of which every man must judge for himself, we hold that it is better to pursue an expectant policy in reference to the placenta, believing that upon the whole the risk is less when nature has at least some voice in its detachment and delivery, than when it is precipitated by unnecessary interference."

Such, Mr. President, was my conclusion eight years ago, and experience and observation during the interval but confirms this belief. Undoubtedly the chief peril of the aborting woman is inflammation, whether the result be death or the well-known train of aches and ills which follow in its wake. The moral of which is that we should treat the uterus under such circumstances with as little violence as possible.—*St. Louis Courier of Med.*

RIGIDITY OF THE ANAL MUSCLES A CAUSE OF LACERATION OF THE PERINEUM IN LABOUR.

BY CHARLES H. CARTER, M.D.

It is evident at a glance that the small, weak muscles of the perineum proper, though they are the ones lacerated, can offer but slight contractile resistance; and moreover, they are quite elastic in the great majority of instances, so that if they were the only obstacles to overcome, the muscular fibres would readily relax, and the fibrous network protect the muscle, while it could retreat as the head advanced. But there is a powerful muscle behind and above these weaker ones which is the *casus mali*, preventing the perineum proper from retreating, and accountable for its destruction. The levator ani, the main plank in the floor, is the offender. By its attachments, its action is necessarily as an elevator not only of the anus, but of the whole pelvic floor. By the intimate interlacement of its fibres with those of the transversus perinei and sphincter vaginae, relaxation of the latter muscles produces little if any enlargement of the vaginal opening.

That other anatomical *sine qua non*, the sphincter ani, plays also a very important role. Its comparatively stationary attachment being posterior, its contraction causes

the perineum to recede, while it is itself drawn upward by the levator ani.

Now, in order that the perineum may most certainly avoid injury by the escaping head, it must retreat downward and somewhat forward. This it easily does when it is distensible, provided the levator ani and sphincter ani remain in an uncontracted state.

* * * * *

The hyperæsthetic state of the muscles may be tested, by, in a manner, simulating the action of the child's head upon them. When the labour has well advanced, and the head so far descended as to be well engaged and is making satisfactory progress, two fingers well lubricated with carbolated vaseline are hooked into the vagina, and during the pain the perineum pressed directly downward, separating the fingers as far as possible so as to distribute the pressure and act upon the posterior as well as lateral fibres of the levator ani. If there is marked "irritability" of this muscle, it will be felt to become more or less rigid as the pressure is increased, and relaxed as the pressure is withdrawn. If the test shows the presence of the hyperæsthetic state, the following procedure may be employed to "prepare" the parts for the final act: At the beginning of each pain the two fingers are introduced as before, and the perineum drawn downward gently at first, but gradually more strongly as the pain increases, and lessening the traction as the pain subsides. This is repeated till but little force is needed to dilate the vaginal orifice sufficiently to admit three and then all four fingers with ease. By this time the anus is patulous and the sphincter ani exhausted. Drawing the perineum backward leaves this latter muscle in its pristine tonicity; and the levator in the greater part unexhausted. Thus the sphincter is ready to draw the perineum violently backward, and the powerful action of the levator draws it upward just at the moment when the whole pelvic floor should be in a state of complete relaxation.

In cases where the muscles are excessively hyperæsthetic the thumb may be used in conjunction with the fingers, introducing it into the rectum after the sphincter has become relaxed. Mock modesty under such circumstances is reprehensible. There is nothing indelicate in this procedure when the welfare of the woman demands that nothing should be left undone which pro-

mises her security against injury. By using the thumb in this way, separate segments of the levator may be successively acted upon, and the exhaustion rendered more complete.

This "tiring out" of the anal muscles causes no apparent increase in the woman's sufferings, being done during the pains. The manipulations are carried out at the time when she is begging the physician to help her, and when the pains are strong she will hardly seem aware that he is "helping" her, even when he has all the fingers in the vagina and the thumb in the rectum, firmly drawing downward.

After the muscles are thus exhausted, labour should be completed as speedily as possible. If the pains are becoming weak and inefficient, the forceps may be applied at once, but if there are good pains and everything favorable for a speedy completion of the birth, the best way to keep the muscles relaxed, and also to excite the pains to still greater efficiency, is to keep the hand in the vagina, thus distending the perineum, and just before each pain begins, insinuate a finger between the head and the bony pelvis at the point where the pressure is greatest, and as the pain comes on, indent the cranial bone at that point, and slowly withdraw the finger, and permit the head to descend. Repeating this process with each pain, the head is teased along until it escapes from its osseous vise. At the same time it is guided in the proper changes of flexion and rotation, the pains are excited, and the labour hastened toward completion, and the attendant is not merely bustling about with a pretence of doing something, but is, in fact, *helping* the sufferer.—*Med. News.*

