

Technical and Bibliographic Notes / Notes techniques et bibliographiques

Canadiana.org has attempted to obtain the best copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

Canadiana.org a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- Coloured covers /
Couverture de couleur
- Covers damaged /
Couverture endommagée
- Covers restored and/or laminated /
Couverture restaurée et/ou pelliculée
- Cover title missing /
Le titre de couverture manque
- Coloured maps /
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) /
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations /
Planches et/ou illustrations en couleur
- Bound with other material /
Relié avec d'autres documents
- Only edition available /
Seule édition disponible
- Tight binding may cause shadows or distortion
along interior margin / La reliure serrée peut
causer de l'ombre ou de la distorsion le long de la
marge intérieure.
- Additional comments /
Commentaires supplémentaires:

Continuous pagination.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /
Qualité inégale de l'impression
- Includes supplementary materials /
Comprend du matériel supplémentaire
- Blank leaves added during restorations may
appear within the text. Whenever possible, these
have been omitted from scanning / Il se peut que
certaines pages blanches ajoutées lors d'une
restauration apparaissent dans le texte, mais,
lorsque cela était possible, ces pages n'ont pas
été numérisées.

THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE,
CRITICISM AND NEWS.

VOL. XVI. TORONTO, JUNE, 1884. No. 10.

Original Communications.

CASES OF POISONING BY CARBOLIC ACID—PARIS GREEN—BELLADONNA.*

BY J. C. MITCHELL, M.B., ENNISKILLEN, ONT.

It was my fortune to have the responsibility of three cases of poisoning devolve upon me within a year; and as such are comparatively rare, in the ordinary routine of a country practice, I thought a record of the symptoms actually observed, and the treatment used, might be interesting—if not instructive—to the members of this Association.

Case I.—Mrs. S., a widow lady, *æt.* 58 years, living three-fourths of a mile from my office, was on the 16th of November, 1881, preparing to retire for the night, at 10.30 p.m. She was troubled with rheumatism, and by mistake took a large dessert-spoonful of pure carbolic acid, instead of the remedy to which she usually resorted. She at once cried out, "I have taken the wrong medicine for it is burning my throat and my stomach dreadfully." Her daughter immediately discovered the mistake, and gave the alarm. I was speedily summoned to attend and was with the patient fifteen minutes after she had taken the acid. I found her in a partial stupor, talking somewhat deliriously, great muscular relaxation, weak thready pulse, cold clammy skin, pupils of eyes slightly contracted, breathing becoming of a stertorous character. The invasion of the symptoms had been very rapid. Previous to my arrival, the daughter had given an emetic of mustard without any effect. With some difficulty I aroused her sufficiently to drink four ounces of olive oil (all I had with me), when she recovered consciousness. I then prepared and administered an emetic of sulphate of zinc, which acted quickly and thoroughly; and soon left no doubt in our minds as

to the nature of the poison, as the atmosphere of the room was impregnated with the odor of carbolic acid. After the emesis had ceased, we gave her demulcent drinks, applied heat to the body, and had the satisfaction of leaving her in a couple of hours in a fair way to recovery. The posterior and central portion of tongue were hardened and corrugated by contact with the acid. The tongue and throat speedily healed; the stomach remained very irritable for a length of time.

Case II.—Mr. V., *æt.* 49 years, a respectable farmer living five miles from our village indulged frequently in the use of intoxicants. At 9 p.m. Sunday, September 3rd, 1882, when under the influence of liquor he mixed half a tea-cupful of the ordinary commercial Paris green—aceto-arsenite of copper—with water, and before any of the family were aware of his intention, swallowed the greater portion of the mixture. In an hour afterward I was with him. He was sensible, suffering very acutely at intervals from severe epigastric and abdominal pains, extreme pallor of countenance with anxious expression, cold clammy skin, feeble rapid pulse, made scarcely any complaint, in fact did not speak unless addressed. After each attack of pain he vomited freely, then complained of thirst. The vomited matter was bright green and there was considerable sediment of Paris green at the bottom of the vessel. The emesis began thirty minutes after taking the poison, partly no doubt from the action of an emetic of mustard his wife had induced him to take. Treatment consisted in giving good doses of dialyzed iron, large quantities of milk and eggs, keeping up free emesis until the green hue disappeared altogether. After that he became quite easy, but slightly stupid, pulse firmer, slower and skin warmer. Improvement lasted for more than an hour, when all the symptoms returned with much greater severity. His sufferings now were intense, great tenesmus, no diarrhoea, although bowels moved frequently, constant desire to void urine. He grew worse rapidly, and expired five hours after drinking the fatal potion.

Case III.—In each of the cases related, the kind of poison taken was known, in the one following, the toxic agent had to be decided from the symptoms manifested.

In the village of S—resided a Mr. T. and family, consisting of a wife and two daughters. Mr. T. was a delicate man, *æt.* 53 years, the elder

* Read at the Ontario Medical Association, June 6th, 1883.

daughter, æt. 26 years, a very delicate girl, having had several attacks of pneumonia; the younger, æt. 19 years, was in the enjoyment of very good health. On the evening of November 13th, 1882, the father and daughters were attending choir practice at a neighboring church, leaving their mother at home, who, in their absence, busied herself in preparing some herb-tea for all to partake of, as they were suffering from severe colds. The herbs were supposed to be only those they were constantly in the habit of using, viz., smartweed and mullin leaves. On returning home at 10 p.m., the father and daughters drank freely of the infusion, the mother only tasting it, as there was scarcely enough for all. The father went immediately to bed, the others remained up for a time. In a few moments all began to complain of dryness and burning sensation in the throat and mouth; soon the elder daughter grew dizzy, began laughing and acted like one intoxicated, then became delirious; the father and young girl complained of sickness, nausea, dizziness and strange feelings, and by the time the mother got a neighbor aroused and in the house, all were insensible.

I arrived at 11.30 p.m., found Mr. T. lying in bed in a state of coma, breathing very heavily, tongue extremely dry and swollen, unable to swallow, entirely unconscious, no sensation whatever, at intervals a convulsive movement passed over his frame. The sisters were in adjoining sitting-room, lying on beds hastily spread on the floor by the neighbors. Both were unconscious and swallowed with great difficulty anything given them. They retained some sensation. They had severe convulsions at intervals. In all three cases the countenances were of a dusky hue; the pupils of the eyes were dilated to the full; scarcely any of the iris could be distinguished, also strong external strabismus. From the marked mydriasis, together with the other symptoms present, it was evident the poison was one of the solanaceæ, and I was fully convinced that it was either belladonna or its alkaloid, an opinion, I think, pretty fully corroborated by the facts afterwards ascertained. The stupor exhibited by all the patients was most profound, in fact the whole nervous system was prostrated and paralyzed. Sharp emetics were given to the girls, but the elder one did not vomit as freely as her sister. I gave all the patients three ½ gr. doses of morphia subcutaneously, at intervals of

an hour, and after the first injection the convulsions ceased, and after the third the effect on the pupil of the eye of the younger girl was quite perceptible. I also gave hypodermic injections of brandy.

A message had been dispatched for Dr. McLaughlin, of Bowmanville. On the Dr.'s arrival we used the stomach pump with all three, and after removing the contents of the stomach, we pumped in a strong infusion of green tea. In spite of all our efforts the elder sister grew gradually worse, the pulse became small, thready, and at 4 a.m. rose to 160. The younger girl had shown better symptoms all through, although at one time her pulse rose to 145, and the prognosis was very doubtful. At 5.30 a.m. when we attempted to pump in some warm milk and an infusion of tea, she struggled a good deal and finally roused up sufficiently to look around; we had her removed at once to her bedroom, and gave her a good potion of castor oil. The other poor girl died at 6 a.m., having never rallied in the slightest from the time she first became unconscious. Continued giving the father strong tea, warm milk, brandy and aromatic spirits of ammonia, by means of stomach pump. It was necessary to hold his tongue protruded from his mouth all the time to enable him to breathe at all easily. His pulse varied from 130 to 170. At noon he rallied a little, opened his eyes, looked around and resisted slightly when we were using the pump. The drug, however, had done its work with an enfeebled constitution. In the afternoon he sank gradually and died at 4 p.m., eighteen hours after partaking of his herb tea. The remaining daughter slowly recovered, but was very ill for three weeks. The tongue, throat and fauces were swollen to such an extent that but little could be swallowed for a day or so. There was complete aphonia for a time; harsh, dry cough, with considerable bronchial irritation. Quite a scarlatinal rash over a greater portion of the skin, which lasted two or three days. For two weeks the temperature of the body ranged from 101° to 103° Fahr., and the pulse from 110 to 125. Treated symptoms as they arose, and the patient finally made a good recovery.

I may state here that Dr. McLaughlin fully concurred in my opinion as to the character of the poison. In examining the remaining herbs not

used for the infusion, we could find no trace of any poisonous plant, and that from which they drank the tea had been boiled too much to distinguish the various herbs. There was a peculiar narcotic odor very perceptible from the boiled herbs, the contents of the stomach, and also from the urine—withdrawn by catheter—very similar to the odor of the tincture of belladonna, with which we compared it. Mrs. T.— stated that the herbs had been gathered by the deceased husband. That he did this work in a very careless manner, just plucking them in handfuls as they happened. She also informed me that a large weed grew in the garden bearing a round berry of a purplish hue when ripe. I found, on enquiry, that large quantities of this weed grew in the neighborhood, and from its description have no doubt that it is the atropa belladonna, or deadly nightshade. That the plant must be very rich in its active principle atropia is evidenced by this case, as it is not likely that more than one stalk and its leaves were in the infusion, as any larger quantity would have been observed in the small amount used.

In the fatal cases putrefaction commenced very soon after death, and the bodies were covered with livid spots. There was also a bloody discharge from nose and mouth. The smell was very peculiar and offensive. The bodies were interred the day after death, and the features were so much discolored that the caskets were kept closed at the funeral.

Very much has been written as to the antagonism of belladonna and opium, since Prosper Alpin, in 1570, first observed that the action of the latter drug was greatly enfeebled when given in combination. Dr. Anderson read a paper in Edinburgh in 1854, showing that these drugs were antagonistic in their action upon the system. Trousseau, in his "Treatise on Therapeutics," also makes this a strong point. He says :

"Angelo Poma, Cazin, Benjamin Bell, Béhier, Lee, McNamara, Seaton, Frelenmeyer, Onsum, Bathurst Woodman, and Fomüller, all give cases of belladonna poisoning cured by opium. In these cases it is remarkable that persons poisoned by belladonna have been able to take enormous doses of opium without showing the symptoms of intoxication from opium." According to M. Béhier the quantity of opium required to combat the intoxication of belladonna ought to be greater than that

of the belladonna taken. In the case of the girl that recovered, although I gave her $1\frac{1}{2}$ grs. of morphia hypodermically in two hours, she regained consciousness in four or five hours after, and exhibited none of the usual symptoms expected from large doses of that drug.

PARACENTESIS OF THE PERICARDIUM.*

BY J. W. MACDONALD, M.D., L.R.C.S.E.,

Medical Officer, Steel Co. of Canada, Londonderry, N.S.

I was first called to see the patient, a married woman, aged 30, on the evening of June 10th, 1883. She stated that, three weeks previously, she had been seized with severe pains in the joints, attended with high fever. A day or two afterwards, she complained of pain and violent beating at the heart.

Condition on June 10th. She was unable to lie down with comfort; the face was pale, anxious, and slightly œdematous; the breathing was short and panting; the heart's action tumultuous, and its movements could be perceived through her clothing. On examination of the chest, a dull area was found over the præcordial region, extending from the right edge of the sternum towards the left for about eight inches, and from the seventh intercostal space to the level of the upper margin of the second rib. A loud distinct to-and-fro murmur at the apex, and a harsh systolic murmur at the base, were the sounds heard on auscultation. The lower lobe of the left lung, posteriorly, was very dull on percussion, and conducted the heart-sounds, so that the murmurs could be very distinctly heard in this situation. Over this area, there was also puerile respiration and increased vocal resonance. A narrow strip, giving normal sounds on percussion, extended down the side from the axilla, and divided the dull areas in the front and back of the left chest. The pulse was small, irregular, and 120 per minute. She was troubled with diarrhœa.

Blisters, iodine, and diuretics were employed, and for a few days the fluid diminished; but the symptoms became aggravated, and the dyspnoea and agony about the heart became unbearable. To use the patient's own words, she felt "as if the heart was going to burst." She could get no rest except when propped upright, and she frequently

fainted. The diarrhoea continued, and, in the hope that it might promote absorption of the effusion, I made no attempt to check it.

June 18th. I resolved to operate, and was assisted by Dr. Sutherland. To decide upon a suitable situation for the opening was a great difficulty. The point generally adopted, and first recommended by Dieulafoy—viz., in the fifth intercostal space and one inch to the left of the sternum—was in this case unsuitable; for in that situation the heart-impulse could be most strongly felt. No part appeared more prominent than another, and the difficulty was further increased from the fact that the patient was nursing her child, and the breasts were consequently large. A point, one inch below the nipple, and close to the lower margin of dulness, was at length fixed upon; first, because no heart impulse could be felt there; and, secondly, because it was at the most dependent part of the pericardial cavity. The patient was placed in a semi-recumbent position; chloroform was very cautiously given, and the mamma was held up out of the way. I then made a preliminary incision through the skin, and dissected down carefully between the ribs. No impulse being felt by the finger in the wound, I pushed a moderate-sized aspirating-needle through the remaining tissues; and, feeling that I had entered the cavity, withdrew the stilette. A few drops of greenish-looking fluid escaped; but it appeared impossible to get it to run freely, even after applying the aspirator. Just as I was preparing to enlarge the opening, for the purpose of introducing a tube, the fluid began to run freely; and, on the patient drawing a full breath, it escaped in little jets. After persevering for some time, the cavity was emptied; the dull area over the heart was reduced to its normal size, and the patient, though extremely weak and inclined to faint, was very greatly relieved. The fluid withdrawn measured thirty-two ounces; was of a greenish colour, resembling bile, and tended to coagulate on cooling. Shortly after the operation, she could lie down with comfort on either side, and draw a deep breath without inconvenience. The pulse fell to 100, and became more firm and regular.

June 19th. She had had a comfortable night, and felt very much better. The dulness over the lower lobe of the left lung had become less, and

the respiratory murmur was returning to its natural character.

June 25th. Diarrhoea, which had for some time been a prominent symptom, had stopped. The area of heart-dulness was evidently increasing, and with it the other symptoms, which indicated an accumulation of the fluid. Iodine was applied over the præcordia, and a pill containing one-sixth of a grain of elaterium given at night.

June 27th. The elaterium produced copious watery discharges, which were followed by a marked diminution of the area of dulness, and a great improvement in the breathing.

June 30th. Her condition had so much improved as to permit her going to her home in St. John. Up to the present time (August 30th), she has continued to improve. She can walk more than half-a-mile without inconvenience, and has gained strength. Dr. Bayard, of St. John, who kindly examined her a few days ago, states that the fluid has not returned, but the endocardial murmur is still to be heard.

Correspondence.

To the Editor of the CANADA LANCET.

SIR,—One would imagine from the summary manner in which Dr. Rogers was compelled to produce his credentials that the Medical Board of New Brunswick would surely keep an eye on anyone attempting to practice in the Province without the necessary qualifications as set forth in the new Medical Act. Such is not the case, however. A gentleman from P. E. Island, who studied and graduated in Bowdoin College, Maine, U. S., is now practicing in the vicinity of Cape Tormentine. The Act specifies that no American graduate, as such, can practice until he shall have passed a successful examination before the Provincial Medical Board. It further sets forth, that any one attempting to practice without complying with said law shall be prosecuted, fined, &c. &c. Now, this gentleman is a graduate of a second-rate College, and he has not passed any examination before the Board as the Act specifies. How is this? Has he, the possessor of an illegal qualification, been allowed to register on the same terms as a graduate of Edinburgh, McGill, or Trinity? Surely not! But, if so, there must be favouritism and corrup-

tion somewhere. If he has not registered according to law, why is he allowed to set the statutes of the province at defiance, and to be an insult and a reproach to the thoroughly educated graduates of British and Dominion Institutions. Will Dr. Atherton, Dr. Currie, or some other member of the Registration Committee rise and explain!

Yours truly,

TORONTONENSIS.

To the Editor of the CANADA LANCET.

SIR,—I regret to observe an article in the last issue of the other medical Journal published in Toronto, which contains a most wanton attack on one of the Edinburgh Medical Colleges. As a member of one of these Colleges (probably the one referred to, as the writer does not specify), I feel that the honor and fair name of *alma mater* is being outraged by parties who are either ignorantly or wilfully lending their small influence to libel time-honored institutions. I trust, sir, that you will not allow the foul libel to pass unrefuted.

Yours sincerely,

May 15th, '84.

ALPHA.

