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PUBLISHED MONTHLY.

SUBSCRIPTION, \$2 PER ANNUM IN ADVANCE.

VOL. 2.

NOVEMBER, 1888.

No. 4.

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WINNIPEG, NOVEMBER, 1888.

SURGICAL TREATMENT OF EMPYEMA.

BY HOWARD MARSH, F.R.C.S.

Assistant Surgeon to St. Bartholomew's Hospital.

Although in some situations abscesses may exist for long periods without leading to any bad result, pus, even when it is "well-formed and healthy," is an injurious and destructive agent, for it leads to erosion and absorption of the neighboring tissues; it burrows widely, and leads to the formation of long sinuous passages lined with degenerating pyogenic membrane; it sometimes makes its way into a large blood-vessel or into a joint; or, in the case of empyema, its presence is associated with the compression and binding down of the lung, and sometimes with ulceration of the pleura and necrosis of the ribs. On the two-fold grounds, therefore, (a) that there are grave dangers in leaving large collections of pus to burst spontaneously, and (b) that there are means by which pus can be safely removed, the practice with a large number of surgeons at the present day is to open abscesses as soon as they are detected. My belief is that, with further experience of the vastly improved results of interference, early evacuation will become the rule to which there will be but very few exceptions. There is a further argument in favor of letting matter out at once. It is that the mere presence of a collection of pus promotes suppuration. In common, no doubt, with many other surgeons, I have often met with cases in which, although before the abscess was opened it

was enlarging at a rate which indicated that half an ounce of pus was being formed every day, after evacuation the quantity of pus discharged amounted to only a few drops, and soon entirely ceased. But the contention that, as an abscess, an empyema should be evacuated as soon as its presence is established is strengthened by the danger that the lung may become bound down. From this point of view every day is a matter of importance. Nor, in this connection, must other results be forgotten. The patient may be placed at a great disadvantage by the bursting of the abscess into the air passages; and a few weeks since a case was met with in which suppuration had extended through the diaphragm and produced fatal peritonitis. That there should be no delay when once pus has formed in the pleura, I should, speaking merely as a surgeon, think it advisable, if empyema were so much as suspected by the physician, to introduce a fine needle connected with an exhausting syringe, to ascertain whether matter could be reached.

Whether in the treatment of empyema the aspirator should be used is, I think, a doubtful point. I believe that, generally, it is better to make an incision, and establish free drainage. The aspirator may, no doubt, be successfully used, and after two or three, sometimes after a single aspiration, the formation of pus may cease. Yet, as a rule, it is necessary sooner or later to make a free opening; and it seems advisable, in order to give the lung an opportunity of expanding as soon as possible, to open and drain the pleural cavity at once. The cases in which the aspirator is most likely to be successful are those of recent empyema, but these are also the cases which do best under free incision and drainage. In cases of long standing, where pus is thick and flaky, and where the pleura is lined with a thick deposit of lymph, drainage through a free opening seems to be decidedly called for. As pus is often too thick to flow through the needle, it is necessary in any case in which aspiration is to be tried, to arrange beforehand that, if the tube becomes blocked, the means are ready for making a free incision.

If, as I think is best, an incision is de-

terminated upon, an important point is where this should be made. On this question, as well as on the general subject of empyema, the valuable lectures of Mr. Godlee (*Lancet*, vol. i, 1886) should be carefully studied. The main thing is to secure the best drainage of the cavity, and I agree with Mr. Godlee that this is obtained by making the opening in the eighth or ninth intercostal space just external (or anterior) to the angle of the scapula.

As Mr. Godlee points out, an opening at the lowest part of the chest where the cavity is soonest obliterated is less efficient for drainage than one placed higher up opposite the part of the empyema, which is the last to close. The opening is best effected by making an incision through the skin and muscles of the intercostal space, and then thrusting a director into the pleural cavity and dilating the track thus secured by dressing forceps. No hæmorrhage of any importance is likely to occur by this method. During the operation the patient should be under chloroform, and should be placed on the affected side and over the edge of the table, so that the action of the sound lung is not impeded. An important question is whether part of a rib should be removed in order to secure space for the introduction of a tube so that efficient drainage is established. In adults, in whom the intercostal spaces are wide, this need not, I think, be done. Nor is it always necessary in young children. I have notes of several cases in which the empyema closed completely in less than three weeks after simple incision. Yet the space between the ribs in children is often so narrow that a tube of sufficient size cannot be introduced. In such cases about three-quarters of an inch of the rib just below the incision should be removed. The operation can be performed very easily with cutting bone forceps. It is advisable, I think, to remove the periosteum also, for otherwise the reproduction of the rib takes place so quickly that drainage may become difficult. I have never met with any hæmorrhage that could not at once be arrested, for the wound is open, and any bleeding vessel can be readily found and tied.

Another point is whether the cavity of the empyema should be washed out with an antiseptic lotion. I agree with those who think this should not be done in ordinary cases. It is well known that the proceeding has been followed by serious symptoms; while in a large number of instances the washing out seems unnecessary, for the pus withdrawn is quite free from decomposition, and the cavity has remained aseptic throughout. But in cases in which the discharge is from the first, or subsequently becomes, fetid, irrigation is very advisable. I have used a two or three per cent. solution of boroglyceride; boric acid lotion; and a solution of one part in 1,000 of tincture of iodine in water. The fluid used should be raised to a temperature of about 90°.

The prognosis, I believe, turns almost entirely on the duration of the empyema. In early cases—those within a month—recovery will, as a very general rule, take place. Sometimes it occurs very rapidly. In some instances the wound has, in children, entirely closed within a fortnight; but in cases of long standing the prospect is often very doubtful. The lung has become bound down; suppuration continues to be free; pus is apt to be retained, locked in by adhesions; the granulations covering the pleural surface become callosus; not rarely there is necrosis of one or more of the ribs; while the general condition of the patient steadily deteriorates, and amyloid degeneration of the internal organ not rarely ensues.

In cases in which the empyema is chronic, and in which suppuration continues after a free opening has been made, Estlander's operation, consisting of the removal of a portion of two or more of the ribs, should be performed. This operation is certainly of great value for two purposes. In the first place, through the free opening which it provides the finger can be introduced, and any adhesions that are found to be obstructing the free escape of pus can be broken down, so that free drainage of the deeper parts of the pleural cavity is secured. This is a matter of great importance. Adhesions may form in such a way as to bar the exit of pus from some part of the sac, and till they are removed no progress towards healing

will take place. In a case lately under treatment, in which the temperature remained high after part of a rib had been resected and a tube inserted, I resected another rib and introduced my finger, and encountering some adhesions, carefully broke them down. On doing so I found I had opened up an encysted collection of about an ounce of pus. After this the temperature fell to normal, and in about three weeks the secretion of matter had ceased, and the wound was soon soundly healed. In another instance, in a child, aged five, in which no progress was being made, I found, on introducing the finger, that a sinus ran for some distance in a direction upwards. This I dilated, and detected a collection of pus partially shut off from the rest of the pleural cavity, and lying nearly as high as the clavicle. The sinus was dilated, and the empyema subsequently closed. Secondly, Estlander's operation affords a method of dealing successfully with cases hitherto incurable, in which the lung is bound down and the chest wall is prevented, by the rigidity and close apposition of the ribs, from falling in and thus obliterating the cavity. Time does not permit me to enter upon any description of the method by which the extensive removal of ribs that may be called for can best be carried out. A full account will be found in Mr. Godlee's lectures to which I have already referred. I will only say that, though it may not often be required, it is a highly important addition to the operative surgery of the thorax.

ABSTRACT FROM PROF. ERICHSON'S ADDRESS TO SUCCESSFUL AND UNSUCCESSFUL STUDENTS AT KINGS COLLEGE.

The failure of the latter would, *ceteris paribus*, in all probability be found to arise from one of three causes: 1, want of proper application; 2, want of method; 3, the attempt to grasp at too many subjects, the want of concentration of mind upon a more limited number. Success, he continued, was open to every man in the medical profession. There was no profession so open as that of medicine. There

was no profession in which family influence, social circumstances, accidents of position availed so little as in that of medicine. The profession of medicine might be truly called the republic of medicine, in the sense that there was no hereditary rule in it—no privileged class. Every position in the medical profession was equally open to every man who entered it, if he had the ability to aspire to it, and the strength of character and will to seize it. It would give to those who entered it everything that the profession could afford, social position, scientific eminence, such honors as medical men were thought worthy of, such wealth as might fall to the lot of professional man. It would give to him all these, and something much greater and nobler. It would give him the gift of daily usefulness in life, daily usefulness to his fellow creatures, with the consciousness of having led a useful life, and not having spent it in vain. Success in the medical profession would come to those who deserved it, and, when he spoke of success, he meant true and legitimate success, not tinsel, which was often taken for the real metal; not that notoriety which came from habitual self-assertion, from skilful self-advertisement, from the disparagement of competitors and rivals; still less did he mean that ignoble prosperity brought about by the plausible tongue, the supple knee, and the grasping hand; but success which was accorded to men by the unanimous voice of their own profession and of an enlightened public, which was the true measure of success in the profession. In order to obtain this and anything like true eminence in the profession, three things were necessary: 1, to study hard; 2, to observe closely and diligently; and 3, to live soberly and righteously in the sight of God and man. If that were done, success would attend their efforts.

The knowledge attained or being attained now during the period of studentship would, no doubt, be of considerable use hereafter; but the true system of education, and that system of education which they ought to strive at, was to endeavor to train their minds, not to the mere acquisition of dry facts, not the mere accumulation of masses of ill-digested

knowledge, but to train their minds to remain open for the reception of truth throughout their lives, and to enable them to meet the various emergencies of the profession whenever they occurred. Medical knowledge was ever progressive and never stationary. Medicine was based on the natural sciences; the natural sciences were never at rest; they were always moving onwards, and so it was with medicine. A man who remained stationary retrograded when all around him was moving in advance. In order to keep abreast it was necessary for them not only to obtain equal knowledge with their brethren, but to throw aside that which had become effete and useless. The medical man must learn to forget and throw aside the *debris* of exploded theories and the dry and useless husks of obsolete practice. It was impossible for a man encumbered with obsolete knowledge to keep abreast of his competitors. He must learn to throw it aside; by whatever labor it had been acquired, it must be discarded and abandoned. Every man in the medical profession should be a student through his life, and in the course of a long existence they would find that it was absolutely necessary to relearn many matters thought to be thoroughly mastered at an earlier period.

