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THE
Canadian Practitioner

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

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SUBSCRIPTION, $3 PER ANNUM.

☞ Literary Communications may be addressed to any of the Editors. ☞ All Exchanges and Business Communications should be addressed to DR. W. H. B. AIKINS, 40 Queen Street East.

TORONTO, AUGUST, 1885.

Original Communications.

FOUR OVARIOTOMIES, AND ONE LAPAROTOMY.

BY F. R. ECCLES, M.D., F.R.C.S. ED., M.R.C.S. ENG., F.O.S. LONDON.

The following three single ovariotomies—one double ovariotomy, with removal of large fibroid, and one laparotomy, with removal of an enchondroma, were performed by me during the last twelve months. It will be observed, that either in the appearance of the tumour, the history of the case, or the manner of recovery, that there are peculiarities worthy of mention. In each case a diagnosis was arrived at and recorded before any operative interference was made, and in one, the case of laparotomy, the diagnosis was a mistaken one. But, oftentimes, our mistakes are our greatest teachers. They impart unto us a greater degree of caution, and help to ripen our judgment; so from this one case, erroneous in diagnosis, and unsuccessful in result, I learned much.

CASE I. The first case I saw with Dr. Clark, of Aylmer, Feb. 7th, 1884, to whom I am indebted for much of the history of the case.

Mrs. L—, aged 37, married 11 years, residing in the County of Elgin,—one child, 4 years of age,—no miscarriages. First menstruated at 14, and had always been regular up to two years ago (except during pregnancy and lactation) During 1882 she menstruated only four times. In August of that year, while at dinner, there came on a most profuse hemorrhage. In a few minutes her clothes were saturated, the blood streaming on the floor, and before she could be got to bed, she fainted away. There was no pain, not even the slightest, no clots, or solid matter of any kind (in reference to this she was emphatic). In a few minutes this profuse flow ceased, and she had but a slight discharge, which continued every day for a week, but no pain whatever. She thinks she had enlargement at this time, but of this she is by no means certain. I should have mentioned that there had been no menstruation or discharge of blood for three months previous to this profuse hemorrhage. During 1883 she never menstruated at all, but, in August of that year, she suspected some enlargement, and very soon afterwards felt certain that there was a swelling on the left side, and quite sure that, in its growth, it grew from below upwards.

In December, 1883, she had severe pain in the line of the right ureter, and, some few days after, the same kind of pain on the left side. Her attention was then drawn to her urine. It was turbid, thick, dark, and scant,—measuring as little as 8 oz. in 24 hours. Under the influence of diuretics the quantity was increased to one pint in 24 hours. From Dec., 1883, to Feb. 7th, 1884 (the date of my first visit), she gradually increased in size. Her condition and the physical examination, as recorded in my case-book, at this time, were as follows: Not much emaciated, but wearing an anxious look—has become nervous of late—complains of pains all over, and numbness of lower extremities—loss of appetite, flatulence, and dyspepsia. Skin

rough and harsh. Measurements: Round the abdomen, at the umbilicus, 43 inches; from umbilicus to right anterior, superior spine, 10 in., to left, 10½ in. Fluctuation distinct—tumour movable—uterus quite mobile, well back, sound passed 2½ inches—os and cervix normal—urine, measured by Dr. Clark, 10 oz. in 24 hours. The diagnosis of ovarian disease was made, and early operation advised. On account of the great pressure on the kidneys, and consequent impairment of their function, it was thought advisable to tap, and then try the influence of diuretics. 11 pints of partly clear, and partly sanguinolent fluid, were removed, which quickly coagulated on standing. This only reduced the circumference at the umbilicus to 40 inches. Diuretics and stomachics were prescribed, and considerable improvement in the general health took place. There was an increase from 10 to 45 oz. of urine in 24 hours. On March 20th I again saw her. She still remained very much undecided as to operation, and desired that the distension might be relieved, which was done, as at the former visit. On the 25th I received an urgent summons to see the patient. Fearing some untoward event had happened to the cyst, I went prepared to operate, but found no special cause for alarm. I again very strongly urged that the operation be done without delay, that delay diminished the chances of recovery. I explained to her and her friends the accidents that might happen at any time, and that, if left alone, the duration of life would probably be not more than six months. Her reply was, "I intend to put it off until the last day, in the afternoon." However, on the 7th of May, her husband came to my office and reported that his wife had decided to have the operation done, so I arranged for the 13th. I was assisted by Dr. Aikins, of Toronto, and Drs. Clark and Marlatt, of Aylmer, besides a nurse, who attended to the cleansing of the sponges, and another, who looked after the spray.

Bichloride of methyline was administered by Dr. Marlatt, with a Junker apparatus. The incision was made in the line of the linea alba, at first 3 inches, afterwards enlarged to 5. There was rather more than the ordinary amount of hemorrhage in cutting down to the peritoneum, but by the pressure forceps and hot sponges all bleeding was arrested before the peritoneal cavity was opened. On opening the abdomen a large cluster of cystic tumours, with semi-translucent walls, was first noticed. These varied in size, from that of a marble to a large-sized cricket-ball, the whole not unlike, in appearance, the ovary of a hen during the physiological activity of that organ, only being much larger, and the rounded masses being more or less clear and semi-translucent, instead of opaque and yellow, as in the ovary of the hen. Lying on either side of this cluster were two large cysts, each devoid in front of the proper and usual cyst-wall, and having only the clear and semi-translucent membrane (doubtless the peritoneum), retaining the contents of the cyst. One cyst was tapped with a small, and the second with a large-sized, Spencer-Wells trocar. There were slight adhesions, which were readily separated by the hand. The cysts, after evacuation of contents, were gently drawn forward by the hand, and grasped by the cyst forceps behind, where the ordinary white, pearly cyst was present. By this proceeding the whole tumour was easily removed, not, however, without the rupturing of some of the smaller cysts, and despite the utmost care, cystic fluid escaped into the general peritoneal cavity. The pedicle was about 2½ inches wide, and in close proximity to the uterus. The forceps were applied to it, and the tumour separated with the scissors. The pedicle was then transfixed with a perineal needle, armed with stout, carbolized silk, the double loop being made. In tying the second loop the thread broke, and I then transfixed the second division and thus made three separate segments of the pedicle. Parts of the broad ligament and fallopian tube were included in the ligatures. The uterus and opposite ovary were examined and found healthy, and of normal size. The peritoneum was thoroughly cleansed with the hot, carbolized sponges, the omentum adjusted, and a large flat sponge placed over it, and just underneath the line of the wound. Nine deep sutures were inserted, each quite three-quarters of an inch from the edge of the peritoneal incision, in order that the peritoneum should be thoroughly approximated. A stick sponge, carried down

to the bottom of Douglass' cul de sac, cleansed the peritoneum, whilst between the last two sutures a long Keith drainage-tube was inserted. The sutures were then tied, moderately tight, antiseptic gauze and absorbent pads placed over the wound, and kept in place by broad strips of adhesive plaster, firmly supported by a warm flannel binder. The patient was now put in a bed, (previously prepared, and made hot, by hot bricks and bottles, in order to facilitate reaction), and a pill, containing $\frac{1}{6}$ of a grain of morphia and $\frac{1}{120}$ of a grain of atropia, was administered. At 9 p.m., four hours after the operation, the temperature was 100, pulse 96, and respiration 22; feeling comfortable. 11 p.m.—A little restless—vomited—20 min. tr. opii by enema. 14th, 12 m.—One ounce of blood serum drawn out of drainage-tube. Temperature 99, pulse 94, respiration 22.

The recovery was uninterrupted, the temperature never rising above 99, or pulse above 96. The retching and vomiting, which was a little troublesome, was promptly checked by 15 gr. doses of bromide of potassium, every three hours. On the third day, I slipped a small rubber drainage-tube down inside the glass one, which was then removed, and each day the rubber tube was shortened by half-an-inch. On the 20th, the bowels moved without aid, and the same on the 22nd. On the 21st every other suture was removed, and on the 23rd the remainder. The union was complete. The peculiarities were, the absence in the large cysts of the proper cyst-wall in front, and the *cluster of cysts*, without any cyst-wall at all, except the peritoneum. Out of more than 100 cases which I have witnessed, I have never seen this anomaly before. I am not able to lay my hands on any records at present, but if I mistake not, it occurs in about $1\frac{1}{3}$ per cent. of ovarian tumours. The cysts and contents weighed 15 lbs., and the trabecular formation was well marked in one of them. On the third day after the operation, the menses appeared for the first time in 17 months. Letter in May last states her health uninterrupted and youth renewed.

Case II. The second case was seen by me June 26th, 1884, and the following notes made: Mrs. W—, residing in the County of Oxford, age 28, married—one child 20 months old—no miscarriages. Came to womanhood at 15. Regular ever since. Immediately after birth of child, a lump was noticed in the right side. She had some advice and treatment for it then, and for some months after; but it gradually increased in size. Her general health was fairly good, and were it not for the consciousness of the presence of the tumour she would have thought herself quite well. My case-book records the tumour as probably double cystic, with right considerably larger, and occupying a much higher plane than the left, with a distinct depression between the two, but both moving together. Measurements: From right anterior, superior spine, to umbilicus, $7\frac{1}{2}$ inches; from left, $6\frac{1}{2}$ inches. Uterus mobile, and slightly anteverted; axis, $2\frac{1}{2}$ inches. A diagnosis of ovarian disease was made, and operation recommended. I saw her twice subsequently, previous to operation, and by the occasional use of a laxative pill and a diuretic she got on well, and came to London on the 23rd of September for operation. The bowels were freely opened on the 24th by a cathartic, the rectum washed out on the morning of the 25th (the day of operation). No solid food was given for 24 hours previous; nothing but beef-tea allowed.

Sept. 25th, 2:36 p.m.—Dr. Belton administered the bichloride of methyline with the Junker apparatus, and I was assisted by Drs. Fraser and Wilson. An abdominal incision, four inches long, was made in the line of the linea alba down to the subperitoneal fat. There was scarcely any hemorrhage. The incision was continued through the subperitoneal fat, and the peritoneum divided on the director. The nacreous wall of the cyst then made its way forward in the abdominal opening. The usual pearly appearance of cyst was in marked contradistinction to the appearance of Case I. The tumour was composed of three cysts, had no adhesions, and was easily removed, after the evacuation of its contents. The pedicle, which was short, was clamped by the pedicle forceps, transfixed close to the uterus, and tied in the usual manner. The tumour was then separated by the scissors, the stump sponged dry, and dropped into the peritoneal cavity; the uterus and right ovary examined and found of normal size. (Previous to the operation it was thought

that the right was the one affected). The peritoneal cavity was almost free from blood, scarcely necessitating any sponging. The abdominal wound was closed by seven deep sutures of carbolized silk, antiseptic gauze and absorbent pads placed over the incision, and held in place by adhesive plasters, over which a flannel bandage was firmly applied. The patient was then put in a bed, prepared as in the previous case, and an enema of 20 min. of tincture of opium given.

The weight of cyst and contents (which resembled thick pea-soup) was 7½ lbs. Very little shock was observed, and scarcely any vomiting; the patient passing a good-night.