[We have read the article referred to in our contemporary and our reply will be found in another column.—Ed. LANCET.]

Selected Articles.

ON DISLOCATIONS AND FRACTURES.

The following is an abstract of a lecture delivered at the London Hospital, February 15, 1884, by Jonathan Hutchinson, F.R.C.S., *Med. Press.*

Mr. Hutchinson announced his intention in this lecture, of dealing, in the way of rapid survey, with the general principles involved in the recognition and treatment of dislocations and fractures; and of the first kind of injuries he especially insisted on the great importance attaching to their diagnosis by the practitioner. By the commission of errors in this respect, and by failing to appreciate the true nature of an injury involving dislocation of a limb, the surgeon is not unlikely to secure for himself a greater amount of discredit than would follow almost any mistake he could make in professional practice. Nor is it difficult to understand the reason for this, since by the permitted existence of dislocation for any considerable length of

time, deformities may be set up, and discomfort to the patient thereby produced, which no attempt to cure will succeed in removing; but, as a general rule, all such consequences arise from the carelessness of the practitioner, who never ought, unless guilty of insufficient or incautious examination, to overlook any ordinary case of dislocation. In order, however, to prevent this untoward occurrence, it is well to bear in mind, and to call into use on every occasion, the fact that a dislocation comes under treatment of two safe rules, as follows:

1. Never examine a patient under these circumstances without stripping him and making accurate comparison of the two sides of the body, and

2. Should any doubt arise as to the existence of a dislocation after cursory examination, conducted according to Rule 1, then refuse to be satisfied until the patient has been put under the influence of an anæsthetic, and while in this condition subjected to every available test, with a view to absolute accuracy of diagnosis. Especially should this precaution be observed in the case of young patients, who naturally resist manipulation when awake, and with those who are unusually sensitive and restive under examination.

In many cases it will occur that instead of being simple, a dislocation will be complicated by the co-existence of a fracture along with it, whereby the difficulty connected with its diagnosis will be much increased, and in young children particularly, complications of this character are very frequently met with, dislocations of a simple nature being rare among them. In his own experience, Mr. Hutchinson declared he had never met with a simple dislocation of the shoulder joint in a child, but, on the other hand, he had seen numbers in which there had been separation of the upper epiphysis of the humerus, with consequent simulation of dislocation. In the wrist this form of injury does not occur, the hip being by far the most usual site of it, and in the case of children it is important to remember that when symptoms of dislocation are apparent they should be taken as affording indication of the occurrence of other injuries as well.

Among young children separation of the epiphysis of the long bones is a common accident, and it is not to be in any way regarded as a fracture either of the anatomical or surgical neck. In consequence of the force required to produce complete displacement of the sundered parts being very great, this condition is, as a rule, replaced by one of incomplete displacement, which also the extensive surfaces of the disconnected portions of bone contribute to bring about—in the humerus, *e. g.*—in which, when so injured, a forward sliding of the bone takes place for a little distance, but the combination of this separation of the epiphysis and dislocation of the bone at the joint is one of those accidents which, in Mr. Hutchinson's experience, do not occur.

Special risks of danger, even to a fatal termination of the case, attend those examples of separation of the epiphysis in which irregular stripping away of the periosteum from the shaft of the bone occurs, the epiphyseal end adhering, and a periosteal sleeve, with muscular attachments being loosened from the subjacent bone. Museum specimens of this kind of injury are rare, notwithstanding they are not infrequent, but when produced they rapidly end in death. Suppuration, too, which in fractures of bone rarely occurs, may attend the separation of epiphyses, being in such case due to the separation of the periosteum.

In adults dislocation of both bones of the forearm at the elbow joint is not uncommon, but among children it is exceedingly so; in this class of patients that form of injury which is described as a dislocation of such nature consists in the clean separation of the epiphyses, which is encouraged in the elbow-joint by the profusion of ossifying centres found in that region, and which, when it is seen, is usually said to be a dislocation backwards. The amount of displacement produced by such an accident depends on the position assumed by the bones affected in relation to the joint, and the possibility of the confusing appearances that may be seen ought to be an effectual guard against the issue of a hasty or unwarranted utterance respecting the absence of any fracture. The ease with which the displacement of the epiphyses can take place in children is the main reason why so-called dislocations of the elbow joint are so commonly seen in them, and the factor is found in the low position of the coronoid process, the principal opponent to backward dislocation in young subjects. This process is, indeed, practically an epiphyses itself at this age, being of soft, yielding structure, and being easily broken down.

In treatment of separation of the epiphysis at the elbow in children, the plan most successfully practiced is that of fixation on a moulded splint adjusted to the back of the limb, which is to be bent into a position in which the forearm is at right angles to the upper part of the limb. The splint is to extend high up the arm, and in fastening it strapping should be employed, a pad being so adjusted as to bring steady pressure on the upper part of the humerus. All the steps of the operation should be carried on while the patient is completely under the influence of an anæsthetic, the free and invariable use of which was strongly advocated by the lecturer in these cases. The pressure, moreover, thus applied to the lower end of the humerus, must be considerable in order to secure the desired result, and should not be omitted on account of the swelling which in some cases will be found present to some extent, being occasioned by the tearing injury inflicted on the periosteum. In a recent case seen by Mr. Hutchinson, neglect of these precautionary details had resulted in ankylosis of the

joint, and it is desirable that the practitioner should always be guarded in his prognosis of a recovery without stiffness of the elbow in all such cases. In separation of the lower epiphysis of the radius, it is common for a mistaken diagnosis to be made, the injury under such circumstances being assigned as dislocation of the wrist joint. One of the best examples of the condition so produced is to be found in a preparation in the London Hospital Museum, and it is highly important to recognize the nature of the lesion whenever it occurs. As a rule, there is only an incomplete displacement of the epiphysis, but one case at least is on record in which the part was entirely separated. The disunited parts should be placed in apposition, under an anæsthetic, as a first step toward treatment, and then the limb should be put up in the ordinary way.

In proof of the infrequent occurrence of dislocation of the wrist, Mr. Hutchinson said he had never seen a case himself, and those injuries which were described as such dislocations invariably turned out to be, in the young, separation of the epiphysis, and in the adult, fracture. Likewise he questioned the existence of the so-called subglenoid dislocation at the shoulder, and in every case he had examined with a view to testing the existence of such a deformity he found it to be one of subcoracoid dislocation, the certainty of which can be made clear by resort to accurate measurement, by which means the absence of any lengthening of the limb, a condition which must necessarily occur to the extent of one and a half or two inches in subglenoid dislocation, is at once rendered apparent. To Professor Flower is due the credit of drawing attention to the facts here explained, and which imply that what has been called subglenoid is in reality subcoracoid dislocation. Dr. Howe had also, previously to Flower's observations, noticed that lengthening must necessarily follow on subglenoid dislocation, but in spite of all the correction the error received, a well-known manual of surgery continues in its latest edition to perpetuate it, and by means of illustrations depicts the two forms of displacement, showing the limbs as being of equal length in both forms of injury.

Among children, displacements of the elbow may be treated with very favorable prospects of obtaining good results, but the case is very different when the patient is advanced in years, for although in them reduction may be completely effected without fracture, still there is ever present danger of subsequent development of chronic rheumatic arthritis in the joint, this being an almost invariable sequel in such cases. Different opinions, however, have been expressed respecting the order in which the two events occur, whether, that is, the dislocation is primary, but the lecturer decidedly averred that there can be no question that such is the fact. In

consequence, therefore, of the extreme probability of future occurrence of rheumatic arthritis in the majority of elderly patients who come under treatment for displaced elbow, it is incumbent upon the surgeon to speak with the greatest caution when called upon to give promise of a useful limb, the chances of any result of this kind being very small in comparison with the almost certain probability of permanent arthritic mischief setting in.

Fractures are grouped under two heads, viz. :

A. Fractures with displacement.

B. Fractures without displacement.

In connection with these injuries it must be remembered that, though occurring in the same bone, and bearing the same distinctive name, *e. g.*, Potts' or Colles' fractures, still a very great amount of diversity may be exhibited by them, and it must not be expected that any two examples of the same variety of fracture will be exactly similar in all respects.

As in cases of separation of epiphysis, so in fractures, the nearer the injury is to the joint extremity of the bone, the greater probability there will be that displacement of the fragments will only partially ensue. Impaction of the pieces may occur, and as a result it often happens that the favorable position assumed on recovery is due, not to the surgeon's skilful treatment, but to the accidental fixation of the fragments of bone at the time when the injury has been received. For this reason it is advisable to avoid hurry in placing retentive apparatus around the limb under such circumstances, for it is quite possible to set up a great deal of harm by the injudicious application of pressure in this way. In his own practice, Mr. Hutchinson said he had often treated Colles' fracture of the wrist without employing any kind of splint whatever, and he urged the necessity of carefully considering the needs of each case separately, and then to treat it in accordance with the requirements it possesses.

In the majority of cases of Colles's fractures but a small amount of displacement is found to exist, but exceptional instances do occur in which the reverse condition obtains, and such cases present difficulties in the way of treatment. Some years ago Mr. Hutchinson dissected many examples of this form of fracture, and he had come across none in which any great amount of displacement existed, and in some cases, though crepitus could be felt, it was not until the periosteum was removed that actual evidence of displacement could be obtained.

Complete reduction is imperatively requisite when displacement accompanies fracture ; and in all such cases it is very much wiser to bring the patient under the influence of an anæsthetic before commencing to restore its contour to the distorted limb. This proceeding is the more desirable also on account of the absolute safety with which anæsthetics can now be administered ; and aided by

this means of assistance, the surgeon should not rest contented until his efforts are rewarded by perfect restoration of its lost symmetry to the injured parts, except, of course, in cases where an extreme degree of impaction renders any such occurrence impossible.

Once the fragments have been restored to their proper place, however, there is no tendency in them to resume the vicious position assumed as a result of fracture ; and hence necessity for confining the limb in a splint apparatus will not exist. This method of treatment will be demanded in a certain number of instances, being those which form exceptions to the general rule just laid down ; but Mr. Hutchinson considers that quite a 5ths of the fractures of limbs can be most satisfactorily treated without applying any splint whatever, the harm caused by which through pressure far exceeds the benefit conferred. Whenever they are employed, the simpler the kind of splint that is used the better will be the result, the straight form being the best possible, admitting of free extension, and being also easily retained in place. Fourteen days should, Mr. Hutchinson urged, be the maximum time during which, if it must be applied, a splint should be allowed to remain, as otherwise there arises much danger of rheumatic stiffening of the joint.

As a commentary on the futility of inventing complicated splints and apparatus for fixing fractured limbs, none of which have ever received general approval, the lecturer referred to an ingenious instrument devised by Dr. Gordon, of Belfast, after long-continued anatomical study of Colles' fractures. This, which was intended for general use among surgeons, is figured, said Mr. Hutchinson, in a text-book by a leading surgeon, *upside down* ; and assuming from this that even the author of the work is practically unacquainted with the splint, although he writes about it, what chance is there of its ever being universally adopted ?

Not only Colles', but all fractures, are most successfully treated by extension, which can readily be made through the agency of the simple straight splint. Very thick pads should be fitted to the splint, and in ordering from instrument makers it is necessary to insist on this especially, particularly with regard to splints for treatment of fractured femur. Finally, on this subject of splints, Mr. Hutchinson declared that he had seen many more instances of bad union follow the use of modern improved apparatus than ever were witnessed under the old plan of fractures by the straight splint.

Fractures of the neck of the femur occur in a great variety of forms, and it is an unfortunate conventionality which divides them into extra and into intra-capsular fractures as though the bone was always broken straight across either in or outside the capsule of the joint. As a matter of fact, examination of numerous specimens showed this to

be an occurrence of great rarity, and the varieties assumed are very considerable. Thus the great trochanter may be broken across, or both trochanters, and the fracture itself may be partly without the capsule. When great deformity exists, however, the existence of extra-capsular fracture may be suspected, and on grasping both hips if there is found greater thickness on the injured side it may be taken as certain that the fracture is at any rate not entirely in the capsule. In all cases of this class of fracture, whether so called extra or intra-capsular, union by bone should be the surgeon's principal aim; and such a result may, in Mr. Hutchinson's opinion, be expected.

GASTROSTOMY FOR CARCINOMATOUS STRICTURE OF THE ŒSOPHAGUS.

BY PROF. S. W. GROSS, PHILADELPHIA.

The first case is a woman, fifty-one years of age, with stricture of the œsophagus, depending on carcinoma, whom you saw five weeks ago. As I found it impossible to pass a bougie, or a soft tube for the purpose of alimentation, and as the trouble in swallowing grew worse and worse, I was finally compelled to open the stomach. Four weeks ago I made an incision parallel with and three-fourths of an inch below the eighth and ninth costal cartilages, down to the peritoneum. The bleeding having been arrested, I then opened the abdominal cavity, and attached the parietal peritoneum to the wall of the stomach with a continued suture of fine black silk, and I also stitched the wall of the stomach to the wall of the abdomen with an outer row of interrupted sutures, so as to afford as much surface as possible for adhesion between the two surfaces of the peritoneum. In this connection, I must say to you that when you insert sutures in the stomach or intestines, you should be careful that they do not penetrate the entire thickness of the viscera. The serous and muscular coats alone should be included, so that the little openings will not admit of the escape of the contents of the organ, through which peritonitis will ensue.

For a few days after the operation the patient was fed by the rectum. Afterward, when the spasm of the œsophagus did not prevent it, she received by the mouth dry champagne, milk, eggs, and chicken soup. At times the spasm was so great that for eighteen or twenty hours she was unable to swallow anything, when we had to return to rectal alimentation. To every three ounces of food given by enema, we added a teaspoonful of the liquor pancreaticus, one-fourth of a grain of carbolic acid and four grains of bicarbonate of sodium. In this way we not only promoted rectal digestion, which is an alkaline digestion, but also prevented the occurrence of tympanites, which was a troublesome symptom for a few days.

Last Thursday, or three weeks after the operation, I made a very small puncture into the stomach and inserted an elastic tube. I bring the patient before you to-day to show you a successful issue after the operation of gastrostomy, which means making a mouth or opening in the stomach for the purpose of nutrition. The incision in the stomach should be small, since with a large opening not only would there be a tendency for the contents of the stomach to escape, making the condition of the patient a dirty one, but the gastric juice would produce troublesome and painful inflammation around the margin of the wound.

I will now show you how the patient receives her food. This gum tube, which is cut off at the point, like the point of a pen, in order to facilitate its introduction, and which equals No. 15 of the French catheter scale, or has a diameter of about three-sixteenths of an inch, is passed into the stomach. To the proximate end of the tube a small glass funnel is attached, into which the warm nourishment is poured. In this way we have provided against death from starvation. There is no necessity for leaving the tube in the stomach, as it can be introduced whenever we desire to feed the patient although for the first few days it was retained, to prevent the closure of the opening.

There are probably a good many persons—we cannot account for tastes—who would rather die than submit to an operation of this description. On the other hand, there are others who prefer to live as long as they possibly can, so that in cases where death is threatened by starvation, gastrostomy may be performed if the patient desires it. The risks of the operation are almost nothing. We have thrown off the old superstitions in regard to the peritoneum. At the present day, after operations involving this membrane, we do not expect the patient to die from peritonitis. The trouble with gastrostomy is, that in the majority of cases the operation has been postponed too long; the patients are run down and unable to rally.

In cases of cicatricial stricture of the œsophagus, resulting from swallowing irritating fluids, as solutions of lye, or strong acids, it is found that the œsophagus becomes very much dilated above the point of stricture, so that we may speak of a complementary stomach in that situation. In cases of this kind, as well as in cases of the one before you, the patient can really enjoy food, which, after having been chewed and swallowed, may be retained in this receptacle for a little while, when it can be regurgitated into a tube, one end of which is in the stomach and the other in the mouth. Dr. Herff, of San Antonio, Texas, informs me that he has under his care a child which has been nourished in this way for four years and a half.

HYDROCELE, RADICAL CURE.

I propose, to-day, to show you the treatment by

injection of carbolic acid. This plan originated with a physician of Tennessee, whose name I do not recall, some ten years ago, and it has been popularized by Dr. Levis, of this city. The method of applying the carbolic acid is as follows: The fluid having been drawn off with a trocar, one drachm of the acid, rendered fluid by the addition of a minute quantity of water or glycerine, is injected into the sac by means of a rubber syringe provided with a nozzle long enough to reach through the canula. The canula and syringe are then removed, and the scrotum manipulated so as to bring the agent in contact with every portion of the serous surface. There is, at first, a little pain, but this is soon followed by numbness or anæsthesia. The patient may walk around for twenty-four hours, but he must then keep to his bed, with the scrotum supported by a proper bandage. This plan is said to be very efficient, and not liable to be followed by relapse. Dr. Levis, who has had a large experience with it, records an almost uniform, if not an entire success. Other surgeons have not met with equally good results. In a case which I treated in this hospital some time ago, the injection of carbolic acid was followed by a large effusion of blood into the sac of the tunica vaginalis, which resulted from the erosion of the serous membrane and the loss of support of the underlying vessels. The blood was evacuated and the patient recovered. I have not done the operation very often, but I have met with this complication on two occasions.