THE INFLUENCE OF THE LYMPHATIC GLAND IN THE CRURAL CANAL OF PHELGMASIA ALBA DOLENS.—Mr. James T. Laffan writes to the *Lancet* as follows: "The above-named gland, forming on either side a most important link between the lymphatics of the trunk and lower extremity, is the most dependent part or base of the former, as it is the summit of the latter. It is admitted that phlegmasia alba dolens is caused by the absorption of septic matter from the system by the lymphatics of the pelvis. The germs thus absorbed set up inflammation. Inflammation produces local hypertrophy. To the

anatomist it is evident that the lymphatic gland, occupying the innermost compartment of the sheath of the femoral vessels, is incapable of expansion, so completely is it bound down and limited by the various structures in its immediate neighborhood in any direction save outward. Externally it is almost in actual contact with the femoral vein, being separated merely by the septum—a film of the transversalis fascia—which practically offers no resistance. Inflammation having set in, the enlarging gland presses upon the vein, bulging in its walls. A projection being thus formed into the cavity of the vessel, an eddy or backwash in the current of blood is produced, and, consequent thereon, disintegration of the white corpuscles occurs, and phlebitis is set up. The limb now, owing to venous obstruction, becomes cedematous, having the bluish colour and pitting on pressure, the first familiar characteristics of phlegmasia. Inflammation continuing, the stroma of the gland increases in density and chokes up its afferent lymphatics. Stasis of lymph occurs. The œdema loses its merely venous character, the limb becomes tense and hard, and will not pit on pressure—second familiar characteristic. Pain is a marked feature in the initial stage of this disease. In several cases under my observation, and in the communicated experience of many practitioners consulted by me on the subject, pain, deeply seated in the groin, has been the first symptom complained of. The fact is, to a certain degree, in favor of the theory of the pathology of phlegmasia now proposed. In the whole system there is no other gland so situated that its enlargement could produce a train of events similar to what I have described. If any gentleman who has the opportunity of making a post-mortem examination of the body of a patient who suffered from phlegmasia would direct his attention to an examination of this gland, the result might confirm what at present is but a probability. The idea may be of practical value in this way, that if the disease, as it manifests itself, be due to the tension of the fascia surrounding the gland, a subcutaneous division of its anterior investments would give it room to expand otherwise than directly into the femoral vein. Thus the phlebitis, with its certain inconvenience and possible danger to life, would be avoided."—*N. Y. Medical Journal.*

A CASE OF CONTINUOUS FLOW OF MILK.—Dr. Gomez Pamo, gives, in the *Anales de Cirugia*, in *La Revista de Ciencias Medicas*, in Barcelona, the following:—A woman, married at sixteen years of age, whose menses, established at fourteen years, continued without interruption until the first month of marriage, when she became pregnant. After delivery, lactation was established, and continued for twelve months, without any appearance of the menses. Becoming again pregnant, she weaned her child; and this repeated itself *fourteen* times, without any complication. She nursed each of her fourteen children up to the time that she felt herself again pregnant. During her pregnancies the flow of milk diminished somewhat, but never disappeared entirely. Immediately after delivery, she gave the breast to the infant. The milk was abundant and of good quality. All the children were very robust, two of them having been born prematurely. During all this time, that is, from the first month after marriage to the present, seven years after the birth of the last child, the menses have not reappeared. She weaned her last child five years since, but the flow of milk has not diminished, in spite of all treatment; it is abundant and of good quality, and the breasts have to be drawn frequently to relieve the pain caused by tension. The woman is robust, muscular, intelligent, of a nervous temperament and of a lively character, occupied in housekeeping.—A. M. A. *Jnl.*

INDUCTION OF PREMATURE LABOUR.—The method of procedure was detailed as follows:—"Directing the patient to lie upon her left side, I strongly depress the uterine globe, with the right hand upon the fundus uteri, while I pass the index finger of the left hand through the os. Then, with the finger slightly bent and its palm towards the symphysis pubis, I steadily draw the cervix in that direction, and expect, in a half hour, to have a dilatation the size of a half-dollar or more. Some labour-pains are generally caused by each attempt to dilate, but they will soon cease. Deeming it unfortunate for labour to be induced before thorough dilatation and dilatibility are secured, and for reasons to be hereafter given, not expecting or desiring labour to follow for some days, I leave the case for twenty-four hours, and at the next and at

subsequent visits the os is more easily reached (always with the left hand), and I am able to effect further dilatation by drawing the os toward the symphysis, first with one finger and as soon as I can with two and three fingers; or after three attempts at dilatation, two fingers in the os can be separated from three to four inches, and sufficient dilatation has been secured to warrant inducing labour-pains. I have then given somewhat less than a fluid drachm of extract of ergot, each five hours until labour has commenced. If at the end of twenty-four hours labour is not induced, it has been sufficient to increase the dose to one drachm at the same intervals. For this purpose, and administered in this way, ergot has seemed an available agent and entirely safe for mother and child." In explanation of these methods it was insisted that their value lay in a very *slow* and *patient* use of means in the preparatory stage. The time occupied by Dr. Burbank in inducing labor, has been from two to four or five days. This length of time is to be preferred, for in an unnatural process the tissues are taken by surprise and the operator must accommodate himself to them; hence, it is better to be satisfied with a good result even if arrived at slowly. After the initiatory steps in dilatation have been effected, a change in the vagina, vulva, and perineum will be appreciable, and the difference between the termination of this induced labor, and one conducted by nature will be slight.—*Med. News.*

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

TO CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, SEPTEMBER, 1883.

SANITARY INSPECTORS.