25th, 6 a m.—Temperature 100, pulse 106. The patient made a rapid and satisfactory recovery, the temperature never reaching 100 after this record. Sutures removed on the eighth day—union complete; and on the 23rd day the patient returned home, being quite well. In a letter of March 10, 1885, she reported that she was quite well, and considerably more fleshy, and that she had passed the menstrual period five days. A later letter confirms her suspicions of March 10th, and she is now in the fifth month of pregnancy.

CASE III. Mrs. S——, of the County of Lambton, first consulted me Oct. 22nd, 1884, saying she had an ovarian tumour, and was directed to me by Drs. Crawford and McKinnon, of Alvinston, both of whom kindly sent me letters in reference to the case.

Mrs. S—— was 59 years of age, married, had two children, 37 and 35 respectively; no miscarriages. Previous to the age of 45, her menses had always been regular and normal, excepting the physiological rest incident to utero-gestation and lactation. Change of life occurred at 52, but for seven years previous to this, she had menorrhagia, oftentimes severe and alarming. Between 46 and 47 she first noticed a swelling, which gradually grew larger up to the age of 54, but growing less rapidly during the two years after menstruation ceased. I might say here that although the patient is ordinarily intelligent, it is more than probable that she was mistaken, and that the tumour ceased to grow, when she ceased to menstruate, and that the slight increase in growth after the climacteric period was imaginary on her part. Upon examination, I found a tumour, firm and unyielding, and reaching up to the umbilicus, and which moved both by external and internal manipulation, and without pain. The sound passed nearly 2½ inches, and readily moved with every movement of the tumour. This latter, when taken in connection with the early symptoms, especially menorrhagia, extending over a period of many years, the slowness of growth, the cessation of growth, after the climacteric, and the generally healthy appearance of the patient, warranted me in coming to the conclusion that it was not ovarian, but most probably a uterine fibro-myoma, and so I recorded it in my case-book. I advised the patient that hers was not a case requiring operative interference for the present, and that I would write Drs. Crawford and McKinnon in reference to her case. She appeared to be not very well pleased with my advice, and said she would like to have it out. I then explained to her the risks of an operation for removal of the tumour, and the probabilities that her life would not be shortened on account of its presence. Her mind seemed influenced by a sense of notoriety, at least I judged so, for she still adhered to her text, "That it shall be removed," although she admitted she was not suffering much from its presence. However, I dismissed her, asking her to carefully weigh the *risks* and *discomforts*, and then see me in a few months hence. On the 18th of the following month, she, accompanied by her husband, entered my office. To my astonishment she said she came to have the operation done, that she had arranged matters at home, and had brought with her such clothing as she might want during her stay. Such was the importunity of the patient that I consented to operate, allocated a room to her at once, and prepared her for operation on the 20th, on which day, assisted by Drs. Fraser, Wilson, and Belton, and Mr. English, my student, and in the presence of several other senior students, I operated.

(To be continued.)

ERRATUM.—In our last issue, page 206, tonic normal urine should have read *toxic* normal urine.

DIET IN DISEASE.

BY H. ARNOTT, M.D., LONDON.

(Read before the Ontario Medical Association, June, 1885).

Our hopes of progress in prevention and cure of disease lie more in the direction of the investigation of its causes than the discovery of specifics. Heroes, as great as any who ever faced a shower of bullets, have ransacked the bodies of those dead of infectious diseases with this object in view, and enough has been accomplished in this line to raise the most extravagant hopes for the future. But there is a large class of diseases which, although not so fatal, are yet the cause of a great deal of suffering and impairment of usefulness, in which we do not make equal progress. We have made vast strides in the study of diseases in which we can trace the causative agent to his lair, catch him, and feed him, and breed him, and study his habits, and discover his vulnerable points, whilst in various affections having their cause in the conditions of every-day life, we have advanced little since the days of Abernethy. Foremost among these conditions is the food we eat. When we consider the influence of the food on the flesh and products of the lower animals, may we not infer that the influence of our food in the causation and cure of disease would be very great? Indeed, even in the vegetable world, it is well known that a tree fed on good soil will produce well-developed, healthy fruit, whilst that of its neighbour, which has been fed on some badly drained soil, will be small, and frequently spotted with disease. Considerations such as these suggest that there may sometimes be a cause behind the ubiquitous germ, and without which it might not be able to survive. It certainly indicates the importance of a careful study of our daily bread.

The purpose of this paper is merely to show that several disorders of the system have their origin in the consumption of more nitrogenized food than the constitution or circumstances of the person require, and consequently that the regulation of the amount of albuminoid food consumed frequently constitutes a valuable and definite therapeutic resort.

Our food may be said to consist chiefly of albumen, starch, fat, and sugar, and it would seem evident that the first principles of dietetics should be the knowledge when to increase or decrease any of these elements. A great deal has been done in this line, but much remains to be known. The effects of diet in the treatment of diabetes, Bright's disease, scorbutus, etc., prompts the hope that the treatment of disease by a skilful regulation of the diet may be still further extended, and that a corresponding decrease in the use of powerful drugs will ensue. If we enquire what becomes of any excess of food taken into the system beyond its requirements, we find that if an excess of fatty or starchy food be taken, it may be deposited as fat. If too much saccharine matter be indulged in, it may be deposited as fat, or carried off as a temporary glycosuria; but an excess of albumen has no such outlet. It demands a plentiful supply of oxygen to fit it for elimination, and if, through sedentary habits, diseased lungs, or other cause, this be not forthcoming, the blood is flooded with offensive matters which all the emunctories of the body are not sufficient to remove. The breath from the lungs, under such circumstances, has a heavy odour, the skin becomes dark-coloured, and the conjunctiva yellow or muddy, with all its vessels engorged. The Prophet Daniel, long ago, discovered these truths, and it may be that if vegetarians had set themselves to discover the precise conditions calling for such a diet, rather than going to an absurd extreme, they might have conferred a real benefit on humanity.

I shall now, as shortly as possible, mention a few clinical facts that seem to support the theory that too much albuminoid food sometimes produces disease.

My attention was forcibly called to this matter when studying certain forms of hemicrania. Some of these, I noticed, were completely cured by a diet from which albuminoid food was almost excluded, and instead of the patients running down and becoming weak, in several instances they gained in weight and strength. In one instance the patient gained fourteen pounds in a short time after the change of diet. Of course, vigorous out-door exercise might have answered the same purpose, but that is a prescription which has various obvious objections.

In spasmodic asthma and bronchitis, I think,

there is no therapeutic measure that will finally give greater satisfaction than lessening the amount of albuminoid food consumed. These affections are sometimes curable, by this measure alone, even in cases where the hereditary tendency thereto is distinctly marked. I might cite several such cases, but let one suffice. Mr. S—— was very asthmatic, as were also two of his brothers. His children, when quite young, were severely troubled with spasmodic bronchitis, and I was frequently summoned in the night to some of them suffering from that affection. This went on for 2 or 3 years, and I often wondered if it must go on during their whole lives. In truth, it had gone on during the greater part of the life of the father, who was now a pretty old man. Finally, I requested them to try the experiment of feeding their children chiefly on milk and cereals, and from that time I was hardly ever summoned to any of them suffering from a similar cause.

Sleeplessness, when accompanied with a dark skin, tense arteries, and a deposit of lithates in the urine, is very much benefited by this measure. Of course, the opposite class of cases are met with, where an exhausted system calls for rest and generous nourishment, but properly selected cases will be found to yield very satisfactory results.

In Bright's disease, whether acute or chronic, the diet should not include albuminoid food. The reasons for this are so obvious that no further reference need be made to it.

Foul breath, not due to any local affection, will frequently be rapidly cured by this diet without the aid of medicine. Not long ago, a young lady, with a vigorous appetite for animal food, and who had become a nuisance to the rest of the family on account of her foul breath, was entirely cured by this simple means.

I might easily extend my list of diseases, and relate more cases that were cured in this way after medicinal treatment had failed, but enough has been said to show you the drift of my opinions on this important subject.

Just this very morning, a young man, an asthmatic patient of mine, called to tell me that one month of this diet had done more for him than all the medicine he ever took, that during that month he had only tasted meat once, and that night he had symptoms of return of his old trouble.

There is an absurd notion prevalent that a person will get weak under this regime; so far is this from being true, that I have had patients gain several pounds in weight. Get weak, indeed, on a diet that has produced so many splendid Scotchmen and Irishmen, and enables the Arab to travel from 50 to 60 miles a day, and undergo the greatest hardship!

Albuminoid food is a true stimulant, causing increased vigour and power of endurance, and the want of it must certainly be felt by the patient, but we must not take sensations for reality, nor the patient's feelings as our guide in prescription. Nor must we forget that, if more coal is put into the furnace than is completely burned, the grating will become choked with too much waste.

CASE OF ENCYSTED PERITONITIC FLUID, TREATED BY FREE INCISION AND DRAINAGE.—CURED.

(Reported by C. W. Heggie, M.D., Detroit).

Mrs. B——, aged 32, married, has five children, the youngest born in February, 1884. Father living and healthy. Mother died 20 years ago of phthisis. Has four brothers and three sisters living; none dead. She is a farmer's wife, and has been a hard-working woman.

After the birth of her last child she did not improve as in former times, but felt weak and languid, and suffered considerably from palpitation of the heart. In the latter part of April, 1884, she ceased to nurse her child, and her menses began again. In July she noticed a swelling of her abdomen in the umbilical region, and exhibited, according to her physician, symptoms of malaria. Her menstruation, at this time, became excessive, and continued so until April, 1885. Under general treatment the tympanitic enlargement disappeared. In November she felt pain in inguinal regions shooting into the hypogastrium, and her abdomen began to swell. The swelling continued steadily to increase, notwithstanding treatment. Any attempt at stooping to lift gave her much pain, as also did any jar. This pain was much

increased in intensity on pressure being applied. She had also a dull, heavy pain in the small of her back, not very severe, but so irritating as to deprive her of rest.

On March 6th, 1885, she came to University Hospital, Ann Arbor, and was there treated by Dr. Dunster for cervical and corporeal endometritis.

At that time her condition was as follows:—Pulse, rapid and feeble; tongue, flabby and trembling; appetite, poor; bowels, constipated. Urine, small in amount, and containing dark deposits; slight yellowish-white leucorrhœal discharge. Muscles very much wasted.

April 15. Dr. Maclean was asked to see her for the first time. He made a very careful physical examination, and found that the swelling was not altered by position, and did not gravitate to the sides. By palpation, fluctuation was quite distinct, and percussion revealed a dulness over the swelling, and tympanitis above in the region of the stomach.

Diagnosis.—An abdominal cyst, either of ovary, kidney, or some other abdominal organ, but possibly a case of encysted peritonitic fluid. The prognosis was very unfavourable, and in any case demanding operative treatment.

April 18. Dr. Maclean made an incision in the median line, four inches in length. On dissecting down, he found the cyst wall intimately connected with the peritoneum, and on making an opening into the sac, thick pus, tinged with blood, and containing lumps of inflammatory formation, poured forth.