ABSTRACT FROM SIR A. CLARK'S
ADDRESS AT SHEFFIELD
MEDICAL SCHOOL

Now this is the age of examinations, and for qualifications in the various departments of art and science the questions to be answered are sometimes so numerous, recondite, and complex that the kind and degree of preparation necessary to answer them are becoming incompatible with true education, genuine study, and thorough work. For all these true knowledge is necessary, and true knowledge cannot be acquired by any mechanical habit, and could not continue to subsist as a mere addition to the mind. True knowledge is not in any high or just sense a mere acquisition—it is a living part of a living mind, growing, developing, re-producing, creating, in such proportion as it is properly fed and exercised. And this food

and exercise are supplied through observing, doing, thinking—through comparing and classifying the objects in Nature—through critical consideration of the acts and facts of life. But it seems that the mere training of pupils to pass difficult examinations has become the business of education and the end of study. Examinations have unquestionably their place and use; but I regard it as certain that no acuteness of perception, no quickness of acquisition, no retentiveness of memory, no cleverness in learning artificially classified subjects will ever bring about results comparable with those of patient and thorough educational work. The mere process of cramming conducted by a clever coach may sharpen some of the lower intellectual powers; but it will sap the strength of the higher ones, and, whilst it may carry a student triumphantly through some difficult examination, which may have been made the end of his studies, it will place him in after years at a terrible disadvantage in dealing with the difficult problem of life and work. For the chief faculty employed in this showy but shallow method of learning is memory. But memory cannot be exercised excessively except at the cost of injury to all the other mental faculties. In such case they become weakened, atrophied, disordered. And although the mind may readily receive, retain, and when required return, naked facts and unreasoned principles, these constitute neither the means nor the material, neither the scope nor the purpose of education. Education is a very different and a much higher thing than that. It has for its object the growth and development, the exercise and the discipline of the mental faculties in just relation to each other; it has for its means observing, comparing, classifying, trying, doing; and it has for its end the enabling of man not only to observe, reflect, reason, judge, feel, and act, but so to employ those powers in studying the problems of life and mind that in striving after their solution he shall be neither put to confusion nor landed in error. This is the kind of education which makes the statesman and the scholar, the man of science, and the man of art; and this is the only kind of

education which will enable the student to learn as it ought to be learned, and to exercise as it ought to be exercised, the science and art of medicine. Much then must we sympathise with the teacher who is forced to follow a fashion which his experience condemns, and to leave comparatively unused those higher methods of teaching which he knows and trusts.

CENTRAL ASIA—THE RESHTA WORM.

This worm (*Filaria medinensis*) is the scourge of Bokhara, and is simply the result of the filthy water and insanitary condition of the town generally. No one can drink raw water in Bokhara with impunity, and among the Russian residents the samovar tea-urn is boiling all day long. As Dr. Heyfelder says, it is a parasite taken in dirty drinking water, which, after nine to eleven months development in the organism, finds its way into the subcutaneous and muscular parts of the body in the form of a long, milky-white, and rather elastic worm. In autumn and winter the water is seldom dangerous; but in summer the city of Bokhara is reeking with stagnant pools and basins where the water, filled with the living germ of this reshta, is used indiscriminately for bathing, washing and drinking, with the lamentable result that it is a rare thing to meet a Bokharan who has not been attacked. They seem to think that water cannot be impure if prayed over and used for religious ablutions. Europeans who do sometimes drink the water are believed to escape the disease through the alcohol and other strong things which they imbibe, and which probably destroy the germ. At Samarcand it is hardly known at all, and at Kermine it is rare. It only becomes more prevalent as the Zerafshan river nears the capital, thus proving that its origin is in this city and nowhere else. The worm generally appears under the skin like a strong vein in the legs, arms, or back, and is accompanied with itching. Its head, which is hard and pointed, pierces a small hole and then gradually comes out of itself when fully developed. It is not unusual for a man to go to the barbers who act

as the extractors with the worm half hanging out of his calf. Sometime it dies under the skin and causes gangrene. Dr. Heyfelder once applied certain antiseptics to the wound made by the head, and after the patient had rested twenty-four hours the worm came out without further assistance. Many persons have two or three reshtas regularly every year, and they may have ten to twenty in different parts of the body at one time. They often put the feet and legs in cold water in order to send the worm up higher. Not a single case, however, I am told, occurred among the Russian soldiers and workmen employed in building the railway, owing to General Annenkoff's strict orders that they were not to drink the Zerafshan water, and to the supply of a number of Pasteur filters. We saw a number of men operated upon in the barbers' shops in the bazaar. They sat or lay down on the floor while the barbers cut the skin with a sharp razor, and after probing about with a small piece of wire, and finding the head, they carefully drew the worm out by constant massage of the flesh round the wound. If the worm coils itself under the skin it may be tied into a knot in the course of extraction, and then the operation becomes very painful.

MIDWIFERY PRACTICE OF THE WOMEN'S HOSPITAL, MELBOURNE.

BY EUGENE ANDERSON, M. D.
In the Australian Medical Journal.

Resident.—500 cases have been treated commencing May 5, 1887. Every patient on admission is given a simple enema to thoroughly empty the lower bowel. An antiseptic injection is then made into the vagina with a solution of corrosive sublimate (1 in 1,000), and the external parts of generation, the hips, thighs, buttocks, etc., have a similar solution applied to them. The urine is drawn and examined for albumen. The uterus is followed down by the hand on the abdomen as the birth of the child takes place, and is kept grasped for at least twenty minutes after birth before any effort is made to get rid of the placenta. Expression of the placenta is the rule in every case, being

careful to attempt it *only* when acting in conjunction with nature, *i.e.*, when a uterine contraction is present. The placenta is received in the hand and given a few turns, when the membranes generally come away, and their digital removal is rarely necessary. The placenta and membranes are examined in every case as to their entirety. A dose of ergot (one drachm) is given directly after the secundines are away. The uterus is still grasped for another ten minutes, while the external genitals, etc., are washed with corrosive solution, and then, if the pulse has fallen to 100 or below, the patient is securely bound and a labor cloth applied. I find the pulse to be an almost perfect guide as to hemorrhage; given a slow pulse, hemorrhage will not occur. The labor cloth is frequently examined for a short time after birth, to see that no undue hemorrhage is taking place, and after the lapse of 12 hours Tenax pads (wrapped up in muslin) are applied to the vulva instead of labor cloths. A dose of ol. ricini ($\frac{1}{2}$ ounce) is given on the morning of the 3rd day. No vaginal irrigation is resorted to unless the lochia become offensive, or the child born outside, or the liquor amnii was very dirty and disagreeable. A mixture of ergot $\frac{1}{2}$ drachm, quinine gr. iij., infus. digitalis 2 drachms, is given three times daily for a few days after delivery. For scanty lochia or slight abdominal tenderness, poultices are applied; if there is marked tenderness over or about the uterus, leeches are used, followed by poultices. The patients get up on the 8th day generally, and go out on the 11th or 12th. A solution of corrosive sublimate (1 in 2400) is used to wash the hands before and after every examination by doctors, students, or nurses, and the nail brush well used. Carbolyzed vaselines is used to anoint the examining finger.

Uterine irrigation is resorted to if there is any suspicion of a portion of retained placenta or membrane; or a rigor with rise of temperature, which keeps high; if the lochia become very fetid, or any combination of these conditions arise. A solution of corrosive sublimate (1 in 2400) is used at a temperature of 110° F., and

about three pints are used. I prefer an irrigating can to an enema syringe for many reasons. A catheter, gum-elastic, size 12, was formerly used for introduction into the uterus, but now I use a double-channeled metal uterine douche. The hand is kept on the uterus during irrigation to prevent any accumulation in its cavity. On the douche being withdrawn, the patient is carefully sat up on the slipper, and directed to cough to expel all the fluid, and she is then laid on her back, a good inclined plane being made by pillows, so as to secure good drainage. I have never found any bad symptoms arise from this method of treatment. The fluid returned from the uterus is strained through muslin to see the nature of the debris, as placental tissue, membrane, or broken down uterine mucous membrane. This process is repeated from time to time if necessary, and with judiciously selected cases, the results are excellent.—*Archives of Gynecology.*

ANTIPYRINE IN LABOR.

BY EGBERT H. GRANDIN, M.D.

In New York Medical Journal.

During the first stage of labor the accoucheur is in a position to do but little toward relieving the maternal suffering, and this little consists in the administration of opium or of chloral. The former drug I have always been loath to administer to the parturient, for the reason that if pushed it may retard the labor, and further because it is of the highest importance to the puerpera that the intestines should functionate normally, in order that this main emunctory should not become locked, and poisoning from fecal accumulation ensue. In chloral we possess a most valuable means of "taking the edge off the pains" and of regulating their rhythm, but the woman's suffering during the acme of the pains is still intense, and we often wish we had an adjuvant to the chloral which, whilst nullifying none of its effects, would render the contraction practically painless. In the hands of certain observers, electricity—the faradaic form chiefly—has rendered service in this direction, but, valuable as this agent has proved in my hands as an

oxytocic, it has never appeared to me to possess any anæsthetic effect on the uterus. When cocaine was discovered, before long it was heralded as of value as a local anæsthetic during childbirth. In my hands, however, (and other observers are in accord with me), it has proved of no value whatsoever during the first stage of labor, and questionably if at all during the second stage. The excellent results yielded me by antipyrine in dysmenorrhœa and other affections where it is a question of nerve pain have led me during the past year to test it during the first stage of labor, and my results have been sufficiently gratifying to justify me in asking other obstetricians to try the drug. Possibly it has been similarly used by others, but if such be the case I have seen no record of their experience. My habit in regard to the administration of the drug is to give fifteen grains well diluted, and preferably with some stimulant, such as the aromatic spirits of ammonia, and to repeat the dose in one hour thereafter. In two hours after the second dose the patient receives ten grains, and so on every ten hours if needed. The chloral mixture I administer, as has always been my custom, in fifteen-grain doses every three-quarters of an hour till three or four doses have been received. The result of this combination has been to nullify the pains so much as to be in two instances scarcely perceptible, and in others simply uncomfortable. The progress of labor has not been at all interfered with, and neither the mother nor the child has presented evidence of injury from the administration of the antipyrine.

