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## The Northern Lancet And Pharmacist.

*Gleanings from the journals of the World all that is new in Medicine, Surgery and Pharmacy, placed monthly before its readers in a condensed form Medical, Surgical, Obstetrical and Pharmaceutical advances in both hemispheres.*

WINNIPEG, AUGUST, 1890.

### I. EXCISION OF TUBERCULAR GLANDS OF THE NECK.

BY DR. A. H. FERGUSON,

Professor of Surgery, Manitoba Medical College.

The total extirpation of the so-called scrofulous or strumous glands of the neck has become a recognized procedure in surgery since it was clearly shown by Koch, of Berlin, in 1882, that the many pathological conditions which went under the vague term scrofula, were caused by the bacilli of tuberculosis.

The literature on the subject of the identity of scrofula with tuberculosis though recent, is already extensive.

The account given by Nicholas Senn, in his work on "Surgical Bacteriology," of the experimental researches of Koch, Arloing, Eve and Mueller, on guinea-pigs and rabbits is very clear and conclusive. It is an easy task for any surgeon to satisfy himself on this subject by making a microscopic examination of stained sections of the glands, in which the bacilli are invariably to be found, or by cultivation or inoculation experiments. To see tubercular nodules, composed of the characteristic bacilli, produced on the peritoneum of a guinea pig or rabbit, after its inoculation with an emulsion from simple scrofulous glands, is convincing even to the most skeptical. While working in Prof. Koch's laboratory a year ago, and giving special attention to everything surgical, I took full advantage of those experimental researches, and with proper appliances, able assistance and guidance, had the satisfaction of demonstrating the tubercular nature of scrofulous glands and lupus. Long

before Koch's discovery much clinical evidence was collected of consumption setting in soon after the lymphatic glands of the neck had become scrofulous. A sad instance has occurred in my own practice recently.

In the spring of 1888 I advised Mr. Gillespie, proprietor of the North-West Dairy, to send his little daughter, a year and a half old, away from home to escape scarlet fever. A neighbor woman, who had no children of her own, took charge of the little one. In about six months afterwards the girl was brought to me with the glands of the neck enlarged and tender, but no marked constitutional symptoms present. In trying to find out the cause of her disease I was told that the kind lady who cared for the little girl was then in consumption, and had lately died. That she was very fond of children, and frequently nursed and kissed her little companion. The cause was clear. The next three months, with belladonna and iodine locally, and cod liver oil and iron internally, she improved very much. I was then absent for six months, and consequently did not see her till October, 1889. Her constitution was profoundly affected. The hectic flush, the night sweats, the emaciation, loss of appetite, and the occasional diarrhoea, all pointed out the gravity and nature of the case. The glands had suppurated, were still discharging, and had no tendency to heal. As I could find no physical evidence of lung implication I at once operated and removed the cervical glands. The wounds healed by first intention and slight improvement followed for a short time; soon, however, the constitutional symptoms deepened; the mesenteric glands enormously enlarged, and last of all the lungs became infected, after which she soon died. The family history was excellent and no other cause could be traced than the exposure to tuberculosis. This is a strong plea for early extirpation, and I shall ever regret that I did not excise the glands when they became first involved. The great majority of cases run a more chronic course, remain local, one gland after another becomes inflamed, terminating in caseation and suppuration, and the dis-

charge lasting for an indefinite number of years without producing much if any constitutional disturbance.

A case running this chronic course has been treated by me for the last eight years, whose tubercular nature I have verified by a microscopic examination, and the cause can be traced to the exposure to phthisis when eleven years of age. She is now the age of twenty, and exhibits no systemic symptoms whatever. She is averse to an anæsthetic and operation, therefore I content myself with lancing and scooping out gland after gland as they break down. In the early treatment I have applied a number of drugs, and tried every procedure that suggested itself. Atropia, four grains to the ounce, mixed with Aconite or chloroform, alternating week about with the ointment of Iodine, afforded the best means of allaying the pain and reducing the glandular swellings. Injections of carbolic acid, iodine or iodoform into the substance of the glands sometimes retarded, and as often hastened, disintegrating changes. It is only palliative however, and the value of any local treatment that I have tried, other than excision, is not to be relied upon. I have no experience with igni-puncture formerly practised by Treves, nor with galvanocautery as used by Genzmer, of Halle, both of which appear to have received their respective merits by attracting but very little attention.

I saw while in Hamburg the good effects of cold applied to lupus of the fingers, used by Dr. Carl Lauenstein, on the principle that cold prevents the spore formation of the bacilli of tuberculosis. This led me to apply ice to strumous glands in a number of cases, with but temporary benefit. It is difficult to get patients to keep up this line of treatment for any length of time, therefore I cannot as yet speak positively of its utility.

I notice in the Medical Annual, 1890, that "very hot compresses" (140° to 165°) is recommended by Prof. Nasilloff. They are applied night and morning for fifteen minutes at a time, not unfrequently blistering the parts.

I am perfectly convinced that the

quickest, safest, and surest cure is to remove them with the knife.



The accompanying wood cut represents the appearance of the neck seven days after removal of the glands, showing the lines of incision in one of my last cases. The case was that of a young girl fourteen years of age, sent to me by Dr. Gunne, of Glenboro. Her family history was good, and other than the enlarged glands she was in excellent health. Over three years ago they began to enlarge without an apparent cause, in Ontario. While there, and after coming to this province, in spite of skilled treatment, both local and constitutional, Helen's neck gradually got worse, until both deep and superficial glands were very prominently involved, giving her neck an ugly and broad appearance. Suppuration had occurred over the paratoid region of the left side, which was the first affected, and by far the worst, and the glands at the angle of the jaw were glued together with inflammatory products into one hard mass. Though those on the right side were large, protruding and numerous, still they were quite moveable beneath the skin.

On the 9th of July ulto, I operated on the left side. The greatest care had to be taken while removing the deep cervical upper set situate about the bifurcation of the common carotid. In ten days I operated on right side. The spinal accessory nerve on this side was completely surrounded by glandular tissue, and had to be carefully dissected out. The wounds on both sides healed by first intention, and in a week after the second operation she was ready to return home cured.

## II. THE RADICAL CURE OF VARICOCELE.

The indications for operating on varicocele that I have met with have been six.

1. For producing mental disturbance. Two cases of this nature came to me for treatment, one a farmer and the other a laborer. Both were mentally troubled, and even depressed, at the thought of becoming impotent and sterile. There was but slight enlargement of the left spermatic veins in both cases, which they thought was produced by masturbation. One of them intended to get married, and wishing to be cured before doing so consulted two medical men, who made so light of the trouble that distressed his mind for a number of years, that he came to the conclusion that they knew nothing about his particular case, and was even more discouraged than ever.

The other had read quack pamphlets and was worked up to a high pitch of excitement lest he should become insane. He was preparing to go to Pierce's establishment in Buffalo, to be treated in a new and special manner hitherto unknown in surgery. Could it have been possible to allay the mental worry in these cases no operation would have been necessary; but failing to do this I removed the offending veins with the result of curing the mind as well as the varicocele. It is now over two years since, and they are both in the same neighborhood contented, healthy and happy.

2. The second indication for excising the veins was in a person whose varicocele returned to be worse than ever after being subcutaneously ligatured four years previously by a Guelph surgeon. There was a constant ache unrelieved by a suspender. He was cured by operation.

3. The third necessity for operating was the large size; the inconvenience and discomfort accompanying it. I have relieved four cases of this class by operation.

4. A fourth condition demanding operation was in the case of a constable from Regina, sent to me in July last, by Dr. Dodd, Surgeon to the N. W. M. P. His

varicocele, though not large, still incapacitated him from active service. He attributed it to riding on horse back day after day, and tells me that a great number of the mounted policemen are troubled in the same way. The accompanying figures 1 and 2 represent

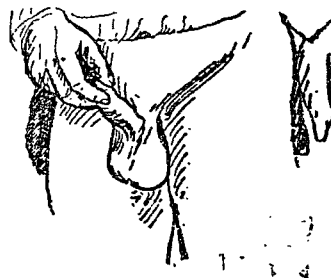


Fig. 1.