The incision was enlarged to six inches; the operator introduced his hand and cleaned out the cavity. He was unable to feel anything but an adventitious membrane lining the posterior part of the anterior wall, and the anterior surface of the intestines, which were bound tightly down by adhesions, bridging over the brim of the pelvis, and extending up beneath the liver and stomach. Neither a sound in the uterus, nor a catheter in the bladder, could be felt from the interior of the cyst. The cavity was entirely distinct from the pelvic viscera, which were matted together. The sac walls were lined with flaky scales, which were very easily scraped off by the finger. After thoroughly cleansing the cavity, the wound was closed and a drainage-tube left in.

At 4 p.m., her temperature was 98°F., and pulse 90. She slept well during the night.

Three times every day her wound was dressed, and the cavity washed out with warm water, very slightly carbolized. For the first two days her urine was drawn by catheter. She took beef-tea and milk for the first week.

On the fifth day the sutures were removed, and she began taking quinine. At each washing a great deal of pus came away, and it was noticeable that her temperature was always lowered after it.

Until the 26th, the temperature varied daily between 100° F. and 101·5° F., and her pulse between 100° and 120°, but on the evening of the 26th her temperature began to rise, and reached 105·5°, with a pulse of 140-170°. The cavity was washed out, but nothing came away until the morning of the 28th, when a pocket of pus seemed to have opened. The temperature, almost magically, went down to 100° F., and since then there has been no serious rise. The discharge gradually grew less; iodoform was dusted in, and the woman gradually improved, until last week—five weeks and a-half from the time of operation—she was discharged cured.

Remarks.—This operation was performed in the operating-room, before 250 students, without the spray, or other antiseptic precautions, excepting thorough cleanliness, and yet, under the most unfavourable circumstances, the woman recovered. This seems to me one of the many achievements of which modern surgery may well be proud.

With my limited experience, might I venture to suggest that here, as a result of labour, we had a general metritis, the inflammation spreading to the pelvic viscera, matting all together, and finally, by some means or other, setting up a chronic peritonitis. I think if the symptoms are examined, they will bear me out in part of my theory, at least, if not in all.

In the *Boston M. and S. Jour.*, Dr. Z. B. Adams thus sums up his objections to the routine use of the antiseptic douche in midwifery: "It is artificial; it is meddlesome, it is of doubtful utility; and it may be hurtful and even fatal."

Selections.

ON HABITUAL CONSTIPATION IN WOMEN.

Stoffella, in *Wiener med. Wochenschrift* :— Apart from the fact that the mere presence of the uterus between the bladder and the rectum will tend to produce fæcal accumulation in the rectum—more especially if there exist some uterine enlargement—there are certain general conditions which we meet with in women which are accompanied by constipation, namely, anæmic, chlorotic, and so-called hysterical conditions. This relationship Stoffella endeavours to explain. The two factors which are chiefly concerned in producing evacuation of the bowels are (1) intestinal secretion in sufficient quantity, and (2) peristalsis. The peristaltic action of the bowels may be affected in two ways: firstly, by weakening of the muscular coat itself; secondly, by an interference with the innervation of the bowel. In many serious diseases, such as carcinoma, chronic Bright's disease, extensive caries, etc., atrophy of the muscular coat of the intestine has been shown to exist, and Stoffella believes that a similar change occurs in simple anæmia and chlorosis. Two facts help to confirm this hypothesis, (1) that the majority of anæmic and chlorotic patients exhibit a greater or less degree of dilation of the stomach, due to fatty degeneration, or at least, cloudy swelling of the muscular coat, caused by deficient oxygenation of the blood, a condition analogous to that of the muscular fibres of the heart in chlorosis; (2) that, as a rule, as the condition of the blood improves, the constipation disappears. That interference with the innervation of the bowel diminishes peristalsis is proved not only by experiments, but also clinically. An impaired innervation of the bowel, combined with atrophy of the muscular coat, might readily lead to the obstinate constipation often found in anæmia and chlorosis. Increased innervation may also cause constipation, as is shown in chronic lead poisoning, in which, so long as the colic and cramp continue, the bowels are confined.

There is another way in which increased innervation of the bowels may cause constipation, namely, by causing contraction of the vessels, and consequent diminution in secretion. This would also lead to increased blood pressure in the abdominal aorta. Now, in very many cases of nervous and anæmic women, we find marked aortic pulsation. In most of these cases we find some pathological change in the uterus or its appendages, and it is possible that the irritation of the sympathetic centres of that organ may produce stimulation of the sympathetic ganglia of the abdomen, causing increased tonicity of the intestinal vessels, and increased aortic pulsation. Almost without exception we find that women in whom marked aortic pulsation exists complain of constipation. Still further, tonic contraction of the vessels of the bowel will produce not only diminished intestinal secretion, but also diminished intestinal absorption, and hence we so frequently get the combination of nervous symptoms, constipation, and anæmia in one patient.

In the treatment of habitual constipation we must first find out the cause which produces it, that is to say, whether we have to do with atony of the muscular coat of the intestine, or with a tonic contraction of its vessels. In this we are greatly assisted by the character of the pulsation in the aorta, a normal pulsation being present in the former class of cases, while it is very marked in the latter.

In cases coming under the first category (generally found in chlorotic patients) Stoffella recommends iron, given over a long period, and combined with extract of aloes or rhubarb. These latter drugs seem to cause the iron to be more readily absorbed. This treatment may have to be followed for six months or a year before it is crowned with success. In those cases in which the above combination does not overcome the constipation, a small quantity of powdered senna leaves may be given at night, and also in the morning, if necessary. Clysters of cold water, and hydropathic treatment are also good. As adjuvants to the iron treatment, the milk cure, health gymnastics, massage of the abdomen and electricity may be named. In employing electricity we must not overlook the danger of causing intussusception.

In the second class of cases, where the tonic contraction of the vessels is the cause of the

sluggishness of the bowels, antispasmodic remedies are indicated in addition to the iron, which must also be used here on account of the anæmia which generally exists. Belladonna is good, but the bromides of potassium and sodium are most valuable. In addition, cold water treatment and massage may be used, and those mineral baths which contain iron are very beneficial. Attention must also be paid to the irritative causes which underlie the condition, and it is in these cases that the gynæcologist renders good service. In all cases the diet, of course, must be attended to, those articles which are well-known hard stools being avoided. Where the constipation is due to sluggishness of the bowels, stimulating, well-spiced dishes may be given. On the other hand, where it is caused by increased innervation, a bland diet must be adopted.—*Medical Chronicle.*

THE USE OF GALVANISM IN CHRONIC DISEASES OF THE PHARYNX.

Dr. Shurly, of Detroit, read a paper on the above subject at the last meeting of the American Laryngological Association, in which he stated that at the congress of 1880 he had called attention to the use of galvanism in pharyngitis sicca, since when he had used galvanism in a number of cases with good results. The difficulties attending the use of electrodes in the pharynx could be reduced through the use of cocaine, making this plan of treatment of general practicability. He believed that certain conditions of the pharynx, such as chronic engorgement, hypersecretion, etc., are often only local expressions of a derangement of the stomach, the intestinal canal, or possibly some more remote organ. Certain neuroses of the pharynx such as hyperæsthesia, spasm, also paræsthesia, are dependent upon derangement either of these same organs, or of the genito-urinary or mental apparatus, all of which require little or no local treatment. There are certain organic lesions, also, of the pharyngeal mucous membrane, which are characterized by glandular hypertrophy, general hyperplasia, hypersecretion, atrophy with diminished secretion, etc. To these he wished to call special attention. They constitute changes which are trophic, and are distinct local disorders.

He believed that glandular hypertrophy and atrophy, with or without persistent extra secretion, and with little organic change in the membrane, were due to a perversion of function of the nervous apparatus distributed through the pharyngeal region. Mere mechanical effect of infiltration or interstitial deposit could not account altogether for the waste of the membrane. It seemed impossible, too, that the symptoms of typical pharyngeal disease could be fairly attributed to ordinary inflammation and its consequences. Some of these conditions were probably distinct local diseases, having for their origin some nutritive abnormality antecedent to the inflammatory changes; perhaps due to metabolic derangement through a disordered trophic function of the hypoglossal, pneumogastric, or sympathetic nerve. Acting upon this theory, he had employed different agents for local use, and of these had gained more lasting effect from galvanism. The mucous membrane having remained in many cases of a vivid color, and bathed in a fluid secretion several hours after the application, and in case of atrophy, leaving an exhilarating sensation of heat and pliability.

In the severer forms of chronic nasal catarrh, in cases of engorgement with hypersection, and also in distinctly neurotic conditions, such as paræsthesia, he had had good effects from galvanism. The following method was advised: First, cleanse the membrane with some appropriate solution, then apply a four per cent. solution of cocaine, and, in about five minutes, apply the electrodes (which were then exhibited), one through the nasal passage, and the other through the posterior and lateral wall of the pharynx, moving them rapidly but gently over the surface, and keeping them closely applied. He generally began with two cells, increasing to four or five, of a battery composed of the improved Leclanche cells. The electrodes are naked, unless one is to be applied to the side of the neck, when that is covered. The application should be repeated two or three times a week, although in some cases one thorough treatment a week is enough. This method will not restore already destroyed tissue, but it will arrest

metamorphoses which finally result in either the loss of glandular, as well as other elements of the membrane, or the substitution of adventitious for the normal tissues. The time required for permanent results will vary with the case and the state of chronicity presented. The only therapeutic theory was the restoration of the nutrition and normal secretion of the parts by the direct application of the electric fluid to the terminal nerve filaments.—*Med. News.*

TREATMENT OF SHOCK.—The following views in regard to the treatment of "shock" are expressed by Groninger of Berlin, as the conclusion of a long paper on the subject.

Energetic counter-irritations of the skin are to be excluded as useless and even dangerous.

Abstraction of blood is contraindicated.

Transfusion of blood can only be thought of in cases of great loss of blood.

Opium and chloroform are of no value whatever in shock, while digitalis is worthy of further study.

Alcoholic stimulants and subcutaneous excitation are useful. Horizontal posture, application of warmth, perfect rest, and subcutaneous injection of strychnine are the most recommendable factors of treatment.—*Therapeutic Gazette.*

CASE OF RECOVERY FROM MALIGNANT PUSTLE.

Mr. F., aged 31, a veterinary surgeon, experienced on October 6th a stinging sensation at the back of the right wrist. A small bleb was formed, which he scratched off, and there was some tenderness of the elbow and arm-pit. He had a slight rigor. On October 8th, he was seen by Dr. Meadows, who prescribed some salicylate of soda and tincture of aconite, in frequent doses, as his temperature was 104°, and the rigors continued the whole of the day. A black eschar began to form on the afternoon of the 8th, and on the 9th it became about the size of a sixpence; its base was red and œdematous, and surrounded by some vesicles in a circular shape.

The temperature was nearly 104°; the patient felt cold, and his tongue was foul. I visited the case with Dr. Meadows, and we injected pure carbolic acid under the eschar, using an ordinary hypodermic syringe. Unfortunately, we could only introduce a small quantity, as it oozed out in the withdrawal of the syringe, and with it a serous-looking fluid. I dried some of this fluid on a cover-glass, stained it with methyl-violet, and found the well-known bacilli of anthrax. We prescribed large and frequent doses of soda-hyposulphite, and ordered also a large quantity of meat. Under this treatment he rapidly improved.