Before introducing the trocar, it should be mentioned that the scrotum is to be smeared with cosmoline, so that if any of the carbolic acid should fall upon the skin it will not produce excoriation.

INTERNAL HEMORRHOIDS—LIGATION.

This man, twenty-seven years of age, has had for many years, more or less pain in the back, which has become much aggravated during the past week. For the past four months he has had hemorrhage every time the bowels have been moved, and at the same time there was a protrusion of a tumor, about as large as a grape, from the anus. The operation which I shall show you is that of ligation. The bowels should be moved by an enema, and just before the operation the patient sits over a bucket of boiling water. The steam relaxes the part and a little straining brings the pile into view. As the man strains, you can see two tumors protrude. Around the small one it will be sufficient to place a ligature, but I shall transfix the larger tumor with a needle armed with a double ligature, and tie it in two sections. When there are a number of piles, say six or seven, it is not necessary to operate on all. If four are tied, the object will be accomplished; the amount of inflammation set up being sufficient to obliterate all. You should never allow a patient to walk about after any operation

for hemorrhoids, no matter whether it is a simple one, as in the present instance, or a more severe one, as clamping the tumors, cutting them off, and searing the cut surface with the hot iron. The patient must go to bed, so as to run as little risk from pyæmia and tetanus as possible.

In your books you will find it stated that a certain amount of laudanum should be thrown into the bowel, or an opium suppository be used after the operation. I consider this a bad practice. The rectum is already stuffed up enough. If the patient suffers pain, one-third of a grain of morphia may be given hypodermatically. The bowels should be confined for three or four days, or until the patient begins to feel a little uneasy about the belly, when a free and easy motion may be secured by injecting six ounces of sweet oil, and following it up the next morning with half an ounce of castor-oil, by the mouth. After all operations upon the bowel, you should inquire into the condition of the bladder, since there is reflex spasm of the bladder, causing retention of the urine, which will have to be relieved with the catheter.—*Col. and Clin. Record.*

PLASTER OF PARIS IN FRACTURE OF THE PATELLA.

Dr. Little, of New York, (*N. Y. Med. Journal*), describes his method of treating fractures of the patella as follows:—It will, perhaps, be best for me to state at the outset, in order to avoid a misunderstanding, that I always make a distinction between the plaster-of-Paris *bandage* and the plaster-of-Paris *splint*; two entirely different methods of using this material. The method which I propose to describe is by the use of the plaster-of-Paris splint, which was first introduced by me in 1861, and first applied to a fracture of the patella, in 1863, in a patient of Dr. Tucker, of this city, and which I have used in all the cases that have come under my care in St. Luke's and St. Vincent's Hospitals, as well as in my private practice.

Immediately after the receipt of the injury, I elevate the limb slightly, and place it on a pillow, or a single inclined plane, and wait until the swelling and inflammatory action which follow have subsided. The limb is placed in this position simply for the comfort of the patient, and not for the purpose of relaxing the quadriceps extensor muscle, and thus preventing the separation of the fragments, which was formerly considered necessary. Although I have often attempted, I have never been able, to demonstrate that it made any appreciable difference in regard to the separation of the fragments whether the limb was in a straight position or the thigh flexed on the pelvis. Sometimes, when the effusion into the synovial cavity is great, I apply pressure as soon as the patient is able to bear it, by means of a bandage. When

the swelling has subsided, which takes place from five days to a week, the following dressing is applied: A posterior splint is made of two thicknesses of bleached Canton flannel, strengthened in the middle, under the knee, by two extra layers; this is made long enough to reach from a little above the ankle to above the middle of the thigh, and wide enough to cover two-thirds of the circumference of the limb above and below the joint, but at the joint it should only just cover the condyles of the femur. Two pieces of Canton flannel, of from two and a half to three inches in width, double thickness, one long enough nearly to encircle the limb at the ankle, the other to encircle it at the upper third of the thigh, are prepared at the same time. The pieces designed for the posterior splint are then thoroughly saturated in a mixture of plaster-of-Paris and water, taking care that the mixture is not too thick, and then smoothed out upon a board with the hand, and applied smoothly to the limb. Then the two bands are prepared in the same way and applied around the upper and lower extremities to hold it in position. A dry roller bandage is then firmly applied over all, and the plaster allowed to set.

As soon as this is accomplished the bandage is removed, and we have a firm posterior splint, secured above and below by transverse bands. Two other strips, of a double thickness of Canton flannel an inch wide, and long enough to overlap on the posterior surface of the splint, are saturated in a fresh mixture of plaster-of-Paris and then tightly applied above and below the patella, while the fragments are held in position by an assistant, in the same manner as adhesive straps are used for coaptation in this fracture. A dry roller bandage is then rapidly applied with the figure-of-eight turns over the strips. The surgeon then, with thumb and finger of each hand over these coaptation bands, forces the fragments into close approximation, and holds them there until the plaster has set (Fig. 1). The bandage is then removed and a fresh one applied over the whole length of the limb. The dressing is then complete. Fig. 2 shows the splint with the bandage removed. It is a good plan for the surgeon, before applying the coaptation bands, to see that the fragments can be easily approximated. In a number of cases I have found some difficulty in keeping the fragments in the same plane, or in preventing them from tilting, there being a tendency for one to rise above the other. This can be overcome by making pressure with the fingers over the line of fracture while waiting for the bands to harden.

This dressing differs essentially from all others, in that the fragments are adjusted by the hands of the surgeon, and the "setting" of the plaster keeps them in the exact position in which they were held. The patient is not compelled to keep his bed, but may sit up or go about on crutches with but little

inconvenience. This apparatus, like all plaster-of-Paris splints, should be applied directly against the skin, care being taken, however, to remove the hair, or else smear the limb with cosmoline or oil.

The condition of the fragments can now be examined at any time by simply removing the bandage, and in case any separation has taken place in consequence of the shrinkage of the limb, it can be corrected by removing the coaptation bands and applying new ones. Care should be taken, if this becomes necessary, which is seldom the case, to moisten the posterior splint in order to insure the adherence of the new pieces.

Pressure sores have never been produced in my experience, nor have the patients ever complained of any pain caused by undue tightness of the dress-



FIG. 1.

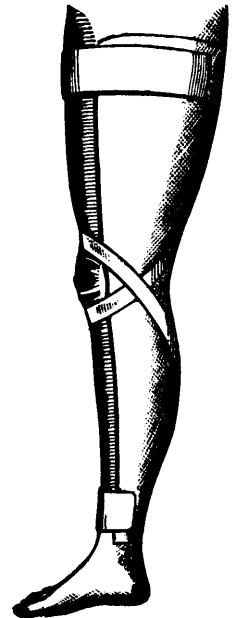


FIG. 2.

ing. In fact, constriction of the limb by the splint, bands, or bandages, so as to interfere with the circulation, cannot occur, even in inexperienced hands. In order to prevent a rough edge at the upper and lower extremities of the splint, it is advisable to fold them over about half an inch, thus bringing a perfectly smooth edge in contact with the soft parts. This dressing should be left on for from six to eight weeks. The majority of patients rarely have any appreciable separation of the fragments at the end of the treatment, but as the union is generally ligamentous, a certain amount of separation will take place in time, as in all cases in which there is not bony union.

A case that I treated ten years ago, by this method, came under my notice again a few weeks since; the fragments, which after the treatment were

almost in direct contact, I found had separated only a little more than half an inch. Two cases treated by this apparatus, at St. Vincent's Hospital, resulted in bony union.

PUNCTURED WOUNDS OF THE SKULL.

In a recent discussion on this subject, before the Academy of Medicine of Cincinnati, Ohio, reported in *The Cincinnati Lancet and Clinic*, Jan. 5th, 1884, Dr. P. S. Conner (Class of 1861), in introducing the subject for discussion, said he was well aware that it might be looked upon by many as rather trite, and yet the gravity of these sometimes apparently slight injuries renders it of great importance. The treatment of simple punctured wounds of the cranium is still a matter of discussion, from the fact that it is frequently difficult to decide whether the injury received is one of the skull alone, or whether the structures underneath, the brain and its coverings, are also involved. If the injury be of a definite character, the question arises whether we are justified in interfering actively in order to prevent the development of dangerous complications, or whether it is more prudent to wait until further symptoms arise. As regards active interference, we have the advocates of the extreme use of the trephine from Ambrose Parè to Pott, and the expounders of the doctrine, as Stromeyer, that the trephine ought not to be used in any case. Stromeyer claims that, although the injury inflicted may be of the utmost gravity, the trephining of the skull will but increase the dangerous symptoms.

The speaker alluded not to the general fractures of the skull, but to the punctured form. No one would fail to recognize an injury where the skull is driven in, but in a punctured wound the gravity is often overlooked; and yet, without any apparently severe injury externally, such an injury may perhaps prove most dangerous.

The skull may be punctured by the blade of a knife, a bullet, a piece of glass, a sharp instrument, as a pick, and various other substances. The depth of penetration may be out of all proportion to the extent laterally, and the symptoms may be masked for hours or days. The injury is probably greater to the internal than the external table of the skull, or a diploic injury may be followed by inflammation of the veins or pyemia, but usually the internal table is broken off and the meninges or the encephalic vessels are pierced. Hemorrhage and inflammation may thus result, and sometimes the brain substance itself may be injured, the penetration extending perhaps even to the opening of the lateral ventricles. With all these serious consequences a diagnosis is frequently not made.

The speaker remembered one instance where

death resulted in forty-eight hours, and the wound in the skull had been overlooked altogether. Knowing the liability of suppuration of wounds of the external and internal tables of the skull, we can understand the necessity for drainage so that a steady outflow is necessary for the safety of the individual. Death is often to be attributed to a punctured fracture of the skull, and it is therefore desirable to call attention to the danger of injuries about the head, even if they are scalp wounds, to decide whether the trephine should be used or not.

The speaker could not see where the danger lies *per se* in the use of the trephine; it is not followed by a great mortality, and the latest examinations made by Walshman, of London, shows that there is but little danger. The trephine simply converts a wound with a ragged edge into a smooth one, and the removal of a button of bone frequently prevents inflammation of the meninges, or a localized inflammation of the cerebral mass, or an abscess. A wound of the skull may cause death without a warning, setting in either with convulsions or coma. In order to show how slight an injury may take the life of an individual, the speaker presented a specimen obtained twelve years ago, where a man was cut in a fight on the head, the injury being, however, scarcely perceptible, and yet death occurred in twenty-four hours. At the *post-mortem* examination a small scalp wound was found, underneath which there was an extravasation of blood; on reflecting the scalp it was discovered that the skull had been pierced with a small pocket knife, severing a branch of the middle meningeal artery, the cut extending to the depth of half an inch.

This man might have been struck a hundred times about the head in other situations, and yet he might have escaped much injury. The injury was not recognized during life; if it had been recognized the trephine might have saved this man's life, as the hemorrhage could readily have been stopped with a little white wax. Another man was struck in the head with an ice-pick. Paralysis of the right upper extremity, but not of the face, resulted, and two weeks afterward, when Dr. Conner first saw him, a hardness was to be felt at the seat of the injury, as if the pick had been broken off. The doctor at once removed a button of bone with the trephine and came upon the abscess cavity, which he evacuated, but the man died in two or three days. The cavity was not very large; it was situated at the superior portion of the frontal convolution. The symptoms following the injury in this situation ought not to have been produced according to our present understanding of localization of the brain. If the crown of the trephine had been applied in this case immediately after the injury it would have permitted an outflow of fluids, and prevented these serious symptoms.

The next specimen, obtained from Dr. E. W.

Walker was one of singular interest. A boy being provoked at a man, picked up a piece of a broken pane of window glass and threw it at the latter, striking him in the head. The man went to bed, but was found dead the next morning. An examination showed a piece of the glass sticking fast in the skull. Had the piece been removed immediately there might have been a chance of life. Death resulted from extravasation of blood. Sub-cranial extravasation of blood is not necessarily fatal; the speaker had himself saved a patient's life by trephining and removing the clot.

A practical lesson to be drawn from these illustrations is, that a careful examination ought to be made of every head where a punctured fracture is suspected, and if such be found it is the wisest course to apply the trephine. There is no more danger in removing a button of bone from the head than from the tibia. The special danger of these injuries lies in lesions underneath the skull. It is not necessary to carry out all the extreme precaution for antiseptis, yet with this method the results have been still better than by any other method. The speaker had seen quite a number of cases, where death would have resulted if the treatment had not been active.

The speaker had occasion, in preparing an article on this subject some time ago, to look up the authorities, and he was struck with the many instances of recovery from a gunshot wound in the brain on record. There is this difference between a gunshot and a pick wound, that the ball in its course is apt to leave a sufficiently large opening behind it for drainage. The speaker was rather skeptical that when a ball strikes a piece of bone there is no injury except that made by the surgeon in the operation. If he were thus injured he would rather have the pieces removed than left in the brain. We are not now so far from a decision when to use the trephine as a good while ago. The mere cutting of bone does but little damage, and when a conical crown is used the dura mater can be sufficiently protected. There is not so much danger from injury to the dura mater as from leptomenigitis later; and this is prevented by the removal of the irritating bodies and the securance of free drainage. To show how much injury the brain will tolerate, the speaker mentioned the case of a convict who tried to injure himself by driving pieces of wire into his head, and yet without doing any damage. Certainly these are rare cases, but they show that we need have no exaggerated fear of injuring the dura mater, when the constant injury caused by the presence of bone is so much more dangerous.

Lumbago may be quickly relieved by binding a piece of enameled cloth, such as is used to cover tables, over the loins outside of the flannel shirt. Profuse perspiration is produced which rapidly relieves the pain.—*Sci. Am.*

PUERPERAL SEPTICÆMIA, ITS NATURE AND TREATMENT.

The following by F. P. Atkinson, M.D., will be found in the *Practitioner* for March:

Although puerperal septicæmia is no longer the scourge it used to be, I suppose no medical man passes through his professional career without losing at least one case from this disorder. As regards its nature, I cannot help thinking it will eventually be found to arise either from the infection of erysipelas, or the absorption of decomposing animal matter, either generated within the uterus from the retention of pieces of placenta, membrane, or clots (the last named especially being the result of imperfect contraction), or conveyed by the nurse or medical attendant from without.

Some assert that it most frequently has its origin in the infection of scarlatina, but there are certainly some very strong facts to be brought forward in opposition to this idea. 1. Cases have over and over again been reported where the parturient woman has been the subject of scarlatina, and the peculiar symptoms of puerperal septicæmia have been entirely absent, and also where there have been cases of scarlatina even in the same bed with the parturient woman, without the occurrence of any ill effects. 2. I have been credibly informed by a medical man that he was once called away from a case of scarlatina he was watching to attend two cases of midwifery, and that neither of the lying-in women had any unfavorable symptoms afterwards. 3. I have also been told, and my informant is willing to swear to, the fact, that one medical man attended three cases of confinement when his hands were freely peeling from scarlatina, and that not one of these cases had anything the matter subsequent to their confinement. In spite of these facts, I believe that serious harm might result were pus from the ulcerating surface of the tonsils to come in contact with an abraded surface of the uterus or vagina.

In treatment of this as of all other kinds of pyrexia, it is important to inquire first of all as to the cause of the increased body-heat. In ordinary cold, bronchitis, pneumonia, etc., the prime cause is diminished heat-loss, owing to suppression of perspiration, and as soon as the skin begins to resume its function, recovery at once begins to take place; but in septicæmia the cause of the increased body-heat is increased chemical action, owing to the presence in the blood of a greater or less number of disease-germs, and the treatment has to be directed towards checking their growth and life. If this is successful, the cutaneous capillaries begin to dilate and the temperature gradually to fall. In some cases the skin perspires profusely and yet the body-heat remains persistently high, but this results from vaso-motor paralysis and is a symptom of very grave import.

The medicines we have at command for checking the life of disease-germs are quinine, resorcin, kairine, salicine, carbolic acid, boracic acid, ether, etc. In the treatment of puerperal septicæmia quinine is particularly useful, inasmuch as it is not only a strong germicide, but also produces a contractile effect on the uterus and prevents absorption. It is a good plan to administer from two to three grains of quinine with five minims of tinct. digitalis, and from three to five grains of resorcin alternately, every two hours.

If necessary to bring down the temperature rapidly, an ice-bag may be applied to the head and one to the spine, while the body may be sponged with vinegar and water. The uterus should be well syringed out with permanganate of potash (a drachm of Condly to the pint of water) three or four times daily, while the temperature remains high. Plenty of good liquid nourishment should be given, and brandy must be administered according to the severity of the disease. By the adoption of these means most cases may be led on to a favorable termination.