The appointment of Sanitary Police Inspectors for the city, is another evidence of the fitness of our present Medical Officer of

Health for the position which he occupies. His duties heretofore being almost entirely advisory, his endeavours for the city's welfare have lacked the power of being duly enforced. It may be a hardship for some to be obliged to have their backyards cleared of the accumulated filth of years; it may be a hardship to others that they will be restrained from indulging in the delightful liberty of casting their slops and offal into the sewer gratings on the open streets; and it may be a source of regret to others that even that refreshing beverage contained in the wells is forbidden. There may be much grumbling and some outcry for a few months, but an improvement in the general health of the localities so invaded will in time show itself and the result is worth striving to attain. In the event of a cholera outbreak—a disaster which these are the best means to avoid—the cleansing of these purlieus will be felt in a greatly decreased mortality, and the disease will have less chance of gaining a foothold. Together with a solution of the question of sewerage disposal, the introduction of pure lake water, and the cleansing of these rear premises will, we are sure, appreciably affect the usual autumn prevalence of Enteric Fever—if not this year at least next. This positive gain will be fully appreciated by the working classes to whom the loss of time entailed by this long sickness, to say nothing of its concomitant evils, is a matter of most serious import.

DOMINION MEDICAL ASSOCIATION.

It is not necessary to remind our readers that the Dominion Medical Association meets in Kingston, on Wednesday and Thursday, the 5th and 6th of this month. The meetings will be held in Queen's College. The authorities of that Institution having kindly granted the use of their fine buildings for the purposes of the Association Meetings. The various Committees have been actively engaged in their several duties, and the Railway and Steamboat Companies have consented to convey Mem-

bers of the Association at reduced rates. The Hotels are fair and the prices for board vary from \$1.50 to \$2.00 *per diem*. The Secretary, Dr. Wm. Osler, desires that those intending to read Papers, present Specimens, Cases in Practice, etc., should notify him of the titles of their papers before the 3rd inst., in order that a suitable programme may be ready to lay before the Members on the first day of the Meeting. The list of papers, which appears in another page of the PRACTITIONER, though not long, covers a wide field, and is of a very interesting character. Present indications point to a meeting which, both as regards the number and character of the papers, and the attendance of Members, will be second to none that the Association has heretofore held in Ontario.

THE EXHIBITION OF SANITARY APPARATUS BY THE ONTARIO BOARD OF HEALTH.

The Sanitary interests of the Province, are intrusted to capable as well as energetic and industrious hands. As witness the bare record of the work done in the minutes of the late meeting of the Ontario Board of Health which appears on another page of the PRACTITIONER. Being fully alive to the desirability of prominently bringing to the notice of the people the best methods of ventilation, isolation, drainage, etc., the Board has happily seized upon the occasion of the approaching Industrial Exhibition, to enforce upon the attention of the crowds who will doubtless throng thither this month—the latest improvements in sanitary apparatus. A Model Isolation Hospital is to be erected upon the grounds and supplied with all the necessary furniture and apparatus required in a building of that character, and in addition they propose to have as complete an assortment of the machinery of sanitation as it is possible to gather together. The Hospital will be used as a casualty ward for the numerous and varied accidents which are almost cer-

tain to occur in crowded assemblages and where the unfortunates may safely and comfortably be detained until recovery or the arrival of the ambulance. In addition the opportunity will be taken to distribute as many pamphlets as possible bearing upon the various points of health preservation, or the eradication of disease. The Barrack Hospital we predict, will not be one of the least frequented of the many interesting sights of our Provincial Exhibition.

LIST OF PAPERS TO BE READ AT
THE DOMINION MEDICAL ASSO-
CIATION.

Case of Chronic Suppuration, Dr. J. E. Graham, Toronto; Diet as a Therapeutic Agent, Dr. Playter, Toronto; On Fracture of the Forearm, Dr. McNaughton, Erin, Ont.; On the Digitalis, Squill, and Strychnine Combinations in Diseases of the Mucous Membranes, Dr. Kerr, Galt, Ont.; Reminiscences of the Visitation to Canada of Asiatic Cholera, Dr. Workman, Toronto; Experiments on Resection of the Bowel, Dr. James Bell, Montreal; Cases of Retroversion and Retroflexion of the Uterus, Dr. Worthington, Clinton, Ont.; An Anomalous Case of Femoral Hernia, Dr. Campbell, Scaforth, Ont.; Case of Paracentesis Pericardii, Dr. McDonald, Londonderry, N. S.; A Specimen of Gangrenous Intestine, Dr. Sheard, Toronto; On Dropsy of the Amnion, Dr. Dorland, Milwaukee, Wis.; On some points in connection with Chronic Bright's Disease, Dr. Osler, Montreal. Papers have also been promised by Dr. Brouse, Dr. Hingston, Dr. Gardner, and others.

DISPENSARY FOR THE DISEASES
OF WOMEN.

Heretofore the gynæcological necessities of the Toronto poor have been attended to in a haphazard manner at the General Hospital or at the Dispensary. Neither of these excellent institutions possess the requisite facilities for modern gynæcological practice,

nor do the attendant surgeons as a rule have the time necessary to devote to the tedious examination and thorough treatment of such cases. It is, therefore, with sincere pleasure that we learn of the establishment of a Dispensary specially devoted to the treatment of the diseases of women. The Dispensary is situated at 19 Chestnut street. The staff, composed of Dr. Cameron, Dr. Machell, Dr. J. F. W. Ross, and Dr. Riordan, will attend on Mondays, Tuesdays, Thursdays, and Fridays, at the hour of 2 p.m., when gratuitous advice and treatment will be given to the patients, who will be expected to furnish their own medicines, pessaries, etc. The *personnel* of the Staff is a sufficient guarantee for the excellence and scientific character of the work. They have our best wishes for their success.