I report this experience thus briefly in order that other observers may test the validity of my results. Should there be concurrence of opinion, the first stage of labor will be rendered practically painless by antipyrine, even as the second and third may at any time be made through resort to chloroform.

DR. TEMPLE, of Toronto, Canada, in a case of post-partum hæmorrhage, hot water and other measures having failed, injected the uterus with a tumblerful of undiluted brandy. Prompt contractions and arrest of hæmorrhage followed.

DIPHTHERIA, AND ITS CURE BY CONSTANT BLUE-GUM STEAM.

BY J. MURRAY-GIBBES, M. D.,

In Australian Medical Journal

The constant blue-gum steam treatment will cure diphtheria in all its forms—such is the result of my experience. This year I have treated 110 cases without a death, and Dr. O'Carroll 150 with one death from subsequent paralysis, whilst a colleague has lost six during the same epidemic out of about 45 cases, using other treatment.

In 1882 I brought the blue-gum treatment before the profession, owing to the success I had with it; my death rate then was one in 39 cases, the only fatal case being that of an infant aged eight months, whose treatment was neglected by the parents. This epidemic occurred in a district 16 miles from my residence, and ten of the 39 cases were laryngeal, the patients being semi-asphyxiated at times, until they coughed up masses of membrane. They all made perfect recoveries, without paralysis following in any case.

The treatment required is to subdue the inflammation resulting from the deposit of the poison in the throat, and to kill the poisonous agent. Constantly breathing warm steam can alone enable all the affected parts to be treated. Intermittent steam is like an occasional poultice to an external part. The oil of eucalyptus globulus is not only an antiseptic, but it has a peculiarity, which makes it most suitable for the treatment of diphtheria, in that, if taken into the stomach, it reappears in the secretion of the glands of the throat. It disinfects the membrane and discharges on the mouth and throat in a very short time. Patients, breathing an atmosphere charged with it for a week, are not weakened, notwithstanding the depressing effects of the diphtheria poison. It counteracts this depressing effect; in consequence of this I have seldom to use tonics after an attack of this disorder. Children never object to this treatment, playing with their toys, and are able to take plenty of nourishment during the whole duration of the disease. I keep the patient night and

day in an atmosphere of blue-gum steam, no matter whether the throat, nasal passages, or larynx were effected. I hardly ever give stimulants, and then only a little home-made wine—brandy never. In fact, I consider stimulants contra-indicated in diphtheria, owing to their effects on the heart. They should never be given early in the attack. This treatment prevents the disease spreading to the larynx. The only case of this complication occurred 16 miles away, and in case of grown-up girls who resisted the constant steam, but they quickly returned to it on their breathing becoming effected. The infection is strongest after the throat is free from membrane; of this I have had ample proof.

In conclusion, I believe that diphtheria in all its forms can be cured with the constant steam treatment, and I think that I am perfectly justified from the statement I have given, especially when every bad case in the same epidemic has died, except when so treated.

THE CASE OF THE LATE EMPEROR FREDERICK.

From British Medical Journal.

I.—THE INDICTMENT—THE GERMAN PAMPHLET.

The German attack, which practically amounts to a charge of malpraxis against Sir Morell Mackenzie, is embodied in a pamphlet purporting to be drawn from "official sources," which was issued three months ago from the Imperial Press at Berlin. This document consists of separate statements by Professors Gerhardt, von Bergmann, Schrotter, Tobold, Bardeleben, Kussmaul, and Waldeyer, and Drs. Moritz Schmidt, Bramann, and Landgraf; the whole, it is understood, having appeared under the editorship of Professor von Bergmann.

Professor Gerhardt's report states that in January, 1887, the late Emperor—then Crown Prince—became hoarse, in consequence, as was supposed, of having "taken cold." There was, however, neither cough nor other sign of laryngeal

catarrh, and the usual remedies were of no avail. After some time Dr. Wegner, physician-in-ordinary to the Prince, called in Professor Gerhardt, who goes on to say: "On March 6th, by desire of Surgeon-General Wegner, and in his presence, I made a laryngoscopic examination. The vocal cords showed slight uniform redness. During respiration one could see on the edge of the left vocal cord, between the middle thereof and the *processus vocalis*, but nearer the latter than the former, a pale, somewhat uneven-looking prominence, resembling a tongue or flap in shape. The length of this was about four, the height about two millimetres. In phonation the vocal cords came tightly together, and at the point just mentioned a rather elongated, slightly raised, pale-red nodule projected upwards above the glottis. In respiration the vocal cords separated freely from each other, and the pale-red nodule came again fully into view. It easily followed all the movements of the cord—that is to say, there was neither fixation nor impaired mobility of the latter. The hoarseness was caused by the growth becoming caught between the vocal cords in phonation, so that the vibrations of both were interfered with. A diagnosis was made of polypoid thickening of the edge of the left vocal cord."

Professor Gerhardt attempted to remove the growth with the snare and afterwards with the "ring knife," but without success, owing to the hardness of its surface. He therefore determined to destroy it with the galvano-cautery. This was applied on March 14th and 16th, and on the 18th the growth was much smaller, and the voice was decidedly improved. From the 18th to the 26th the treatment had to be interrupted on account of the Court festivities on the occasion of the Emperor William's birthday. On March 26th the tumor measured about half a centimetre in length. The galvano-cautery was applied every day from that date to April 7th, when the edge of the affected cord was smoothed over with a flat burner. On the 8th no trace of the growth was visible, but its site was occupied by a reddish, uneven surface.

There was no cough or expectoration, and the voice was much clearer than it had been.

On April 13th the Prince went to Ems in accordance with advice which had been given by Dr. Wegner at a very early period of the case. Professor Gerhardt gave his sanction to this arrangement, because, having already begun to feel doubtful as to the nature of the disease, he thought it important to see whether, after a short period of rest, the tumor which he had destroyed would recur. The grounds for his suspicions were (1) the situation of the growth at the posterior part of the vocal cord, where benign neoplasms are of uncommon occurrence; (2) its appearance. It had a larger surface of attachment than an ordinary papilloma, and was rather a thickening of the cord than an outgrowth from it. It was moreover unusually hard, and changed its appearance day by day; after cauterisation it grew again very rapidly. In order to cope with this the galvano-cautery had to be applied on ten consecutive days; in this way the tumor was destroyed, but the wound showed no tendency to heal.

On May 15th, when Professor Gerhardt next saw the Prince, the growth was larger and the voice hoarser than ever. There was impairment of mobility of the left vocal cord beyond what could be accounted for by the mechanical obstacle presented by the tumor—a system of ominous significance in such cases. Professor Gerhardt begged that a surgeon might be called in, and accordingly, on May 16th, Professor von Bergmann was summoned. That gentleman advised that thyrotomy should be performed, and the growth extirpated. Dr. Wegner proposed that a laryngological specialist should be consulted. "Several names were brought forward. Wegner suggested Mackenzie; Bergmann and I agreed, because we considered the laryngoscopic evidence and the clinical history so clear and decisive that anyone who could use the laryngeal mirror must come to the same conclusion."

In the meantime Professor Tobold, who was asked to see the Prince, at once pronounced the growth to be cancerous. This diagnosis was formally accepted on May 19th by all the medical men in attendance,

and it was unanimously agreed that the tumor should be removed without delay. All the circumstances of the case made it an exceptionally favorable one for operation. The growth was only half a centimetre in diameter; its situation made its removal easy; the patient was a powerful man in the most robust health. No statistics can fairly show the chances of success under the conditions here present.

On May 20th Mackenzie arrived, and at once declared that an external operation should on no account be done till the growth had been proved by microscopic examination to be malignant. Professor Gerhardt continues: "On the 21st Mackenzie removed a small piece of tissue. Immediately afterwards I saw a slight loss of substance in the mucous membrane on the upper surface of the left vocal cord near the outer border of the tumor. In the base of this loss of substance some yellow, elastic tissue lay bare. Virchow's examination showed only irritative processes and an isolated nest of concentric stratified epithelial cells in the midst of proliferating epithelium. He informed us verbally at the time it might be a case of *pachydermia laryngis*. There was still the objection that the piece removed and examined might not have come from the tumor itself. Mackenzie, therefore, tried to obtain a further test-fragment. On the evening of May 23rd, at Potsdam, he made another attempt with strong, sharp forceps. I saw him take the forceps from his breast pocket and introduce it without previous cleansing; whilst he was introducing it the light which he threw on the laryngeal mirror by means of a frontal reflector was directed sideways, and fell on the cheek, instead of the mouth, of the exalted patient. The forceps came back empty. He would not operate further that day. I examined immediately after him, and found both vocal cords very much reddened, the right one covered with blood in its whole extent, whilst from its edge in front of the middle a dark-red swelling, projected into the glottis. Without making any further reference to the subject, I asked Dr. Wegner also to examine. He did so, and assured me he

had not been able to see anything. We retired to Mackenzie's room, and I there told him plainly that he had seized, crushed, and torn the right cord, which had hitherto been healthy, instead of the left, with the strong forceps already mentioned. He said, 'It can be,' and then spoke of immediate departure. We said he must stay at least that night at Potsdam, and Surgeon-General Wegner mentioned to him a military surgeon in Potsdam who could assist in tracheotomy if it should become necessary."

Professor Gerhardt goes on to say that Dr. Mackenzie stated that he proposed to remove the growth with forceps, and afterwards to apply galvano-cautery, adding that, "humanly speaking," he was confident of being able to effect a cure in this manner. On May 25th it was decided that he should carry out this treatment, Drs. Gerhardt, von Bergmann and Tobold nevertheless adhering to their opinion that the disease was malignant. Dr. Mackenzie promised to discontinue his mode of treatment as soon as any extirpated fragment showed evidence of cancer, or if the tumor should increase in size. On June 1st, when Professor Gerhardt examined the Prince for the last time, the tumor was larger, and extended further back, and there were already signs that the disease was invading the posterior wall of the larynx. It was decided that the Prince should go to England, in spite of the protests of the German physicians, who thereupon urged the desirability of the two following conditions being imposed on Dr. Mackenzie, namely, that every fragment removed should be sent to Professor Virchow, and that the treatment in England should be carried out under the inspection of a German physician skilled in laryngoscopy.