A CASE OF ACTINOMYCOSIS

Dr. W. Knight Treves reports the following case in the *Lancet*, for January 19, 1884 :

P. C., aged 45, was admitted to hospital August 17, 1883, supposed to be suffering from a scrofulous affection of the glands of the neck. He is a muscular man with a good family history. His illness began sixteen months before admission, with inflammation about the neck and angles of the jaw, which, however, only kept him from work for two or three days. He has lived well, and never had cattle to look after. A lump by the angle of the jaw followed the inflammation, which was incised. Subsequently other swellings formed. Over the angle of the jaw, and in the posterior triangle of the neck were three ulcerated and fungating surfaces, those by the angle of the jaw being about one inch and that in the posterior triangle about two inches in diameter. There were tumors over the collar bone, the second rib, and the fourth costal cartilage near the sternum, each of which was in a direct line, and had followed in regular order the one described as existing in the posterior triangle. These tumors resemble each other in appearance ; they are smooth and evenly formed, and are in shape as nearly as possible a half a sphere ; the upper one is two inches in diameter, the lower one an inch, and the middle one intermediate in size ; they have an elastic, semi-fluctuating feel ; the skin over the upper one is thin, red, and evidently about to give way ; the skin of the middle one is also discolored ; that of the lowest is normal. To the right and left of these tumors are two nodules about the size of a marble, apparently the same

thing in process of formation. The discharge was thin and serous, and contained minute yellowish masses, and disintegrated tissue, and had a peculiarly offensive and sour smell. The patient declined operative interference. He remained in the hospital till December 7, the progress of the case being gradual loss of flesh, formation of the lumps on the other side of the neck, and in the axilla. The three tumors described became broken down, and he presented before his discharge the appearance given in the woodcut which is from a photograph. The appearance of these tumors resembled nothing that I had ever seen before. The case was certainly not scrofulous, nor was it like any new growth with which I was familiar. I arrived at the conclusion that it was an example of the disease known as actinomycosis. This diagnosis was confirmed by the discovery under the microscope of bodies which I believed to resemble the fungus described as peculiar to this disease. So far as I can ascertain, this is the first case of actinomycosis described in this country.

THE BEST TIME FOR ADMINISTERING MEDICINES.

The Midland Medical Miscellany has the following article on this subject : Before or after meals ? Such is the question often asked of the doctor, but the answer is not always ready. Medicines that are irritating should be given after meals, when the stomach is full, viz., the salts of copper, zinc, iron and arsenic, in large doses. Small doses, intended to act on the stomach terminals of the vagi, must be given when the organ is empty. Chemical reasons also have their influence ; thus, oxide and nitrate of silver, intended for local action, should appear in the stomach during its period of inactivity, lest, at other times, chemical reactions destroy the special attributes for which these remedies are prescribed. Iodines and the iodides further illustrate this point. Given on an empty stomach they promptly diffuse into the blood, but if digestion is going on, the acids and starch form products of inferior activity, and thus the purpose which they were intended to subserve is defeated. Substances prescribed to have a local action on the mucous membrane, or for prompt diffusion unaltered, are preferably given before meals. The condition of the stomach veins after meals is such as to lessen the activity of diffusion of poisons, and hinders their passage through the liver. It follows that active medicaments in doses near the danger-line, are more safely administered after meals.

When shall acids and alkalies be given, before or after meals ? First, as to acids. When acids are prescribed with the view to check the excessive formation of the acids of the gastric juice, they may be given before meals—as, by the laws of

osmosis, they will determine the glandular flow of the alkaline constituents of the blood. The same reasoning would hold good when the alkaline condition of the blood was in excess ; osmosis being favored, the acid would reach the blood more readily. Second, as to alkalis. These may be given just before meals, when the acid forming materials in the blood diffuse into the stomach glands, and after digestion is completed, when the alkalis diffuse directly into the blood, without interference from the contents of the stomach. An alkali taken during the time when the reaction of the stomach juices should be strongly acid, must necessarily hinder, if not arrest, the digestive process for the time being. The metallic salts—notably corrosive sublimate, alcohol, tannin, and some other agents—impair or destroy the ferment, or digestive power, of pepsin. Wine that is intended to act as a food, is most beneficial when taken slowly during the course of a meal. The objection as regards the ill effect of alcohol on pepsin, is not applicable here, except to the stronger spirituous wines in large quantities, for the ordinary medicinal wines do not have sufficient alcoholic strength to injure this ferment. Iron, phosphates, cod-liver oil, malt, and similar agents should, as a rule, go with food through the digestive process, and with the products of digestion enter the blood.

THE TREATMENT OF PELVIC CELLULITIS FOLLOWING PARTURITION.

Dr. Grailly Hewitt concludes an article in the *Med. Press*, November 21, 1883, as follows :—

A few words with respect to the treatment : A remarkable feature in these cases is their tendency to chronicity. They are always tedious and difficult to cure, and the cure depends more on attention to diet than on any other element of the treatment. Rest, of course, is an essential ; but the nutrition requires careful consideration. With regard to the subject of food : Deficiency of food may predispose to cellulitis in a patient in whom other factors in its cause may be present ; or it may render an already-existing case of cellulitis less amenable to treatment. In the case before us the quantity of food taken was perhaps only one-third of the total amount required by the healthy subject. This created a weakness which showed itself in various ways. Under these circumstances there is a great indisposition to take food, and if only three stated meals a day are provided, a very small amount is taken ; the patient becomes exhausted in the intervals, and when meal-time comes is not able to take nourishment. Hence the quantity taken is not enough to induce activity in the nutrition process, but only enough to keep up a condition of *statu quo*. To stimulate nutrition, articles capable of ready assimilation must be selected—

Brand's essence, beef tea, milk, etc., with a fair amount of stimulant in the shape of brandy, and this must be given very frequently, every hour or so. Under this treatment the appetite will rapidly improve, and in a week or so, in all probability, solid food will be taken with zest. As subsidiary treatment, poultices may be applied to the abdomen to relieve pain and assist resolution, and if the latter is very severe a little opium is indicated. The bowels should be daily opened by the administration of a mild laxative. Some medicine, in the shape of dilute nitro-muriatic acid with a little tincture of orange, is often useful as a stonachic and tonic ; and later on iron and quinine may be given with advantage.

IODOFORM IN CHRONIC CYSTITIS.

Dr. David Prince, of Jacksonville, Ill., *St. Louis Med. and Surg. Journal*, has relieved several cases of chronic cystitis by the use of iodoform. A soft catheter is introduced into the bladder, which is by this means thoroughly emptied, if there is any residual urine which the patient is unable to void voluntarily. Then fifteen cubic centimetres of the following preparation are to be injected : Five grammes of iodoform are ground with twenty-five grammes of starch, and the whole is "moistened" with forty cubic centimetres of water. The mixture is to be injected daily and allowed to remain. The medicament is not entirely expelled at the first subsequent passage of urine, as the heavy crystals of iodoform adhere to the mucous membrane. Starch was the substance chosen to incorporate with the iodoform because it was free from irritant properties. This treatment speedily allays the irritation of the vesical mucous membrane, and with it the painful reflex contraction of the muscular coat of the bladder. The relief of this reflex contraction greatly increases the available capacity of the bladder. "In the case of a gentleman who had suffered greatly for several years, there was no pain after the first introduction of the iodoform. He thought after a four days' treatment that the capacity of his bladder had been doubled." Dr. Prince believes that the same treatment will be found beneficial in gonorrhœa. He thinks it will prove better than the use of pencils or bougies of iodoform and gelatin, because the iodoform, as he employs it, adheres to the urethral mucous membrane, and its action is therefore kept up for some time after the injection has been allowed to escape. The action of iodoform when used in pencils or bougies can last only while they are retained. Dr. Prince also suggests that the treatment of moderate strictures of the urethra, accompanied by vesical inflammation, may be advantageously preceded by the use of iodoform and starch. Mechanical dilatation, electrolysis, or other measures may, of course, be required afterward.

SOME NOVELTIES IN THE TREATMENT OF NASAL POLYPI.—Dr. W. Spencer, Watson (*Lancet*,) says: In the removal of polypi, whether by snare, forceps, or cautery, it is very difficult to be quite sure that the whole of the growths has been extracted. It is probably due in part to this uncertainty that polypi are so liable to recur. Often, no doubt, rootlets or fragments of one or more of the growths remain behind. If therefore we can by more thorough extirpation avoid this uncertainty the chance of recurrence is so far diminished; for though it is possible that the diseased mucous membrane has a tendency to reproduce the same morbid overgrowth, yet, *cæteris paribus*, the more complete the operation the less will this tendency show itself. The object then to be attained is to detach the polypi as close to the bone as possible, and it is even better in some cases to remove a portion of the turbinated bones with them. It is generally tolerably easy to get away those polypi which hang near the anterior apertures of the nostrils, but for the complete removal of those more deeply situated the usual methods are often insufficient. To meet this difficulty I have devised the polypus ring-knife (made by Messrs. Krohne and Sesemann). It consists of a rod of softish steel (which allows of being somewhat bent to any desired curve), which, with the handle and the ring-knife, measures eight inches and a half. The handle resembles that of a door-key, and is large enough to admit two fingers; at the other extremity is the knife, of oval form and one inch and a quarter long, being at its widest part five eighths of an inch broad. The outside of this ring is thick and blunt, its inside beveled, and with a cutting edge extended round the semicircle farthest from the handle. The knife when used is passed along the lower part of the nostril with its sides parallel to the septum, until it reaches the posterior aperture of the nares. At the same time the forefinger of the left hand is passed behind the velum palati and hooked up in the posterior aperture of the nostril. If there are any pendulous portions of polypus in the pharynx they can now, by a little manipulation, be slipped through the ring of the knife, which is then directed by the finger toward the outer wall of the nostril. The instrument is then slowly withdrawn, and, as it passes forward, is made to scrape away the polypi from their attachments to the bone. The operation is necessarily painful, and can be best done under an anæsthetic, the mouth being kept open by the use of a Mason's gag. The instrument thus used can be directed with considerable precision, and is, I think, preferable to forceps, when the polypi are deeply seated, and especially when of the sarcomatous or firm myxomatous variety. If the antrum is involved, the blade may be passed into it after the curve of the shank has been somewhat altered. But to reach the extreme depths of this cavity the ring-

knife used by Meyer for adenoid vegetations of the pharynx is well adapted. I have succeeded quite recently in clearing out the antrum with these two instruments in a case of recurrent myxosarcomatous polypi, without laying open the *alæ nasi*. In this case, however, I followed up the treatment by the application at intervals during several months after of the acid pernitrate of mercury to spots on the surface of the mucous membrane, at which there seemed a tendency to return of the growths. The application of nitric acid, or acid pernitrate of mercury or similar fluid escharotic, in such a narrow channel as the nostrils seems at first sight a somewhat formidable and dangerous proceeding; but when carefully done with the acid in the platinum canula, and under a good light from the short-focus mirror, the proceeding is not really dangerous nor painful. The platinum canula is guided carefully to the spot to be cauterized. A pencil of wood previously dipped into the acid is then passed along it, and when it reaches the aperture in the canula is made to press against the diseased tissue. The surrounding parts are thus completely protected, and if the point charged with the acid is again drawn into its sheath before the instrument is withdrawn only a limited area of mucous membrane is touched. A slough, of course, forms, and becomes detached in the course of a week, or less. This plan has succeeded very well in some of my cases. It should, I think, be employed in all cases of polypi, whether gelatinous or sarcomatous, after the removal of the principal mass, but, of course, only after such an interval has elapsed from the time of the first operation as to allow of all swelling having subsided, and so to enable the operator to get a clear view of the parts with the rhinoscopic mirror. From three weeks to a month from the first operation is about the best period. It is, I think, only by repeated applications at intervals of a few weeks to several months that we can hope for a satisfactory result. I am not prepared to say that this plan is never followed by recurrence of the diseased growths, but I think it offers a good prospect of retarding it in all cases, and it has certainly appeared to me to delay the recurrent form of polypi from reappearing for an indefinite time.

INCISION AND DRAINAGE IN PURULENT PERICARDITIS.—With regard to operative surgical interference in pyo-pericardium, most authorities agree in considering it a delicate and hazardous operation, to be undertaken as a last resort, and only by means of the aspirator or a fine trocar and canula.

This treatment by the use of an exploring trocar was recommended by Ramberger and Friedreich, with the subsequent injection of chlorine water or iodine, or irrigation by detergent antiseptic solutions, and is referred to also by Fothergill, who regarded it as a forlorn hope, but thought it capable

of yielding relief. The practice approved by F.T. Roberts is that of removal of the purulent collection by the aspirator; but he gives this recommendation with the warning that it should not be rashly practiced. Bristowe, who approves of surgical interference in pericardial suppuration, gives the details of the operation; the most eligible spot for puncture he considers to be one towards the inner extremity of the fourth or fifth interspace close to the sternum, and suggests that the tissues be divided with the scalpel, one by one, until the parietal layer of the pericardium is reached, and then to puncture carefully with a fine trocar and canula; believing it advisable also to wash out the cavity, he uses a weak solution of chlorinated soda or potassium permanganate. The preliminary use of a fine aspirating needle for diagnostic purposes is suggested.

Dr. Austin Flint, Sr., says that in suppurative pericarditis aspiration is always indicated, but he also states that if after repeated aspirations pus continues to reaccumulate, it is very evident that a permanent opening into the pericardial cavity, with injections, affords the only hope of effecting a cure.

Dr. Samuel West, at a recent session of the Pathological Society of London, reported a case of purulent pericarditis treated by free incision, in a boy fourteen years of age; twenty-four ounces of pus were evacuated (*Medical Times and Gazette*, December 8, 1883.) This makes the third case in which the pericardium has been laid freely open for purulent pericarditis. Prof. Rosenstein reported the first case, of a boy whose pericardium had been twice tapped, who recovered, in spite of a secondary attack of left-sided pleuritis. The second case had been under the care of Dr. Samuel West also; it was an idiopathic purulent pericarditis, in which the same treatment was followed by complete recovery. In the third case death occurred from other causes; the post-mortem showed a large abscess of the thigh; but the cavity of the pericardium had been nearly obliterated in the short space of two weeks. He expressed the opinion, in presenting this specimen for examination, that opening the pericardium is not a more hazardous proceeding than opening the pleura or the peritoneal cavity, if done with the same precautions.—*Med. Times*.

DANGER OF ARTIFICIAL RESPIRATION DURING A SURGICAL OPERATION—The Vienna correspondent of the *Northwestern Lancet and Med. Review*, who by the way, takes a practical view of things as they are in Vienna, reports a very interesting case which occurred in the clinic of Billroth. He, Billroth, undertook the removal of a medium sized goitre from the neck of an otherwise healthy young man, a few days ago. On administering the chloroform mixture which is used at this clinic, (A. C. E. mixture), the patient became very pale, inasmuch that

the operator remarked upon it. When the operation was commenced the pulse ceased. Artificial respiration was employed and the patient seemed better, and the operation was resumed for a moment, when both respiration and pulse ceased. Despite artificial respiration and galvanism, the patient did not rally. After twenty-five minutes tracheotomy was performed, and direct artificial respiration with a bellows tried, though the operator said he did not expect more from it than from the other procedures. After thirty-five minutes faithful work, during which the great surgeon showed not the least agitation or change from his deliberate quiet demeanor, except that the tones of his voice seemed a trifle sadder, he said: "I believe we must give it up. Wash off the body and carry it out." Another patient was brought in, and the operations proceeded as if nothing had happened. We were sure it was a death from chloroform, though after the operations were done Billroth said he did not know what was the cause of death. He was quite sure it was not entrance of air into the veins, as he had carefully ligated all and no gurgling sound had been heard. Next day, however, he reported that the autopsy showed the cause of death to be entrance of air into the veins, right heart being found full of frothy blood and air.

Probably the most reasonable explanation of all the facts in the case is the following: The patient did not act well under the anæsthetic and becoming in danger the operation was stopped to practicing artificial respiration some small veins being left open; the energetic handling of the patient, greatly facilitated the sucking in gradually of air until the right heart was filled. Thus in fighting the dread chloroform syncope, the absolutely fatal condition was greatly assisted if not caused.

To many it will seem that it is arrogance itself for any one here in the West to suggest anything to these great men, but this is a free country and we can express our astonishment that they are so slow to appreciate the value of ether and its proper administration. Whilst the immediate cause of death is given as the entrance of air into the veins, the probability is that if ether alone had been used there had been no necessity for the artificial respiration, and consequently no admission of air into the viens.

There is another lesson, which we in the West have learned, and which the extensive operators in Germany would probably also learn if they distributed their work more among those who were equally capable and gave themselves more time for reflection; that, if we must use chloroform and get into difficulty the lowering of the head constitutes an important item among the means of restoration and that when the heart has ceased to beat, good hot applications to the region of the heart would theoretically be much more promising than the aimless efforts usually made with the battery.