THE CAMPBELL MEMORIAL FUND
IN MONTREAL.

It will be remembered by our readers that Dr. Howard, of Montreal, announced last winter that the sum of \$50,000 had been promised towards the Campbell Memorial Fund by one individual, providing that an equal sum was raised from other sources. Since that time the sum of \$53,000 has been raised, and the aforesaid individual, who turns out to be the Hon. D. A. Smith, has redeemed his pledge, by handing to Dr. Howard his cheque for the amount promised. The Fund will thus amount to \$103,000.

Another citizen of Montreal has offered \$50,000 for a Campbell Memorial Wing in the new Hospital, shortly to be erected in that city.

THE American Public Health Association is to hold its eleventh Annual Session in Detroit, Mich., from November 13th to November 16th, 1883. Wm. Brodie, M.D., is Chairman of the Local Committee.

THE American Society of Microscopists met in Chicago, August 7th to 10th.

NEW BRUNSWICK MEDICAL SOCIETY.

This Society held its third Annual Meeting at St. John, when about 50 members were present. The following officers were elected:—President, Dr. Vail; First Vice-President, Dr. Walker; Second Vice-President, Dr. Patterson; Secretary, Dr. G. M. Duncan; Corresponding Secretary, Dr. Coleman; Treasurer, Dr. Nevers.

Dr. Steves, of St. John, proposed that a New Brunswick Quarterly Medical Journal be established under the auspices of the Society.

The next meeting will be held in St. John, in July, 1884.

SOME time ago we noticed the organization of a Directory for Nurses in this city, under the auspices of the Toronto Medical Society. We are pleased to learn of the successful completion of the attempt, and of its harmonious working. Great care has been exercised in the selection of the nurses. Competent reliable nurses, Medical, Surgical and Monthly, may be obtained at short notice by applying to the Registrar, Dr. McPhedran, at 7 Wilton avenue. The service is not confined to the city, as applications are received and promptly attended to from any part of the country.

MEDICAL men throughout the country who may be desirous of taking part in the Eighth Session of the International Medical Congress, to be held in Copenhagen from the 10th to the 16th of August, 1884, are requested to communicate with the Secretary-General of the Organization Committee, Professor C. Lange, Copenhagen. Communications should be sent before the 1st of October next, in order that the programme may be made as perfect as possible. The programme and rules will be forwarded to every one who signifies his intention of being present at the meeting.

THE fifty-first Annual Meeting of the British Medical Association was held in Liverpool on July 31st, Aug. 1st, 2nd, and 3rd.

THE investigation into the condition of the Tewksbury Almshouse has been completed. The charges were found to be grossly exaggerated and brutally urged by the prosecutor, Gen. Benj. F. Butler, Governor of Massachusetts, who conducted the prosecution in a manner entirely in accordance with his reputation earned so well some twenty years ago.

It is proposed to establish in Montreal a Journal of Hygiene, to be the organ of the Canadian Sanitary Association.

Meetings of Medical Societies.

ONTARIO BOARD OF HEALTH.

SECOND REGULAR MEETING, AUG. 14TH, 1883.

The Board was called to order at 2 p.m. Dr. Oldright, Chairman. Drs. Covernton, Cassidy, Rae, Yeomans and Prof. Galbraith, were present. The minutes were read.

A summary of the work done during the past quarter, consisted in legislation concerning School Boards in reference to contagious diseases. Communications about epidemics of small-pox, diphtheria, typhoid, all of a local nature.

Communications regarding nuisances, jurisdiction and duties of local Boards of Health.

The Board adjourned until Wednesday, the 15th, at 10.30 a.m.

Wednesday, August, 15th.

After reading the minutes, reports of committees were received.

Dr. Covernton, on milk adulteration which was ordered to be printed.

Dr. Yeomans, reported on school hygiene. The committee subsequently were instructed to prepare a circular for information desired from the various schools of the Province.

The Board then adjourned.

Aug. 15th.

Board met at 3 p.m. All the members were present. The business taken up was

the fuller consideration of the reports of Standing Committees.

Dr. Covernton read the report of the Committee on Epidemics, in which the cholera question was entered upon. The Board resolved itself into a Committee of the Whole, and the matter was thoroughly discussed. After reporting progress and asking leave to sit again, the Board adjourned at 6 p.m.

FOURTH SESSION.

August, 16th.

Board met at 10.30 a.m., all the members being present. The Board again as a Committee of the Whole took up the discussion of the cholera pamphlet. After reporting progress, and asking leave to sit again, the meeting was adjourned till 2.30 p.m.

FIFTH SESSION.

Board met at 2.30 p.m. The cholera pamphlet again came under consideration of the Committee of the Whole, and was finally adopted as amended.

SIXTH SESSION.

Aug. 17th, 10.30 a.m.

The Board met, Drs. Oldright, Covernton, Cassidy, Rae, and Yeomans, being present.

The Chairman read a report concerning the steps which have been taken by the Committee of Markets and Health, to improve the sanitary condition of Toronto.