On October 12th, we again injected carbolic acid. The temperature came down, and as the patient said he felt all right, the hyposulphite of soda was reduced to three times a day. The eschar did not finally separate for nearly six weeks, and the ulcer then soon healed. I believe that the main remedy in this case was the injection of pure carbolic acid—a mode of treatment which does not seem very painful.

There was a clear history of the disease, which was contracted exactly twelve days before its first appearance, Mr. F. having examined the flesh of an animal that had died from anthrax.—*W. E. Buck, M.D., in British Medical.*

HEMORRHAGIC ERYTHEMA IN A CASE OF BLENORRHAGIC RHEUMATISM.

Feulard (*Le France Medicale*) gives the case of a man, 21 years of age, in apparent good general health, but who had suffered from malaise, loss of appetite, and sleep, for several weeks. This person was taken, on the afternoon of the 21st of January, with pains through the body, most severe in the calves, neck, and head, with sore throat, and slight diarrhœa. That night he did not sleep, and the next day he entered the hospital covered with an eruption which, on the trunk and limbs, was composed of disseminated, small, round lesions, some bright red, erythematous, and disappearing under the pressure of the finger. Other lesions were dark red, hemorrhagic, and exactly resembling the lesions of purpura. At two or three points

were true ecchymoses. These lesions were not raised above the surface; they were few in number on the face, but plentifully distributed over the abdomen. There was no tendency to greater numbers of lesions over the articulations, but they tended to a circinate grouping in places. The eyes were injected, the conjunctivæ ecchymotic, the buccal mucous membrane, the velum, and the pharynx were covered with analogous lesions. There was no bleeding from the gums, the temperature was 95.3°, and the urine contained a trace of albumen. The articulations were intact, except that the right knee contained a slight serous effusion. The heart and lungs were normal. There was a slight discharge from the urethra, but the patient had taken no medicine for this.

The patient was under observation for several days, during the first of which no change took place, except that the old skin lesions began to fade, while new ones took their place. At the end of this time the patient complained of pain in the left hand, the metacarpo-phalangeal joints of which were tumefied and red. The next day the left testicle was swollen, red, and painful. Without the epididymis being affected, the entire gland was enlarged. The eruption faded by degrees. The evening temperature was slightly elevated. Within a few days the swelling had passed to the left testicle, while the right had gone down, but there was no epididymitis. The discharge from the urethra was mucous. At the end of ten days from the original attack, the patient was well.—*Medical Times.*

COCAINE IN BURNS.

Dr. Weiss writes:—On December 25th, I was called to Professor L——. An atomiser which he was using had exploded, the hot steam badly scalded the Professor's lips, nose, cheeks, and forehead. Pain was so intense that I apprehended general convulsions. I sent for sundry topical remedies, amongst them a two per cent. solution of hydrochlorate of cocaine. In the meanwhile I covered the injured parts with pieces of cloth dipped in olive oil; on the top of these I applied ice water compresses, renewing them every minute, without affording the slightest relief. When the medicaments arrived, I touched the injured parts with a hair-pencil dipped in the cocaine solution. I had scarcely finished when all pain had entirely vanished, without any return. At my visit in the evening I found the patient quite easy, and in good spirits. — *Wiener med. Woch.* — *Lancet and Clinic.*

COCAINE IN VENEREAL AND SYPHILITIC DISORDERS.

The experiences of Bono with cocaine in affections of the genital system can be conveniently epitomized as follows (the *Therapeutic Gazette*): 1. An injection of a few drops of a two per cent. solution of cocaine removes promptly the pain felt in acute gonorrhœa during micturition and erection. The injection has to remain in the urethra for at least five minutes, and to be repeated four to five times daily. 2. This cocaine injection is unrivalled in rendering caustic injections or the introduction of the catheter painless. 3. The burning pains of blenorrhœa in women yield invariably to small cotton tampons saturated with a two per cent. solution of cocaine, or to the application of a five per cent. cocaine ointment. 4. Cocaine facilitates the examination of urethra and bladder with the bougie and the endoscope. 5. It allows of a painless cauterization in balanoprostatitis. 6. Pointed condylomatæ can be painlessly cauterized, excised, or scraped out with its aid. 7. In cauterization and excision of primary syphilitic affections, cocaine evinced very desirable analgesic virtues of a sufficiently long duration. Taken internally during the antisyphilitic treatment, cocaine did not present any appreciable effects. 9. Its local effects are highly beneficent in syphilitic tonsillitis and in stomatitis mercurialis, and difficulties of deglutition.—*Medical Record.*

GASTROSTOMY.

The first gastrostomy was performed by Sedillot, of Strasburg, in 1849, for cancerous stricture of the œsophagus. Between the first named period and 1876 the history of the operation is an unbroken series of failures. The operation was repeated about twenty-five times,

and most of the patients died within the first ten days; one lived about a month. The first successful case of gastrostomy was reported by Verneuil, of Paris, in 1876. The patient survived the operation seventeen months. Since 1876 the number of gastrostomies have extended into the hundreds. The most elaborate tables of this operation are those reported by Blum, in which an analysis of 131 cases are given. Of this number 85 died before the twelfth day, in consequence of the operation—a mortality of 65 per cent.; while 38 survived from a few months to two years or more. The most favourable results are obtained by dividing this operation into two stages, separated by an interval of five or six days. The first stage includes the exposure of the stomach, and the stitching of its peritoneal and muscular coats to the margins of the skin incision. The second stage is completed when adhesion has taken place, by making a small opening into the stomach, through which a small tube may be inserted into the viscus. The most gratifying results of the operation are obtained in those cases of non-malignant stricture; but even in cancerous cases, where the operation has been resorted to early, success may be looked for. Fatal accidents have apparently resulted from the introduction of a pint of cold fluid at one time into the stomach, after gastrostomy.—*W. S. Thorne, M.D., in Pacific Med. and Surg. Journal.*

SACCULAR DILATATION OF THE URETHRA.

BY LAWSON TAIT, F.R.C.S.

In October 1875, I published the following case in the *Lancet*:—

Mrs. B., mother of a large family, had suffered for many years from a protrusion, about the size of an egg, from the vulva, which was excessively painful. She passed large quantities of fœtid pus from the bladder. The protrusion looked like an ordinary cystocele, save that it was quite irreducible, was very hard, and when it was firmly pressed, a large quantity of fœtid ammoniacal pus escaped from the orifice of the urethra. If this pus got on the fingers, it made them smart. The sound readily passed into the cavity of the protrusion from the urethra. It was clearly, therefore, not an ordinary cystocele, but probably a sacculation of the urethra, and the only benefit likely to be obtained was by its removal. She was placed under ether, and the lower half of the protrusion was removed by a cut of the scissors; and this opened into a large cavity lined with thickened corrugated mucous membrane. It had an opening into the urethra large enough to admit a No. 9 or 10 catheter; the opening being situated in the lower wall of the urethra, and about halfway between its orifice and the entrance to the bladder. The whole of the mucous lining of the sac was removed, and the vaginal mucous membrane was closed over the cavity by deep sutures. The wound healed rapidly, and the cure is now complete.

In May 1876, M. Gillette, of Paris, published, in the same journal, a case very similar in external appearance, and probably in its relations to the urethra; but he did not define accurately, in his description of the operation, the relations which were discovered in the entrance to the sac from the urethra. Although I opened correspondence in the journal, I did not elicit the information which was necessary in order to determine whether M. Gillette's case was precisely like my own.

Until the case that I described in 1875, I had never seen anything of this kind, nor had I met with any description of it, and, until the beginning of this year, I had never seen another case like it, nor have I come across, in my readings, any allusion to further experiences of this peculiar condition save that of M. Gillette. But, as a curious illustration of the strange series of coincidences which are constantly occurring in surgical practice, since the beginning of this year I have had no fewer than three cases precisely similar to that which I previously narrated. The symptoms in all three cases were precisely alike. The patients were constantly troubled with an escape of fœtid ammoniacal purulent urine, causing much irritation, discomfort, and annoyance from the smell. The escape did not occur during micturition—that is to say, the urine passed voluntarily was usually perfectly clear and sweet; but, either with the least strain of micturition, or pressure, or on a sudden change of position,

and at other times inexplicably, this objectionable fœtid urine escaped without the patient knowing anything about it, until she found herself wet and uncomfortable. When examined, a tumour, apparently continuous with the neck of the bladder, was found to present itself between the lips of the vestibule, closely resembling an ordinary cystic vaginocele, save that it was tender on pressure. When it was pressed, the characteristic fœtid and purulent urine escaped by the meatus. When a catheter was passed into the bladder, keeping the point well up on the roof of the urethra, it passed easily into the cavity of the bladder, and perfectly clear urine was withdrawn. When, on the contrary, the point of the catheter was passed, with slight pressure, along the floor of the urethra, it entered the cavity of the tumour, and the putrid contents of the latter escaped. The patients were respectively of the ages of 23, 55, 32; and were operated upon the dates February 10th, February 13th, and March 27th. The details of their operations and all the conditions found are practically identical, save that, in the second case, the tumour was quite as large as an egg, whilst in the first and third it was not much more than half that size. The proceedings that I adopted were precisely those described in the *Lancet* for my first case. I put a catheter in the urethra, in order to display the aperture and to prevent injury of the canal. An elliptic piece of the protrusion was cut away, so as to completely open its cavity, and perhaps about half its substance removed. The thick and velvety mucous lining was then carefully dissected off as far as the aperture leading into the urethra, which in none of the cases was larger than just to admit the catheter. Five silver wire stitches in the second case, and three in the other two, were then introduced, by a handled needle, right across from one side to the other, and deep enough to embrace the whole of the structure except the urethra, the central stitch always reaching across the aperture into the canal. The proceedings were, in all three cases, accompanied by a very remarkable amount of hæmorrhage, altogether disproportionate to the importance of the operation. The catheter was retained in the bladder five or six days, and the stitches were removed on the eighth and ninth, and all three patients went home in twenty days perfectly well.

I have had the curiosity to hunt up the patient whose case is recorded in the *Lancet*, October 1875, and am gratified to find that there has been no return whatever of the trouble, and that she has remained perfectly cured by the operation.

In M. Gillette's paper, he alludes to several cases in which general, or what may be called ampullary, dilatation of the urethra has been met with, requiring operation. But, so far as I know, nothing of the kind has ever occurred in my own practice. The only dilatations of the urethra that I have seen are the four now placed on record; and the fact that in every one the feature of an extremely small aperture communicating between the sac and the urethra was established, makes it clear that, in these four cases, and probably, I may also say, in M. Gillette's as a fifth, we have a distinct form of disease, the origin of which is open to one of two explanations. The first, and I think the most likely, of these is that there is, as the origin of this condition, an error of development by which a small offshoot of the urethra, like a diverticulum of intestine, is the result of faulty union of the primal folds, and that this becomes of pathological importance when women become accustomed to those errors of urination to which they are all more or less addicted. The second explanation is that this urethrocele is formed by the union between the urethra and a cyst of pathological origin in the roof of the vagina. But I am disposed to regard the former as the more likely of the two, from the extraordinary similitude which all my four cases have presented, and from the fact that I have never seen any cysts at all like them in a position that such a communication with the urethra might take place.—*Brit. Med. Jour.*

We understand that Dr. Wallace, of Liverpool, has successfully performed resection of the female bladder for cancer by abdominal section, being, we believe, the first time the operation has been performed in this country. The patient is progressing satisfactorily, seven days having elapsed since the operation.—*Lancet.*

NEW DRAINAGE EMPLOYED IN COLD ABSCESSES.