Fig. 2.

this case before and six days after operation. In the photograph taken by Dr. Todd, house surgeon, the line of incision was not noticeable, coaptation being so accurate, after union by first intention, consequently the engraver was directed to show it by a small line in fig. 2.

5. I have only met with one case in which atrophy of the testicle was produced by varicocele. In this case it was present since sixteen years of age, and ever since (15 years ago) the testicle has not developed equal to the opposite one, and the last couple of years he fancied it was growing less. I operated on him last February, have heard from him that he is suffering no pain, and cured, but I have not seen him.

6. A sixth indication, and one I have not noticed given by any other surgeon, in reviewing the literature on the subject,

is to check the habit of self-abuse. A bad boy was brought to me just five days ago, who boldly admitted to be masturbating almost daily to, as he claimed, relieve a pain in his left testicle. Upon examination a well marked varicocele was found on the left side. I excised the veins, shortened his scrotum, and performed a circumcision with the hope of detracting his attention from those parts. I have not yet removed the dressing, but he is doing well. I shall watch this case with more than usual interest.

#### OPERATION.

I do not intend to review and criticise the various operative methods that have been recommended from time to time by different surgeons, but will here briefly describe the operation which seems to me to be the most rational and beneficial. For the sake of convenience let me divide the operation into three stages.

- 1st. Exercising the enlarged veins.
- 2nd. Shortening the scrotum, &c.
- 3rd. Closing the wound.

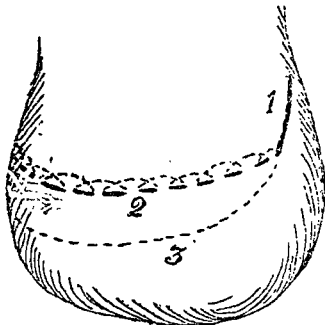


Fig. 3.

The first stage is carried on by an incision, fig 3. (1) an inch to an inch and a half long over the bulging veins, which are dissected out cautiously throughout their whole length, and taking care not to wound the region of the vas deferens. They are then ligatured above and below with carbolized catgut, and the intervening dilated portions removed with the scissors. In proceeding with the second stage the scrotum is pinched up above the portion about to be removed with the fingers behind and thumb in front. It is

then sewed across from one side to the other (2) with a half-back stitch, continuous suture of carbolized catgut No. 3 or 4, terminating at the inferior angle of the first incision, (1). This suture does away with the necessity of using a clamp; it acts as retention sutures; does not bruise the tissues and need not be removed. This stage is now completed by cutting off the redundant scrotum below the suture (3).

The third stage is commenced by securing the tunica vaginalis testis by itself with a continuous suture of fine carbolized catgut, and it is finished by stitching the skin in a like manner. A few strands of catgut may be used to drain the upper incision, but even that is not necessary. If all antiseptic precautions have been taken, the patient will be able to move about within a week, but it is advisable to wear a scrotal suspender till the tissues have become firm.

The claims of this operation are :

- (1) That it effects a radical cure.
- (2) It is easy to perform and but few instruments are required.
- (3) The half-back stitch takes the place of the scrotal clamp; and the tunica vaginalis being brought together separately prevents the possibility of a hematocoele taking place, which happened in one case when this was not done, and where I used the clamp.
- (4) The shortened scrotum permanently supports the testes.

#### DR. JOSEPH DRZEWIECKI ON THE RATIONAL TREATMENT OF CHRONIC BRONCHITIS AND LARYNGITIS WITH SPECIAL REGARD TO PHTHISIS.

On no subject has so much been written as upon that of phthisis. Probably no disease has had a greater number of remedies suggested for its cure; one drug has been discarded for another, and, in spite of all patients die by thousands. Great attention is now paid to microbes, which are regarded as the cause, and it is generally believed that by suitable germicidal drugs the disease can be cured.

Seeds sown on improper soil rot use-

lessly; on fertile ground, however, they thrive and produce abundant fruit. This is the case with the microbes; they are lost in healthy organisms and develop in the affected, where there are favorable conditions for their growth. From my point of view the microbes are the consequence of the disease, and are only an evidence of the morbid process, not its cause. We would call those unreasonable who endeavored to remove dampness from the house by removing the fungi. The dampness favors the development of the fungi, but the fungi are not the cause of the dampness. Let us remove it, and the fungi must disappear because deprived of the conditions of their existence. The same rule may be applied to the treatment of contagious diseases, and, naturally, also to phthisis.

All endeavor, thus far made in the treatment of phthisis to kill the tubercle bacilli have proved a complete fiasco. It is sufficient to mention Weigert's method, about which so much has been written. It is strange, indeed, that physicians accept so quickly and without criticism every new treatment. Suppose that there exists a certain remedy with which we can kill the tubercle bacilli in the lungs of the patient. What of it? We shall kill them in the lungs, but the soil remains unchanged, and the bacilli come from without and develop. Besides, the experiments made by Warikoff, Cornil and Babes, and others, prove that by giving antiseptic drugs internally we cannot kill the microbe except when we kill the organism.

The best results have hitherto been obtained by climatic treatment of the patients, and also by giving internally volatile oils, especially guaiacol, menthol, creasote, etc. But if we consider the small quantity of the above remedies given to the patient, and compare it with the whole quantity of liquids existing in the organism, we come to the conclusion that such feeble solutions of these oils cannot have antiseptic properties, and therefore the improvement must be due to some other cause.

In my practice I have successfully employed for three years the following method.

1. I endeavor to nourish the patients

well, and for this purpose use milk, milk with rice, gruel, soft eggs, oysters, and fruits; I forbid intoxicating drinks.

2. I make inhalations every two hours for ten minutes by means of a very simple apparatus consisting of a bottle with a large base and narrow neck, closed by an India-rubber cork with two glass tubes, the long one nearly touching the bottom and the short one connected with India-rubber tube, at the end of which is a glass mouth-piece. Enough water is poured into this apparatus to allow the longer tube to stand about  $\frac{1}{2}$  inch in it, and to the water is added from 10 to 15 drops of volatile oil; as, for instance, puriline oil, peppermint oil, eucalyptus, etc. I find that patients best tolerate and like the first two oils. Inhalations must be made slowly and deeply, but without force. The advantages of such treatment are the following: (1) the patient, by inhaling deeply, exercises the lungs; (2) he ventilates them better; (3) he introduces with the air a small quantity of volatile oils, the favorable effect of which on the mucous membrane has long since been proved; (4) such treatment does not injure digestion, as do the internal use of the drugs.

By the above treatment I have obtained very satisfactory results, even in very desperate cases such as (a) an exhausting cough diminished; (b) the quantity of sputum diminished considerably; (c) undoubted improvement was felt by the patients; (d) the laryngeal pain ceased (e) and, although local changes in the lungs remained unaltered, yet the rales disappeared very quickly; (f) in the majority of cases the general health of patients improved (g) I have never observed any bad effect from the above treatment, even with persons subject to hæmorrhage.

These results I base on 27 cases, closely watched, and I may add that in this number were 3 cases given up by my colleagues, which afterward improved considerably.

A similar treatment of phthisis was some years ago and is still advised by the Russian professor, Kremianski. For inhalations he formerly employed aniline oil, but now (if I am not mistaken) em-

ploys turpentine, eucalyptus, and other volatile oils, and the results are quite the same as mine. It is strange that the Russian physicians, in spite of several lectures by Kremianski at the Congress of Russian Physicians, do not pay any attention at all to his method. Professor Kremianski claims that by his inhalations the tubercle bacilli are killed, and in this manner the disease is cured. As we have seen, this view is erroneous; the improvement in the health of the patients being due to another cause, as we have already shown, viz., the better ventilation of the lungs and their exercise.

As to chronic catarrh of the larynx and also chronic bronchitis, accompanied by bronchorrhœa, I do not know any remedy which in such a short time produces such great effect as the above inhalations.—  
*Satellite.*

#### A CASE OF CEREBRO-SPINAL MENINGITIS, WITH REMARKABLE DIMINUTION IN THE NUMBER OF RESPIRATIONS.

BY J. F. ERDMANN.

A woman of twenty-five was seized, August 3, 1889, with an occipital headache; temperature, pulse, and respiration normal. In the following six days well-marked symptoms of cerebro-spinal meningitis developed.