HYDRASTIS CANADENSIS IN GYNECOLOGY.—Dr. Schatz, of Rostock, read a paper on the above subject at a recent meeting of the German Gynecological Society.

He is of opinion that the medicinal treatment of the diseases of the female sexual organs has been crowded too far into the back-ground by the operative treatment; that now-a-days the knife is not rarely resorted to in cases in which favorable curative results could be attained by less formidable measures. The author thinks that, especially in functional disturbances of the uterus and ovaries, in menstrual anomalies, direct or reflex nervous, or even congestive troubles, medicinal treatment ought to be tried if the difficulties are but moderate, if an operation is dangerous or mutilating. He calls attention to the fact that often accidental changes in the mode of life, of the climate, psychological alterations, nervous irritations, and finally medication prescribed for other purposes are followed by obvious and unexpected changes in the affections named.

With this view, S. experimented with Hydrastis. He used the fluid extract in about fifty cases. Two-thirds of these were utilized in estimating the value of the drug. In general, it seems to act on the mucous membranes by exciting their vessels to contract. In the female genital apparatus, it seems not only to diminish the blood supply of the mucous membranes, but to act on them as a whole. It is remarkable that the remedy is often effective in cases in which ergot has failed or even has rendered the symptoms worse.

Favorable results were obtained by S. mainly in metrorrhagias due to myomata (ergot had long been used in vain), in hæmorrhages in the puerperium, in menorrhagias of young persons from fifteen to eighteen years of age, finally also in those forms of endometritis in which curetting had failed. In most cases, he commenced the use of the drug one week before the onset of the menses; where the catamenia recurred with undue frequency, even longer previous to the normal date of their appearance. In several cases, the flow became not only less profuse and shorter in duration, but several times it failed to set in altogether. In the case of myomata, too, the hæmorrhages disappeared often for months. The incidental effects of the drug generally were only agreeable in their nature. Particularly noticeable was an increased appetite. Once only a certain lassitude occurred; in another case, states of exaltation. The dose of the fluid extract is about twenty drops three times a day.—*American Journal of Obstetrics.*—[It has also been highly extolled in the treatment of dysmenorrhœa.]
ED. LANCET.

SALICYLIC ACID IN CEREBRO-SPINAL MENINGITIS
—Dr. D. C. Ramsey, in an article in *St. Louis Courier of Medicine* concludes as follows:

1. The analogy existing between rheumatism and cerebro-spinal meningitis would suggest and be good reason for the use of similar remedies in both diseases.

2. Salicylic acid being the best remedy, almost a specific in the treatment of acute articular rheumatism, would be a strong indication for its use in cerebro-spinal meningitis.

3. It produces marked reduction in the temperature; the fever being thus lowered, the tissue-destruction and the onward progress of the inflammation is checked, thereby giving the patient rest.

4. It controls the intensely annoying metastatic pains of head, back, elbow, and knee, giving the patient ease.

5. It exerts a direct influence for good over the inflammation itself, and can be taken in frequent large doses without bad effect; having given a boy fifteen years of age half-drachm doses every four hours for three or four days, with the only result of a great benefit in all the symptoms connected with the disease is, I think, conclusive evidence of its harmlessness.

6. Its good effects are soon apparent, and it does not interfere with the use of other measures of relief, as ice, blisters, etc.

7. The best mode of using the remedy is to administer large doses frequently. For adults begin on doses of fifteen grs. repeated every two hours, and increase the dose as may be found necessary to obtain the desired effect, to ℥ ij, at intervals of two hours, if need be. When the disease is under control, which will be determined by the reduction in temperature, relief of pain, and placid countenance, decrease the dose, give at longer intervals, but still continue the use of it in small doses as long as the least symptom is present indicative of the disease.

Having never read or heard of salicylic acid being used in the treatment of cerebro-spinal meningitis, and my good success with its use in this fearful epidemic being afterwards verified by Dr. J. B. Weever, of this place, I hope to induce others to give this remedy a trial, and by so doing I think they will be enabled to see very happy effects from its use, and thereby be highly gratified with the results.

SORE THROAT IN CHILDREN.—Dr. Henry Ashby, (*Practitioner*,) mentions four principal varieties:

1. Simple tonsillitis. 2. Scarlatinal tonsillitis. 3. Pseudo-diphtheritic. 4. Diphtheria.

Weakly and scrofulous children are especially subject to the first. It is oftener seen as a complication of alimentary disorders, as those of liver and stomach, than of the respiratory tract, as bronchitis and laryngitis. It frequently precedes rheumatic attacks. It may be the result of the scarlatinal poison. In proof of this he cites an interesting series of eight cases occurring in a hospital

ward within a few days. Several nurses also took the disease. The first patient attacked, it was found, had been exposed to the genuine scarlatina a few days before. None of these cases had an eruption. One, a patient in previously bad condition, died. No sanitary conditions prevailed.

In view of the difficulty—at times the impossibility—of diagnosing scarlet fever from simple tonsillitis, the writer recommends the isolation of all children with febrile sore throat as long as faucial congestion remains. The points in favor of scarlatina are: The presence of vomiting and diarrhoea in the stage of invasion; a pulse of 130, 160; not necessarily a high temperature; marked injection of the uvula, pillars of the fauces and tonsils. Later, the enlargement of the cervical lymphatics, with tenderness; low exudation over the tonsils and uvula, make the diagnosis of scarlatina tolerably certain.

Under pseudo-diphtheria, the writer includes a class of cases which are said to bear the same relation to diphtheria that epidemic tonsillitis bears to scarlatina. It prevails where diphtheria does, is attributed to sewer gas and other poison. They differ from it in that the cervical glands are rarely involved, the membrane is less tough, the nasal mucous membrane unaffected, the urine does not contain albumen, the usual sequelæ of diphtheria are absent. The prognosis is always good. The duration is rarely over a week.

The sore throat of diphtheria is differentiated from aginose scarlatina, by the fact that in the latter we rarely have true membrane. A yellowish exudation may cover the tonsils, perforations and even sloughing of the palate may occur, and there may be much external cellulitis, but the leathery, whitish, adherent exudation of diphtheria is absent. The amount of albumen in the urine of scarlet fever is usually slight; in diphtheria it is often fifty per cent.

THE USE OF THE OLEATES IN SKIN DISEASES.—In a communication on the above subject in the *Medical and Surgical Reporter*, March 15, 1884, Dr. Stelwagon speaks as follows: Of all the oleates so far introduced for the treatment of diseases of the skin, the following may be considered as possessing therapeutic powers which experience has attested: oleate of mercury, oleate of zinc, oleate of lead, and oleate of bismuth. The other oleates have as yet failed in adequately supporting any attested claim to curative powers; further experience in their use may, however, prove them worthy of a permanent place in dermic therapeutics. In ordering the oleates several points are to be kept in mind. If the action of the proposed ointment is to be mainly protective, then the oleate is best made up with one of the paraffinates: if there is to be a certain amount of penetrating power along with a protective influence, then a mixture of lard or oleic acid with a paraffinate is to be prescribed

as the base of the oleate ointment; again, if absorption is the main point aimed at, then the oleate compound should be made up of lard, oleic acid, or a combination of the two. In some cases (and they are by no means few) the oleates are found to disagree; instead of an improvement, a slight or marked aggravation occurs. In not a few instances this may be due to the bad quality of the oleate used, but that it may occur with oleates which are of the best manufacture is beyond question. Oleates, if properly prepared, will keep almost indefinitely; but if prepared in the old way, with an excess of oleic acid present, they will frequently be found to deteriorate. In conclusion, it may be said that the oleates are to be considered merely as additional means of treating cutaneous diseases, and are in no sense to be looked upon as panaceas, for often enough they must be discarded to give place to the older and tried methods of dermic medication.—*Med. Record.*

GALLIC ACID IN HÆMORRHAGE FROM THE URINARY ORGANS.—Lionel S. Beale, in the *Lancet*, recommends the use of gallic acid in this affection in large doses, and persisted in for several days. As gallic acid probably acts according to the strength of the solution, which bathes the bleeding tissue, it is necessary to insure the introduction of a certain quantity in the blood by the frequent administration of successive doses; as it soon passes away from the blood, being carried off in the urine, we must give it in quantity and often enough to more than compensate for this loss. He has found it valuable in chronic bleeding from the surface of the mucous membrane of the pelvis of the kidney, ureters, bladder, and urethra, and from villous growths, as well as in the very obstinate hæmorrhage from large fungous tumors of the kidney and bladder. The remedy should be given in frequent doses, day and night, until the bleeding is very decidedly reduced in degree, when it may be ordered once in six hours, or less frequently. Gallic acid seldom disagrees in any way. It does not cause constipation, and even when the crystals are swallowed in a state of suspension in water or mucilage, the stomach is not disturbed by their presence. The glycerine of gallic acid is, however, the most pleasant form in which to prescribe the remedy. This contains one part of gallic acid in four. Forty minims will contain ten grains, and may be given in distilled water, peppermint, orange, or other water. Dr. Beale has given ten-grain doses every three hours, without intermission, for three weeks, no objection having been made on the patient's part.

THE SIGNIFICANCE OF DOUBLE SCIATICA.—In a recent clinical lecture, Professor Charcot described the case of a woman, aged sixty-one, who had been operated on several times for scirrhus of the breast. She developed very severe double

sciatica, with pain in the region of both anterior crural nerves. The pains were exasperated by the erect position, so that walking became impossible. There was tenderness in the lumbar and sacral region of the spinal column, but there was no muscular atrophy, alteration of reflexes, or disturbance of the functions of the bladder or rectum. Professor Charcot insisted that double sciatica is always symptomatic, and the causes are (a) diabetes; (b) certain spinal diseases, for example, locomotor ataxy and meningo-myelitis; and (c) some alteration in the nerves themselves. There was no sugar in the urine, nor any evidence of those spinal affections; and in the absence of any sign of a tumor in the pelvis the readiest explanation was cancerous invasion of the vertebral column, causing pressure on the nerves. Secondary cancer of the spinal column was held by Cazalis to be very common, especially after scirrhus of the breast, but it may be also met with in cancer of the stomach. In practice it is important to note that the presence of double sciatica in cancerous patients indicates metastasis, and contra-indicates operative interference. Conversely, severe neuralgic pains in patients at the age for cancer should suggest a careful examination of the breasts, the stomach and the uterus. Such pseudo-neuralgic pains are the ordinary clinical signs of vertebral cancer, but a fungous mass may project from the spine, in which case the vertebra will be infiltrated, and the consequences will be similar to those of Pott's disease.—*Bost. M. & S. Jour.*

BRONCHOCELE TREATED BY THE SETON.—Mr. Henry Smith (*Lancet*, January 5, 1884), *Can. Med. and Surg. Journal*, reports two cases of bronchocele successfully treated by the seton. The first case was that of a man who had a great enlargement of the right lobe of the thyroid, which caused cough, dyspnoea, and general weakness, so that he could not attend to his duties. He was advised to have the tumor removed, but refused, so Mr. Smith, after puncturing the tumor with a small trocar, passed a needle around by a double hempen thread through the opening, carried it deeply into the substance of the swelling, and brought it out on the other side. The threads were tied together and left to act as a seton. Great local irritation was produced, accompanied with a free purulent discharge. As there was considerable fever, the seton was withdrawn and a drainage tube introduced. The tumor gradually decreased, and the man left the hospital still wearing the tube. After a time it was taken out, and when the man was exhibited to the students, there was no appearance of the tumor beyond a very slight thickening, and the man was in perfect health. The second case was that of a woman, aged sixty-eight, who had suffered from bronchocele for sixteen years. The tumor involved the

whole gland, and produced much distress, with dyspnoea. A seton was introduced and left in for sixteen weeks; free discharge ensued, and the tumor rapidly decreased in size. The difficulty of breathing disappeared, and when shown to the students, there was hardly any trace of the tumor.

OVARIOTOMY IN INFANCY.—Dr. Roemer, assistant-surgeon to the Augusta Hospital, Berlin, has recently published, in the *Deutsche Medicinische Wochenschrift*, a case of ovariectomy performed by him on a child aged one year and eight months. At the birth of the child, the midwife observed that its abdomen was much distended. There was little difficulty in diagnosis, and the pelvis was readily explored through the rectum. The tumor was removed last August, under corrosive sublimate spray; it was "of the size of a child's head" and there was slight adhesion of the omentum. The pedicle was long and thin, and was secured by a double catgut ligature. The right ovary was the seat of disease, the left was perfectly healthy. The tumor was dermoid, containing hair, bone and cartilage. After the operation, the child was tied gently but effectually on to its cot, and opiates were given when required. It was fed on cold milk and wine. The highest temperature was 101.6°; this point was reached on the evening of the second day. On the fifth, the child's bowels were freely opened by five minims of castor-oil administered twice; on the twelfth, the abdominal sutures were removed. The child recovered perfectly. Dr. Roemer gives the following statistics of ovariectomy performed on children. One of the youngest cases next to his own was under the care of Dr. Neville of Dublin: the patient was two years and eleven months old, but only survived the operation for two hours. Busch operated on an infant aged two, Alcott on a child aged three; both cases died. Schwartz operated successfully on a child aged four; Barker on two, and Knowsley Thornton on one aged seven; and Spencer Wells, Cupples, and Chenoweth, each on one child eight years of age.—*Brit. Med. Jour.*

[To these should be added one by Dr. Hingston, of Montreal, on a child eight years of age, with recovery.—ED. LANCET.]

TREATMENT OF TONSILLITIS—Dr. S. Solis Cohen, (*Med. News*), gives the following treatment, which he says is pursued at the Philadelphia Polyclinic with eminent success:

1. In simple inflammatory tonsillitis, take two fluid drachms each of the ammon. tinct. of guaiac. and the comp. tinct. of cinchona, mix with six fluid drachms of clarified honey and shake together until the sides of the vessel are well coated; add gradually a solution of eighty grains of chlorate of potassium in four ounces of water, shaking meanwhile. This is to be used as a gargle every one-

half to three hours. Relief is usually experienced within a few hours and recovery is prompt. A saline cathartic may accompany the use of the gargle. None of the cases seen suppurated, and if seen within the first twenty-four hours such incidents are very unlikely.

2. In rheumatic or constitutional tonsilitis (characterized by intense pain in swallowing, causing great accumulation of saliva unwillingness to swallow, with slight, perhaps no congestion of throat and subsequent fever; one or both tonsils becoming enlarged after some hours as the febrile symptoms decline, and muscular or joint rheumatism sometimes develop later), after a saline cathartic, give the following in tablespoonful doses every two hours.

R	Sodii salicylate,	3 ij.
	Ol. gaultheriæ	M j,
	Liq. ammon. citrat.,	
	Syrup simp.,	aa 3 ij.

Lengthen the intervals as the pain subsides. Pieces of ice or gaitic gargle promote comfort, and the stiff neck is best relieved by faradization. Salicylate of quinia or cinchonidine may be substituted for the above if a tonic be required, in five-grain doses every four to six hours.

LOCAL APPLICATION OF VASELINE IN SCARLET FEVER.—Dr. J. B. Johnson (*Med. and Surg. Jour.*) says: I have found nothing so efficient in relieving the burning and itching sensations of the eruption of scarlet fever as the inunction of the whole body with vaseline. The vaseline is simply used by being well rubbed upon the surface of the body with the hand once or twice a day, and continued as long as the patient complains of burning and itching of the skin. These inunctions soothe and calm the patient in an astonishing manner, and are rarely required beyond two or three days. On the appearance of the stage of desquamation, I have the whole body well sponged once a day for a week with the following wash: R. Hyposulphite of soda, 3 viij; carbolic acid, No. 1, 3 j; glycerine, 3 jss; aqua, 3 viij. M. S.—Shake well, and sponge the body well, after the wash has been made tepid by placing the vial containing it in a pan of hot water.

The sponging should be conducted in a room of equal temperature; and immediately after each sponging the body should be well dried with a soft towel, and the patient protected against taking cold. This process should be continued for at least a week; and it has not only the advantage of healing the new skin, but also lessens the infectious character of the period of desquamation.