Prof. Gerhardt proceeds to point out the fallacies of microscopic evidence in cases of suspected cancer, and blames Dr. Mackenzie for attaching undue importance to it. He adds that although the English specialist's attention was called to the progress of the disease, in particular to its extension to the posterior wall of the larynx and to the immobility of the vocal cord, his only reply was, "I do not see it."

Professor Gerhardt also affirms that one of the reasons given for the removal of the Prince to England was that, according to Dr. Mackenzie, the climate of the Isle of Wight was likely to prove beneficial for his complaint. It had been arranged, in the first instance, that Dr. Gerhardt should accompany the Prince; but on June 6th he was informed that his services would not be required. He then asked that his assistant, Dr. Landgraf, should be associated with Dr. Wegner, and this was agreed to.

Dr. Landgraf's first report, dated June 18th, was as follows:—"The right vocal cord is reddened, somewhat swollen, and shows a small excavation opposite the tumor. On the left cord is a broad-based, cone-shaped tumor, directed upwards and backwards, which occupies about the posterior third or fourth of the cord. The growth is of a pale yellowish-red color; there is no great redness either on the tumor or in its neighborhood. On the left side, on the anterior surface of the posterior wall of the larynx, the mucous membrane is thickened. The mobility of the left cord is somewhat less free than that of the right in adduction. In phonation there is a space between the cords. No ulceration; complete aphonia."

On the 17th Mackenzie had reported to Wegner that there was no congestion; the condition was satisfactory; he noticed no defect in the right cord, and explained the aphonia by the projection of the swelling on the left cord, which prevented the apposition of the two cords. Landgraf had therefore observed what Mackenzie had not, namely, the redness of the right cord, the unevenness of its edge, the invasion of the posterior wall of the larynx, and the partial fixation of the left cord.

"On July 1st Landgraf, after Mackenzie's operation on June 28th, found the interior of the larynx red; the excavation on the right cord and the tumor on the left were no longer visible, but on the posterior wall of the larynx there was a distinct swelling of greyish-yellow appearance. Landgraf saw this on July 1st. Mackenzie's attention was first drawn much later at the Isle of Wight to a thickening of the mucous membrane on the posterior surface of the arytenoid

cartilage by his assistant, and then also saw it." After July 1st Dr. Gerhardt received no further communication on the subject of the Crown Prince's illness.

Professor von Bergmann states that after having examined the Crown Prince's throat on May 16th and 18th he advised that thyrotomy should forthwith be performed. He has done the operation seven times, and cricotomy twice; all these cases were successful. Thyrotomy in itself is not more dangerous than simple tracheotomy. Dr. von Bergmann says he explained to the Prince that the operation would leave his voice permanently hoarse, but still intelligible. He points out that microscopic evidence, always somewhat untrustworthy in such cases, was particularly so in the present instance, "as it was hardly possible to reach the portion of the tumour containing characteristic elements, as it was situated on the under surface of the cord, and perhaps also on the side wall of the subglottic part of the larynx." Virchow's examinations were therefore quite inconclusive. Dr. von Bergmann and his colleagues soon lost all confidence in Dr. Mackenzie. "To this we were led in the first place by the uncertainty of his manipulations in the larynx, which did not give us the least security, that it was, in fact, the growth and not some other part in the interior of the larynx (as, for example, the right cord, which, as was notorious, had been badly wounded) which was reached by his instruments; secondly, by the unscientific and entirely arbitrary use which he made of Virchow's opinion, in opposition to his own previous teaching, as also by his shifting all responsibility from himself to the pathological anatomist; thirdly, by the manner in which after Mackenzie's appearance in Berlin the press took possession of the illness of our exalted patient." Dr. von Bergmann accuses Dr. Mackenzie of not having adhered to the conditions on which the German physicians had consented to hand the case over to him. Professor Virchow himself described the piece of tissue sent to him from Norwood as a "superficial shred of mucous membrane," from which it was impossible to draw any conclusion as to the deeper parts, whilst Dr. Land-

graf observed the tumor distinctly growing from one week to another. On August 7th, the latter states that he pointed out that as the disease was making steady progress a general consultation should be called, with the view of having a radical operation performed without further delay.

No attention, however, was paid to the suggestion. "Dr. Mackenzie admitted, as I was told, that there was as yet no improvement; but all the cases of cancer which he had seen had had a different appearance. If it had been a cancer, the tumor would certainly have undergone suppuration. He had not before paid any attention to the mobility of the vocal cord. Perhaps it had been still less free previously. This confession of the cursorness of his examination was to me no wise surprising. I had already repeatedly expressed my doubts as to the thoroughness of Dr. Mackenzie's examination, especially when I was told that I took too much time in making mine." (Landgraf.)

Meanwhile, Professor von Bergmann points out that the actual condition was grossly misrepresented in the journals inspired by Dr. Mackenzie, so that the public was extremely surprised in November to learn that Sir Morell Mackenzie looked upon the case as very serious. There is little of a controversial nature in Professor Schrotter's narrative of his visit to San Remo. Dr. Moritz Schmidt expresses the opinion that the course of the disease was "normal from beginning to end." He states that an official protocol was drawn up by Drs. von Bergmann, Wegner, Gerhardt, Tobold, Leuthold, Landgraf, and himself, in which, after setting forth the reasons which had prevented the performance of an operation in the summer, they expressed themselves as follows: "After the physicians, assembled in June of the foregoing year, received the distinct assurance that an operation would be done if the tumour increased, they must lay the blame for its being now too late on the physician who overlooked the fact that it was growing larger, and even denied it when Dr. Landgraf maintained the contrary view with the greatest firmness, and urgently asked for a fresh consultation!"

Dr. Bramann, who was sent to San Remo in order to perform tracheotomy in case of emergency, arrived there on November 18th. but was not permitted to see the Prince till the 28th. He examined him at irregular intervals afterwards, and each time found that the larynx was becoming more and more blocked up by cancerous growth, in spite of the favorable reports which were issued by the physicians in charge. At the end of January the orifice of the larynx was diminished to less than half its natural size, and the vocal cords were almost fixed. There was swelling of the left side of the larynx, perceptible from the outside. He urged that Professor von Bergmann should be sent for, but his request was not acceded to. Dr. Bramann complains that, although the dyspnoea was becoming steadily worse, he was not allowed to see the Prince till February 9th, when he was suddenly asked by Sir M. Mackenzie to perform tracheotomy. After some demur he operated, making an incision five centimetres in length, and opening the trachea exactly in the middle line from the fifth to the third ring, and introducing a silver tube, the inner orifice of which measured eleven millimetres in diameter.

Professor von Bergmann arrived at San Remo on February 11th. He states that he found the Prince's condition satisfactory, and the wound, which he describes as being exactly in the middle line, in a healthy state. The next day a thick, brownish, offensive material began to be coughed out through the tracheotomy-tube. This contained clots, and sometimes a few drops of fresh blood. As Sir M. Mackenzie attributed this bleeding to scratching of the interior of the windpipe by the tube, Professor von Bergmann separated the edges of the wound, showed him the mucous lining of the trachea intact, and expressed the opinion that the blood came from disintegration of the cancerous mass in the larynx. Sir M. Mackenzie, however, adhered to his own view, which he lost no time in communicating to the Crown Princess, and which was forthwith published in various journals. In a report dated February 12th, Sir M. Mackenzie stated that, in his opinion, the clinical symptoms were compatible with

non-malignant disease, and that the microscopic evidence was in favor of this view. A day or two later Drs. von Bergmann and Bramann found distinct cancerous elements in the expectorated matter. It was evident that the whole structure of the larynx was involved in the destructive process, elastic fibres, muscular tissue, and, after a time, fragments of cartilage being found in the discharge. Mackenzie, however, persisted in laying the blame on the cannula, and on February 20th it was agreed that he should try one of his own choosing. On the following night the Prince was more comfortable, and this fresh triumph of English medicine was at once trumpeted forth by inspired newspapers. The improvement, however, was short lived, for the good night was followed by a bad day, and the state of things was as unsatisfactory as before. As there was more bleeding than usual on the night of February 22nd-23rd, Dr. von Bergmann thought that this might be due to the breaking down of a secondary cancerous formation in the lung. Sir M. Mackenzie attributed the bleeding to Dr. Schrader's awkwardness in changing the inner tube. On the 24th he had to acknowledge that his cannula answered no better than the German one which was accordingly reinserted.

Professor Kussmaul, who was called in to give an opinion on the condition of the lungs, arrived at San Remo on February 25th. He found no evidence of pulmonary disease, but confirmed the presence of cancerous elements in the expectoration, which he pronounced to come from the larynx. As Sir M. Mackenzie still refused to accept this diagnosis, Dr. von Bergmann summoned Professor Waldeyer, whose authority finally forced the English specialist to abandon the negative position which he had so long maintained.

After this there is nothing of special interest in Professor von Bergmann's report till the early part of April. On the 5th of that month he observed the skin in the neighborhood of the tracheotomy tube covered with fleshy vegetations, reddish-yellow in colour and about five millimetres in height. Sir M. Mackenzie would not allow that these were cancerous. Dr. von Bergmann pointed out to him

that they were gradually pushing the cannula out of the trachea, and recommended that one with a longer curve should be used. This suggestion was not acted on.