On August 10th, at 1 a.m., the respirations had fallen to 7, pulse 56, temperature 98.5°. There had been but half a grain of morphine administered during the preceding eighteen hours. She complained of soreness of the throat inability to swallow readily, and rigidity of the jaws. At 1 p.m. the clonic spasms of the lower extremities had increased, while the trismus had diminished slightly. At 11.30 p.m. the respirations had fallen to 4 in a minute; patient had had but one grain of morphine and one ninetieth of a grain of sulphate of atropine during the preceding thirty hours. A hypodermic of one fiftieth of a grain of sulphate of atropine was administered, and within three hours the respirations were 9. The pain in the back had extended to the dorso-

lumbar region, and that in the head to the frontal.

On the following day the respirations had fallen to 6, when one one-hundredth of a grain of sulphate of atropine was administered by the mouth.

During the 12th of August the patient vomited several times. Temperature 98.5°, pulse 72, respirations 13. During the night and early morning of the 13th the vomiting continued half-hourly.

On the morning of the 14th her arms became rigid, and remained so throughout the day. Her mental condition was considerably more apathetic. Temperature 97°, pulse 58, respirations 15.

At 11.45 a.m. on the 15th temperature was 97.6°, pulse 80, with very deep respirations of two to three a minute. She complained of a sense of oppression in the chest and intense pain in both back and head. The remedies administered were sulphate of atropine one one-hundredth of a grain and morphine one sixth of a grain hypodermically, with 3 jss. of aromatic spirit of ammonia. At 3 p.m. respirations were 3; it was then observed, after the administration of aromatic spirit of ammonia, that she had six or eight very shallow respiratory movements, scarcely noticeable in conjunction with the three deep ones, during which no respiratory murmur could be detected. At 10 p.m. the respirations were 16, temperature 98.2°, pulse 70, photophobia and phonophobia somewhat diminished.

On the following day the pain in the back and head was less intense. She partook of nourishment for the first time during the attack with great relish.

From this time on her progress toward recovery was rapid, although there was remaining considerable dull pain in the head and dorsal region on September 10, 1889. During the major portion of her illness there was a happy delirium mild in character.

The treatment pursued was with morphine, cathartics, sulphate of atropine, and iodide of potassium in beginning dose of eight grains, increased one grain and a half each dose till twenty-five grains were being taken, three times daily. This dose after two days became intolerable, and was diminished to twenty grains. Locally

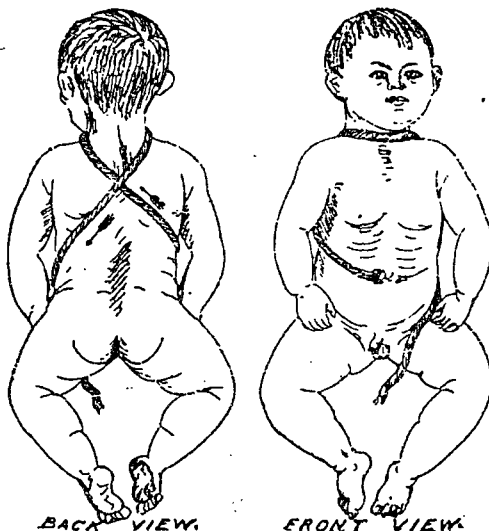
blisters and sinapisms were applied in conjunction with the ice cap.

It may be of interest to state that the patient had been nursing a case from the South presenting sufficient symptoms to justify the suspicions of its having been a case of cerebro-spinal meningitis; also that Leyden attributes the diminished and Cheyne-Stokes respirations observed in the late stages of this disease to pressure upon the medulla produced by œdema, basing his opinion on the observations of Schiff after the artificial induction of hemorrhage in the vicinity of the medulla in dogs.—*New York Medical Journal*, Jan. 25, 1890.

### UNUSUAL POSITION OF THE CORD.

BY J. A. MCARTHUR, M.D., C.M.

On New Year's night of last year, I was called to attend Mrs. L——, a primipara. She had been in strong labor during the day, but said nothing to her husband about it, until late that evening.



At 10 p.m., I made a digital examination, and found a vertex presentation, but in R. O. P. position, and the commencement of the second stage of labor. I instructed the young husband to go for the nurse at

once, and settled down to await developments. Labor pains were strong and regular, but apparently little or no advancement was made, so at 10.30 I made another examination and was greatly surprised to find a face presentation. I immediately introduced the two first fingers of my left hand into the rectum, high up and well behind the occiput, and with my right hand parted the vulvae, to admit air, and guard the mouth and nostrils, against the entrance of any fluid discharge. The fœtus was making powerful efforts at respiration, for the smacking of the lips could be distinctly and frequently heard.

With the onset of each pain, I pressed—with two fingers in the rectum— forwards and upwards, with all the power at my command, and in twenty minutes time the child was born.

The unusual position of the cord, quickly disclosed the cause of the change of position from vertex to facial presentation. Beginning at the umbilicus, the cord passed around the right side, up over the left shoulder, in front of the throat, over the right shoulder down, around the left side and in front to the placenta, completely forming the figure 8.

At the first examination the cord was not put upon the stretch, but as the head advanced the cord tightened, producing sufficient pressure on the throat to draw the head backwards. The forehead, face and that part of the neck above the constricting cord, were as black as the "ace of spades," from the intense venous congestion. The upper lip was the thickness of an inch, and hard as a board; the eyelids were swollen on a level with the eyebrows, and it took fully six weeks for the discoloration to entirely disappear. I am indebted to Mr. J. M. Ferguson, medical student, for the excellent drawings exhibited.

### CEREBRAL SURGERY.

Prominent amongst the names of those who, by careful investigation and bold operative interference, have done so much in recent times to develop cerebral surgery stands that of M. Lucas-Championniere,



of Paris. To numerous previous papers advocating an extended practice of trephining in the treatment both of injury and disease of the cranial contents, this surgeon has lately added a summary of a communication made to the Academie de Medecine, giving an instance of removal from the brain during life of an old clot, the result of spontaneous cerebral hæmorrhage. The patient was a man, aged 53, who, after an attack of apoplexy, had remained affected with paresis of the right lower limb, marked contraction of the right hand, and epileptiform attacks, which last, as time went on, increased more and more in frequency and intensity. Study of the symptoms presented in this case having led to the conclusion that they were due to a hæmorrhagic deposit in the ascending frontal convolution, M. Lucas-Championniere decided, as the condition of the patient was in other respects good, on exposure of the supposed clot, with the view of liberating the compressed and irritated cerebral structures. After the skull had been trephined over the middle of the fissure of Rolando, an encysted clot was found embedded in the brain, and, as had been expected, near the middle of the convolution in front of this sulcus. The cyst having been freely opened, the rust colored contents were removed, and the cavity washed out with antiseptic fluid.

The results of this operation, it is reported, were very satisfactory. The contraction of the right hand had ceased on the following day, and, when the patient was able to leave his bed, he found that he could walk with more ease. One attack of convulsions occurred about two months after the date of operation, but this was not repeated in the subsequent interval of four months up to the time of the publication of this report. It is difficult at present, M. Lucas-Championniere states, to form any decided conclusions as to the prospects of trephining in cases of non-traumatic cerebral hæmorrhage. Many cases, it is held, occur in which after cerebral hæmorrhage compression and irritation play so direct a part as to lead to the conclusion that operative treatment may be often applied with success. M. Lucas-Championniere can fairly

claim the merit of having done much to facilitate and improve the operative methods of cerebral surgery, and to show that trephining by itself is not attended with any great risk, and also that the indications for such procedure now extend over a wide field. In his latest contribution on this subject reference is made to as many as thirty cases of trephining in his own practice, performed with a view to the cure of intracranial affections due to disease and not to injury, in all of which the patients recovered from the effects of the operation without the occurrence of any serious symptoms. Although in most of these cases, particularly in those of idiopathic epilepsy, the ulterior results of the operative treatment do not present instances of complete and brilliant success, they are still encouraging, and certainly justify the attempts that are being made to bring serious and very distressing affections of the brain within the range of surgical treatment.—*British Medical Journal.*