THE DANGER OF USING IODIDE OF POTASSIUM INTERNALLY AND CALOMEL LOCALLY AT THE SAME TIME.—In the *Lancet* for March 29th, Mr. T. Davies Pryce, of the Nottingham Dispensary, re-

ports the case of a little girl suffering with chronic interstitial keratitis, who ceased attending at the institution after having been under treatment for four months, and having improved satisfactorily under the internal use of iodide of potassium and corrosive sublimate, with the occasional instillation of atropine. After an absence of three months she returned, and the condition of the eyes was then such as to call for further treatment. The internal treatment was resumed, and calomel was dusted into both eyes, to reduce enlarged conjunctival vessels. On the following day she was seized with a sharp conjunctivitis of the right eye, injection of the circumcorneal zone, and vascular extension on to the cornea. There was vascular irritation of the other eye, but no actual inflammation. Mr. Pryce speculates as to the cause of the conjunctivitis. Dismissing the idea that the simple insufflation of calomel was sufficient to give rise to the trouble, and having satisfied himself that the calomel did not contain corrosive sublimate, he inclines to the conclusion that an iodide of mercury was formed by a reaction between the iodide of potassium circulating in the blood and the calomel applied to the conjunctiva. He refers to similar cases published by M. Hennequin and M. Lagarde, both of whom attributed the result to the formation of an iodide of mercury in the manner suggested. In one of their cases actual sloughing of the conjunctiva took place.—*N. Y. Med. Journal.*

DEATH FROM PASSAGE OF AIR THROUGH THE UTERINE VEINS.—The patient was a healthy powerful woman bearing her second child. The labor ran a normal course, the patient being in the left-sided position. Immediately after the expulsion of the foetus the patient was turned on to the back and the uterus pressed upon. The placenta followed quickly and easily, but immediately afterwards convulsive movements supervened and the patient became unconscious. Deep collapse and superficial respiration followed, and then death, notwithstanding all efforts. At the necropsy bubbles of air were found in all the veins of the neck, of the heart, even to the finest branches, as well as in the uterus, so that the diagnosis which had been made of cardiac paralysis from entrance of air into the circulation was proved to be correct. As neither catheter nor vaginal tube had been passed into the genital pouch, Dr. Gustav Braun, of Vienna, whose case it was, gave the following explanation: At the change of position of the patient, air found its way through the gaping vulva, the massage of the fundus uteri separated the placenta and forced it out again, but it again entered on relaxation of the uterine walls, and was forced into the uterine veins by the continued massage. The author believes that many cases designated as collapse, *post partum*, and many of sudden death in child bed and labor, are explained by the sup-

position of the entrance of air into the uterine veins.
—*Med. Press and Circ.*

SUBCUTANEOUS INJECTION OF IRON.—Experimenting on the behaviour of iron within the animal system, Dr. Glacoeke reports in the *Archiv. für Experimente Pathologie und Pharmacol.*, that he has found the ferrum citricum oxydatum to be the best form of iron for subcutaneous injection. No reaction takes place at the site of the puncture. The iron is excreted through the kidneys, not through the glomeruli, but through the epithelium of the tubuli uriniferi. The excretion is complete within twenty-five hours. The liver to a greater extent takes part in the elimination. The injections are made in the long dorsal muscles or in the nates. The solution should not be more than one month old, and for adults doses of 1½ grains in a 10 per cent. solution are recommended. In the case of an extremely chlorotic girl, in whom the proportion of hæmoglobin in the blood was 38 per cent. of the normal, it rose after fifty four injections to 82 per cent., and the patient had in the meantime gained sixteen pounds in weight; the menses also, which had been absent for nine months, returned. Good results were also obtained in a case of secondary anæmia from hæmorrhage from the stomach. If too much iron be injected, toxic effects may be manifested, in the shape of general *malaise*, vomiting and weakness. Diarrhœa may also come on.—*Medical Press.*

TREATMENT OF DIPHTHERIA.—Prof. Da Costa says that bichloride of mercury, gr. ʒ₀—ʒ₃, every two or three hours, has given him most success in its treatment, though he recommends a saturated solution of chlorate of potassium combined with tonic doses of iron and quinine, where the membrane is not spreading. The best gargle is a solution of thymol, gr. xx to the ounce of water, with a little glycerine added; this may require weakening. Boracic acid in solution is the next best gargle. But one case of tracheotomy, in his experience, performed for laryngeal diphtheria, survived (a boy, aged 11), and he has almost ceased urging it on parents, except in older children. Prof. Da Costa heard Trousseau say, "Fifty cases of nasal diphtheria mean fifty cases of death," but has had cures enough to make him approach a case with more hope and determined to continually inject the posterior nares with the following:—

R. Sodii sulphit. ʒ iij
Glycerini ʒ ij
Aquæ q.s. ʒ iv. M.

—*Col. Clin. Record.*

PRURITUS AT THE MENOPAUSE.—The pruritus so often observed in women at the menopause, or change of life, is well known to be excessively rebellious to treatment, and the suffering caused by

the affection, morally and physically, is often very serious. It is nothing uncommon to see women in the greatest prostration and despondency from the loss of sleep and appetite produced by an insupportable itching. The practitioner has often been disappointed at the little results obtained from the employment of remedies recommended by the greatest authorities, and both patient and attendant despair of success. Dr. Cheron highly recommends the following ointment where the pruritus is localized to axilla, the vulva or thighs, or the abdomen. He declares that if this pomade is applied morning and evening the affection will yield to its influence.

Veratrine, grs. iij.;
Axunge, " ʒj.

When the pruritus is general over the body, he advises the veratrine to be given internally in pills.

Veratrine, ⅓ gr.;
Liquorice powder, q. s.

For 40 pills. 2 to 6 a day.—*Med. Press.*

ADVERTISING PRACTITIONERS.—We are flooded every week with handbills, pamphlets, and newspaper advertisements by practitioners whose names appear in the Medical Directory. These are sent to us by medical men who are jealous for the honor of the profession, and who leave to vulgar quacks the proclamation of their wares and the glorification of their powers. We must not shut our eyes to the fact that we have to deal with men whose titles may be in the Register, but whose tactics are those of the market-place. It is pitiable indeed to find the members of a learned profession plying the arts of a low trade and thriving on the ignorance and fears of the public. We shall be asked what can be done to punish such offenders and abate their numbers? Much is done by themselves to effect their practical disrobement. They may remain on the Register, but not the less are they out of the pale of professional society and classed with market-place pretenders. Henceforth we advise respectable medical men, who are naturally shocked by these practices, to send copies of the bills and advertisements to the presidents of the corporations whose diplomas are thus prostituted, and to urge upon them some rebuke of the offenders.—*Lancet.*

[We most fully and cordially endorse the above statements and regret to say that similar practices are too common in Canada.]—Ed. CANADA LANCET.]

THE SURGICAL TREATMENT OF CEREBRO-SPINAL LESIONS.—On the evening of the 6th instant, Dr. William Macewen gave a clinical demonstration, in his wards at the Glasgow Royal Infirmary, to the members of the Southern Medical Society, on cerebro-spinal lesions and their surgical treatment. Fourteen examples of such treatment were pre-

sented, and eleven patients shown who had recovered from various cerebral and spinal affections under operative interference. The cases comprised compression of the brain from hemorrhage in various parts, abscess of the brain and its membranes, epileptiform seizures from tumour of the dura-mater, hemiplegia, and paraplegia. Cerebral localisation of function guided the operator to particular lesions, and so successfully, that operative measures were invariably followed by good results. In the majority of the cases, Dr. Macewen employed reimplantation of bone to hasten the cure, and with success. The demonstration excited the greatest interest among those present, and all congratulated Dr. Macewen on his cases; for it was apparent that in his hands the prudent and judicious employment of the trephine, under the guidance of cerebral localisation of function, and backed by rigid antiseptic precautions, had undoubtedly saved many of the patient's lives.—*Brit. Med. Jour.*

ATROPHIC NASAL CATARRH.—Dr. Carl Seiler (*Med. and Surg. Reporter*) says regarding the treatment of this affection, the stimulation of the serous glands to a normal action may be brought about by a variety of remedies, such as astringents in various strengths; but in my experience the insufflation into the anterior nasal cavities of finely powdered nitrate of silver, diluted with starch powder has given the best results. Where there is complete absence of the lower turbinated bones, the introduction of a wad of absorbent cotton, which is to remain until washed out, and then be re-introduced by the patient himself, often aids in the stimulation by continually irritating the mucous surface with which it is in contact. Next in effectiveness to the silver powders, I have found a weak solution of ferric alum in the form of a spray thrown into the nasal cavities, and the natural iron water of Cresson springs is peculiarly adapted for these cases.

The internal administration of small doses of bromide and iodide of potassium in combination, on account of their influence upon the nasal mucous membrane, will greatly aid the local treatment. At the same time we must look to the general health of the patient, and administer tonics when their use is indicated. Whenever practicable a change of air should be advised, and the mountain resorts are preferable to the seashore in all cases of catarrhal inflammation of the upper air-passages, especially where the climate is a dry one.

A treatment such as this, carried out for several months, has given, in my hands, most satisfactory results.

THE DANGERS OF NERVE-STRETCHING.—In a recent number of the *Annales de Chirur.*, Westphal reports the following case: A man aged 31,

suffering from paralysis of the lower extremities, with spasmodic phenomena (starting of the limbs, exaggeration of deep and superficial reflexes, disturbance of sensation), was submitted to the operation of stretching the right crural nerve. Immediately after the operation a transient loss of the knee-jerk was noted, with stiffness of the muscles of the right limb. But incontinence of urine and stools with contracture of the flexor muscles, and the appearance of a large slough at the site of the operation also appeared and endured. The patient succumbed three years afterward. At the autopsy the brain, the pons, and the medulla oblongata were found to have islets of degeneration; the cervical and dorsal segments of the cord were the seat of a diffuse degeneration, which attained its maximum in the middle part of the dorsal region; finally, the right half of the lumbar enlargement was sown through with numerous foci of degeneration, which Westphal considered as in all probability produced by the laceration resulting from the stretching of the right sciatic nerve. The weight of the authority makes the case worth recording in regard to the possible dangers of nerve-stretching.—*Gaillard's Medical Journal.*

A CASE OF OBSTRUCTION OF THE BOWELS, lasting eighteen days, was relieved by Dr. Botley (*Le Progres Medicale*) by means of electricity. Mme. H. aged 77, after a few days of constipation, was taken with complete obstruction, for the relief of which all ordinary methods were tried in vain, and the question of making an artificial anus was considered, as she daily became weaker with intense tympanites and stercoraceous vomiting. It was decided, however, to try electricity first. On the 17th day an induction current was used, one pole in the rectum the other over the bowels for fifteen minutes; in the evening slight colic was felt, indicating the return of action in the bowels. Next day another application of electricity was made, lasting only twelve minutes, on account of colicky pains produced by the current. A passage was effected the next morning, lasting two hours, consisting of at first hard masses, then soft, accompanied with intestinal gases.—*The Weekly Med. Review.*

PERNICIOUS ANÆMIA.—Prof Da Costa has had large experience with idiopathic (pernicious) anæmia. He has observed that pregnant women are most disposed to it. The cause of the disease is unknown; he has had cases with and without degeneration of the gastric tubules. He had noticed in the Pennsylvania Hospital, long before this fact was published by others, that a fever develops without other cause. This fever is apt to be of long continuance. The books give the duration of this disease as too short; the duration is several years, as a rule, though it may run a more rapid course in pregnant women. His belief in the

fatality of the prognosis is very strong, and he doubts the diagnosis in all the reported cures he has read of; but is much more hopeful than formerly concerning the probability of prolonging life. The greatest possible attention must be paid to obtaining a blood-making diet. Freshly-drawn bullock's blood is advantageous, where it is not too offensive to the patient. A sea voyage is of great benefit. Manganese is useless; iron in very large doses, of some value; and arsenic in small doses, long continued, has given him better results than any other remedy. In the later stage, when transfusion is bruted, he discourages it, for improvement from it is only very temporary.—*Col. and Clin. Rec.*

METHOD OF REMOVING NASAL POLYPI.—Dr. William Ralph Bell, *Can. Med. Record*, Feb. '84, says: "I take the liberty of bringing the mode of treatment before the notice of your readers, which I have practiced, with the very best results, in several cases. It obviates any trouble from hemorrhage, which is frequently the case when the forceps or hook is used; it is painless, and very simple. I get my patient to blow strongly through the affected nostril, closing the other with his finger. The polypus will be brought down so that it can be easily seen through the external nares; then with my hypodermic syringe charged with a solution of tannic acid in water (of the strength of twenty grains to the fluid drachm), I pierce the polypus with the needle, and inject ten, fifteen, or twenty minims of solution, according to size of tumor. In a few days the polypus shrivels and dries up (tanned); it comes away without any trouble or pain, and looks like a clot of dry blood, my patients usually removing it by blowing the nose, or by their fingers. In only one case, that of an old lady, had I occasion to remove it myself, and in her case I think she was afraid to do so, for when I seized it with dressing-forceps I was required to make no traction to bring it away."

Prof. Bartholow said, in a recent lecture, "Creosote is curative—I use the word advisedly—in a small proportion of cases of the more chronic form of tuberculosis, and decidedly ameliorative in the rest, being useless in tuberculosis florida." He vaporizes it with iodine, by means of hot water (120°), and the patient inhales the vapor slowly and deeply, from a distance of from fifteen to twenty-four inches from the vaporizer. Or gr. iij-v may be given in a pill with tolu, three or four times a day, the dose being gradually increased until the urine is darkened. It is most valuable in chronic cases before the stage of softening. Its action is its influence on the bacillus tuberculosis, the Professor said, and the physicians of the Montpellier (France) school find it to be better than carbolic acid, for consumption.

TO DESTROY THE ODOR OF IODOFORM.—Dr.

Louis Lewis, of Philadelphia, in the *Med. Bulletin* states that the intense odor of iodoform is almost destroyed by the admixture of oleate of zinc, in equal proportions. As the application of this preparation of zinc is suggested in many cases calling for the employment of iodoform (such as phagedenic ulceration, chancroid, etc.) I have ventured to call attention to the fact, more especially as iodoform is too irritating in many cases when used alone. The combination forms an excellent powder, soft and bland; and supplies its own moisture, in contact with the diseased surface, by virtue of the oleic acid.

SPLENECTOMY.—Mr. Knowsley Thornton removed a multilocular cystic spleen by abdominal section (median incision) at the Samaritan Hospital on Tuesday the 16th inst. The patient was a single girl, aged 19, and the tumor had been slowly growing for two years. Latterly it had increased much more rapidly, and caused considerable amount of pain. The patient is progressing satisfactorily. During the tying of the pedicle she suffered severely from shock, and for some minutes her life was in danger, but she revived directly the tumour was cut away, and the drag taken off the pedicle. The specimen will be shown and the further progress of the case reported at the Pathological Society.

SALICYLATE OF SODA IN PHLEGMASIA ALBA DOLENS.—D. Miguel Vigar (*La Correspondencia Medica*) says that of four cases of phlegmasia alba dolens which he has had occasion to treat, in the first with the topical remedies usually employed he obtained no result attributable to the medication, since the patient remained in bed two months; and that in the other three, having employed the salicylate of soda, in the dose of 4 grammes (60 grains) a day, he noticed in all, from the first day of taking the medicine, notable diminution of the fever and oedema. Neither of these patients passed more than twenty-one days in bed, and no oedema, nodosities, or thickening of the lower limb remained.—*Lond. Med. Record*.

THE ACTION OF QUININE UPON THE EAR.—Dr. Green (*Boston Med. and Surg. Journal* March 2, 1882) has an interesting and timely paper upon the above subject, and formulates his conclusions as follows: 1. Clinical experience the world over is, that *quinine* occasionally produces serious injury to the ears. 2. From our present knowledge, both clinical and experimental, we are justified in asserting that the action of *quinine* upon the ears is to produce congestion of the labyrinth and tympanum and sometimes distinct inflammation, with permanent tissue-changes. 3. The action of the drug upon the ears should always be considered in prescribing it, and changes in the ears, due to existing

or previous inflammation of those organs, constitute a contra-indication to the medicine in large doses or for a long time, except under urgent circumstances. 4. Where large and continuous doses are absolutely necessary, an occasional intermission of the administration is desirable, if possible, to diminish the risk to the ears.—*N. Y. Med. Four.*

CLEANLINESS IN SURGERY.—In an article on Operations for Myofibromata of the Uterus, Dr. Bigelow, speaking of the use of antiseptics says: "Perfect cleanliness is a preventive of decomposition, and its value can never be over-estimated. I myself believe that with a temperature in the operating room of 80° F., with plenty of hot water for instruments, sutures and appliances, with hands cleansed with ordinary brown soap, with a skilled operator and with a perfect observance of detail in cleansing the cavity, a good result will follow as certainly as if Listerism in any of its forms had been practised."