On the 12th Dr. von Bergmann received the following note: "Dear Professor von Bergmann,—We have difficulties with the cannula, and I shall be glad if you will see the Emperor with me *as soon as possible*. Yours truly, MORELL MACKENZIE." He at once proceeded to Charlottenburg, taking Dr. Bramann with him. The sequel must be told in his own words: "I was received by Surgeon-General Wegner, and learned from him what he had written in his diary. 'The night was restless. In the morning, oppression of the chest. On taking out the cannula, the breathing became easier, and this continued after another shorter cannula was introduced. Difficulty of breathing from one o'clock at night well into the daytime. The cannula projected out to some extent; the attendant, Beerbaum, had noticed this during the night. The breathing was very much embarrassed.' It is assuredly not forgotten by many persons that Mackenzie, in reply to the *Colonge Gazette*, with reference to its account of the occurrences of April 12th, maintained that the German physicians who were present at the consultation on the morning of that day had not remarked any difficulty of breathing any more than he had, and are ready to bear witness to the fact. Now here lies written evidence given one hour later, which is not in Mackenzie's favour.

"Being immediately conducted to Mackenzie, I found him in the Emperor's ante-room with one of Windler's, the instrument-maker's workmen, occupied in bending a leaden tube so that it could be passed deep into the trachea. He thought in this way he should be able to quickly fashion a suitable cannula. I showed him that I had a Hahn's sponge-cannula which had precisely the curve, which he also now recognized as suitable, and I immediately removed the sponge from it. Mackenzie agreed that we should try to introduce this tube, and hurried with me to the Emperor. I was alarmed when I found the exalted patient sitting on a chair on the point of suffocation. His cheeks and lips were blue; there was

stridor on inspiration, which could be heard in the next room; inspiration was in the highest degree difficult, all the muscles being contracted, and retraction of the *scrobiculus cordis* being distinctly visible through the open coat. It appeared to me that death by suffocation would occur in a few minutes. I thought no time was to be lost; and after asking and obtaining Mackenzie's permission, I sent a servant for my assistant, Dr. Bramann, and proceeded to examine the wound. Round the cannula there were vegetations which had become much higher and broader, arranged partly in larger, partly in smaller, masses; they were gangrenous, and everywhere the induration had extended more deeply, so that the part of the neck where the cannula projected was like a short obtuse cone. Only the outer tube was in the wound. On my asking since when the inner jointed tube had ceased to be introduced, a servant replied that this had been the case since early in the morning. Mackenzie added that several attempts had been made to introduce it again, but without success. Whilst on Sunday, only four days previously, I could see the posterior wall of the trachea in the depth of the wound, I could now see nothing of it. Large, round, red excrescences sprang from the bottom and sides of the wound and completely blocked the way to the opening in the trachea. The outer tube reached near to, but not into, the air-channel. I explained to Mackenzie that immediate interference was necessary. If it should be found impossible to introduce the cannula which had hitherto been in use, the edges of the wound must be held apart with large hooks, and the opening in the trachea reached; if that did not succeed, a way should be made with a probe-pointed knife. Mackenzie agreed with everything, and especially approved of the long blunt hooks which I had brought with me. He immediately placed himself behind the exalted patient, whose head he took hold of, a position which certainly did not give me the idea that he had any intention of introducing the cannula himself. I attempted to insert it, but did not succeed, being prevented by the broad and large granulations which

filled the whole canal. I put down the cannula, and took the hooks in my hand. Meanwhile, Bramann had arrived, and undertook to hold the hooks; I could not, however, make way with the cannula, whilst the exalted patient's difficulty of breathing became still greater and more alarming. I, therefore, tried, after dipping my hand in a bowl full of carbolic acid solution which was standing near, to push aside the fungosities with my finger, and to reach the tracheal opening and fix a hook there. After I had done this, and when I was holding the hook in my hand, Bramann passed a somewhat less curved cannula—indeed, the very one he had used at his operation on February 9th—into the trachea. The Emperor immediately breathed easily and freely, which he acknowledged by a joyful gesture, and grateful hand-shakings. Of course, some bleeding was caused by my manipulations, but it was only moderate in amount. Some of this blood, as well as the disintegrating tissue and the sanious fluid always trickling from the larynx, no doubt ran down into the trachea, but it was immediately coughed up again. As soon as the cannula was introduced, the hæmorrhage ceased; and when Wegner, Bramann, and myself left the sick chamber half an hour afterward the expectoration had already recovered its former brownish-red color. The whole operation of dilatation and introduction of the bent tube occupied only a few minutes."

Professor von Bergmann calls attention to the different light in which this occurrence was afterwards presented by Sir M. Mackenzie and Mr. Hovell, but he says that nothing can alter the fact that "the Emperor was at the point of suffocation before (his) arrival, and a few minutes later could breathe freely." He leaves to the judgment of the profession the contention of Sir M. Mackenzie that the removal of a few cancerous vegetations shortened the patient's life by six months. He also states that for six days before this operation the temperature had been above normal, and there had been rigors.

On the 13th the Emperor said he had passed a better night than he had done for some time, and on that day he drove into Berlin in spite of Dr. von Bergmann's

protests. The same evening he had a shivering fit with high temperature. Sir M. Mackenzie asserted that there was inflammation of the areolar tissue round the trachea, and that this had been set up by the forcible introduction of the tube. Dr. von Bergmann, on the other hand, maintains that there was no sign of this, and that the symptoms were due to putrid bronchitis. "The necropsy proved that mucous membrane of the trachea was at the place where the lower end of our cannula had rested, absolutely smooth, without trace of cicatrix or other previous irritation, and that the connective tissue round that segment of the trachea showed, as the pathologist who made the dissection dictated, 'normal conditions.' The disintegration of the carcinomatous formations extended only two centimetres and a quarter down the trachea. On the other hand, all the cannulæ, even the shortest, passed at least from four to five centimetres down the trachea; they touched only tissues which were healthy and which had remained so."

II.—THE DEFENCE—SIR MORELL MACKENZIE'S REPLY.

Sir Morrell Mackenzie's reply is divided into three parts—historical, controversial, and statistical. It contains twenty-one illustrations showing the conditions of the late Emperor's larynx at different periods, the various cannulæ used in the later stages of the case, measurements by Mr. Hovell, with the view of proving the asymmetrical position of the tracheotomy wound, and the lesions which are alleged to have followed the attempts of Professor von Bergman to push a cannula into the windpipe. Sir Morell Mackenzie deals solely with the medical aspects of the case, without touching on political questions. He complains that he has been refused access to important documents which have been at the disposal of his assailants. In the narrative portion of his work he describes the progress of the case from the time he was called in till the Emperor's death. He denies the allegation that he deceived His Majesty as to his condition, and states that he can bring forward unimpeachable proof of this assertion. He also denies that he ever said the disease was not cancer; all

that he did was to point out that that conclusion had been arrived at on insufficient grounds, and that the first step towards a rational diagnosis, namely, the removal of a piece of the growth for microscopic examination, had been omitted by the German physicians. This Sir Morell Mackenzie was able to do, and Professor Virchow gave so favorable a report on the fragments extracted that the proposed radical operation was abandoned, and the case handed over to the English physician. With regard to the charge made against him by Professor Gerhardt of having wounded the right vocal cord in his second operation, Sir Morell points out that such an accident is almost impossible with his forceps. He has never known it to occur even to beginners; and as a matter of fact, in the case of Emperor Frederick, there was no objective sign of such an injury having been inflicted, nor did the august patient afterwards complain of any pain or discomfort such as he must have felt if the supposed wound had had any existence outside Professor Gerhardt's imagination.

Sir Morell Mackenzie accuses the German physician of having made a charge which he knew to be false in order to shake the confidence of the Crown Prince in his new adviser. He maintains that his German colleagues fully share his responsibility for the line of treatment which was adopted, as, if they distrusted him, they should at once have openly disassociated themselves from him. They made no sign, however, and even as late as the beginning of October, Professor von Bergmann is said to have admitted that the course which Sir M. Mackenzie had pursued was the right one. This statement, though made in the most positive manner in our columns (*Journal*, November 19th, 1887, p. 1127), has never been denied by the gentleman in question.

Sir M. Mackenzie affirms that, so far from his having spirited the Crown Prince away to England, as he is accused of having done, the illustrious patient came over to this country mainly in order to be present at the Queen's Jubilee, in accordance with arrangements made before the English physician had been called in. He complains that Dr. Laudgraf was appoint-

ed to accompany the Prince without any hint having been given him that that surgeon was one of Professor Gerhardt's assistants.

Sir Morell Mackenzie describes the clinical incidents of the case very much as they were set forth in these columns at the time. We are admitted behind the scenes of the eventful consultation held at San Remo in the early part of November, when the great crisis in the evolution of the disease occurred. Interesting details are given as to the heroic fortitude with which the Prince received what was in fact a sentence, not only of death, but of prolonged previous suffering. Amusing sketches are also given of the attitude of the various physicians who took part in the consultation. Our author informs us that on that occasion Dr. Schmidt, so far from thinking that the case was one of "cancer running a normal course," maintained in opposition to all the others that the disease was "specific," a notion which Professor Shrotter characterised as "an old wife's tale." Notwithstanding this, Dr. Schmidt took an early opportunity of expressing the same opinion in a public lecture at Frankfort, an indiscretion which caused the greatest annoyance to the Prince.

Sir M. Mackenzie, in describing the tracheotomy, admits that the operation was, on the whole, performed by Dr. Bramann in a satisfactory manner, but he affirms that the trachea was opened three millimetres to the right of the middle line. This was proved by Mr. Hovell by an ingenious method of measurement which is fully described and illustrated. Dr. Bramann inserted a cannula of altogether unusual size and shape. The lower end of this instrument, according to Sir M. Mackenzie, impinged on the posterior wall of the trachea, causing destruction of tissue and intense discomfort, with consequent exhaustion. There was at this time great tension in the relations of the English medical attendants with their German colleagues. Sir M. Mackenzie complains that the latter obstinately refused to listen to his suggestions as to a more suitable tube till it was too late. When the case was restored to the English physician, he

substituted a Durham's tube for the German cannula with relatively satisfactory results, but irretrievable mischief had already been done.

Professor von Bergmann is accused of having diagnosed secondary cancer of the lung from finding dulness in the back over the liver; Professor Kussmaul had to be brought all the way from Strasburg to convince him of his mistake.