#### DISLOCATION OF THE PENIS BENEATH THE SKIN OF THE SCROTUM.

Dr. Sergei Malinovski records a case of very unusual form of injury to the penis. A man who had been employed in minding a horse that was working a mill got entangled in the machinery, the trousers being drawn between a horizontal and a vertical cog wheel, and the penis was injured. There were two great wounds, one an extensive rupture of the prepuce close to the corona, the other a rupture of the integument of the scrotopenile fold on the left side, the body of the penis itself slipping under the skin of the scrotum. He was attended in a rural lazaret by a feldsher (hospital sergeant), who did not reduce the dislocation or suture the wounds, but contented himself with applying antiseptic dressings. In about three weeks the man had quite recovered. From the first there was no swelling of the scrotum and no difficulty in micturition, the only thing he complained of being the impossibility of coition. When he was admitted under

Professor Levshin, four months after the accident, the glans was seen to be protruding from the wound in the left scrotopenile fold, the lips of which had closed around the sulcus, the rest of the penis being felt as a freely movable body beneath the skin of the scrotum, and the skin of the penis, hanging down in front of the scrotum like an apron attached to the cicatrix by its inferior border. This skin, or so-called cutaneous tube (Nelaton), of the penis, the lumen of which was obliterated, was first made permeable and dilated by means of tents, and repeated attempts were made to return the body of the organ into it. Ultimately, however, these were abandoned, and recourse was had to a plastic operation, the body of the penis being released by slitting up the scrotum, and a new covering being formed for it partly out of scrotal integument and partly out of its proper skin. The result was entirely satisfactory, the power of coition returning. There was, however, some shortening of the organ. Dr. Malinovski has only been able to find four previous cases of dislocation of the penis recorded in medical literature, at least since the year 1850, when Nelaton published a case occurring in a boy of six.—*Lancet*, April 12, 1890.

#### FRACTURE OF THE LARYNX AND TRACHEA.

A remarkable case of fracture of the larynx has recently been reported by Dr. Carlos M. Desvernine, of Havana. The patient was a man who came under Dr. Desvernine's observation for the first time at the end of 1887. In 1878, being then 15 years of age, he was struck by the crossbar of a trapeze over the region of the larynx. The immediate symptoms were hemorrhage from the mouth, with intense pain in the throat, dysphonia and slight dyspnoea. The difficulty of breathing became gradually worse; there was some emphysema of the neck, and tracheotomy had to be performed twelve days after the accident. Except for a certain tendency to catch cold, he remained in good health for several years. When he came under the notice of Dr.

Desvernine, he was suffering from well marked pulmonary phthisis. He had dispensed with the tracheotomy tube for three or four years, and breathed through a circular aperture hardly 5 millimetres in diameter externally. The voice was hoarse but intelligible, deep in tone and monotonous in *timbre*. On laryngoscopic examination the cords were seen to be completely fused together, forming a uniform plane surface, smooth and red like the rest of the mucous membrane, and presenting a tiny orifice close to the anterior commissure. Posteriorly the arytenoid cartilages were fixed in the adducted position. During phonation the patient closed the tracheal aperture, and the ventricular bands came slowly together in the middle line, so as to form a false glottis, the edges of which were arched upwards, in the antero-posterior direction, as if by muscular contraction. The infraglottic region presented no abnormality beyond a diminution in size, owing to thickening of its walls. Dr. Desvernine proposed to divide, *per vias naturales*, the adhesions which bound the cords together; but the operation was declined, and the patient died of phthisis in 1888. On *post-mortem* examination the line of fracture was seen to have extended from above downward in the middle line, involving the whole of the thyroid and cricoid, and the four upper tracheal cartilages. The ventricular bands were found developed to double their ordinary thickness. This was due to hypertrophy of the muscular fibres in the bands and in the aryteno-epiglottic folds. The condition of the glottis was as above described, the crico-arytenoid articulations being firmly ankylosed, and the dilator, abductor, and tensor muscles much atrophied. Microscopic examination of the vocal cords showed that their amalgamation was the result of acute inflammation. The case is interesting as proving that in some cases the ventricular bands may to a certain extent take on the action of the true cords, and serve for the production of voice. The air came through the small aperture (measuring 2 millimetres in length and  $1\frac{1}{4}$  in breadth) at the anterior commissure, and the ventricular bands were distinctly seen to vibrate dur-

ing phonation; on the patient withdrawing his finger from the aperture in the trachea, movement and sound alike ceased. Dr. Desvernine is inclined to believe that the phthisis was an indirect result of the accident from the insufficient aeration of the lungs and the proneness to catarrh induced by the condition of the larynx.

### THE SALE OF POISONS.

A very important judgment was delivered recently by Mr. Justice Hawkins, in his own name and that of Mr. Baron Pollock. The two judges had had before them the appeal of a chemist's assistant against the decision of a county court judge. The chemist's assistant, who is not a duly registered chemist and druggist, had sold poison to a customer, and the Pharmaceutical Society had brought an action against him, under the Pharmacy Act of 1868, to recover a fine of £5 which that statute inflicts upon any one, not a duly registered chemist and druggist, who sells poisons. The question was whether this enactment applied to the unqualified servant of a qualified master, and was of the greatest interest alike to chemists, their assistants and the public. The county court judge decided that the enactment did thus apply, and the two judges above named have confirmed the decision, without permitting further appeal. Their pronouncement, therefore, has all the force of law, and while, on the one hand, it tends to protect the public, will, no doubt, be regarded by many as pressing somewhat hardly upon the druggists—upon those, at least, who are obliged to employ unqualified assistants, and yet cannot always be in attendance when the purchase of poison is desired. Though, undoubtedly, the trade of chemist and druggist is found very profitable by many, it is not so with all, and the judges' decision will, certainly affect adversely many chemists who are in a small way of business. The matter, however, is one in which public interest must outweigh private interest, and it is fortunate that in future none but a qualified chemist will be permitted to sell any-

thing so dangerous as a poison. Those who employ unqualified assistants will either have to exhort their servants not to sell the forbidden commodity in their absence, or, ignoring that obvious duty, will have to take the consequence. The public must be protected against acts of fatal inadvertence.

MENSTRUATION IN THE MALE.—A correspondent who desired that his name be not mentioned, writes as follows to the *Weekly Med. Review*, July 7, 1890:—The patient was a man well developed, with slender waist and feminine disposition, and a respectable growth of beard. Married, with one child. The peculiarity was that he menstruated regularly (every month) with all the phenomena of ordinary female menstruation. The backache was so severe that he asked my advice about the use of opiates. The discharge from the penis was smartly tinged with blood and lasted for three or four days, after which he felt cheerful and well. He always wears a "Mother Hubbard" when about the house and has many other feminine peculiarities. The penis is well developed. There is no hypospadias. He seems to enjoy the sexual act as much as other men.

SYPHILIS IN RUSSIA.—According to the *Meditsinskaja Beseda* (June 10th, 1890, p. 295), the Russian Medical Department has just elaborated the following measures for combating syphilis, which is rife throughout the empire: 1. Each *zemstvo* (local authority) must appoint in each *wiezd* (district; the total number of *wiezds* in Russia amounts to 792) a special medical practitioner, who shall devote his whole time and attention to the treatment of syphilis alone, and see that the sanitary measures having for their object the limitation and prevention of the disease are duly carried out. 2. Special travelling dispensaries shall be established so as to secure a regular medical aid to sufferers from syphilis. 3. In each *zemstvo* a special fund is to be established to furnish assistance to families whose father or mother, or both, are admitted to hospital on account of syphilis.