BY DR. HOUZEL, BOULOGNE.

The author, from cases under his own observation, and others communicated to him by Dr. Cazin, arrived at the following conclusions:—(1) In recent wounds the pus is a source of danger; in old wounds, in those which have undergone a change, in those which result from the opening of cold abscesses after resections, not only is the pus dangerous, but it is often very uncomfortable from its extreme abundance. (2) In order to leave wounds or osseous surfaces in the most favourable condition for healing, it will be essential to change the dressings rarely, but one is often forced to dress the wounds frequently, owing to the profuse suppuration. How, then, can the dressings be left, without running the risk of keeping the limb bathed in pus? A form of dressing, which will permit the pus to be taken up where it is secreted, will carry it away without touching the dressing, without soiling it certainly constitutes an advance, and will be pre-eminently an antiseptic dressing. The suppurating cavity having been dried and rendered aseptic, Dr. Houzel introduces, as deeply as possible, two indiarubber tubes, placed side by side, if the cavity is narrow, or diverging at the point where they penetrate beneath the skin if the suppurating cavity is large. The calibre of these tubes is in proportion to the abundance of the suppuration. Before introducing the tubes, care is taken that holes are cut in those portions which are to be within the suppurating cavity, and which are to receive and to aspirate the pus. At the place of exit from the wound the two tubes are placed side by side, surrounded with iodoform and a collar of charpie. Over all is placed a dressing of carbolic gauze, or of antiseptic wool, and a mackintosh, with an opening for the passage of the tubes. These tubes are then gently brought through the opening, so that they may be on a level with the dressing, where they are fixed by one or two pins. Lastly, the tubes are enclosed in a flat indiarubber bladder, containing a little pure carbolic acid or chloride of zinc. The elasticity of the bladder allows it to be fixed in a groove made around the opening, so that there are two cavities, that of the abscess and that of the bladder, which communicate by means of the tubes sheltered from contact with the air by the dressings, and the one cavity entering into the other. What takes place? Driven by the *vis-a-tergo*, the pus fills the tubes. Then, as their ends, enclosed in the indiarubber bladder, have been placed at a lower level than those in the suppurating cavity, the syphon action commences. This not only permits the pus to flow, but also aspirates it very gently as it is secreted. The suppurating cavity is more quickly and more completely emptied, also in a more aseptic manner than with ordinary drainage tubes, for instead of soiling the dressings, the pus is immediately received into the caoutchouc bladder, where it is neutralized by a powerful antiseptic substance.—*Med. Chronicle.*

WIRING OF FRACTURED PATELLA.

The infrequency with which this operation is performed in this country, as compared with its performance on the other side, and in Great Britain especially, is sufficient excuse for the report of an individual case. Patellæ have been wired by several prominent surgeons in this city within the past year, and with excellent results, but as far as I know have not been reported in the journals as yet.

The case about to be described forms the fourth operated upon by the writer (for notes of first three cases see the *Medical Record*, Dec. 22, 1883), and all have been eminently satisfactory, both in immediate and in later results, *i.e.*, no especial constitutional disturbance from the operation, primary healing of the soft parts, bony union of the patella, and complete retainment of function of the joint. The patient, G. S——, twenty-two years of age, was one in the practice of Dr. Moir, of Union Hill, N. J. He was a professional athlete. On March 15th last while exercising on a horizontal bar, on jumping to the floor, he miscalculated the location of the padded mat beneath the bar, jumped upon its edge, his heels resting upon the mat, his toes upon the floor. It will be seen that the fracture occurred from muscular action. I saw him the next day, twenty-six hours after the accident, and proceeded to operate.

A transverse incision was made, the joint cavity cleared of fluid blood and blood-clots, and the thick, leather-like clots scraped from the bone surfaces. Two sutures of silver wire were used for the patella, one seam of catgut for the joint capsule, another for the integument; one rubber drainage-tube was employed. It was not found necessary to ligature any blood-vessels. An ordinary dressing of iodoformized gauze and antiseptic cotton was employed, and a splint of wire netting. The limb was suspended and the foot elevated. The dressing was changed on the thirteenth day, and the tube removed; dressed again on the twenty-eighth day, and the soft parts found healed. Patient allowed to walk at the end of seven weeks, and he has now complete use of his limb, with almost entire return of function in the joint.—*F. C. Fuller, in Med. Record.*

REMOVAL OF A CALCULUS FROM THE VERMIFORM APPENDIX FOR THE RELIEF OF RECURRENT TYPHLITIS.

At a recent meeting of the Clinical Society of London (*Medical Press*), Dr. Symonds read the history of a case in which, at the suggestion of the late Dr. Mahomed, he had removed a calculus from the vermiform appendix for the relief of recurrent typhlitis. A basket-maker, aged twenty-three, was admitted to Guy's Hospital July 16, 1883. Six months previously he was seized during the night with pain in the right iliac region; this increased in severity and he became ill generally, and at the end of a week was unconscious, remaining in this state four days. The illness lasted seven weeks. During the first week he vomited everything, and his bowels were not opened for ten days. During the whole time there was great tenderness in the right iliac fossa. During the first part of his illness he was under the care of the parish, and for the last two weeks was in the Camberwell Infirmary, where he was told he had typhlitis. Soon after this, on getting about, he noticed a hard lump in the right groin about the size of a walnut; sometimes this swelling was painless, at other times it was very tender. Since this illness he has had repeated attacks of pain in the right iliac fossa, which come on suddenly, and last one or two days. The pain is relieved by poultices. At first these attacks recurred about once a month, but during the last five weeks he has had six attacks, and they have been increasing in severity. One of the attacks having been observed in the hospital, it was proposed that the cæcal region should be approached by an incision in the right iliac region. Dr. Mahomed was of the opinion that there existed an abscess cavity containing probably a calculus or concretion, and that the periodical occlusion of a communication with the cæcum determined the recurrence of pain. It was finally decided to cut down upon the small hard lump which was to be felt in the right groin on deep palpation. On August 24th chloroform was administered, and under the carbolic spray an incision was made, commencing two inches above and one inch internal to the anterior superior iliac spine, and curving downward and forward for about four inches, being much the same as that used in ligature of the external iliac, and so arranged that its centre corresponded with the position of the lump. The various structures were divided, but the transverse fascia was not distinctly recognized, owing possibly to the incision being rather near the iliac spine. The structures in front were now raised out of the iliac fossa, when the lump could be plainly felt from behind, and as yet the peritoneal cavity had not been opened. A hand pressed duly from the front steadied the swelling, and brought it more into the wound. A vertical incision was now made over the hard lump, and a small calculus exposed. Before removing it a fine silk suture was passed through the tissues just above, so that the orifice might not be lost. The opening was then enlarged, and the calculus removed. The soft and purple mucous membrane of the appendix was seen, and its tortuous course from the aperture could be traced upward toward the cæcum, so that there seemed no doubt of the canal having opened. Exploration of the cavity with a probe failed to detect a channel leading toward the cæcum. No pus or other fluid was found round the calculus, nor was there any fecal or unpleasant odour. The opening into the appendix was closed by Lembert's and the wound by deep silk sutures. The

peritoneum was not opened, so far as could be determined, and this was attributed to the adhesions that had probably taken place at the time of the first attack, and to the method adopted in reaching the appendix. The usual gauze dressings were used. The calculus was oval in shape, smooth on the surface, and measured three-fourths of an inch long, and rather more than one-half of an inch wide. On section it showed a laminated calcareous capsule enclosing hardened fecal matter. The patient made a somewhat protracted but complete recovery, and in April, 1885, although an inmate of a lunatic asylum, it was learned that he had never any bowel trouble since November, 1883.—*N. Y. Medical Record.*

PLASTER JACKET.—NEW USE FOR.

In reading of the uses to which the plaster jacket is put I have never seen it recommended for the relief and cure of weakened and painful condition of the spinal muscles, caused by injury, disease, etc., and I think I can make myself more clearly understood by relating two instances from among others, not only where it gave instant relief, but performed a permanent cure. While I was yet a student (1869, Jan.) I suffered from an attack of typhoid fever, which, run its natural course and I was convalescent in about eight weeks, and by over-exertion I suffered a relapse which lasted much longer than first attack. When I got able to be around I suffered untold agony from pain in the lumbar region and down course of right sciatic nerve, and at times what I called spasm of psoas muscle, and if I was not near something to catch hold of, would fall, for I could not endure the pain. Cupping, blistering, and all external as well as internal remedies were used, but all the relief I could get was from hypodermics of morphia, and I had to take from three to four per day to make living endurable. When I thought the plaster jacket might give me support and relief, and without the aid of anyone I applied a jacket to myself by standing in the position I was most comfortable (which was perfectly erect). And so soon as the plaster set I could go around without any pain, and I stopped the morphia then and there, which had got to be considerable, and had no more pain and in less than three months was perfectly well and had gained more than thirty pounds, and used no other remedy than the jacket.

Case 2.—In December 1883, S. H., aged 19, spare build, came to me suffering intense pain in the lumbar region and down course of both sciatic nerves. At times the pain was so severe that he would shake as though he had an ague chill. He stated that in September of same year while making hay he was helping to put a hay ladder upon the waggon when the one that was helping him let his hold slip and all the weight came on him and he sprained the muscles of his back which grew worse and worse, and as he stated when I first saw him, he did not want to live the way he was, and as he had already passed through the hands of about three doctors, all regulars, I took it for granted they had used all the usual remedies so I thought I would try the plaster jacket and I did with the same happy result, no more pain and a rapid convalescent.—*H. H. McLellan, M.D., in Lancet and Clinic.*

TREATMENT BY SECTION OF HYDROCELE BY THE ANTISEPTIC METHOD.