It was then moved by Dr. Cassidy and seconded by Dr. Yeomans, and carried, that the remarks of the chairman on the Disposal of Sewage and concerning the contemplated system of sewerage for Toronto and the Island, be referred to the Committee on the Disposal of Sewerage. The following motion in this connection was also carried:

"The Board having learned that garbage, *i.e.*, street scrapings and other offensive materials, are being removed from the city to the Island opposite for the purpose of making soil, would earnestly recommend to the proper authorities that previous to removal these materials should be effectually deodorized and disinfected."

Dr. McInnes, of Vittoria, Norfolk, was thanked for the interest manifested in the work of the Board by his communication on the subject of the prevention of accidents from steam threshers, and his communication was referred to the Committee on Accidents.

A letter of Mr. Samuel Clark, Strathroy, having been read, the Secretary was instructed to answer the letter, agreeing with the principles enunciated, but expressing the inability of the Board, at present, to carry out his plans.

A resolution expressing the deep regret of the Board at the news of the untimely death of the late C. E. Brough, Esq., City Engineer of Toronto, was moved by Dr. Cassidy, and seconded by Dr. Covernton, and carried.

Dr. Cassidy alluded to the smoke nuisance, referring to the action taken in England and in Montreal, and mentioned the surprise expressed by Dr. W. B. Carpenter, that our city should be beclouded by smoke. Looking down upon the city from some outside point, especially in the early morning the true condition of things is more readily appreciated.

It was then moved by Dr. Cassidy, and seconded by Dr. Rae, and carried, That the Board would recommend to its Committee on Ventilation, the consideration of some means by which the smoke nuisance, at present so much complained of in this city, could be removed or mitigated, and that the Committee be requested to report on the same at the next quarterly meeting.

A communication from Dr. Ezra Hunt asking the Chairman to attend the American Public Health Association Meeting, was read, after which a motion by Dr. Rae, seconded by Dr. Yeomans, was carried, delegating the Chairman and Secretary to attend the meeting of the Association at Detroit, on November 13th, and that the Secretary proceed to Lansing.

The Chairman then read a letter from F. N. Boxer, regarding the organization

of the "Canada Sanitary Association," at Kingston. The question of sending delegates to the meeting, as also regarding the proposed Sanitary Conventions at London, Kingston, and Ottawa, was discussed, and Dr. Cassidy moved, seconded by Dr. Rae, that the Chairman of this Board and Dr. Yeomans be appointed to attend the first meeting of the Canadian Sanitary Association, to be held at Kingston in September next. Carried.

Dr. Rae then moved, seconded by Dr. Yeomans, That arrangements be made for holding a Sanitary Convention in the city of London, should the medical men and the municipal authorities of that city deem it desirable and be willing to co-operate, and that Prof. Galbraith and Dr. Rae be a Committee to make such arrangements and attend the Convention, and also that the Chairman and Secretary be associated with them, if the Convention be held about the time of their going to or returning from the American Public Health Association. Carried.

It was then moved by Dr. Covernton, and seconded by Dr. Rae, That a Sanitary Convention be held during the next Session of the House of Commons at Ottawa, and that the members of the Board attend. Carried.

A partial report of the Committee on Poisons and Chemicals was presented and read, and on motion was referred to the Committee on Publications.

The Committee on Publications presented its report which was read and adopted.

The Committee on Finance presented its report which was read and adopted.

The report of the Special Committee on the London Floods was received and adopted.

A communication from Dr. Yeomans relating to certain insanitary conditions at Mount Forest was referred to the Committee on Sewage, Drainage, and Water Supply.

On motion of Dr. Rae seconded by Dr. Yeomans, the Secretary was commissioned to investigate the cause of the extensive

prevalence of malaria in the country lying along the Grand River, and that he be authorized to employ such help as he may deem necessary. Carried.

It was then moved by Dr. Yeomans and seconded by Dr. Rae, that this Board have an isolation hospital constructed according to the plan presented by Dr. Covernton, that this hospital be exhibited at the next Industrial Exhibition at Toronto, and also that sanitary apparatus be placed on exhibition within the hospital and sanitary pamphlets be distributed and that the chairman, Drs. Covernton and Cassidy be a committee to attend to this matter. Carried.

Moved by Dr. Covernton and seconded by Dr. Rae, That this Board recommend the government to have 10,000 copies of the next Annual Report printed for distribution. Carried.

The Board then adjourned.

Correspondence.

To the Editors of the Practitioner.

I enclose this in last month's *Naturalist*, which contains an article on the "*Lucilia Hominivorax*." Though this insect is said to extend north into Canada, I am not aware of any one having a specimen secured in the Dominion. There is an allied species which is known here to attack the sheep, and deposit the larvæ in their nostrils, and giving rise to nervous symptoms, such as are called "staggers," as well as the local ones. It would be desirable to draw the attention of the profession, particularly in the western part of this Province, to these cases, as that part of the country, and west of Manitoba would be the most likely places in which it would be found.

Yours truly,
J. E. WHITE.