## THE NORTHERN LANCET AND PHARMACIST.

THE daily papers herald the infant mortality of Winnipeg, but, these announcements are only a faint index of the innocent victims to sanitary neglect. For one, of the comparatively many, "taking population into account" that is announced in the death column, dozens pass away unnoticed: and unrecorded. Year after year the destroyer appears at the recurring period and in the same form. His past ravages forgotten, his inevitable advent uncared for. How long is this culpable eye criminal neglect to continue? and on whose shoulders is it to be placed? There is no question that on the Mayor and corporation of the city must this responsibility rest. It is their first duty to guard the hygienic interests of the citizens, and to enforce all sanitary precautions necessary thereto. But how is this duty fulfilled? Main Street and Portage Avenue may be kept in a moderately civilized condition, but penetrate into the lanes at the backs of the houses, and such pestiferous fumes will greet your nostrils as to cause instant retreat. But, how about those who live in the back parts of these houses, whose windows open over these foul emanations laden with the germs of death. How does the infant fare, the cradle drawn to the window to catch the passing breeze by a mothers' loving hands, little witting that the zephyr wind is laden with the microbes of disease, till, in a few days comes the wailing cry, soon to be stilled in the sleep of death. Stenches foul and abominable are met with all over the city, and not the slightest desire to remove or even mitigate them do the authorities evince, and, were it not for nature's kindly provision, in sending rain to flush our sewers, and a constant breeze

to waft away much of this noxious matter, the Prairie City would under existing circumstances become a very Golgotha. The language we use is strong, but not one whit stronger than the situation calls for. We have before pointed out this in our columns, we have drawn attention to the entire lack of all supervision over the milk supply of the city, in itself a prolific source of disease, but, without avail. Is it not then time for the citizens to take up a question in which they are all so vitally interested, and by their united action compel the authorities to adopt such measures for the protection of the public health as are now so imperatively necessary. Efficiency in the present machinery is what is called for, but if increased outlay is required all else should give way to the preservation of that which man cannot give, the breath of life. The infant mortality will assuredly be followed by adult mortality, when the bacillus of typhoid is in its turn hatched out of these reeking matters of festering filthiness.

### DIABETES MELLITUS.

BY E. BENSON, M.D., WINNIPEG, CANADA.

Some years ago, when Pemican (dried buffalo meat) was a common food used in this region, the problem of dietetic restriction in the treatment of diabetes mellitus was of easy solution. Many of the natives during a lifetime relied entirely upon pemican as the "staff of life," without ever seeing or hearing of flour of any description.

The very favorable results and rapid improvement which diabetic patients derived from my treatment, under this regimen, are not now so easily obtained without it. About a year ago, however, I adopted a treatment, outlined in the appended case report, which was in a degree unexpectedly successful.

During the month of May, 1889, I was

called to see Mr. C. W., an inspector of locomotives, aged 48, married, no children. Patient was supposed to be suffering from, and had for some time been treated for, inflammation of the stomach. I at once suspected diabetes and questioning, elicited the following symptoms of the disease: Great thirst, rapid emaciation, weakness of legs, and the passage during twenty-four hours of sixteen pints of urine. Patient had been failing in flesh and strength for about six months prior to my first visit to him. Upon examination of the urine I found the specific gravity to be 1060, and containing a large quantity of sugar. I immediately placed the patient upon Lambert's Lithiated Hydrangea, with instructions to take it in teaspoonful doses every four hours. The diet was restricted to gluten flour, meat, fish, poultry, eggs, spinach, cabbage and string beans, milk and fish bouillon. (The latter is an article the value of which I have learned from the natives, and I prize it highly as a food in cases of debility, notably in typhoid and in infantile diseases. It is simply the liquor or water in which fish—preferably whitefish—have been boiled.) It may be seasoned to suit the taste.

Under this treatment the patient's improvement was satisfactory and very rapid. I made frequent examinations of the urine, which gradually decreased in quantity and in specific gravity, while the quantity of sugar it contained quickly lessened, until, at the end of the third week, it was nearly normal, and patient returned to his work, which was upon the locomotive most of the time. Here he was exposed to the temptation of the dining car bill of fare, to which temptation he occasionally yielded, always suffering for his indiscretion and as often relieved by a return to the prescribed medicine, and a strict attention to the diabetic diet. At this writing he is as fat and strong as ever, but is still using the gluten flour, etc., and occasionally taking the Lithiated Hydrangea.

## THE INFLUENCE OF CERTAIN MODERN DRUGS ON NUTRI- TION.

BY R. H. CHITTENDEN, PH.D.

Professor of Physiological Chemistry in Yale University.

In this age of rapid multiplication of therapeutic agents, physiological experiment in order to keep pace with their discovery must necessarily at first be limited to a study of their more important therapeutic and toxic properties. Sooner or later, however, such experimentation must be supplemented, in the case of those drugs shown by clinical experience to be worthy of a permanent place, by a study of their influence on the nutrition of the body. Given three hypnotics of equal sleep-producing power, the intelligent practitioner will naturally prefer to use the one causing the least disturbance to the system. The drug which habitually retards digestion and unnecessarily excites the metabolic activity of the body, or produces a disturbance in the secretory functions is to be avoided when the same good effects can be obtained by another drug of equal therapeutic power without its deleterious action.

Naturally, in many cases some ill effects must be borne with for the sake of the special end in view. It is the duty, however, of physiological science to furnish full data regarding the action of a drug, so that the results liable to follow its administration may be fully understood.

Long continued experiments have been carried on in the writer's laboratory during the past year or two with urethane, paraldehyde, antipyrin and antifebrin. All of these well known drugs have been more or less experimented with by other workers and many results recorded. A single isolated experiment, however, on a lower animal or a human being, especially with reference to the influence of a drug on nutrition, is not enough to determine its normal action. Personal idiosyncrasies in constitution, variations in the condition of the subject experimented on, variations in diet, all are liable to modify materially the results obtained. Further, it is to be always borne in mind that a drug, antipyretics especially, may produce an effect

upon the healthy organism quite different from that which the same doses would produce on an organism rendered perhaps more susceptible by disease.

In the writer's experiments, *ethyl-urethane* was found by repeated trials to be without any marked action on the starch digesting power of saliva. It certainly has no noticeably inhibitory influence, even when present in large amount, and in small quantities appears to increase slightly the amylolytic action of the ferment. On gastric digestion, as indicated by experiments with artificial gastric juice, it likewise has little influence, retarding the digestion of proteids only when present in large quantity and then but slightly.

The influence of urethane on metabolism was studied by a series of experiments conducted on a healthy man of 145 pounds body weight. A definite amount of food of known composition was taken daily and uniform habits of sleep, exercise, etc., were kept up during the whole period of the experiment. In this manner body equilibrium was established and the daily excretions brought to a constancy of composition preliminary to studying the action of the drug. The extent of metabolism was measured by a daily analysis of the 24 hours urine, determining the nitrogen, sulphur, phosphorus and chlorine excreted. The normal average composition of the urine was ascertained by daily analysis for fourteen consecutive days after urethane was taken for five consecutive days and its influence noted. By several repetitions of this method the action of the drug on the healthy organism was fully determined. The detailed results show that moderate doses (73 grains in 5 days) tend at first to increase decidedly the excretion of water. This appears to be the initial action of the drug. Increasing the dose tends to decrease the diuretic action until finally with fairly large doses (89 grains in 3 days) the volume of water excreted falls far below the normal amount, where it remains even after the discontinuance of the drug, or until its elimination from the system is fairly under way. The excretion of nitrogen is at once affected by urethane, even small doses of 5 or 10 grains bring-

ing the nitrogen noticeably below the normal amount. With larger doses the excretion of nitrogen is still more diminished, but rapidly comes back to the normal amount on the discontinuance of the drug. As the excretion of sulphur was found to run parallel with the nitrogen, both having their origin in proteid matter, it follows that urethane has a decided inhibitory influence on proteid metabolism, or in other words, that it tends to check tissue changes. These results stand somewhat in opposition to the observations of Garnier who reports that a dose of 90 grains of urethane given to a man, led to an increased excretion of urea, and that 30 grains of the drug, fed to a dog, gave similar results. He also states that the drug checks metabolism only when given in large, nearly fatal doses, but as our results were obtained by long continued and carefully conducted quantitative experiments we must believe in their accuracy and decide that under ordinary circumstances urethane has an inhibitory influence on tissue changes.