Prof. Da Costa considers the salicylates are not nearly as effective as salicylic acid in the treatment of rheumatism. If it does not do good in three or four days it becomes risky, and the plan of treatment should be changed. Prof. Bartholow finds the following more efficient than salicylate of sodium alone:—

R. Acid. salicylic ʒ ij
Sodi bicarb..... ʒ j
Aquæ..... ʒ ij M.
SIG.—Dose, one to two teaspoonfuls.

A RELIABLE TÆNIAFUGE.—Mr. J. B. Lawson reports good results from this in the *Glasgow Med. Journal*, January, 1884:

R Extracti filicis maris..... ʒiiss
Pulveris kamelæ..... ʒij
Mucilaginis acaciæ.....
Syrupi simplicis, aa..... ʒij
Aquæ cinnamomi, ad... ʒiij

M. S. Half to be taken at bed-time, and the other half early in the morning.

Prof. Gross teaches that if the brain is penetrated by a ball, the rule to let it alone is an exceedingly bad one. Investigation has shown that the brain can be handled to a considerable extent with impunity, and there is a great future for operations within the cranial cavity, he says. Prof. Moses Gunn, of Chicago, leans toward the same opinion, in his lectures to his classes.—*Col. and Clin. Record.*

TEETHING—BROMIDE OF SODIUM.—A few grains dissolved in a tumblerful of water, so that each teaspoonful may represent a half grain, will quickly quiet the nervous disturbance of teething infants, or fever not dependent upon the onset of an in-

flammation or other grave trouble, but rather such as many follow excitement of any kind. The dose should be repeated every ten or fifteen minutes.—*Medical Summary.*

A NEW INJECTION FOR GONORRHOEA.—This sedative and antiseptic injection may be used even in the acute stage, with good results. It is claimed to be superior to any other single injection:

R Pulv. iodoformi, 20 ;
Acidi carbolici, 10 ;
Glycerini, 80 ;
Aquæ destillatæ, 200. M.

—*Campana.*

IODIDE OF POTASSIUM IN PSORIASIS.—Greve states (*Tidsskrift for praktisk Med.*) that psoriasis is always curable by large doses of iodide of potassium. He begins by small doses until the remedy is tolerated, and gradually increases the dose until he gives as much as thirty to forty-five grains. The curative effects are then evident.—*Practitioner.*

JENSEN'S CRYSTAL PEPSIN.—The knowledge of the value of this variety of pepsin is rapidly extending. Recently the United States Marine Hospital Service has ordered three kilos of it at once, to be put up in 2.5 gramme bottles. Dr. Jensen has devoted many years of close attention to perfecting his product, and it now stands with the very first in its line.

REMEDY FOR COMEDONES.—The remedy is acetic acid which is conveniently applied in the following way: Make an ointment of kaolin (potter's clay), four parts, glycerin, three parts, acetic acid, two parts. Cover the part affected in the evening; after several days most of them come out by washing with pumice soap.—*Am. J. Phar.*

Prof. Da Costa teaches that Addison's disease is not any indefinite affection of the supra-renal capsules, but a certain pathological process in them—a low grade of inflammation leading to cheesy degeneration. He, personally, has had best results from treatment with arsenic and cod-liver oil.

No case should be given up as an incurable in which only single remedies have been employed. It often happens that syphilitic patients who exhibit no kind of improvement under iodide of potassium will get rapidly well if submitted to the influence of mercury; and many other instances might be cited.—*Med. Press.*

Prof. Brinton says: "Corrosive sublimate is the coming antiseptic. I have always looked with a certain amount of disbelief on carbolic acid, but this idea of corrosive sublimate is one I can take hold of."

THE CANADA LANCET.

**A Monthly Journal of Medical and Surgical Science
Criticism and News.**

Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancer," Toronto.

AGENTS.—DAWSON BROS., Montreal; J. & A. McMILLAN, St. John, N. B.; GEO. STREET & CO., 30 Cornhill, London, Eng.; M. H. MAHLER, 23 Rue Richer, Paris.

TORONTO, JUNE, 1884.

The LANCET has the largest circulation of any Medical Journal in Canada.

PNEUMONIA AND VENESECTION.

Amongst the more common diseases it would be difficult to name one more sudden in its onset, or, at times, more rapidly fatal, than pneumonia. It must not, however, be inferred that we regard pneumonia as a peculiarly fatal disease. Considering its great prevalence and the vital importance of the organs chiefly involved, the wonder is that the death-rate is not greater than it is. At all times and under all circumstances, however, it is a grave disease, requiring all the care and skill at the command of the physician.

Universally regarded in the past as a purely inflammatory disease, pneumonia has now come to be regarded by many as a disease constitutional in character—zymotic in fact, having its own local lesions, like diphtheria with its membranous formation, or typhoid with its ulceration of Peyer's glands. In support of this view the following arguments are advanced: It is a disease of definite duration, generally ending by a crisis from the fifth to the ninth day, a thorough sweat being followed by mitigation of all the symptoms, ending in resolution. The fact that some cases linger beyond the usual time is only what happens in all diseases, and is therefore no argument against the new theory. Further, cases prove fatal with but a small amount of lung lesion, for example, involving no more than the lower lobe of one lung. In such cases the local lesion is held to be inadequate as a cause of death, and can only be regarded as secondary. In tubercular phthisis we meet with an immense amount of lung destruction, and yet the

patient often lives on for years in comparative comfort, thus showing that the impairment of a limited portion of lung by inflammation cannot alone be regarded as a cause of death. The chill at the onset of pneumonia, the subsequent high temperature, the cerebral symptoms often witnessed, as in typhoid, are considered additional reasons for classing pneumonia amongst the zymotic diseases. Whether this view be correct or not, one thing is certain, and that is, that we frequently meet cases where the constitutional disturbance is out of all proportion to the local lesion. In such cases, if not in all, the physician who has regard for the general system first, and the lung next, is more likely to be able to cope with the disease than he who regards the lung first and the general conditions after. Many valuable lives have been lost by placing the cart before the horse in the treatment of this disease.

Speculations regarding the cause and nature of pneumonia are highly interesting, no doubt, but of far greater moment to the physician is the question of treatment, and this brings us again on uncertain ground. Here, as in many other cases, modern advances in science avail us but little. Whether we like it or not, we are driven back to the well-worn lines of clinical experience; we have absolutely nothing else to guide us in the treatment of this disease. If we have improved on the treatment of former times (which some deny), we have done so because of a general advance all along the line, rather than by the discovery of anything new having special reference to the treatment of pneumonia. Twenty or thirty years ago Bennett and others imagined that they had discovered a new revelation when they found patients recovering who had not been bled. From this they concluded that bleeding was bad practice and should be shunned under all circumstances. Then followed what may be appropriately called the bloodless era in medicine, so bloodless indeed that thousands of physicians of our time have never opened a vein. After a time a few became bold enough to bleed in puerperal convulsions and some forms of cerebral troubles. More recently venesection in pneumonia and other acute diseases has been revived and strenuously advocated by many of the ablest men in the profession. Indeed, it is safe to add, that so complete is this reaction that but few intelligent physicians hold out as opponents of the

lancet under all circumstances. No one desires a return to the indiscriminate practice of venesection, but there is every evidence that it is now regarded by the profession as a valuable remedial agent, to be employed in all suitable cases, not merely in pneumonia but in other diseases as well, presenting the proper indications of course.

No one proposes to bleed simply because the patient has pneumonia or acute meningitis. If the pulse is weak and the system already reduced, the lancet is to be withheld. On the other hand, in the full-blooded, with a strong, corded pulse, all experience proves that the lancet is unequalled as a restorer of the balance of the vital forces. Dr. Atlee, late president of the American Medical Association, writes as follows: "In the early stage with a full, corded pulse, there is no substitute for the lancet. . . . In high febrile excitement it *unloads* the system, restores the suspended normal secretions, and awakens in it the dormant susceptibilities to the effects of our medicines. The fear of debility has caused the death of thousands. . . . I cannot believe that the loss of ten or twenty ounces of blood in the commencement of an acute disease—as, for instance, pneumonia, when the blood is driven into the delicate tissue of the lungs, already filled to repletion by the previous congestion; which loss will not only relieve the congestion, but lessen the reaction, by weakening the power of the heart—can produce as much real debility as the progress of the inflammation will do if we endeavor to control it by less decided and efficient remedies. It is disorganization and not real debility and exhaustion we have to fear. Some years ago the late Dr. Gross placed on record the following words: "In the course of lectures which I annually deliver in Jefferson Medical College, I dwelt with much force and emphasis upon the employment of the lancet in the early stages of inflammatory affections involving important structures before they have been overwhelmed by inflammatory exudation. I wish to God that it was in my power to write the sentence in letters of fire, upon the brain of every practising physician and surgeon in the civilized world." These are strong and weighty words coming from such eminent men as Drs. Atlee and Gross. It would be easy to quote other distinguished authority, in all lands, expressing similar sentiments. In fact all recent writers

of note strongly advocate the use of the lancet in acute inflammatory disease.

It is somewhat remarkable, in the face of such testimony, that venesection is so seldom practised. This may be due partly to the fact that the present generation of physicians matured their opinions at a time when their teachers stood in holy horror at the loss of blood, and believed in storing it up for the evil day to come. As then, so now, to use the terse words of Dr. Atlee, "the *fear of debility*" still haunts our imaginations and causes the sacrifice of many precious lives. The sudden deaths from pneumonia, so characteristic of the bloodless era, are due, in a large measure, to the "fear of debility" which prevents the "unloading of the system," so as to restore the suspended normal secretions, and awaken in it the dormant susceptibility to the effects of our medicines."

To be of service, blood-letting must be properly performed. The patient must be held in the sitting posture and bled until the approach of fainting, which requires the withdrawal of from ten to twenty ounces. Unless in the very robust, it is seldom advisable to repeat the operation a second time. After the fourth day it is generally held that venesection will do more harm than good in pneumonia. At the beginning of the disease is the golden hour, but we do not always see our patient then. When we do it is our duty to give him the benefit of this mode of treatment, provided the case is within the rules laid down for guidance.

LIBELLING BRITISH INSTITUTIONS

In a recent editorial in our contemporary of this city on the subject of some changes proposed in the curriculum of the Ontario Medical Council, the following gratuitous insinuations are made against the examining board of the Edinburgh College, although the writer has not the manliness to name the college in question. Happily the circulation of the journal in which the article appears is very limited, so that little harm will arise in consequence of any such random utterances as those quoted, of parties utterly uninformed on the subject on which they presume to speak *ex-cathedra*.

The following is the passage referred to:—"It is well to remember, at the same time, that the Council in its honest endeavours to raise the

standard of medical education is sadly handicapped by the procedures of a certain Examining Board, an institution which is a disgrace to the classic city of Edinburgh as well as the whole United Kingdom, which is apparently willing to accept and pass anything from this continent, when the sufficient number of guineas is at the same time forthcoming."

By way of reply we subjoin a few of the figures presented by Dr. Aquilla Smith, at the meeting of the British Medical Council held in London in March last. The figures given are the percentages of rejections of the principal English, Scottish, and Irish Examining Bodies during the year 1883. The Royal Colleges of Physicians and Surgeons of Edinburgh (conjoint examinations), rejections, 47 per cent.; the Royal College of Surgeons of Edinburgh, 47; the Faculty of Physicians of Glasgow, 43; the Royal College of Physicians of Edinburgh and the Faculty of Surgeons of Glasgow (conjoint), 42; the Royal College of Surgeons of England, 36; the Royal College of Physicians of London, 30; the Royal College of Physicians of Edinburgh, 29.3; the Royal College of Surgeons of Ireland, 25; the King and Queen's College of Physicians of Ireland, 22.

These figures speak for themselves, and show how high is the standing of the colleges so assailed—colleges whose qualifications, many of the best men of the profession, the civilized world over, wear with a pride not to be wondered at. The cause of our Ontario Medical Council, a body which has our warmest sympathy and respect, is not to be served, but rather the reverse, by such attacks on the honoured institutions in the motherland; and while we urge every Canadian student to take the Council examinations, we are very proud to see so many of them, after completing their studies here, going to Britain and returning home with well deserved and hard won honours.

THE AMERICAN MEDICAL ASSOCIATION.

The 35th annual meeting of the American Medical Association was held in Washington, on the 6th, 7th, 8th, and 9th ult., under the presidency of Prof. Austin Flint, Sr. The meeting was largely attended, there being upwards of 1,200 members present, and was one of the most successful in the history of the Association. The president's ad-

dress, as was to have been expected, was able and eloquent, and elicited favorable comment. One of its most important features was the reference to the subject of the code of ethics. He was disposed to put the most charitable construction upon that section of the code relating to consultation with irregular practitioners. He seemed to think there were circumstances in which the demands of humanity should take precedence of the written code. The whole tenor of his remarks on this subject, indicate that in his opinion some change in the present code will sooner or later have to be made. The thread-bare subject of medical education in the United States came in for a share of the president's attention. This has been for a long time a bone of contention, and the profession does not appear to be any nearer a solution of the difficulty than they were several years ago. The real solution is undoubtedly in the establishment of State examinations. It is impossible to expect any reform to come about in any other way, in the face of such a multiplicity of medical colleges as are to be found in the United States.

The work of the sessions was very well sustained. The address in Medicine was delivered by Dr. Shoemaker, of Philadelphia, and consisted of a resumé of the progress of medicine and new discoveries during the past year. The address in Obstetrics and Diseases of Women and Children was delivered by Dr. J. A. Reamy, of Cincinnati, O., in which he gave notes of 231 cases of laceration of the cervix uteri operated upon without a single death. The discussions on the various topics introduced were interesting and instructive, and nothing occurred to mar the harmony of the proceedings. A sudden gloom was cast over the Association at the close of the first day by the announcement of the death of Prof. Gross, of Philadelphia.

A formal invitation was tendered on behalf of the medical profession of the United States to the International Medical Congress to hold its next session in 1887, in the City of Washington. Various resolutions relating to public health and other matters of general interest were duly passed in the general sessions, for example, the Sanitary Regulations of Transatlantic Steamers, grant to the National Board of Health, appropriation to promote researches relating to the causes

and means of prevention of infectious diseases, etc. The Journal of the Association came in for a share of criticism, and although the exhibit was not very flattering, the feeling evinced upon the whole was to give it a trial for another year. Dr. H. F. Campbell, of Georgia, was elected President for the ensuing year, and New Orleans selected as the next place of meeting on the last Tuesday in April, 1885. The following gentlemen were appointed delegates to the Canada Medical Association, Drs. W. S. Tremaine, E. N. Bush, W. Brodie, and H. O. Walker.

ANÆSTHESIA BY THE RECTUM. — This new method of producing anæsthesia first suggested by Dr. Molliere of Lyons, has attracted considerable attention of late. The advantages of such a method in operations about the mouth and throat are certainly very great, rendering it possible to maintain anæsthesia without inconveniencing the operator. It also diminishes in most cases the stage of excitement, lessens the tendency to vomiting, and does away with the uncomfortable local effects following the contact of the vapor with the air passages. But while there are advantages there are also some objections to the method. Among the objections may be mentioned distension of the bowels by the vapor of ether, the tendency to the production of diarrhœa, and the difficulty of regulating the degree of anæsthesia, as there is no means of withdrawing the ether when once introduced into the bowel, and being continuously absorbed after anæsthesia has been already complete, there is danger of serious results. The quantity of ether required to produce anæsthesia by this method is very small, the average being about two ounces. The mode of administering it is as follows: Two ounces of ether are put into a bottle the mouth of which is connected by rubber tubing with the vaginal nozzle of a Davidson syringe, which is inserted into the rectum. The bottle containing the ether is then placed in a vessel of water of about 120°F. The ether boils and the vapor passes into the bowel. It is hardly necessary to say that the bowels should be well cleared out before proceeding to etherize by this method. It is not at all likely that the rectal method will supersede the ordinary way, but it is undoubtedly a valuable addition to it, and one that will prove most serviceable in certain cases.

CEMETRIES AND WAREHOUSE SUPPLY. — We have received a copy of the *Star and Herald* of Panama in which we find a very interesting letter by Dr. Wolfred Nelson, formerly of Montreal, on the above subject. From this we learn that the native cemeteries in Panama are in a most deplorable condition. Fully one-half of the dead are buried without coffins. Coffins are secured at a small rental for the funeral; at the grave the dead are taken out wrapped in a sheet and buried. The coffin is returned to the shop of the undertaker, in its turn to serve as a disease-producing factor. Owing to the smallness of the lot, in twelve months or less, the coffins, or bones, or both, as the case may be, are rudely disturbed to make way for "new arrivals" and are cast out of their temporary homes. Within that lot one sees scattered about coffins, pieces of coffins, bones, skulls, parts of clothing, etc., etc. For decency's sake they are gathered together occasionally, and burned, but what of the germs? This goes on under our intertropical sun, with an average yearly temperature of 84° in the shade. Can health be expected under such circumstances? These germs in millions are cast loose from what should be their final resting place, and fly abroad to cause new diseases and death. Surely there is great need of sanitary reform in such a community as this, and Dr. Nelson has certainly earned the thanks of the citizens for his efforts on their behalf.