[We regret that pressure upon our space forbids us publishing *in extenso* the article from the *Canadian Naturalist* referred to by Dr. White. The *Lucilia macellaria* belongs to the *Muscidae*. Their hominivorous propensities have earned for them the name *hominivorax*. They frequently attack horses and cattle in Kansas, and are prone to deposit their eggs in the nostrils of man,

especially when subject to catarrh. The maggots are called "screw worms." A number of cases are recorded. The symptoms are severe pain in the frontal region, swelling and ulceration of the surrounding tissues, caused by the burrowing of the maggots. Most of the cases have been followed by death. In one case, the maggots were apparently killed by injections of milk containing 20 per cent. chloroform. The number of maggots ejected reached from 180 to 300.—Eds.]

Book Notices.

List of Premiums to be awarded at the Twenty-Third St. Louis Fair, October, 1883.

The Fifteenth Annual Report of the President of the Inebriates' Home, Fort Hamilton, N. Y., 1882.

The Management of Abortion. By Walter Coles, M.D. (Reprint from the *St. Louis Courier of Medicine*, August, 1883.)

Weekly Bulletins of Health, issued by the Provincial Board of Health. P. H. Bryce, M.A., M.D., Secretary.

Registration of Physicians of the State of Louisiana under Act 31 of 1882. Reprinted from Report of Board of Health, State of Louisiana for 1882.

A Contribution to the Study of Neglected Lacerations of the Cervix Uteri and Perineum. By Thos. A. Ashby, M.D. Reprint from *Maryland Medical Journal*.

Vaccination. Precautions Adopted Against Small-pox. Duties Imposed upon Municipalities and Individuals. Acton Burrows, Secretary, Winnipeg.

Experimental Researches on the Tension of the Vocal Bands. By F. H. Hooper, M.D., Physiological Laboratory, Harvard Medical School, Boston, Mass.

Synopsis of the New Public Health Law for Manitoba. Measures to Insure Sanitation and Effectually Cope with Epidemics. Acton Burrows, Secretary, Winnipeg.

By-Laws Suggested for the Guidance of Municipal Councils in Establishing Local Boards of Health. Paper No. 12. Issued by the Provincial Board of Health of Ontario.

Extracts from the Reports of the Committee on Public Health, Vital Statistics and

Climatology of the Ontario Medical Association. Paper No. 13. Issued by the Provincial Board of Health of Ontario.

Weekly Meteorological Reports and Mortuary Statistics of the City of Lansing, and Weekly Reports of the Health of Michigan. Issued by the State Board of Health of Michigan.

Report of Conference Committee of the Louisiana Board of Health, relative to proposition of New Orleans Auxiliary Sanitary Association; also, Report of Hon. F. C. Zacharie, Attorney, on Ordinance, 216 Council Series.

Outline of the History, Theory and Practice of Quarantine, etc. By Joseph Jones, M.D., President of the Board of Health, State of Louisiana.

The fact that Dr. Joseph Jones is the author of this paper is a guarantee that it is written with authority. The indefatigable energy of Dr. Jones is astounding. The tables (K) giving the commercial statistics of the Port of New Orleans from 1805 to 1882 are colossal monuments of industry.

Illustrated Medicine and Surgery. Edited by Drs. George Henry Fox and Frederic R. Sturgis. New York: E. B. Treat, 757 Broadway, Publisher.

The July issue of this excellent publication has come to hand. The subjects treated of are Plastic Operations on the Face (four Ill.) by A. C. Post. Double Congenital Dislocation of the Hip (two Ill.) by H. B. Sands. Sarcoma of the Anterior Mediastinum (two Ill.) by C. T. Bevan. Cancer of the Breast, Ulceration and Disseminated Nodules (two Ill.) by Geo. H. Fox. Malformation of the Extremities (three Ill.) by J. H. Pooley. The Operative Treatment of Bow-leg and Knock-knee (six Ill.) by Chas. T. Poore. Stillbirth from Unusual Cause (three Ill.) by E. S. Partridge. Apparatus for Fractures of Lower Jaw (three Ill.) by J. S. Wight.

The Essentials of Pathology. By D. Tod Gilliam, M.D. Philadelphia: P. Blakiston & Co. Price \$2.00.

A small book of some 300 pages, devoted to the unfolding to the beginner the fundamentals of pathology, in a plain, practical way. The assertions are dogmatic, the size and intentions of the book not admitting of lengthy discussions. For a similar

reason bibliographical references are regarded as a detraction and are left out. The illustrations are clear, and, in many instances, are recognised as old friends—we should be pleased to meet with more of them. Comparisons are odious. While cordially admitting a possible sphere of usefulness to the work before us, we are constrained to add that, in our opinion, it cannot supplant other established works on pathology.

Personal.

DR. W. H. AKINS has commenced practice in Winnipeg.

DR. J. H. McCOLLUM, has returned from his European tour.

DR. JAMES H. RICHARDSON has gone to Winnipeg for a short trip.

DR. CHAFFEE has started practice in Toronto, on Mutual Street.

DRS. FULTON and Geikie visited the Lower Provinces in August.

DR. ANDREW CLARK and Mr. Prescott Hewett have been created Baronets.

DRS. GEO. WRIGHT and McFarlane, of Toronto, spent their holidays in Muskoka.

DR. REEVE, of Toronto, and Dr. Buller, of Montreal, were eyeing the North-west Territory in August.

PROFESSOR PARROT, the celebrated physician of the Paris Faculty, died on the 5th of August, after two months of great suffering.