Sir Morell Mackenzie's account of the events of the fatal April 12th is very different from Professor von Bergmann's. It is substantially the same as was supplied to us at the time by a trustworthy correspondent (*Journal*, May 12th, 1888, v. 10:9). The Emperor's own view of the situation is sufficiently expressed in the words which we give elsewhere in his own handwriting (p. 835). Sir M. Mackenzie does not hesitate to say that Frederick the Third received his death-blow on that occasion. The "false passage" made by the tube gave rise to extensive suppuration around the trachea, which steadily drained away the remaining strength of the august patient, and shortened his life by about ten months.

An interesting statement is made in connection with this subject, that except at the time the "false passage" was made, and especially when Professor von Bergmann thrust his finger into the wound, the Emperor never suffered any actual pain.

After the death of Frederick the Third, Sir Morell Mackenzie alleges that an attempt was made to entrap him into a false position. It was settled that there should be no *post mortem* examination, and the English physician was urged to give his opinion in writing as to the nature of the disease, in the hope, no doubt, that, thinking himself safe from any possible exposure, he would return an ambiguous answer. He disconcerted his enemies, however, by stating unequivocally that the Emperor had suffered from cancer of the larynx.

In the controversial part of his reply, Sir M. Mackenzie contends that thyrotomy in cases of cancer, so far from being free from danger, is in fact a most deadly operation, showing a mortality equivalent to nearly 91 per cent. He also maintains

that it is, in the vast majority of cases, inadequate for the complete removal of the growth, which, therefore, speedily returns, the average rate of recurrence being almost 90 per cent. Apart from this, the voice is destroyed or "modified" in 77.77 of the whole number of cases. Lastly, he argues that in a case of such transcendent importance, it would have been utterly unjustifiable to perform an operation of such a nature without the clearest proof of its necessity. This, he maintains, was not forthcoming till a late period of the illness.

In dealing individually with his German assailants, Sir M. Mackenzie rejects the testimony of Professor Gerhardt as being that of a discredited rival. He brushes aside the evidence of Dr. Landgraf on the score of want of laryngoscopic skill, which was so marked that the Prince was with difficulty prevented from dismissing him. Dr. Bramann is objected to on the same ground. To the evidence of these inexperienced laryngoscopists is opposed the testimony of experts like Dr. Krause, Dr. Wolfenden, and Mr. Hovell. Professor Gerhardt's "ruthless cauterisations" on so many consecutive days is condemned in the strongest terms as absolutely without example in medical practice, and as being likely to irritate the disease, if originally benign, into malignancy.

The statistical portion exhibits the results of twenty-two cases of thyrotomy for cancer, only two of which were successful; of thirty-five cases of partial excision of the larynx, only one of which was successful; and of 138 cases of total extirpation, only eight of which were successful.

We have here given, as it were, the "dry bones" of Sir Morell Mackenzie's argument. There is much in the book, however, apart from its purely medical interest which makes it worth reading, but on these extraneous subjects it is not within our province to touch.

ODONTALGIC PASTE.—Arsenious acid 2 gm.; hydrochlorate of cocaine 2 gm.; crystallized menthol 0.5 gra.; and sufficient glycerin to make a paste. Introduced into the cavity of the tooth, this causes the pain to rapidly disappear.

MANITOBA, NORTHWEST AND BRITISH
COLUMBIA LANCET.

As a member of the medical profession beyond that of any other calling is the most trusted by those he serves, it is incumbent that one of his most essential qualifications should be absolute and entire trustworthiness. The troubles, the trials, of families and individuals are confidently unfolded to him. The skeleton which is said to occupy a cupboard in every household, he is familiar with, he is frequently the depository of secrets hidden from all others and he is ever ready to accord sympathy and assistance when in his power. Among the many thousands who compose the ranks of our profession throughout the world, how rarely do we hear of this trustfulness being misplaced, this confidence abused. But the position which he thus occupies renders him liable to entanglement in the meshes of infamous and unscrupulous designers. No matter how great the skill of a medical man may be, no matter how high his position or how hard he has toiled to attain it, his reputation may be imperilled, his whole future life embittered and his prospects blighted by a contemptible liar and slanderer. Base charges may be trumped up against him without a shadow of foundation, for the mere purpose of extorting money, charges easily made, too readily credited, and only to be refuted by means harrowing to his feelings and disastrous to his pocket. Within the last few days a gross attempt at blackmail has been made on a junior member of a firm of medical men in this city, and as we are cognizant of the whole circumstances of the case we are in a position to state that more groundless, audacious and false allegations were never before made public. In the broad noon day in a small room adjoining the sitting room of the family at the time occupied by several of the members, and separated by only a flimsy partition, so thin as to necessitate one's speaking in the very lowest tone of voice to prevent being heard in both rooms. A medical man is accused by a girl of sixteen of attempting to rape her, and extraordinary to relate,

readily finds a magistrate who on her unsupported testimony contrary to the dictates of common sense, without the slightest effort on his part to ascertain the probabilities of the girl's statement, issues a warrant on this very grave charge, and has this gentleman arrested and lodged in the police court. Who is safe? if the commission of the peace is held by men who unhesitatingly exercise an authority damning to one's social and professional standing. If this magistrate had taken the trouble to walk down "a very short distance" to this surgery where the assault was said to have taken place he would never have granted a warrant, and his explanation that he would not have done so on the girl's statement; only that she was accompanied by the Chief of Police, who knew nothing more than her version of the affair, was a lame and unsatisfactory excuse; probably business affairs prevented his giving that attention to the matter which it called for, but it was his bounden duty before exercising his powers as a magistrate in a manner fraught with such serious results to a young professional man, so humiliating to him and distressing to his friends, to act in no hurried way, and if unable to properly investigate the circumstances on which this warrant was applied for to have left it to some other justice with more leisure time at his command. On going before the police magistrate the charge of attempted rape was found to be so absurd that the prosecutor for the Crown reduced it to that of indecent assault which the evidence adduced plainly showed was as foundationless as the graver charge. It is said the sun never sets on the Dominions of our Queen, and we venture to say that in all that broad extent there could not be found another gentleman occupying a similar position to the police magistrate in Winnipeg, who would on the evidence given before him have sent the case for trial. On its coming before the Grand Jury so frivolous was the charge that the Crown would have nothing to do with it and the Grand Jury after examining the young lady and her mother—whom the daughter described to the examining counsel before the magistrate as not a drunkard or hard drinker, but, that she

got drunk—dismissed the case, completely vindicating the accused. But what is to compensate him apart from the expense he has been put to for the worry and anxiety it has caused both him and his friends.

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We publish the resolutions adopted at a meeting of the medical students of Manitoba College, and entirely sympathize with them in their indignant and very proper protest. There is no ground of complaint against the gentleman who has been appointed further than his not belonging to Manitoba Medical College. He has never attended the practice of the Winnipeg Hospital, and by recent legislation is not qualified to practice in Manitoba—cogent reasons which the Medical Students' Association give, for objecting to Dr. MacDonnell's appointment. This, so far as the students are concerned, but if we are rightly informed that the appointment was made without in any way consulting the professional staff, then a grave indignity has been offered to them, and one which they should not hesitate to show their marked disapproval of. It was assuming a power and privilege appertaining to the medical staff, and such an arbitrary assumption and exercise of authority by any *attache* of the institution is to be condemned. A hospital may be fairly efficient in its working without a secretary-treasurer or board of governors, but without a medical staff it could not exist, and the contention that the medical board of every hospital should be endowed with greater powers in connection with the institutions they support, than now prevails, is one that at present engages the consideration of the profession. It is a very simple matter to settle, the profession have but to insist on it and the several hospital boards will be compelled to agree. We do not desire to disparage the philanthropic efforts of persons who give their time to the promotion of hospital accommodation and hospital efficiency, but we insist on a just recognition of the claims and privileges of the medical staff, who are the life of the institution. The Secretary-Treasurer of the Winnipeg General Hospital's final

answer as given in the daily press of Nov. 19th to the secretary of the Medical Students' association, will not tend to allay their very just cause of irritation. In his reply the secretary-treasurer says the board of the hospital is anxious to aid the Medical College. Certainly the course they are pursuing, which is likely to cause the medical students of Manitoba College to seek other schools and hospitals, is not calculated to promote the welfare of the College. The junior appointments to the hospital of a right belong to the students who have studied within its walls, and in the medical staff, and in them alone, should be vested the power to make these appointments, inasmuch as they are the only competent judges of efficiency. The board may consist of men admirable in their several walks of life, but utterly unable to form a correct judgment as to the suitability or unsuitability of a candidate for these offices. This running to Montreal to fill the vacancies occurring in the Manitoba hospital is neither just to the students, creditable to the school, fair to the province, or courteous to the hospital staff. Its persistence in will be injurious to hospital, school and province, as it will compel the young men of Manitoba who adopt medicine as their profession, to seek their education at other clinics more equitably conducted, and where the non-professional power is less autocratic.

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OUR contemporaries across the border are treating Sir Morell Mackenzie somewhat harshly in the strictures contained in the medical journals of the United States, in connection with the case of his late Majesty, the Emperor of Germany. Possibly the eminent position which Sir Morell Mackenzie has attained; to as a specialist in the treatment of throat affections would have justified him in regarding the accusations of malpraxis advanced against him with contempt, and it may be considered that his high professional position did not necessitate his using the strong expressions of disapproval of the actions of his German confreres that he has indulged in, in his published work, and that he might have safely relied on the verdict of the professional men in his own

country, as to the probabilities of his acting in such a manner as the German savants accuse him of doing, without retorting by such grave charges as he now makes against the late Emperor's German medical advisers. But anyone who has read either the books or the salient extracts from them, bearing more particularly on the medical treatment of the case, must recognize the fact that the English specialist had a very up-hill game to play from the commencement. At the outset Professor Gerhardt, made a very serious accusation of malpraxis, an accusation plainly without foundation, and if this was the spirit the services of Sir Morell Mackenzie were regarded in by his Majesty's ordinary medical attendants at the commencement of the English specialist's attendance, it is not unreasonable to infer that as Sir Morell Mackenzie ingratiated himself in the Emperor's regard and obtained his entire confidence, that the chagrin and jealousy of his ordinary medical attendants became more pronounced, and in many, probably small matters, it became possible for them to annoy and irritate a foreigner somewhat isolated amongst them. The disagreement is one to be deplored by the whole profession; it is creditable to none of the parties concerned, and must be inexpressibly painful to the family of his late Majesty. It is to be hoped that the press of the countries most interested in the matter, having expressed their opinion, will drop the subject and not keep before the minds of the public a dispute which every right thinking individual must regret.