With *paraldehyde*, owing to its somewhat disagreeable nature, the experiments were conducted on dogs brought into a condition of nitrogenous equilibrium and fed on a weighed diet of known composition. The drug was administered in gelatin capsules for 18 consecutive days in one experiment, and the composition of the urine compared with that of the normal excretion. The results collectively show that the drug has little if any action on proteid metabolism. It apparently tends to increase somewhat the amount of water excreted, and during the paraldehyde periods there was a slight falling off in the elimination of nitrogen and phosphorus, but so slight as to hardly warrant any definite conclusions. Quinquad and Henocque have previously reported that paraldehyde lowers the body temperature and that there is a very noticeable diminution in the excretion of carbonic acid during its administration. Coupling these facts with our own results we may conclude that paraldehyde, in moderate doses at least, has little influence on proteid metabolism but tends to diminish the oxidation of non-nitrogenous material.

On salivary digestion, paraldehyde shows a very strong inhibitory action; small quantities decidedly retard the starch-dissolving power of saliva. On gastric digestion the drug shows a noticeable stimulating action, pepsin-hydrochloric acid to which a little paraldehyde has been added dissolving considerably more albumen or fibrin than the pepsin-acid alone. On the pancreatic digestion of proteids, however, the drug exerts a very decided retarding action.

Of the many modern antipyretics now in use *antipyrin* perhaps has been experimented with more than any other and several investigators have studied its influence on nutrition, with, however, somewhat contradictory results. Among the first to study its action was Coppola who found that small doses had no influence on the excretion of nitrogen in dogs, while Umbach found in experiments on himself and on a dog that the excretion of nitrogen rapidly diminished during the administration of the drug, although the excretion of uric acid was not affected. In typhus fever patients, Riess reports that antipyrin in doses up to 12 grams per day diminishes the excretion of nitrogen from 3 to 25 per cent. Of the more recent results recorded, Kumagawa reports that even large doses of antipyrin (51 grams in 16 days in the case of a dog in nitrogenous equilibrium) are without action on the elimination of nitrogen, although there is a noticeable increase in the excretion of uric acid; while Robin from several experiments reports that the drug diminishes the total nitrogen excreted and also the urea. With these, and other, conflicting statements before us it is evident additional experiments are needed. Our experiments were conducted wholly on a young man in sound health, brought into a condition of nitrogenous equilibrium and kept upon a weighed diet of known composition throughout the entire work. Without giving details it is sufficient to say that from our results antipyrine in large and small doses has a decided inhibitory action on the proteid metabolism of the healthy human organism, as indicated by the diminished excretion of both urea and uric acid when the drug is taken. Doses of even 30

grains tend to check at once the excretion of nitrogen. Antipyrine also tends to diminish the volume of the urinary secretion. Our results, without a single exception, show that antipyrine tends to check tissue changes, and it was also found that the drug has a retarding action on gastric digestion. *Acetanilid*, or Antifebrin, on the other hand, appears to increase somewhat proteid metabolism, although with moderate doses of the drug (14 grains in 9 days) the increase is not great. Our experiments show no diuretic action although various observers have noticed increased secretion of water under its influence, probably in diseased conditions of the system. The drug, in experiments on a healthy man, was found to produce only a slight increase in the excretion of urea and little if any change in the excretion of albumin, although the dose was gradually increased until the approach of cyanosis, thus implying only a slight acceleration of tissue changes. Very noticeable, however, was the diminished excretion of uric acid under the influence of the drug, this being apparently one of the most marked characteristics of antifebrin, so far as its action on nutrition is concerned. Other investigators, notably Kumagawa and Lepine, have noticed an apparent increase in the excretion of nitrogen or urea under the influence of acetanilid. This being true, and there seems to be no reason for doubting it, there is a marked difference between antipyrine and acetanilid in their influence on nutrition, the former decidedly diminishing, the latter slightly increasing tissue changes. Acetanilid likewise, retards gastric digestion much less than antipyrin although it retards pancreatic digestion very decidedly.

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#### NEW PHARMACEUTICAL PRODUCTS.

Among the newer Pharmaceutical preparations which come to us endorsed by the Medical Profession of Europe are those introduced by Messrs. Rigaud and Chapoteaut, Paris, who are successors to Grimault & Co., a firm which has had a reputation for their specialties for a great many years. Rigaud and Chapoteaut

have appointed Messrs. Lyman Sons & Co., Montreal, their Canadian agents and this firm are at the present time sending samples to Canadian Physicians of the following: Apioline, Ferrum Sanguinis, Morrhuol, Morrhuol cum Creasotum, Valerianic-Ether, Santal-Midy, Vin De Peptone De Chapoteaut.

Apioline (the true active principle of the plant *Apium Petroselinum*) has a special action on the circulatory system of the smooth muscular fibres of the uterus, producing vascular congestion and excitement with contraction, thus explaining the effects of apioline in exciting menstruation in females.

*Ferrum Sanguinis* forms a red solution in water, it is free from serum and alluminates and represents the actual molecular condition of iron existing in the red corpuscles of the blood. Clinical experiences shows that iron in this physiological condition is assimilable, well tolerated by the stomach, it does not constipate, and gives good and prompt results in the treatment of chloroanæmia in children and adults and in those debilitated conditions of the blood, where iron is usually exhibited with advantage.

Morrhuol cum Creasotum Capsules containing 1 grain of Creasote combined with 3 grains of Morrhuol (now recognized as superior to Cod Liver Oil) give the happiest results where there is incipient tuberculosis with corresponding defective nutrition, but whether the Creasote alone interferes with the bacilli through the circulation in virtue of its antiseptic properties, or whether it merely assists the action of Morrhuol by favoring general nutrition, is somewhat difficult to decide; there is however no question that the two combined produce excellent effects.

With *Morrhuol cum Creasotum* the cough, expectoration, fever and nocturnal perspiration diminish, while the appetite, digestion and nutritive processes improve rapidly (these qualities being the characteristic effect of Morrhuol) and there is a consequent increase in strength and weight.

#### VALERIANIC ETHER (VIAL), IN CAPSULES.

Valerianic Ether, discovered by Otto,

was first applied as a therapeutic agent by the distinguished chemist Vial.

As a prompt antispasmodic, it has been favorably received in the form of a small round Capsule containing 15 centigrammes (about 4 drops), which is easy to swallow and well adapted to preserve its full activity.

Valerianic Ether (Vial) is less volatile than ordinary Ether, its effects are more energetic and permanent, while it is certain in its action and more convenient to administer than Valerian.

First used in Epileptic Hysteria with good results, it was shown that it might be applied equally well in simple hysteria and to give relief to neuralgic and hysterical manifestations of ovarian dysmenorrhœa. It may frequently be prescribed successfully for nervous headaches and some forms of asthma.

Before and during the functional excitement of menstruation, characterized by weak pulse, giddiness, vapors, spasms, muscular trembling, and nervous irritability, it renders considerable service.

It may be safely recommended to ladies susceptible to such accidents and in such general cases of nervous excitability as neuralgia, cramps of the stomach, digestive troubles, nervous retching and vomiting.

#### POT POURRI.

Take of	
Cloves, powdered.....	1 oz.
Pimento, powdered.....	1 "
Gum benzoin, powdered...	1 "
Essence of musk.....	½ fl. oz.
" bergamot.....	2 drms.
Oil of lavender.....	2 "
" cloves.....	80 drops.
" cassia.....	80 "
Otto of roses.....	40 "
Rose leaves.....	2 ozs.
Jamaica pepper, powdered, to	24 ozs.

Mix.

#### STARCH GLOSS.

A good starch glaze may be made by taking of	
Borax, powdered.....	4 ozs.
Castile soap, powdered....	1 oz.
French chalk.....	3 ozs.
Mix and divide in ½ oz. packets	1d. each.
" 2 oz. boxes,	3d. "



## BOUQUET DE TOILET.

Take of		
Lavender water.....	4	oz.
Aq. millis.....	2	"
Ess. millefleur.....	$\frac{1}{2}$	"
" jasmine.....	$\frac{1}{2}$	"
" musk.....	$\frac{1}{2}$	"
" ambergris.....	2	drams.

## ODORIFEROUS COMPOUND.

For Satchets, Scent Jars, &amp;c.

Take of		
Coriander seeds, ground..	4	oz.
Pimento, ground.....	4	"
Rad. calam. ar.....	4	"
Iris root, powdered.....	1	lb.
Rad. tart. flav., powdered.	1	"
Ol. lavand.....	8	gills.
Otto rose.....	6	"
Musk.....	1	gr.