DR. MEWBURN has applied to the City Council for the superintendency of the Cholera Hospital, in this city, when it is established.

DR. T. S. COVERNTON, of Winnipeg, left England on the 30th July, on a voyage to the Flowery Kingdom. He expects to return in December.

DR. L. S. McMURTRY has retired from the Editorship of the *Louisville Medical News*, his place being supplied by a former Editor of that Journal, Dr. H. A. Cottell.

L.R.C.P.—On July 26th, W. Fidler Cleaver, of Kingston and J. Simpson Lathern, of McGill University, Montreal, obtained the Licentiate of the Royal College of Physicians.

The names of Dr. Covernton, on the Committee of Medicine of the Ontario Medical Association, and Drs. Cassidy, Barrick, and Baines, on the Committee of Obstetrics, were inadvertently omitted from the lists furnished last month.

DR. ARCHAMBAULT, Physician of the Children's Hospital, Paris, died on the 14th July, *æt.* 61. He was a pupil of Trousseau, and like his teacher, advocated tracheotomy in croup. He was a large contributor to French Medical Literature.

M.R.C.S.—On the 18th July—Geoffrey Strange Beck, M.B., Toronto; Charles Ernest Cameron, M.B., McGill; William Hector Macdonald, M.B., Trinity College, Toronto; William Nattress, M.B., Trinity College, Toronto; Philip John Strathy, M.D., Trinity College, Toronto, on July 25th.

PROF. H. NEWELL MARTIN, of Johns Hopkins University, has been appointed Croonian Lecturer of the Royal Society of England for the present year. The subject of his lecture is "The Effect of Changes of Temperature on the Beat of the Heart."

DR. JOHN S. BILLINGS has declined the offer of the Professorship of Hygiene at the Johns Hopkins University, preferring to retain his position as Surgeon in the Army and Superintendent of the National Medical Library. He has, however, consented to deliver a course of Lectures on Hygiene in the Institution during the coming winter.

DR. J. E. GRAHAM, of Toronto, paid a visit to the leprous district of New Brunswick in August. From there he intended to go to Lake George to attend the Annual Meeting of the American Dermatological Association, August 29th, 30th, and 31st, where he was expected to read a paper on General Exfoliative Dermatitis.

GUSTAVE ADOLPHE VALENTIN—Physiology has lost another worthy representative in the person of Professor Valentin, who died at Berne, on the 24th May in the 73rd year of his age. He refused the brilliant offer of Russia weighted with the condition of apostasy, and accepted the humbler position in the Swiss University. He was the first Israelite who had been named to a University chair.

FILIPPO PACINI, *æt.* 71, died at Florence on the 9th July, 1883. He was one of the most illustrious of Italian scientists. He

studied in his native town of Pistoia, then at the University of Pisa, whence he removed to Florence. He filled the Chair of Descriptive Anatomy at the Royal Lyceum of Florence. He was the discoverer of the Pacinian corpuscles. His contributions to scientific journals covered a wide range and found their way into the transactions of most of the scientific bodies of the old and new world.

Miscellaneous.

A RAPID METHOD OF DEMONSTRATING THE TUBERCLE BACILLUS WITHOUT THE USE OF NITRIC ACID—Dr. Heneage Gibbes, in a paper on this subject, says: The following method, which I have used for some time with great success, will, I think, prove useful to those requiring the demonstration of the tubercle bacillus for diagnostic purposes in a rapid manner. The great advantage consists in doing away with the use of nitric acid. The stain is made as follows: Take of rosanilin hydrochloride two grammes, methyl blue one gramme; rub them up in a glass mortar. Then dissolve anilin oil 3 c.c. in rectified spirit 15 c.c.; add the spirit slowly to the stains until all is dissolved, then slowly add distilled water 15 c.c.; keep in a stoppered bottle. To use the stain: The sputum having been dried on the cover-glass in the usual manner, a few drops of the stain are poured into a test-tube and warmed; as soon as steam rises pour into a watch-glass, and place the cover-glass on the stain. Allow it to remain for four or five minutes, then wash in methylated spirit until no more colour comes away; drain thoroughly and dry, either in the air or over a spirit lamp. Mount in Canada balsam. The whole process, after the sputum is dried, need not take more than six or seven minutes. This process is also valuable for sections of tissue containing bacilli, as they can be doubly stained without the least trouble. I have not tried to do this against time, but have merely placed the sections in the stain and allowed them to remain for some hours, and then transferred them to methylated spirit, where they have been left as long as the colour came out. In this way beautiful specimens have been made, without the shrinking which always occurs in the nitric acid process.—*Lancet*, May 5th, 1883.—*Med. News*.

M. SOUVIELLE CAUGHT IN THE ACT.—The public has been made aware of the return of M. Souvielle, the Proprietor of the Lung and Throat Institute, and his doings in Europe. Almost every newspaper (in which his advertisements appear) has had laudatory puffs about the tin-pot inventor. In none of them, however, do we find any reference to the following interesting transaction which shows to what length this person has gone to get a qualification. In the London *Lancet* of June 30th, appears the following editorial item:—

"An official announcement at the University of Erlangen, states that one Matthew Souvielle, from Montréal, has attempted to obtain the doctorate by palming off as an original dissertation an essay on Diabetes, by Dr. Bürgel, which appeared in *Deutsches Archiv für Klin. Medicin* in 1873. The would be graduate performed his imposture somewhat clumsily, for he neglected throughout the essay to substitute English names for the German ones. He had, however, converted "Professor Liebermeister" into Professor Spencer."—*Can. Med. and Surg. Journal*.