DR. KERR'S many friends in this city will be pleased to hear that he has been selected to fill a valuable appointment at Baltimore, said to be worth over \$5,000 a year, with other advantages.

RESOLUTIONS OF MEDICAL STUDENTS' ASSOCIATION OF MANITOBA.

Whereas by the resignation of Dr. Hutton, a graduate of Manitoba University, the position now known as Resident House Surgeon, became vacant, Dr. O'Reilly, according to the new by-

laws, holding the position of Resident Medical Superintendent.

And whereas, the said position has been filled by the appointment of one Aeneas J. Macdonnell, a graduate of an eastern school, and who is not registered under the provisions of the Medical Act of Manitoba, 49 Vic. cap. xxxi., and who is not qualified to practice medicine, surgery or midwifery in this province.

And whereas, no official or other notice was given either by C. J. Brydges, hon. sec. treas., or by Dr. O'Reilly, medical superintendent of the hospital, to the graduates in Medicine of Manitoba University, or to the duly qualified medical practitioners of this province, that the said position was vacant, whereby they might have the opportunity of applying for the said position.

And whereas, the said position now known as Resident House Surgeon and the old position of Resident Clinical Assistant were always filled by graduates or undergraduates in medicine of Manitoba University, the said positions being held out as inducements to students to pursue and finish their medical studies in this province, so that they would be able to qualify and be eligible for the said positions;

We, the members of the Medical Students' Association of Manitoba, desire to protest against the appointment of the said Aeneas J. Macdonnell, and characterize it as unjust, unlawful and unfair to the duly qualified medical practitioners of Manitoba, and to the graduates in medicine of Manitoba University, who have had no opportunity of applying for the said position, and to the students in medicine of Manitoba Medical College, who are in their final year and who stand on a par with the said Macdonnell in so far as this province is concerned, he having to spend a year in the study of medicine here and pass the examinations in medicine of Manitoba University before he can qualify and legally hold the position of medical officer of "any hospital in this Province which is not supported solely by voluntary contributions." in accordance with section thirty-five (relating to hospitals) of the Medical Act of Manitoba.

Mr. Brydges' reply to this protest in the daily press of Nov. 13th, is a very lame attempt at justification. The ordinary proceeding is to advertise the vacancy and the qualifications for filling it. The application made to one person was certainly no just ground for assuming that none of the graduates of the college would accept the office, nor is there any good ground for the determination of the directors that the junior house surgeon should be a qualified practitioner. Institutions with four times the number of beds and ten times the hospital practice do not require it, and a third year's student usually fills the post. The advantages to be gained

by a residence in the Winnipeg General Hospital are hardly sufficient to attract a qualified man who, if willing to give his services gratuitously, would naturally choose a wider sphere for perfecting his education. The appointment is a fitting one for the advanced student and is an incentive to diligent work in the hospital wards, for which it ought to be the reward.

MANITOBA MEDICO-CHIRURGICAL SOCIETY.

The meeting of this society took place as usual on the first Tuesday in the month, Dr. Orton, vice-president, in the chair. Numerous letters from medical men throughout the province were read, all cordially approving of the proposed meeting of the profession in Winnipeg. The date of the gathering is not yet fixed upon as it was deferred to communicate with the Canada Medical Association so, as if possible, to secure their attendance either before or after their proposed visit to Banff. The secretary will give due notice of the date when decided upon.

BOOKS.

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES—edited by C. E. Sajous, M.D. The issue for 1888, in five handsome volumes, of between five and six hundred pages each, well illustrated, and containing all that is new in medicine and special surgery up to the date of printing, forms a most desirable addition to any medical man's library. It would be impossible to notice in detail the contents of these volumes containing as they do all that is progressive in the practice of our art; as a work of reference, and as the preface claims, a helpmate to the practitioner; no publication of the present day can stand higher than Annual of the Medical Sciences. F. A. Davis, publisher, Philadelphia, Pa., U. S. A.

ALDEN'S MANIFOLD CYCLOPEDIA.—The second volume of first edition, ending with A.R., has been received. We can only endorse what we have before said, that this promises to be one of the most

valuable works of the century. Its price places it within reach of all.

THE JOURNAL OF OPHTHALMOLOGY, OTOLGY & LARYNGOLOGY will be issued in January, 1889, from the press of A. L. Chatterton & Co., New York, as a quarterly. It will be edited by George S. Norton, M.D., assisted by Chas. Deady, M.D. Subscription price \$3 per year. The journal will be devoted to original articles upon the three specialties and made of the highest practical value to all interested in the eye, ear or throat. In addition to original papers by prominent authorities the immense mass of material found at the N. Y. Ophthalmological Hospital will be utilized.

MISCELLANEOUS.

SEVEN hundred and twenty-eight is the record in numbers of the articles printed during 1888 in the *Archives of Gynecology* on the special subjects of its title. It is the aim of the editors to publish all current thought in these departments of medical knowledge. The publishers, Leonard & Co., 141 Broadway, New York, do not send sample copies, but if you are not pleased with the first number it may be returned and the order erased. Subscription \$3 per annum. Payment is not asked till end of the year.

CHLORAL IN LABOR.—In the prolonged first stage of labor the hydrate of chloral is found to be an excellent agent. It produces a natural, healthful sleep, soothes, and if there is tardy dilatation of the os uteri, this is rapidly overcome, that hard, rigid, bone-like condition of the os uteri, with slow dilatation, rapidly disappears under the influence of chloral, and there is no doubt but that its early administration will prevent many cases of eclampsia. It does not in any way interfere with the secretions or with the progress of labor, and many physicians believe that labor progresses even more rapidly under its influence.—*Ch. Med. Times.*

ACTION FOR DAMAGES AGAINST A DENTIST.—Frank Engleman, a sailor, who sued Dr. David S. Skinner, a Brooklyn dentist, for breaking his jaw while extracting a tooth, has received a verdict for £200. He sued the dentist for £1000.

INTRA-UTERINE INJECTIONS.—While the utility of intra-uterine injections, both as a prophylactic and curative measure, is undoubted, we must indicate the accidents which these injections are liable to cause. These accidents are of three orders: 1, Accident of retention; 2, septic accidents; 3, nervous accidents. The first order may be explained by the slow absorption of the liquid injected and retained in the uterine or vaginal cavity. By the penetration of the liquid into the peritoneum by the fallopian tubes. By the direct penetration into the circulation, by the venous sinuses, of the liquid injected. This variety is no doubt the most common and at the same time the most terrible. The septic accidents, constituted by shiverings followed by fever, simulating a fit of intermittent fever, appearing always after a uterine irrigation and ceasing only when the injections are suppressed, are manifestly in correlation with these injections. The nervous accidents, which are always incriminated as soon as any complication after an injection arises, should be looked upon as exceptional. After having fully described the mechanism of the three orders of accidents, the author states that the nervous accidents are without gravity. The same cannot be said of the toxic and febrile accidents, which ought and can be avoided by certain precautions, the principal of which are: the choice of a catheter by which the return of the liquid is insured, and attention should be paid not to raise more than 30 centimetres above the bed of the patient the recipient containing the liquid.—*Dr. Mangin in the Nouvelles Arch. d'Obs. et de Gyn.*

TREATMENT OF OBESITY—PERSONAL EXPERIENCES.—Some three years ago, finding that my weight had increased enormously, I determined to try the following treatment for obesity. On March 1st, 1885, I weighed, in the Jermyn Turkish Bath, 15 stones 10 pounds; on the 2nd I commenced the treatment, which was as follows:—Breakfast: one pound of rump steak, without fat. Lunch: another pound of rump steak. At dinner: one pound of grilled cod and one pound of rump steak. I

drank at intervals during the twenty-four hours a gallon of hot water. The last thing at night I took two teaspoonfuls of Scotch whiskey in cold water, and night and morning 5 grains of bicarbonate of potash. On the 16th I weighed again in Jermyn Street, and I found myself reduced to 14 stones 6 pounds. I then reduced the amount of water, and began to take tea or coffee, reducing the quantity of meat, and taking toast with it. On April 8th my weight in Jermyn Street was reduced to 13 stones 4 pounds. I gradually from that date returned to my usual habits of life as regards diet; and on the 30th I weighed again, and my weight was 12 stones 11 pounds, and since that date up to now has not materially varied; I have eaten and drank as I pleased. Finding this course of treatment was personally successful, I have since treated forty patients with equal success. Before I placed myself under treatment I found my breathing much oppressed in going up-stairs, and my work as a general practitioner irksome and fatiguing, I have derived enormous benefit from the reduction of fat, and feel infinitely better, and am able to cycle as much as fifty miles a day with comparative ease. I think it may be useful to put my experience before the profession.—*W. Towers-Smith, M.R.C.S., in British Medical Journal.*

BONE-CUTTING BY ELECTRICITY.—Removal of sections of bone in surgical operations has heretofore been a long, tedious process, effected with a mallet, chisel gouges, etc. It is, perhaps, the most brutal and unscientific method which could be adopted, and sounds like the operative butchery which existed in the last century. This has all been reformed by an invention called the electric osteotome, says the London *Electrical Engineer*, which is an instrument holding a circular saw at its extremity, revolved with lightning speed by an electric motor. This, when held against a bone, makes a clean cut through it in a few seconds; in fact its action is instantaneous. By holding the osteotome in a slanting position, wedge-shaped pieces can be cut out with

equal promptitude. There is no danger of the saw cutting the soft parts, as they are protected by a retractor,—an instrument which is pressed down and under the bone.

TRANSPLANTATION OF THE SKIN.—Baratoux and Dubonsquet (*Progres Med.*, No. 15, 1837). D. treated two extensive wounds caused by burning, in which no attempt at cicatrization seems to have been made, although granulation was progressing well, by transplantation. Simultaneous auto-transplantation, and pieces of skin from a frog's back the size of a thumb-nail, was practiced. Most of the latter lost their pigmented aspect after ten days, and adhered well, taking on the natural color of the human skin. The wound where the frog's-skin transplantation had been performed healed more rapidly than the other where human skin was used, the cicatrix being softer as well. B. treated cases of ulceration of the nose, and also perforations of the membrana tympani, successfully by transplantation of frog's skin, healing taking place in from one to two weeks.