## PRESTON SALTS.

## I.

Take of		
Ammonium carbonate....	2	ozs.
Potassium carbonate....	1	oz.

Place in a wide-necked bottle, the surface of the salt covered with wool and well stoppered. A solution of heliotropin gives an excellent perfume.

## II.

Take of		
Carbonate of ammonia....	2	ozs.
Carbonate of potassium...	1	oz.
Oil of lavender.....	12	drops.
Oil of neroli.....	2	"

## III.

Take of		
Carbonate of ammonia....	2	ozs.
Oil of lavender.....	8	drops.
Oil of rose.....	8	"
Oil of lemon.....	4	"

## IV.

Take of		
Carbonate of ammonia....	1	oz.
Chloride of ammonia.....	1	"
Carbonate of potassium...	$\frac{1}{2}$	"
Oil of bergamot.....	8	drops.
Oil of lemon.....	8	"
Oil of neroli.....	4	"

## INEXHAUSTIBLE SALTS.

Take of		
Strong solution of ammonia	4	ozs.
Oil of rosemary.....	14	drops.
Oil of lavender.....	14	"
Oil of bergamot.....	7	"
Oil of cloves.....	7	"

## QUINCE SEED CREAM.

R	Quince seed.....	2	drs.
	Hot water.....	12	fl. ozs.
	Glycerin.....	3	fl. ozs.
	Borax, powdered.....	1 $\frac{1}{2}$	drs.
	Oil of citronella.....	q.	s.

Crush the quince seed and macerate with the borax and hot water, previously mixed for one hour, stirring frequently; then strain through muslin without pressure, add the glycerin and oil, and agitate thoroughly.—*National Druggist*.

## FOR SORE LIPS.

Dr. Hess, in *The Medical World*, gives the following:

R	Zinci sulphat.....	gr. xx.
	Plumbi acetat.....	gr. x.
	Pulv. kino.....	gr. x.
	Acid tannic.....	gr. v.
	Aqua.....	f. oz. j.

M. S.—Apply frequently.

## MISCELLANEOUS.

HYDRONAPHTHOL IN EYE SURGERY.—In a discussion which took place before the Royal Academy of Ireland on the operation of cataract extraction, Mr. Story spoke of the importance of anti-septic precautions. He washes the eye with a solution of hydronaphthol and boils the instruments in the same solution. Mr. Fitzgerald reported twenty-six cases of cataract extraction without iridectomy in hospital practice and fifty six in private practice, and had never observed suppuration. He does not boil the instruments, which is very destructive to them, at least to the handles, and employs hydronaphthol, and a dressing of moist bichloride lint, absorbent cotton and oiled silk protection.—*Medical Press and Circular*, April 2, 1890.

THE total number of students matriculated in the German universities during the past winter session was 29,007, of whom 1,930, or 6.6 per cent. were foreigners; of these 1,384 were Europeans, while 436 came from America, 90 from Asia (mostly Japanese), 11 from Africa, and 9 from Australia.

ARISTOL IN PSORIASIS.—Dr. C. Scherrin of Berlin, has successfully treated ten cases of psoriasis with aristol, employing it in a 10 per cent. ointment with lanoline or vaseline, or in a paste with zinc oxide and starch. Under these applications the patches rapidly disappeared, without the irritant effects frequently observed from the use of chrysophanic and pyrogallic acids.—*Berlin Klin. Wochenschr.*

THE first annual Congress of Psychological Medicine, which begins at Rouen on August 4th, will probably last four days. In addition to the communications which have been promised, the lunatic asylums of the department of Seine Inférieure will be visited, and the two following questions will be discussed: 1. The Relations of General Paralysis and Syphilis. 2. The Proposed Reform of the Law of June 30th, 1838.

THE SWEAT-BANDS OF HATS.—The sweat-bands of hats may contain even 28 per cent of fatty acids, which in summer may penetrate into the forehead and cause inflammation, and deeply corrode the skin. To prevent this effect, it is advisable to rub the hat-band with burnt magnesia every little while, so as to leave a small film on the leather, wiping it off with a cloth before using it again.—*Journal of Cutaneous and Genito-Urinary Diseases*, vol. viii, No. 88.

RESECTION OF THE SEVENTH CERVICAL VERTEBRA.—Prof. Perier, reported to the Académie de Médecine of Paris, a case of hyperostosis of the transverse process of the seventh cervical vertebra, in which, owing to pressure of the thickened bone upon the brachial plexus, the patient suffered from severe pain and formication in this locality. The voice was hoarse. Perier decided to resect the affected transverse process, and obtained an excellent

result. The patient was discharged eleven days after operation, with relief of all his symptoms.—*Wiener Medizinische Wochenschrift.*

VANZANT (O. B.), ON THE RELATION OF RHEUMATISM TO HEMORRHAGE.—The author narrates two cases. In the first case there was a typical attack of acute rheumatism, attended with marked petechiæ of the entire body, and later with enterorrhagia, in a patient who had always previously been well. The failure of all treatment directed to the purpura exclusively, but the rapid progress of anti-rheumatic treatment, not only in causing the disappearance of the rheumatism, but of the purpura as well, merits attention.

In the second case there was the occurrence of rheumatism, but preceded by unaccountable attacks of epistaxis, and attended with hæmaturia (probably of nephritic origin), which latter gradually disappeared without any special treatment, as the rheumatism subsides under appropriate medication.

The treatment consisted of the salicylates, iodide of potassium, and the alkaline salts.—*Cincinnati Lancet-Clinic*, June 21, 1890.

GOSS (C. W.) ON NITRO-GLYCERIN IN GAS POISONING.—A plumber, forty years old, was tapping a gas main in a close cellar, when the pipe suddenly broke and he was overcome before he could get out. When I saw him he was cyanotic, respiration spasmodic and very shallow. There was an entire absence of pulse at the wrist, his extremities were cold, and a state of profound unconsciousness existed. Nitro-glycerin was administered in one one-hundredth grain doses, at intervals of ten minutes, hypodermically. In thirty seconds from the time of the first injection the pulse was noticeable at the wrist, and grew steadily stronger. At the end of fifty minutes the patient was conscious and said he felt right well, with the exception of a numbness in the extremities. From this time on he grew rapidly better, and at the end of three hours was able to walk home. Artificial respiration was not used at all, but it was observed that as the volume of the pulse increased the

embarrassment of respiration was proportionately relieved. The prime indication in this class of cases is to establish the equilibrium of the heart and let respiration take care of itself.—*N. Y. Med. Jour.*, June 14, 1890.

**CHOLECYSTECTOMY IN BRITISH COLUMBIA.**—On January 26th, cholecystectomy was performed by Dr. E. A. Praeger in the distant town of Nanaimo, British Columbia. The patient was a widow, aged 68. The operator intended to perform cholecystotomy, but extirpated the gall bladder for the following reasons. There were no adhesions between the fundus and the abdominal wall, but the bladder was firmly bound down to the liver and pylorus. This condition, together with signs of localised peritonitis, made it appear probable or possible that there had been leakage of bile from some part of the neck of the gall bladder. The state of the gall bladder, distended and bent upon itself like a retort, appeared to preclude the possibility of proper drainage. Lastly, the walls were too thin to be safely sown to the wound. The patient promised to do well, but was killed by an overdose of morphine, given contrary to the operator's orders. The case was read before the Medico-Chirurgical Society of Montreal.

**APHRODISIAC EFFECTS FROM COCAINE.**

—Dr. C. W. Richardson, Philadelphia, reports a case of a married lady, modest and reserved, from whom he proposed to remove a growth under cocaine anaesthesia. A few minims of a ten-per-cent. solution were injected. This was followed by erotic excitement, with both facial and verbal expressions that left no doubt in the mind of the medical attendant and of the lady's companion as to the impulses which actuated them. It required some time to bring her to even a moderate degree of quietness. An attempt to perform the operation the following day, using the cocaine very sparingly, led to a similar, though not so extreme, condition. No other unpleasant symptoms occurred on either occasion. Surgeons are warned of the development of these symptoms, not only by this case, but by the published observations of Sandre of Vienna,

Cunningham of England, and others. Particular attention is called to the *medico-legal aspect of the subject*. A female friend of the patient should be present whenever it is proposed to operate upon a woman under cocaine anaesthesia.—*Journal American Medical Association*.