"In a rich agricultural district near a large town, an unopposed practice, worth about £500 including appointments, £100. Held by vendor, twenty years, etc."

What a world of pathos lies in these! Fancy the wearing struggles of twenty years to pay one's way, bring up a family, and appear like a gentleman, on £500 a year, with a horse to keep, and a drug bill to pay out of that. "In a rich agricultural district!" What kind of influence would the impecunious doctor have over the moneyed bucolics, many of whom probably are members of clubs, that represent the £100 a year, and claim his best attendance from several miles distance, for half-a-crown per annum? What is a man likely to think of one whom he can order about at his sweet will and pleasure for half-a crown a year? The wonder is, not that we have so little influence, but that we have so much as we have. For this thing reflects itself. It not only degrades the individual, but his profession; and, even as we all derive a certain measure of reflected glory from the discoveries of Harvey and Jenner, so do we derive vicarious shame from this cheap barter.—*Brit. Med. Jnl.*

CLEANING OF SPONGES.—For removing the greasiness of toilet sponges that have

been in use for some time, M. v. Valta recommends the following:—The sponge is first washed with water as well as possible, then placed upon a plate, a little powdered calcium chloride being sprinkled over it and allowed to liquefy; after about thirty minutes it may be washed with water and dried, when it will have an appearance like a new sponge.—*N. C. Med. Journal.*

GOOD WORK AND BAD IN MEDICINE.—The following graphic sketches of two types of professional workers are from a recent address of Dr. Andrew Clark:

In the work of the younger members of our profession I see, or at least I think that I see, greater care, patience, and accuracy in observation, a more rigorous fidelity in the record of therapeutical experiments, wiser caution in speculation, graver deliberation in judgment, a growing frankness in the confessions of oversights and errors, increasing severity in the sifting and testing of their own conclusions, a readier effacement of personality in the work, less unseemly eagerness for mere priority of publication, a deepened sense of the responsibilities of premature speech and writings, a rapidly abating bitterness in the conflicts of opposing views, a more robust and manlier spirit of scientific life, and less reluctance in making admission that there is no unconditional truth in the results of our inquiries—no finality in our finished work—no creed in medicine.

But, for one competent and conscientious worker there are ten incompetent and unconscientious, and who in divers ways hinder our progress and spoil our present possessions. Intolerant of the patient and painful toil of the true worker, acute in power of superficial observation, gifted with a certain showy versatility, quick at catching hold of new ideas, ingenious in guessing, crude in experiments, loose in therapeutic trials, hasty in speculation, strong in dogmatic assertions, accomplished in the transfiguration and use of other men's work, finding what they want wherever they seek, unhindered by difficulties, facile in speech, ready in writing, thirsting for notice, such men, now, alas! not uncommon in medicine, beget papers so quickly that they can have no necessary relation to time, observation, or thought, and flood our literature with their unworthy if not unvarnished lucubrations.

The favourite hunting-ground of such men is therapeutics, and their favourite sport is the catching of new remedies, the putting of them to new uses, and the setting forth of their successful results. These men discern no difficulties and have few failures; they can illustrate their successes by scores of cases, and explain them by the most ingenious theories. There is scarcely any limit to the extent or the variety of their achievements; and, as they flaunt along in the fulness of self-satisfaction, they look down with pitying condescension upon those in the strait and narrow way, who conscientiously toil with small success in seeking after truth, but who, nevertheless, missing the praise of men, find strength and solace in the sacred search.

A METHOD OF CLEANING CATHETERS.—A correspondent of the *Lancet* says:—"Take a cork of more conical form than that commonly used, with a hole made through it longitudinally; pass the catheter through the hole, and fix the cork into the tap of an ordinary water pipe (hot water one preferable), and turn on the water. By so doing, the force of the water is greatly increased, and the catheter is properly cleaned."

Dr. JOHN L. ALTEE, relates of Dr. Thomas C. James, Professor of Midwifery, in the University of Pennsylvania, in 1815—"That he was a very modest and agreeable gentleman of Quaker origin. He had such a sense of delicacy that he could not bring himself to lecture on the female organs of generation, but entrusted this part of his course to Dr. Horner."

ROYAL COLLEGE OF SURGEONS, ENGLAND.—In Collegiate year 1882-83, there were 1,119 candidates for the primary examination, of whom 324, or 28.95 p. c. were rejected, and 769 for final, of whom 281, or 36.54 p. c. were rejected. This includes 13 from Canada in the two examinations, of whom 3, or 23 p. c. were rejected.

BROMIDE OF SODIUM IN SEA-SICKNESS.—Mr. T. M. Kendal, in the *British Medical Journal*, says that bromide of sodium, in doses of ten grains three times a day, is the best remedy for sea-sickness.

A CHINESE doctor, in Arizona Territory, was fined \$100, because his diploma turned out to be only a laundry list.

Puck defines an ear-ring as a convention of otologists. The *Medical Age* asks, "would it call a dentist a tooth-pick?"