The few remarks I make are based upon the results of a considerable number of cases I have treated, both of hospital and in private practice, in the early and later stages of hydrocele, by which latter I mean those which have been repeatedly tapped and in most instances injected. It is hardly necessary to take up space by instancing the individual cases. It is certainly time that the old-fashioned method of tapping and the supposed radical cure by continuous injection was done away with, as painful, dilatory, and generally useless. I claim no originality whatever in this treatment. I desire to call the attention of practitioners to the fact that they should invariably adopt the method of free incision with strict antiseptic precautions, and I cannot understand why it is not more universally carried out. Every surgeon knows of the method, but, as far as I see, contents himself with adhering to the usual proceedings. There is no danger in it. An anæsthetic can be given, if necessary, the healing is

rapid, the cure almost certain, if not absolutely so. The operation is as follows: The diagnosis of course being established, the scrotum should be shaved, and (if the surgeon thinks necessary) the spray used, the tumour is firmly grasped so as to render the parts as tense as possible. A clean sweep through all the scrotal tissues is then made with the bistoury from the cord to the base, and the fluid escapes. Every bleeding vessel, however small, must be twisted or tied most scrupulously, and the interior of the sac carefully examined for any vessel which may have been wounded or have given way. The cavity should then, not too tensely, be stuffed with either lint soaked in 1 in 40 carbolized oil or gauze, and the upper part of the edges of the wound stitched together, including all tissues—I do not see any advantage in stitching the cut edges of the sac to the sides of the wound,—a small tag of the contents being left out of the most dependent part on the contingency of drainage, a pad of salicylic wool placed over all, and the scrotum supported by a cushion between the thighs. In a couple of days the parts may be dressed (under spray, if thought desirable) and the contents of the sac withdrawn. As a rule considerable contraction of the walls of the sac will have set in, but it is advisable to still introduce the antiseptic material so long as any appreciable cavity exists, and this is generally for about a week in very favourable cases, when it will be found impossible to pass anything into it, and merely the lips of the original wound are left to close. Tubal drainage is, I venture to think, unnecessary. I have not yet met with any untoward constitutional symptoms by adopting this method, which is equally applicable to encysted hydrocele of the cord.—*Edward Bellamy, F.R.C.S., Lancet, July 4.*

SELF-MUTILATION BY AMPUTATION OF THE GENITALS.

Dr. H. D. Bliss gave the history of a case he had seen during the summer in the practice of his friend, Dr. J. H. Taylor, of Mount Holly, N. J. A farmer became affected mentally after the death of his wife. He grieved much at the loss of his wife, and, as the neighbors afterward said, acted somewhat queer at times, but continued his work as usual. One morning he was found with his scrotum and penis amputated. The reason, as he explained the next day, was that he had felt impelled to do it, for, as he had been the cause of his wife's death, he thought this would be a relief; so, taking a razor, he had taken the entire external genitals in the left hand, pulled them well out and up, and, with one cut of the razor, severed the entire organs. They were afterward found well connected together. He was not discovered for some time, and it was several hours before the medical attendant arrived. The hæmorrhage, which had not been very considerable, had nearly stopped, except a slight welling up around the urethra, probably from the dorsal arteries of the penis. This was slight, but continued troublesome for several days on account of the difficulty of securing the vessels which lay in close contact with the urethra. It could be stopped with *serrefines*, but it would begin again every time a catheter was passed. It was finally stopped by applying compound tincture of benzoin. The cut with the razor had exposed the pyramidalis muscle, and removed the skin over the pubes, making a wound that could scarcely be covered by the palm of the hand. It was at first intended to dress it with carbolized water, but the nurse allowed it to dry so often that a cloth dipped in carbolized oil was kept over the parts, and the man made a good recovery. The penis being put on the stretch at the time of the cut, the urethra retracted about three-fourths of an inch below the surrounding tissue, and there was trouble in keeping it from closing. Catheters of various kinds were tried—silver, rubber, flexible, non-irritant, etc.—but all proved so irritating they had to be discontinued, and some other means resorted to. On December 27th Dr. Taylor made a cut an inch and a-half down the perinæum, dissected up the skin, and trimmed the tissue so that the integument could be stitched to the urethra. This was done, and all closed with silver wire, and in one week, as the doctor said, "he had a good working urethra."—*N. Y. Med. Jour.*

CREMATION IN BUFFALO.—It is announced that a crematory is soon to be built near the cemetery in Buffalo, the incinerating apparatus for which is to be made in Milan, Italy.

REGENERATION OF THE SPLEEN AFTER TOTAL EXTIRPATION IN THE FOX.—Professor Eternod, of Geneva, publishes (*Rev. Med. de la Suisse Romande*, an interesting account of his researches on this point. His results are confirmatory of Tizzoni's. The chief point of interest was that, four months after the spleen had been entirely removed, a nodule of newly formed splenic tissue was found, enclosing in its substance foreign bodies that could only have been introduced through the wound at the time of the operation. The nodule was 13 millimetres long and eight broad; and apart from some embryonic tissue, in microscopic character it was almost identical with the normal spleen. Amongst the other conditions found, the most noteworthy were the new formation of adenoid tissue, especially in the lymphatic glands and in Peyner's patches, and in the transformation of the parenchyma of lymphatic glands into splenic tissue. This last circumstance supports the view held for some time by Professor Eternod, that the spleen is only a vast elaborated lymphatic gland.—*British Medical.*

TREATMENT OF FISSURED NIPPLES.

BY DR. AD. OLIVIER.

The author, after detailing the history of a case in which various remedies were perseveringly used for six weeks, without avail, to heal the fissures, the case going on to formation of abscess in the first accouchement, and threatening to follow a similar course in the second, though the breasts and nipples had been carefully washed and bathed with cognac from the sixth month of pregnancy, proceeds as follows: Struck by the excellent results obtained by Dr. Pinard, in the Lariboisiere Hospital, by means of boracic acid, we resolved to follow his treatment, and must say that it was very successful. Although the fissures were numerous and deep, at the end of five or six days they were healing, and in fourteen or fifteen days after they began, were completely cured. During all this time nursing continued. As soon as the fissures appear, and one might say even as soon as there was pain in nursing, a folded compress, soaked in boracic acid solution, is applied to the nipple and areola

℞ Distilled water.... 200 grammes.
Boracic acid..... 6 "

The solution can also be used saturated, without inconvenience, 40 per cent.

On the compress is placed a piece of oiled silk; over this, a layer of wadding and a bandage. This acts as a support and gentle compress, preventing suppuration, lymphangitis, and abscess. During two years in Dr. Pinard's service we have seen only one abscess of the breast,—a marvel when one considers the number of cases treated. According to M. Ressein, this treatment greatly lessens the pains felt at the first nursings; this is only true after some days, when cicatrization is in no part accomplished. Happily, thanks to cocaine, we are now able to cause them to disappear completely, and that after the first or second application. But before speaking of this new medicine, we must say that boracic acid favours cicatrization of fissures, and never gives rise to irritation of the skin, or causes toxic symptoms in the child.

Dr. Alphonse Hergott, in an article in the *Annale de Gynecologie*, sums up his experience as follows:

(1) All women suffering from cracked nipples can nurse, without suffering any pain, after bathing the nipple with a 4 per cent. solution of hydrochlorate of cocaine.

(2) That the condition of the fissure is improved, and in those cases where they are superficial, the cocaine has caused the fissure to rapidly disappear.

(3) That cauterization with nitrate of silver, in deep fissures, have been a little painful, probably because they have been practised a little prematurely, and because the solution has not been strong enough.

(4) That the cocaine should be used as soon as the nipples become painful, in order to prevent fissures.

When cocaine is used, care must be taken, before each nursing, to carefully wash the nipple with solution of boracic acid; for though we are as yet ignorant whether cocaine sucked by the child is poisonous or not, this substance, being very bitter, might cause the child to refuse the breast.—*Journal de Medicine de Paris.*

TRANSPLANTATION OF THE EYE OF A RABBIT TO MAN.

At the Society of Biology of Paris, M. Javal read a note from M. Chibret, relating the experiment he had presented before the Academy of Medicine. It was a case of transplantation of the eye of a rabbit to replace the eye of a young girl. The sutures were removed on the fifth day; after the tenth day, the cornea showed evident sensibility. But this did not last, and the eye necrosed. M. Javal laid great stress on the importance of the fact that the sensibility of the cornea lasted several days.—*Journal de Medicine de Paris.* R. Z.

SHORTENING THE ROUND LIGAMENTS.

Dr. Alexander (Liverpool) read a paper on the operation of correcting some uterine displacements by shortening the round ligaments. He said the operation had now been performed in nearly all the prominent cities in the world, and by most operators with more uniform success than generally befel any new operation. He never found any difficulty in finding and drawing out the ligaments. An incision was to be made upwards and outwards from the pubic spine, in the direction of the inguinal canal; for one and a half to two or three inches, according to the fatness of the subject. A considerable thickness of subcutaneous fat was met with, which must be cut through by subsequent incisions, until the pearly glistening tendon of the external oblique muscle was reached. Midway through the fatty tissue an aponeurosis sometimes appeared so firm and smooth that it might cause the operator to think he was deep enough, but he would find no ligaments at this spot. The first stage of the operation consisted simply in cutting down upon the tendon of the external oblique muscle until it appeared clean and shining at the bottom of the wound. The external ring was then found. The finger passed to the bottom of the wound detected the spine and the ring outside. Having isolated the external wound and tied any little vessels, the next step was to find the end of the ligament. By everting all the structures upwards, the round ligament could be seen, generally at the lowest part, and with the white easily distinguished genital branch of the genito-crural nerve along its anterior surface and close to it. The ligament at this stage was more or less rounded in shape. It was an easily recognized flesh-coloured structure. When the ligament was identified, the small nerve on its surface was to be cut through without dividing any of the ligament. Then gentle traction was to be made, either by the fingers or by broad blunt-pointed forceps. Bands holding it to neighbouring structures were cut through with scissors. As soon as it began to peel out, it was left, and the opposite begun. The final stage of the operation consisted in placing the uterus in position by the sound, and pulling out the ligaments until they were felt to control that position. A curved threaded needle, with the cat-gut, was used to stitch each ligament to both pillars of the ring, and the external abdominal ring was closed without strangulating the ligament as it lay between it. The ends of the ligaments were now cut off, and the remainder stitched into the wound by means of the sutures that close the incision. A fine drainage-tube was inserted, and the wound washed out with carbolic acid or other lotion before these sutures were tied. The after-treatment consisted in rest. The tubes were removed on the second day, when the wound was dressed. The mortality of the operation might be set down as none. Three deaths had occurred, but they were due to preventable causes. As mortality did not seriously enter into any consideration of the results of this operation, the real question at issue was whether it fulfilled the intentions of the operator and satisfied the expectation of the patient. The operation was designed to correct certain uterine displacements, and these alone. Whether the discomfort of the patient would be thereby relieved, entirely depended on whether or not the symptoms were due to the displacement. To secure success, the operation must be properly performed, and the after-treatment must be rational, so that no strain might be placed on the ligaments until sound union had taken place.—*British Medical.*

EFFECT ON OFFSPRING OF CONSANGUINEOUS MARRIAGES.—Dr. Charles F. Withington, of Boston, presented at the recent meeting of the Massachusetts Medical Society, a tabulated report of 108 consanguineous marriages. 413 children were born from 103 couples. Considering as "unhealthy" even those having strabismus, those developing phthisis late in life, those who were below the average in intelligence or bodily vigor, and those who died in infancy, there remained 312 healthy children. There were 12 cases of deaf-mutism, 7 of insanity, 13 of idiocy and 15 of phthisis. In 17 cases one or both of the parents were themselves descended from a consanguineous union. 15 were fertile, producing 68 children, of whom 48 were healthy. The view was announced that the evil results were due to the operation of the ordinary laws of morbid inheritance, and that consanguinity *ipso facto* had no influence either for good or evil.—*N. Y. Med. Journal.*

Therapeutical Notes.

AN excellent local application for the local relief of neuralgia and gout is prepared by rubbing up together equal parts of thymol, menthol, camphor, and chloral.

VAPOR AMYL NITRITIS.