**INFLAMMATION OF COWPER'S DUCT.**—

This disease of the vulva is of considerable importance. It is a painful affection, and its causation is not absolutely established. Dr. Matthews Duncan holds that abscess of Cowper's gland and cystic dilatation of its duct are well-defined diseases; suppuration of the duct and cystic degeneration of the gland being, on the other hand, rare. Dr. Pollacsek, of Buda-Pesth, has published some researches on the subject, which will be found in the *Centralblatt für Gynakologie*, No. 22, 1890. He believes that inflammation of the gland is, as a rule, the result of injury, and is not of gonorrhœal origin, excepting when the duct is involved or when the duct alone is inflamed. Dr. Pollacsek distinguishes four varieties of "Bartholinitis." The first is simple catarrh of the duct, suppuration may occur, but the inflammation is not specific, and no gonococci are to be found. In gonorrhœal catarrh of the duct, the second variety, the gland is rarely involved, and in exceptional cases but slightly swollen. Suppuration is rare, but this variety—frequent in prostitutes—is very chronic and intractable. The third variety is idiopathic suppuration of the gland. It is very acute, and may occur in children; the staphylococcus pyogenes aureus is found in the pus. Lastly comes gonorrhœa of the duct with abscess of the gland. This form is the result of mixed infection from the gonococcus and the staphylococcus. It is significant that the duct often remains diseased for months or even weeks after the opening of the abscess in the gland. The abscess cavity is in many cases difficult to close, and its duct may ultimately become a fistulous tract. Some authorities believe that cysts of the duct represent degeneration of that canal through one of the above forms of inflammation.

**THE PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.**—The annual dinner of the Pharmaceutical Society of Great Britain was held on Wednesday, May 21st, Mr. M. Carteighe, President of the Society, in the chair. Among those present were Sir Dyce Duckworth, Mr. J. Hutchinson, Mr. T. Holmes, Dr. R. Quain, Dr. W. H. Dickinson (President of the Pathological Society), and Dr. Farquharson, M.P. Mr. Jonathan Hutchison, in replying to the toast of "The Medical Profession," said that comparing the position of pharmacy now with what it was thirty-five years ago, he was sure that, without flattery, the whole of the medical profession had great reason to be thankful to the Pharmaceutical Society of England, which was rapidly elevating what was at one time a jumble into a science. Sir Dyce Duckworth also responded. Dr. Quain, in proposing the toast of the evening, "Prosperity to the Pharmaceutical Society of Great Britain," spoke in high terms of the work done by the Society. He mentioned that there were now 5,000 persons in close connection with this Association, the objects of which were to protect their interests and to advance their knowledge. Many of the pharmacists who were now connected with this Society were second to none in Europe. The Chairman, in responding, said that it was true that in their corporate capacity they had endeavored to do something for the advancement of medicine. They did not desire to be in any way the rivals of the medical profession, and they would repress any encroachments upon its domain. Their sole desire was that they should become qualified dispensers of medicine. The toast of "The Guests" brought the proceedings to a close.

**SYMPSON (E. M.) ON GLYCERINE BORAX IN THE DIARRHŒA OF INFANTS**—If we regard infantile diarrhœa as due to the excessive fermentation of food in the intestinal canal causing irritation and a catarrhal condition of the intestinal mucous membrane, it seems reasonable to look for a remedy to act both on the cause and effect. Glycerine itself is antiseptic of no mean order, and relieves the congestion and pain of inflamed piles, chiefly

mucous surfaces, while every mother knows the virtues of glycerine of borax when applied to the mucous membrane of the mouth. So it was no great step to introduce it further into the alimentary canal. Whether fed from the breast or brought up by hand, the motions of patients with diarrhœa infantum were like curds of milk, suggesting that the irritated intestine had hurried its contents on as quickly as possible. Again, they were very foul-smelling, suggesting great fermentation. Therefore the glycerine of borax has to do two things; to act as an antiseptic to prevent excess of fermentation in the stomach and intestines, and to soothe the mucous membrane thereof in passing over it. I have found it answer capitably; the children like it, it lessens the griping pains, it renders sweet the offensive motions, and it stops the diarrhœa. One case died while under this treatment; the child was seven months old, had had diarrhœa two days, and was utterly worn out when I saw it. But I suppose there always will be cases which come under our notice too late for cure. I give it as follows: Glycerine of borax, twenty minims; tincture of orange, three minims; distilled water to one drachm. To be given every one, two or three hours, according to the severity of the case or the age of the patient.—*Lancet*, Oct. 12, 1889.

**UNUSUAL TOLERANCE OF THE PREGNANT UTERUS.**—The following case is of considerable importance, both in a medico-legal and in a clinical and pathological sense. Dr. Charles Lang, of New York, relates, in the *Medical Record* of that city, that he was called, in May, 1889, to see a case which had been under treatment for three months. When the practitioner, Dr. S., first attended the patient she had been confined a few months previously. He diagnosed subinvolution and parametritis. The uterus was twice scraped with a Thomas's blunted curette. Dr. S. and Dr. Lang saw the patient together, in conjunction with Dr. W., called in by the patient's husband. The uterus was found to be enlarged, as at a four months' pregnancy. Dr. S. then introduced the curette for the

purpose of measuring the depth of the organ, and it passed in easily till the handle blocked up the os. The diagnosis of chronic metritis was "reluctantly made," none of the three physicians "being very clear about the case." Pregnancy, in their opinion, was excluded, both by the treatment and the previous history. Dr. W. afterwards informed Dr. Lang that the case being left largely to Nature and no more active treatment of the uterus being allowed, the patient was delivered of a healthy child late in September. Dr. Lang deserves credit for this candid record of an error in diagnosis which is more frequent than medical literature might lead us to believe. The fact that the sound often passes for its entire length into the uterus is well known to every physician and surgeon accustomed to the care of women subject to disease of the genito-urinary tract. In such cases the patient often experiences no pain, even when the sound is passing into the uterine cavity. Such a case contrasts strongly with the well-known painful phenomena observed in cases of dysmenorrhœa with ill-developed uterus. This passage of the entire sound implies either great enlargement of the uterus due to fibroid disease, pregnancy, perforation of the uterine wall by the sound, or passage of the sound along a dilated tube. The first condition can, under the circumstances, be diagnosed with comparative ease. The second relates to cases like that recorded by Dr. Lang. It is well known that perforation of membranes, or the passage of instruments between the uterine wall and the fetal appendages, may fail to cause abortion; this fact must ever be borne in mind in cases where the sound passes far. The perforation of the wall of the uterus has occurred, and does not seem to be so deadly an accident as might be expected; indeed, some authorities speak of it as quite trivial. The same has been said of catheterisation of the Fallopian tube by the sound, and several British and German obstetricians maintain that under "certain" conditions (on the precise nature of which they appear very uncertain) the tube is quite sufficiently patulous to admit the passage of an ordinary sound.

## LIBRARY TABLE.

University of the City of New York, Session 1890-91.

Varicocele by Thos. W. Kay, Scranton, Pa., Ex-Surgeon Beyrout Hospital.

Song "My Own Canadian Home" words by E. G. Nelson, composed by Morley McLaughlin.

Annual of the Universal Medical Sciences edited by Charles E. Sajous, M.D., illustrated with chromo lithographs, engravings, and maps. F. A. Davis, publisher. We welcome with great satisfaction the 1890 issue of this most admirable work. The Editor, in his modesty, apologizes, that in consequence of the illness of the staff from Influenza the publication was delayed. But, with five such volumes in the hands of subscribers, apology of any kind becomes superfluous. To review the work would be to take the whole range of Medical and Surgical progress throughout the world, a task, which we do not propose to undertake. It is sufficient to say that each year's issue of the Universal Medical Sciences shows some improvement on the previous ones, which, at the time, were regarded as perfect. The work is a compilation of all that is progressive in the practical working of our profession, and evidences, ability, labor and devotedness of such high order as to confer great honor on the Editor and his staff, and in which, engraver and printer must come in for a due share. No practitioner can afford to be without it.

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