MANITOBA MEDICAL COLLEGE. — The first session of the Manitoba Medical College was brought to a close by a grand dinner being given at the Douglass House, Winnipeg. About sixty invitations were issued and all the leading physicians in the city besides gentlemen connected with the educational interests of Manitoba were present. Few medical schools have been started under more favorable circumstances, not only as regards numbers in attendance, but also from the high educational status of the students generally. During the past session eighteen students have enrolled their names on the college register, and a number of applications of second year men from Ann Arbor Medical School Mich., also from the Toronto Schools of Medicine have been received, and there is every prospect of a very large attendance next session. The following are the professors and lecturers of the college: Dr. Kerr, Dean and Prof. of the princi-

ples and practice of surgery ; Dr. Jones, Prof. of principles and practice of medicine ; Dr. Blanchard, Prof. of anatomy ; Dr. Good, Prof. of clinical surgery ; Dr. Whiteford, Registrar and Prof. of clinical medicine ; Dr. A. H. Ferguson, Prof. of physiology ; Dr. Brett, Prof. of materia medica and therapeutics ; Dr. R. B. Ferguson, Prof. of obstetrics ; Dr. Sutherland, Prof. of medical jurisprudence ; Dr. Patterson, Prof. of hygiene and public health ; J. Fawcett, B. A., Prof. of chemistry ; Dr. McDiar- mid, Demonstrator of anatomy.

BEEF PEPTONIDS.—A recent improvement has been made in this valuable preparation by the manufacturers which consists in the addition of the solids of milk. It is composed of dry lean of beef, one-third ; solids of milk, one-third ; and gluten of wheat, one-third ; all of which are partially digested or peptonized. Prof. Atfield of London, Eng., has recently made a careful analysis of this preparation and states that it contains the substances named in the quantities above given, and that it is easily and wholly digested when taken into the stomach. He concludes his report as follows:—It is by far the most nutritious and concentrated food I have ever met with. Indeed, a palatable and assimilable and in every way acceptable article of food, containing nearly 70 per cent. of truly nutritive nitrogenous material partially peptonized has never before, to my knowledge, been offered to the medical profession or to the public. Dr. Stutzer of Bonn, who has also examined this preparation says that the results of his analyses are such as to enable him to pronounce beef peptonoids to be a *most valuable and easily digested* nitrogenous food for invalids and convalescents.

TORONTO UNIVERSITY EXAMINATIONS.—The following are the names of those who have passed the medical examinations at Toronto University, in the various years:—

FIRST YEAR.—Green, W. D. ; Reid, J. B. (*æq*) *Scholarships* ; Bremner, F. P. ; Drummond, H. E. ; Eastwood, J. H. ; Ege, A. ; Johnston, D. ; Keane, M. J. ; McMahan, J. A. ; Olmstead, I. ; Perfect, A. H. ; Stewart, W. O. ; Walters, W. R. ; Watson, W. R. ; Eadie, A. B. ; McKay, A. E. ; Thompson, A. B. ; Thornburn, J. D.

SECOND YEAR.—Peters, G. A. (*1st scholarship*) ; Johnston, D. R. (*2nd scholarship*) ; Bigelow, A. W. ; Carlyle, J. C. ; Caven, W. P. ; Greig, W. J. ; Ham-

ilton, H. J. ; Marty, J. ; McKenzie, D. ; Mustard, J. W. ; Noecker, C. T. ; Parker, S. G. ; Peaker, J. W. ; Weld, O. ; Little, H. E. R. ; Britton, C. H. ; Macoun, J.

THIRD YEAR.—Howel, J. H. (*1st scholarship*) ; Carr, L. (*2nd scholarship*) ; Bourke, D. ; Broadfoot, A. ; Cane, F. W. ; Carveith, G. H. ; Kinsley, A. B. ; Krick, C. A. ; Minchin, D. J. ; Webster, H. E. ; Saunders, M. R. ; Hoople, H. N. ; Staebler, D. M. ; Bascom, H. ; Cherry, G. A.

FINAL.—Clerke, J. W. (*Gold Medallist*) ; Johnston, J. ; McKenzie, A. F. ; Patterson, J. W. ; Spence, J. ; Stewart, S. ; Stewart, R. L. ; Bray, J. ; Draper, J. S. ; Bingham, G. A. ; Knill, E. G.

POWDERED EXTRACTS.—A full list of powdered extracts is much needed. These, pharmacy can and ought to provide. For the druggist they are almost as convenient as fluids, while for the country physician they are infinitely more so. They are soluble in water and other fluids and hence are available for mixtures. Indeed when we consider their merits, the wonder is that the extracts have not been called into more extensive use. Of late years they have been coming into favor in the United States, especially in that section having Chicago for its centre. One manufacturing firm, at least, in that city, makes a specialty of powdered extracts. The Canadian manufacturing chemist who first occupies this field, and places his preparations prominently before the profession, is certain to be rewarded for his enterprise.

MENTHOL POINTS.—This new remedy for neuralgia, etc., which we noticed in the April number of the LANCET under the head of "Neuralgia Pencils," has been introduced to the medical profession in this city by Mr. Robinson, chemist. Menthol, the crystallized camphor of Japanese oil of peppermint, is applied locally, and for its more convenient use is formed into small cone-shaped pencils mounted in boxwood handles, similar to nitrate of silver pencils. The mode of application is to gently rub the point over the painful part, when a slight prickling impression of burning will be produced, followed in the course of one or two minutes by a pleasantly cool sensation, and an entire alleviation of the pain.

PACKER'S TAR SOAP.—This excellent soap has now been before the profession for some time, and its merits have been thoroughly tested. There is none in the market equal to it for use in skin dis-

eases, especially where tar is indicated in the treatment, as for example in eczema, herpes, erythema, etc. We were led to make use of it from the very high recommendation given to it by Dr. Bulkley of New York, Dr. Mundè, and others, and our experience of its use in practice has been very gratifying. It is an excellent deodorizer and disinfectant.

HONOR TO WHOM, ETC.—The following distinguished members of the medical profession received the degree of LL.D. from the University of Edinburgh at the recent tercentenary celebration:—Fordyce Barker, S. D. Gross, J. S. Billings, Sir W. Bowman, Sir Andrew Clark, Cheveau, (Lyons), Erichsen, Sir W. Gull, Haeckel, Dr. Haldane, Halle, Houghton, (Dublin), VonHelmholtz, Jenner, Keith, Marshall, Maudesley, Paget, Pasteur, Pettinkoffer, Priestley, Rawlinson, Schmildsberg, Smith, Stokvis, P. H. Watson, (Edin.) Virchow, and Wilks.

QUEBRACHO IN ASTHMA.—This drug has been for some time before the profession as a remedy for asthma. Prof. DaCosta, of Philadelphia, has had very satisfactory results from its use in dyspnoea, and states that it has been especially serviceable in two classes of cases. 1. In purely nervous asthma. 2. In cases in which a heart lesion has produced failure of cardiac contraction, and consequent congestion of the lungs. He thinks it must be regarded either as a heart tonic, or a nervine to the respiratory centre. The dose is twenty minims of the fluid extract every hour, until relief is obtained, when it is given at longer intervals.

MALPRACTICE SUIT.—We are pleased to learn that Dr. Arnott, of London, was successful in the suit for malpractice brought against him by a patient named Ingraham. The case was one of dislocation of the ankle with fracture, and was treated by a plaster of Paris splint, but the patient was dissatisfied with the result, and hence the action. It was shown by the defence that the treatment was most judicious, and that the bad results were due entirely to want of care and necessary rest of the injured limb on the part of the patient. We congratulate the doctor on the result.

APPOINTMENTS.—Dr. V. H. Moore, of Brockville, has been chosen representative of Queen's University, Kingston, on the Ontario Medical

Council, *vice* Dr. McCammon, resigned, owing to his having accepted a Professorship in the Kingston Medical School. Dr. D'Orsonnens, President of the Victoria Medical School, Montreal, has been appointed to the chair of Obstetrics, *vice* Dr. Trudel, deceased. Dr. A. W. Cogswell has been appointed House Surgeon to the Halifax Hospital, *vice* Dr. Smith, resigned.

HALIFAX MEDICAL COLLEGE.—The following gentlemen have passed their professional examinations. The total number of students in attendance during the past session was 35:

M. D. C. M.—J. W. Reid (Faculty prize), A. W. Cogswell, J. Weir, J. M. Gourley, J. McKenzie.

PRIMARY.—A. J. Fuller, J. W. N. Baker, A. J. Murray. D. Murray and D. McLeod passed in all branches but physiology.

ONTARIO BOARD OF HEALTH.—We have much pleasure in announcing that Dr. C. W. Covernton of this city has been appointed Chairman of the Ontario Board of Health. The appointment is a good one, and cannot fail to give satisfaction to the medical profession of Ontario. The retiring members have been re-appointed, and Dr. Bryce, Secretary, has been appointed a member of the Board.

ONTARIO MEDICAL COUNCIL MATRICULATION.—The regulations recently issued by the Minister of Education, Ontario, contain a paragraph defining the examination required by candidates for the matriculation of the College of Physicians and Surgeons of Ontario. The subjects named are those decided upon by the Medical Council some years ago, *viz.*: English grammar, literature and composition, dictation, arithmetic, algebra, euclid, history, geography and Latin.

CORROSIVE SUBLIMATE IN DIPHTHERIA AND CROUP.—In the *N. Y. Med. Journal*, April 19th, '84, Dr. Thallon, of Brooklyn, has an article on the treatment of diphtheria and croup by the internal administration of bichloride of mercury. The dose is from one-tenth to one grain during the twenty-four hours. Other drugs, as alcohol, opium, quinine, are to be used when indicated. He claims excellent results in his own practice, as well as in that of Dr. Skene, since adopting this plan of treatment.

BISHOPS MEDICAL COLLEGE, MONTREAL.—The following are the names of the successful candidates in medicine :

PRIMARY:—F. R. England, (David Scholarship); C. E. Parent, S. Riopel, W. G. Nichol, E. O. Lafriere and J. F. Gore.

M. D., C. M :—E. E. Bronstorph, (Wood and Nelson, gold medals), R. C. Blackmer, (Chancellor's prize), C. D. Ball, S. Riopel, C. A. Lafontaine, W. Patterson, W. H. Drummond, W. A. Mackay, J. F. Gore and J. Oglivie.

REMEDY FOR DYSPEPSIA.—The following excellent prescription for dyspepsia is given by Dr. Alfonso in the *Medical and Surgical Reporter* :

R Pepsin (Jensen's).....ʒiij.
 Acid Tartgrs. v.
 Glycerineʒiiss.
 Vini Xerici.....ʒvjss.

Sig.—A teaspoonful after meals.

DEATH OF PROFS. GROSS AND PARKER.—All our American exchanges contain full obituary notices of the late Profs. S. W. Gross, of Philadelphia, and Willard Parker, of New York. Prof. Gross was in his 79th year and Parker in his 84th. The remains of Prof. Gross were cremated.

MILITARY.—Dr. J. W. Lesslie, has been appointed Surgeon to the Queen's Own Rifles of Canada, *vice* Dr. F. W. Strange, transferred to the Infantry School corps, and Dr. J. Nattress, Assistant-Surgeon.

PARLIAMENTARY.—We are pleased to learn that Dr. Wilson, who was recently appointed Provincial Secretary of Manitoba, has been elected for South Dufferin by acclamation.

CORONER.—Dr. J. A. McDonell of Thunder Bay has been appointed Coroner for the District of Algoma. David Rose, M.D., of Waterford, has been appointed Coroner for the County of Norfolk.

Geo. Colquhoun, M.D., of Iroquois, has been appointed Coroner for the Counties of Stormont, Dundas and Glengarry.

PERSONAL.—Dr. Geo. Nelson of the Central Hospital at Huerta Galla, Panama, has gone to Santa Barbara, California, for the benefit of his health.

BRITISH DIPLOMA.—Dr. Wm. Anglin of Kingston has obtained the M.R.C.S., Eng.

Books and Pamphlets.

"SHAKESPEARE AS A PHYSICIAN." By J. Portman Chesney, M. D., of St. Joseph, Mo. Published by J. H. Chambers & Co., St. Louis.

This work which consists of about 200 pages, is a handsome volume, alike interesting and unique in its way, and will be highly prized by all lovers of Shakesperian literature. It is divided into nine chapters, one on each of the following subjects : obstetrics, psychology, neurology, pharmacology, etiology, dermatology, organology, chirurgery, and miscellaneous, and contains sixteen illustrations. The work also contains many useful and valuable lessons and suggestions relating to medicine, among the comments by the author. We regret, however to find the work marred by several inelegant expressions, such as the use of the modern and decidedly vulgar word "mash," which is anything but Shakesperian, and not at all in keeping with the text. Again the author seems too ready to obtrude his materialistic views upon his readers, and gives another pretext for the frequent insinuation that the medical profession is tainted with materialism. In commenting upon the following line (p 92), "And his pure brain (which some suppose the soul's frail dwelling-house") the author says : "We see nothing in man—no trait or attribute which answers to the principle of what people call "soul" except the attribute mind. As to the *immortality* of that manifestation I think the *motion* of my arm just as probable of everlasting preservation."

ELEMENTS OF PHARMACY, MATERIA MEDICA, AND THERAPEUTICS. By Wm. Whitla, M. D. Belfast, with lithographs and wood-cuts. Second edition. London : Henry Renshaw, 356 Strand.

Only a short time ago we noticed the first edition of this excellent little work. The rapid exhaustion of a very large issue of the first edition speaks well for the popularity of the work, and must be very gratifying to the author. The present edition has been carefully revised, and brought up to present date. The alphabetical and sectional way in which the work is divided seems to meet with general approval. Ample space is devoted to Pharmacy, and there is also added a description of all new remedies of note recently introduced. We especially commend the work to the attention of students as

a most admirable condensation of the subjects of which it treats. The small size of the book renders it most convenient for consultation by the student and busy practitioner.

A SACHEL GUIDE FOR THE VACATION TOURIST IN EUROPE, with Maps, including an admirable Route Map. 16mo. roan, flexible, \$1.50. New (13th) edition. Houghton, Mifflin & Co., Boston, Mass.

This is the best and most compact European guide-book we know of. It includes the British Isles, Belgium, Holland, Germany and the Rhine, Switzerland, France, Austria and Italy, and gives the traveller just the information he most needs in the most convenient form. We used a former edition of this work in our European travels in 1878, and found it brief, accurate and complete in every respect, and are much pleased to receive the present edition, which we hope to utilize in our travels this summer.

OPERA MINORA. A collection of Essays, Articles, Lectures and Addresses, from 1866 to 1862. By E. C. Seguin, M. D., New York. G. P. Putnam's Sons. Price \$4.50.

The subject of these papers relates chiefly to nervous diseases, but is not the less interesting and important on that account. The collection numbers about one hundred articles, each of which is written in an interesting style and contains the fullest information on the subject in hand. The therapeutics of the diseases treated of receives a fair share of attention. We commend the work to the attention of our readers.

ELEMENTARY PRINCIPLES OF ELECTRO-THERAPEUTICS, for the use of Physicians and Students, pp. 420, with 125 illustrations. By C. M. Haynes, M.D. Chicago: McIntosh Galvanic and Faradic Battery Co. Price, \$2.

The author sets out by giving a brief history of electricity. The work is then divided into eleven chapters, and deals with all forms of electricity and its application in the cure of disease. That portion of the work dealing with electro-physiology and electro-therapeutics is especially interesting. It is presented as an elementary treatise on the subject, and will be of especial value to students and those who are introducing electricity as a therapeutic agent into their practice.

"MEDICAL ETHICS." By Frank H. Hamilton, M.D. New York: Bermingham & Co.

This is a very neat little volume of 129 pages, consisting of a series of conversations between Drs. Warren and Putnam, on the subject of medical ethics, with an account of the medical empiricisms of Europe and America. Two letters, one by Dr. Warren, referring to the medical empiricisms of Europe, and the other from Dr. Putnam, suggesting certain amendments to the National Code, will be found of special value to those who are interested in the code question.

The Physician's combined Day-Book and Ledger, by H. T. Hanks, M. D., New York. J. H. Vail & Co., Publishers, New York.

This is claimed to be the most exact and labor-saving system of book-keeping ever devised for the use of a physician. No separate day-book or posting is required, and to those who keep their own books it will be found exceedingly convenient. The work is most ingeniously devised, concise and compact, yet simple and easily understood. We commend it to the attention of the profession.

ELEMENTS OF SURGICAL PATHOLOGY, by Augustus J. Pepper, M. B., Lon., F. R. C. S., Eng., &c. Illustrated with eighty-one engravings. Philadelphia: H. C. Lea's, Son & Co. Toronto: Hart & Co.

In this little octavo volume of five hundred pages will be found a very complete epitome of surgical pathology. The work is clear, concise and well suited to the requirements of medical students.

THE MEDICAL DIRECTORY of Philadelphia, for 1884. By S. B. Hopkins, M.D. Philadelphia: P. Blakiston & Son.

Births, Marriages and Deaths.

In Paris, on April 28th, S. W. Cooke, M. D., in his 69th year.

In St. Paul, Minn., on the 10th ult., Dr. Kittson, aged 35 years.

At Cornwall, Ont., on the 10th ult., Dr. J. J. Dickinson, aged 65 years.

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