In three old cases of perforation of the drum membrane, the margins were freshened by touching them with nitrate of silver, and a piece of frog's skin attached. In three days a cicatrix had formed, with considerable improvement in the hearing. Transplantation must be practiced with a healthy granulating wound, hæmorrhage being avoided. According to the authors, the wound should be irrigated with a strong solution of carbolic acid, and dried; the piece of skin should also be washed in a weak solution of carbolic acid.

It suggests itself to the abstractor that still better results would be obtained by substituting a sterilized solution of chloride of sodium, say of the strength of 6 to 1,000, for the strong carbolic solution recommended, to be used just prior to the operation. The changes produced in the vessels and their contained blood by the use of strong disinfecting solutions are calculated to prevent early adhesion of the new skin. At least such is the experience of recent observers. Reliable disinfection of the ulcerated surface may

be obtained by keeping the parts covered with gauze wrung out of a 1 to 12,000 solution of potassio-mercuric iodide for a day or two previously.

THE FASTING MAN'S LATEST CRAZE.—Dr. H. S. Tanner, who became famous about eight years ago by fasting 40 days in Clarendon Hall, New York City, arrived in Chicago recently from New Mexico. He is apparently in perfect health, and his girth is such as to suggest anything except abstinence from food. About the last news from the doctor, previous to his arrival in the west, was that he was in New Mexico, living there on a purely vegetable diet. At present he eats two meals a day in summer and one meal a day in winter. He says that he has been in Mexico for four years, pursuing investigations into the subject of suspended animation, or counterfeit death. He is convinced that large numbers of people are annually buried alive all over the world, and from his study of various cases, and the records of societies on the subject in Holland and elsewhere, he believes that, so subtle is the principle of life, no one can undertake to say that it is extinct until decomposition—the only sure sign—has set in. He declares that the dead in the United States are buried with indecent, with criminal haste, and that burials of persons who are not absolutely dead are murders. The doctor is also pursuing another branch of semi-suspended animation, viz: hibernation. He declares that bears and other hibernating animals do not use their lungs during the hibernating season, and he is convinced that man can hibernate. He refers to the long trances of the Hindu adepts, accomplished through long seasons of fasting, and declares it to be his belief that these trances are merely seasons of hibernation. The Doctor says he is studying with a view to making some experiments in this line, and that the time may come when he may permit himself to be sealed up in an airtight coffin and laid away until such time as he shall designate for it to be opened.

A SUCCESSFUL OPERATION.—Sir Henry Keating, the eminent judge, whose death at the age of 84 took place lately, owed

the whole of his judicial career to a successful surgical operation; he survived the performance of ligature of the external iliac artery for femoral aneurysm for nearly thirty years. The operation was performed by Sir William Ferguson, in 1859, whilst Sir Henry Keating was Solicitor General.

SILVER POISONING FROM THE PROLONGED APPLICATION OF CAUSTIC.—Dr. Svonnikoff mentions in the *Meditsinskoe Obozrenie* a case of argyria, or silver poisoning, following constant applications of lunar caustic to the throat. The patient was a peasant woman fifty-three years old, who had syphilis sixteen years previously. She was treated by frictions and applications with the brush of a 50 per cent. nitrate solution of silver to the throat for several weeks, she herself using the brush whenever the throat was painful. The pharynx, the hard palate, the gums, and the upper part of the chest and back became stained a deep grey color, and the discoloration was even more marked on the face. A similar case has been reported by Dugiel.

TRACHEOTOMY IN DIPHTHERIA.—The patient, a little girl aged eight years, was first seen March 15. I found the diphtheritic membrane on the tonsils, pharynx, and extending into the posterior nares. The constitutional symptoms were not unusually severe. On the 17th symptoms of laryngeal invasion appeared, and the membrane completely covered the throat. In spite of the usual treatment the dyspnoea increased, and it became evident the child would die if not relieved. On the 19th, in consultation, tracheotomy was decided upon, and I at once opened the trachea and put in a cannula. During the operation, which was performed under chloroform, the struggle for breath was so great that we feared she would die on the table. The operation was consequently hurried, and the opening made in a pool of blood, which ran into the wind-pipe when the tube was put in. A vigorous cough expelled the blood, and breathing became at once quiet. After the operation, for some time, the pulse was very weak, but improved under stimulants. On the tenth day after the operation the

cannula was removed, but the false membrane covered the wound and lined the trachea as far as could be seen, and the breathing was somewhat difficult, it was replaced, as there was still membrane to be seen, and the breathing was more comfortable with the tube in; the child also asked to have it put back. On the fifteenth day the tube was finally removed, the patient breathing easily through the larynx. The wound rapidly healed, and the child is now well. The after-treatment consisted in maintaining a warm, moist atmosphere in the room by slacking lime and the steam of water. The tube was covered by a warm, moist sponge, and frequently sprayed with a solution of lactic acid in lime water and glycerine. Stimulants were freely given, the patient at one time taking in twenty-four hours six pints of Bass's ale, and for days two or three pints a day. As she improved the desire for ale lessened. The convalescence was fairly uninterrupted; constant care, of course, being required to keep the cannula clear. The care and attention involved in bringing this case to a successful termination was enormous. For the first ten days Dr. Jalter or myself were in constant attendance during the night, and Mr. H. Soltis, a third year medical student, during the day. The little patient, also was extraordinary intelligent and docile; whatever the doctor or nurse wished her to do was done without a murmur. The operation was done before the vital powers were exhausted, which no doubt favored recovery. My object in reporting this case is to encourage medical men to give in like cases, a chance for life by an operation. They can but die at any rate; but death is shorn of half its terrors by the operation. Consent of the parents is in my experience hard to obtain, which, I think, is partly our own fault, as we are, unfortunately, unable to hold out any great hope of success of the operation, and we are not emphatic enough in urging it. I would say operate early; do not wait until the patient's vital powers are exhausted and the nervous system poisoned by insufficiently purified blood. And if we save a life, it is an unmistakable triumph of the healing art.—*Montreal Med. Jour.*

NIGHT TERROR AND SCREAMING IN A CHILD CURED BY REMOVAL OF THE TONSILS.—A. B.—, a boy about seven years of age, to all appearance in good health, was brought to me for treatment some four years ago. His parents said they could not think what was the matter with him. They feared he was going out of his mind. He seemed to be quite well all day, took his food with appetite, and had good spirits; but every night, after he had been asleep some little time, he used to cry out, and refuse to be comforted (his cries alarming the neighbors). In a short time he got over the attacks and became composed and rational, and would lie down quietly to sleep again. I examined the boy with care and could find nothing the matter with him, except that he had very large hypertrophied tonsils; these I at once decided must be the cause of the alarming symptoms, (and having some similar cases in my mind recorded by Mr. J. Warrington Haward) I asked permission to remove them, as I believed that by so doing I should cure him. This was readily assented to, and I at once removed them both, very little hæmorrhage following. To my great satisfaction I learnt that my conjecture was evidently correct, as my little patient got quite rid of his night terror and screaming. I presumed that in deep sleep, when he lay in some unfavorable position, the tonsils obstructed the respiration so as to cause imperfect aeration of the blood and the disturbed mental condition.—*London Lancet.*

REMOVAL OF HORNY GROWTH FROM THE DORSUM OF THE HAND.—It may possibly be of some interest to the readers of THE LANCET to have brought before them the case of Mr. S. W.—, aged seventy-nine, resident in Castleton, Derbyshire, from whom on July 19th last I removed a growth entirely horny in consistence, presenting very much the appearance of a lamb's horn, measuring at the widest part at its base an inch and a half, and at its apex about three-quarters of an inch; the length of the horn being three inches, and curved from the base to apex; the growth being freely movable with the integuments, and situated over the tendons of the extensor communis digitorum close to the metacarpophalangeal joints of the

fore, middle, and ring fingers of the right hand. The patient stated that the horn originated from a small wart about six years ago, which had frequently been subjected to irritation. Prior to removing the growth the tissues beneath its base were injected in three places with five minims of a 10 per cent. solution of cocaine. The removal was effected by two oval-shaped incisions, the patient describing the operation as perfectly free from pain. The wound was dressed antiseptically until Aug. 29th last, at which date cicatrisation was complete.—Ernest H. Ellison, M. R. C. S., L.R.C.P., in *London Lancet.*

POPULAR TERMINOLOGY.—The following lines have been strung together by the house surgeon of a south country dispensary; they consist entirely of the expressions used by mothers in describing to him the complaints of their infant offspring:—

- “E's cutting 'is teeth across the loins with a wheezing on the chest;
We always thinks for this complaint Roosian taller plaisters is the best.”
- “E's come out all into a rash; I am sure 'e 'as the measles;
'E's worked up'ards and down'ards, and 'is milk comes up in curdles.”
- “E's a-wasting to a shadder; I am sure every-thing I've tried;
I give 'im boiled bread and arrowroot, yet 'e's never satisfied.”
- “Mother says 'e's got consumption of the bowels, but I think it all lies in 'is 'ed;
'Is little nose it keeps a-snuffing, and 'is little bottom is quite red.”
- “E's got the thrush which is a-going through 'im,
So I give 'im a cooling powder, which give 'im rather a doing.”
- “E's cutting 'is teeth crossways; they ain't quite through yet.
'Is little 'ed sweats so at night, it makes the pillow soaking wet.”
- “E's inwardly convulsed; 'is little eyes roll so in 'is 'ed;
'E's like a burning coal at night; I can't abide 'im in the bed.”
- “E's collecting water in 'is 'ed whilst cutting 'is back teeth;
'E's got the eating diabetes, for 'e does nothink else but eat.”
- “Every time 'e draws 'is breath it comes right from 'is little stummick;
'E's got the red-gum all over 'im; 'is teeth it is what's done it.”
- “When 'e waked the water stood upon 'is 'ed in drops, and reg'lar smoked;
'Is breathing was that 'ard at night, I thought 'e must 'ave choked.”

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