℞. Amyl nitritis min..... viii.
Spts. vini. rect. ..... ℥ii.

A teaspoonful in a pint of water at 100° F. For each inhalation, very valuable in some cases of asthma and spasm of the glottis.

A GARGLE FOR CHRONIC PHARYNGITIS.—The *Union Medicale* attributes the following formula to Bamberger:—

Chloride of ammonia..... 75 grains.
Honey of roses .....750 "
Water.....12½ ounces.

To be used several times a day, together with mustard foot-baths, the use of tobacco being prohibited.—*N. Y. Med. Jour.*

AN EXCELLENT COUNTER-IRRITANT.—Dr. Ellwood in *New Eng. Med. Monthly*:—

The following counter-irritant in certain classes of cases I have found very beneficial ℞. Olei tiglii, ℥ j; ether sulph., ℥ ij; tr. iodi., ℥ v. M. S.

This excellent counter-irritant is applicable where it is not necessary to produce too much effect; particularly for children.

IN cases of *impotence*, Prof. Bartholow speaks with confidence of:—

℞. Ext. cannabis indicæ ....gr. x
Ergotin (aq. ex.) ..... ʒ ij
Ext. nucis vomicæ.....gr. x. M.
Ft. pil. No. xx.
SIG.—One, morning and evening.
—*The College and Clinical Record.*

BUBOES.—Taylor recommends the following as an abortive injection for buboes:

℞ Cript. carbol. acid..... gr. vii.
Distilled water..... ℥i
Alcohol q. s. to dissolve.

10 to 20 drops are injected deep into the bubo, whether it be specific or inflammatory. According to the author, pain and inflammation rapidly disappear.—*L'Union Medicale.*

A FORMULA FOR RING-WORM.

Dr. Henry Browne gives it to us in the *Brit. Med. Jour.*

℞. Sodæ hyposulphitis ..... ℥j.
Solve in aqua..... fl. ℥viij.
Et adde acidi hydrochlorici... fl. ℥j.

For outward use only.

The use of this lotion, as a water-dressing covered with oiled silk, and accompanied by daily washing in soft soap and water, has proved perfectly satisfactory.

Dr. Mulherm, of Detroit, uses the following in asthma, and reports success:

℞. Ammonia chloridii ..... ℥iij.
Spts. æth. nitrosii..... ℥iij.
Syr. ipecacuhannæ ..... ℥j.
Etheris sulphate ..... ℥iij.
Ext. glycyrrhizæ..... ℥vj.

℥ *t. i. d.*

An excellent prescription in asthma and capillary bronchitis.—*Medical Summary.*

HAGER-BRAND'S REMEDY FOR ACUTE CORYZA.

℞. Acidi carbolici ..... ʒi.
Alcoholis ..... ʒiii.
Aquæ ammoniæ fort ..... ʒi.
Aquæ distillatæ ..... ʒii.

A few drops of this solution are to be sprinkled on the handkerchief, or, more conveniently, some of the solution is placed on the sponge of a pocket inhaler and inhaled through the nose as long as its strength lasts; this is to be repeated every two or three hours.

GLYCERINUM ALUMINIS.—Robert William Walker, Surgeon of the East London Hospital, suggests the above, a new preparation of alum: It is made by dissolving one ounce of alum in five ounces of glycerine by means of gentle heat. It is four times stronger than a saturated watery solution. It can be used wherever a powerful astringent is needed, and is compatible with administrations of iron. In chronic pharyngitis of children it is very efficacious. It can be used as a gargle, injection or lotion. —*Brit. Med. Jour.*

VIBURNUM PRUNIFOLIUM OR BLACK HAW.—Dr. J. H. Wilson, of London, England, a gentleman of ability, character and experience, says that this remedy has a very salutary effect on women during abortion, or upon those inclined to the abortion habit. He especially commends the malto-viburnum put up by the Maltine Manufacturing Company of New York city. Dr. Hayden's preparation is also well spoken of by many. To Dr. Phares, of Hentonia, Miss., is due the credit for making known this excellent remedy, which is not only of value in abortion, but in other menstrual diseases as well.—*The Medical Summary.*

DERMATITIS VENENATA.—I should like to call the attention of dermatologists, especially at this season of the year, to the results obtained in this class of diseases from the use of Prof. Pick's 5% salicylic acid gelatin. The relief to the burning and itching has been almost immediate, and the disease, in all the cases upon which it was tried last year, disappeared after a few days' application. It would be interesting to hear the experience of others after trying this remedy upon such cases.—*Dr. Morison, in Journal of Cutaneous and Venereal Diseases.*

QUININE IN THE TREATMENT OF PNEUMONIA.—The sulphate of quinine may be used with advantage in pneumonia in all stages, though certainly the best result may be expected from the early administration of the drug. Combination with salicylate of soda lessens that tendency to sickness often produced by quinine and does not in the least interfere with its action. I never have found it necessary to give adults larger than three-grain doses of quinine under similar circumstances, and, after three doses, have generally reduced the temperature to normal. In all cases of inflammation within the chest, I never fail to blister with cantharides as early and as freely as possible, with the best results.—*James A. Myrtle, M.B., in British Medical.*

THE THERAPEUTIC PROPERTIES OF THYME.—Camperdon concludes a long article on this subject with the following deductions:—

1. In therapeutical doses (three to fifteen grains) the essence of thyme causes mental excitement or stimulation; hence, it is a valuable diffusible stimulant in depression following anæmia, in conditions of collapse, etc.

2. It is an active diaphoretic and diuretic.

3. From its direct action upon mucous surfaces it is to be recommended in catarrhal affections of the respiratory and genito-urinary tracts.

4. It is a prompt hæmonstatic.

5. Thyme possesses powerful antiseptic properties, and it is well adapted for use in surgery.

6. It is recommended that the internal administration of the drug be supplemented by its employment in the form of baths, fumigations, and inhalations.—*Midland Medical Miscellany.*

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

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

To SUBSCRIBERS.—*Those in arrears are requested to send dues to Dr. W. H. B. Aikins, 40 Queen St. East.*

TORONTO, AUGUST, 1885.

MORTUARY VAULTS.

As a question of public health, the position of mortuary chapels and vaults is worthy of discussion. In our climate there is a period of every year in which interments are practically impossible; in small country cemeteries and church-yards, where interments are comparatively few, it may be possible to open the earth after much toil and labour, but in towns and cities, where interments are more frequent, such procedure is not possible. When a body is laid in the vault in very cold weather it is comparatively safe, but it has many chances to begin to decompose before it can be committed to the earth. It is during this period that it is hurtful. Metallic caskets are frequently used (and, in the case of all infectious diseases, very properly so), still their use is not general in cases where death has occurred from ordinary causes, or the more strictly non-infectious diseases. In such cases, the corpse is laid in the ordinary wooden casket, from which gases are evolved, more or less injurious to health, as decomposition sets in before the interment can be made.

Every fresh funeral brings a new set of persons to the chapel or vault, and persons attending services at such times, and in such places, are exposed to dangers, and perhaps infection, from which they are as well to be free. How far the air of these vaults, especially when they are well filled, may act on the health of the mourners entering them cannot be stated; we can hardly give a decided opinion on their hurtfulness from our own experience.

It is well-known and admitted, that workmen who are exposed to the dangers of sewer-air, nurses in hospitals, and others, seem to become innoculated and enjoy immunity from diseases to which they are exposed. In our opinion, it would be better to act on the adage that prevention is better than cure, and prevent the mourners and clergy from entering mortuary vaults, leaving it to the regular attendants to place the coffin in its temporary resting-place.

THE INTERNATIONAL MEDICAL CONGRESS.

We have watched with great interest the progress that has been made in completing the arrangements for the International Medical Congress, which is to be held in Washington in 1887. As our readers well remember, the American Medical Association appointed a committee, giving power to the same to invite the medical world to America, and make the necessary arrangements for the meeting. The invitation which was cordially given was accepted in a very friendly spirit, and the committee proceeded with the work it was asked to perform, and accomplished it most admirably, as we thought. The officers and committees were chosen with great care and prudence, truly representative men being placed in the most important positions.

We had supposed that the meeting of the American Medical Association recently assembled at New Orleans would gladly endorse the acts of its committee, and say, Well done! go on and complete the work you have so well commenced. But no, says a narrow clique of agitators, you have left certain States unrepresented, you have neglected the rural districts, and, worse than all, you have ignored a number of us bumptious sore-heads, who are superlatively well qualified for the most responsible positions in the Congress. By some means, a majority of those present were induced to vote for a resolution which practically censured the committee, and added enough new men to govern the organization for the future.

The new committee, including some members of the original committee, met at Chicago, June 24th, and made many changes in accordance with the views expressed at New Orleans. Before these changes were confirmed, Dr. Bil-

lings explained the situation, from the standpoint of the old committee, as follows:

"The invitation was purposely worded as coming from the medical profession of the United States, and not from the Association only, in order that all regular physicians in the country, and, in particular, the various important societies devoted to special branches, such as the Gynæcological, Opthalmological, Laryngological, etc., and also the societies in our large cities which are specially devoted to scientific work, such as the Academy of Medicine, of New York, the College of Physicians, of Philadelphia, etc., should feel that they were included, and must share the responsibility of providing a proper reception for the Congress."

This broad view of the question was not acceptable to the committee. They had received orders to decapitate, and they decapitated accordingly. We have neither space nor inclination to discuss at length the merits or demerits of the victims or their substitutes. While, in a general way, we may say that the new appointments should, under ordinary circumstances be acceptable, this affords no reason why equally good men should be subjected to such humiliation.

We cannot help thinking that the method of procedure was, in all respects, unmanly, ungenerous, and unjust; and we sincerely sympathize with that large portion of the respectable body of the profession in the United States, who must feel keenly the humiliating position in which they have been placed. Already this sad business is bearing its bitter fruit. The respectable physicians of grand, conservative old Philadelphia have, in a body, formally declined "to hold any office whatsoever in connection with said Congress, as now proposed to be organized."

We had looked forward to a very pleasant and successful meeting at Washington. The ability, generosity, and hospitality of the physicians and surgeons of the United States are well-known to the whole world. A few weeks ago the prospects for the proposed Congress were exceedingly bright, now a dark cloud overhangs the undertaking, and what the end will be no one can foresee. We would gladly welcome any solution of the serious difficulties which would bring light out of darkness, but, so far as we can see at present, the prospects are gloomy in the extreme.

CANADIAN MEDICAL ASSOCIATION.

We are much pleased to learn that the prospects for a highly successful meeting of this Association are daily brightening. The General Secretary informs us that already some 15 papers have been promised, a number of which are of more than common interest. A goodly number of our American brethren have kindly consented to attend. In our next number we will give a full list of papers.

The following are the officers of the Canadian Medical Association:

President,—Michael Sullivan, M.D., Professor of Surgery in the Royal College of Physicians and Surgeons, Kingston.

President-elect,—W. Osler, M.D., F.R.C.P.L., Professor of Clinical Medicine, University of Pennsylvania, Philadelphia.

General Secretary,—Dr. James Stewart, Montreal.

Treasurer,—Dr. Charles Sheard, Toronto.

Vice-Presidents, for Ontario,—Dr. Bray, Chatham.

For Quebec,—Dr. Geo. Ross, Montreal.

For New Brunswick,—Dr. Allison, St. John.

For Nova Scotia,—Dr. Fraser, Windsor.

For Manitoba,—Dr. Whiteford, Winnipeg.

Local Secretaries, for Ontario,—Dr. Burt, Paris.

For Quebec,—Dr. Bell, Montreal.

For New Brunswick,—Dr. Walker, St. John.

For Nova Scotia,—Dr. Almon, jr., Halifax.

For Manitoba,—Dr. Mewburn, Winnipeg.

All regular members of the profession, desirous of being present at the Chatham meeting of the Canadian Medical Association, will, on application to Dr. Stewart, Montreal, the General Secretary, be furnished with certificates entitling them to purchase railway tickets at reduced rates.

MEDICAL CHARITIES IN ENGLAND.

England has a large number of magnificent charitable institutions in the shape of hospitals and infirmaries, which are a source of pride to her inhabitants and wonder to visitors from foreign countries. There is, in addition, a systematic plan of affording relief to pauper patients by means of parochial sick asylums, which is entirely under the control of the government. The hospitals and infirmaries to which we refer is under the control of a committee, with a staff of honorary officers, and are supported entirely by voluntary contributions.

We are sorry to learn from a letter of Dr. Milner Fothergill's, in the Philadelphia *Medical Times*, and from other sources, that many of these hospitals are now seriously crippled by the cruel exigencies of hard times. Many of them depend largely on the revenues derived from endowments, furnished by generous donors in the past. These revenues, on account of the depreciation in the value of lands, and reduction of rents, have seriously decreased, and the deficits are not being saved by increased contributions. We are told by Dr. Fothergill that King's College Hospital has almost exhausted its investments. Other hospitals depending on yearly gifts also feel the depression, perhaps even to a greater extent.

Fears are expressed in some quarters that some of the hospitals will become practically bankrupt, and will either be closed, or their usefulness will be seriously impaired. We dislike, however, to take such a gloomy view of the situation. There must be a reaction after such a financial depression as at present exists, and then we hope that moneys will flow into the exchequers of the needy hospitals. We have too much faith in the liberality of the British people to think that they will allow these magnificent institutions to close their doors.

One of the most serious difficulties connected with the question is the fact that large numbers go to these hospitals who are quite able to pay for medical attendance. If some system could be devised by which such patients could be excluded, it is probable that the same amount of relief could be afforded to the deserving poor at a smaller expense to the hospitals, and at the same time, young physicians struggling for an existence would be the gainers thereby. In any case, our sympathies are with those old institutions which have done so much good in the past, and we hope that in the future their usefulness will not be curtailed.

THE TORONTO SCHOOL OF MEDICINE.

The large attendance at the School last winter showed to the Faculty the actual necessity which existed for "enlarging their borders." After carefully considering the various plans of relief, it was decided to erect a large addition, which will contain a dissecting-room, and physiological and pathological laboratories. The contractors have this work in hand at the present time, and are pushing it vigorously. Extensive alterations are also being made in the old building, which will improve wonderfully the condition of affairs. One of the most important of the new features will be the museum, which will prove worthy of the fine collection of specimens at present stowed away "under the gangway." We must congratulate this institution upon the evidences of increased prosperity, and upon the fact that, as it waxeth old in years, it still retains the vigour and energy which were so well exemplified in its youth.

THE TORONTO HOSPITAL SUMMER SESSION.

We are glad to announce that the recent Summer Session, which closed on Friday, July 9th, was a very successful one. The staff of teachers was composed of members of the two Schools who were connected with the Hospital, and the lectures were all given in the Hospital. This arrangement has proved very satisfactory to the students, and has also been more convenient for the teachers, who were thus enabled to make a better division of the work. We hope that the success which has attended the Summer Session of 1885 will encourage the Faculty to put forth still greater efforts in future years to give a thoroughly practical course to advanced students and young graduates. The Faculty and students are greatly indebted to the kindness and courtesy of the Trustees and

Superintendent of the Hospital, who gave their theatre for lecturing purposes, and placed all the material entirely at the disposal of the clinical teachers.

CONSULTATION WITH IRREGULARS.

We draw attention to a letter, in another part of this number, dealing with this subject. It brings into prominence one of the most important points in the discussion, viz., the use made by the homœpath of a distinctive appellation. When a practitioner has "Homœopathist" put on his door-plate, he not only claims that he practices a new and improved method of treatment, but that all other forms are worse than useless; in fact, in many cases the remedies we employ are simply poisonous. How they can have the assurance to ask for a consultation with a regular practitioner, when such is their creed, is only to be explained on the principle that the man who, at the beginning, could adopt such a heresy, would not afterwards be over-sensitive in his professional dealings with others. As our writer intimats they form a nice party; the regular considers homœpathy to be utter nonsense, while the homœpath thinks that the regular poisons his patients. Still they are very good friends, take their fees, and go away, thinking they have done a very shrewd piece of business. After all, the "fee" is at the bottom of the whole matter.

Meetings of Medical Societies.

MONTREAL MEDICO-CHIRURGICAL SOCIETY.

(From our own Correspondent.)

At a meeting of the above Society, held on the 27th of June, Dr. T. Johnson, Vice-President, in the chair,

Dr. William Gardner read a paper on a case of extra-uterine pregnancy, successfully treated by electricity. Mrs. ——, aged 38, married 19 years, has had four pregnancies,—all to full term, labours natural, recoveries tedious. Ever since her second labour, 16 years ago, has suffered from symptoms of uterine disease. The last child was born 9½ years ago. Since then uterine symptoms have been worse, and consisted of pelvic and lumbar pain, bearing down sensations, proper and protracted menstrual periods, and lencorrhœa. The last period, previous to the symptoms to be detailed, occurred about October 1st, 1884. On the 16th of the same month a single complete act of coitus occurred, there having been abstinence for many months previous, and in the interval before patient's illness. From the 16th October no proper menstruation, but slight discharges of bright red blood at irregular intervals. She suffered from distress after food, nausea, and occasional vomiting, and suspected that she was pregnant. On the 20th December Dr. Gurd, of Montreal, was sent for, and found her suffering from sudden intense pelvic and abdominal pain, vomiting, and faintness, amounting to collapse; deadly pallor, weak pulse, normal temperature. Pain principally referred to right iliac region. Next day she seemed worse, and Dr. Gardner saw her in consultation, and on examination found decided tenderness and induration of right iliac region. No general distension of the abdomen. By the vagina the uterus retroverted and prolapsed; the vaginal portion very low, almost at vaginal orifice, slightly softened. The fundus to the left. On right side of and behind uterus a firm mass, closely attached to that organ. The diagnosis was hematocele. Morphia was freely given. She rapidly improved. Two or three weeks later, a similar milder attack. After an interval, a third more severe about the end of January. The tumour on the right of the uterus had increased. Pigmentation of linea alba, areola and follicles about nipple, and, to a less extent, of whole lower abdomen. The sound entered 4 inches; cavity empty. Vaginal portion remarkably soft, and swollen. Anterior lip lying in vaginal orifice. Pulsating vessels at sides of vaginal roof. Extra-uterine fœtation was now strongly suspected. Doubtful points were marked hardness, and absence of fluctuation or ballottement of tumour. On the other hand, in a few days distinct bruit de souffle was heard. By the middle of February the tumour extended as high as the anterior superior spine of ilium, and an inch to the left of the middle line, and completely filled the space included within the lines mentioned and ramus of the pubes and crest of

the ilium. It was now decided to use electricity. A strong faradic current, as strong as the patient could bear it, was passed through the mass to the right of the uterus. One pole, terminated by an olive-shaped insulated bulb, was passed into the rectum against the tumour. The other pole was a large wet sponge, applied over the mass in the right iliac region. The current was allowed to flow from 5 to 8 minutes, and repeated daily five or six times. The size, pain and tenderness of the tumour were at first increased, but after the third application the bruit de souffle was stilled. A few days after the cessation of the electricity, the size, pain and tenderness of the tumour was much reduced. Shortly afterwards patient began to have labour-like pains, with moderate bleeding. On the second day of these symptoms, examination showed dilation of the cervix, so that the finger easily reached the fundus and cornua of the uterus, and discovered a decidual membrane being separated. This was peeled off. The bloody discharge continued a few days longer. She now improved so rapidly that towards the end of March, at her urgent request, she was allowed to leave her bed, and go to a couch in the same room. But this was unfortunate, for the tumour now became very painful and tender, the surface over it assuming a blush, and becoming œdematous. Temperature rose to 103° Fah., and altogether her condition caused much anxiety. The question of opening and draining the supposed suppurating sac was seriously considered, but she soon began to improve in every respect, and in a few weeks was able to leave her bed. On the 15th June she was examined. She is still pale and thin, but has fair appetite and digestion. Has menstruated twice and profusely. Slight pain increased by exertion. Bladder irritable. The hypogastric tumour still present, but greatly reduced in size and tenderness. Per vaginam, all evidences point to recession of the mass. The uterus measures 3½ inches, and is much firmer.

Dr. Gardner remarked upon the great interest of the subject, an interest arising out of the supposed rarity of the condition, the difficulty of diagnosis, or, perhaps, rather the rarity with which a diagnosis is made: a tragic and fatal termination alone revealing the true nature of the case, and the recent successful procedures adopted for its treatment.

Lawson Tait has recently secured some remarkable successes by abdominal section, ligating, and excising the sac and its contents. His operations have, for the most part, been done in patients who were suffering from the symptoms of rupture with impending death. But Thomas, Lusk, Garrijes, and others in the United States, have had equally remarkable successes in averting such an occurrence by an agent so powerful, so manageable, and yet, as all experience shows, so harmless as the faradic electric current, applied as in the case now related, and in many others. It is an agent within the capacity of the merest tyro in medical knowledge. Dr. J. G. Allen, of the United States, is credited with the first cases so treated. To be used to the best advantage it must be applied early before the third month, when rupture of the sac so commonly occurs. The question of diagnosis would, of course, always be most important. This might be difficult, but would rarely be impossible if, in the presence of subjective symptoms, a careful bimanual examination (under ether, if necessary) were made. Dr. Gardner offered the case as a contribution to the literature of the subject, and believed it to be the first case of the kind published in Canada.

THE ONTARIO MEDICAL ASSOCIATION.

(Continued from July number).

AFTERNOON SESSION.

Surgical section.—Dr. W. T. Aikins in the chair.

Dr. Atherton read a paper on Intestinal Obstruction, which we hope to publish in full.

Dr. Moore removed an obstruction of the bowels by introducing his hand and arm into the rectum.

Dr. Burt drew attention to some points in the diagnosis of acute peritonitis, the removal of fœcal accumulation by hot water and the use of the aspirator.

Dr. Park discussed the subject, relating some cases.

Dr. Atherton closed the discussion, referring to the objection to the use of the aspirator in cases of paralysis of the intestines, and the possible escape of the fœcal matter into the peritoneal cavity.

Dr. Reeve then read a paper on Cocaine.

Dr. Howe, of Buffalo, drew attention to two points: (1) The desirability of obtaining the exact measure of the amount of anæsthesia from the drug and this is found in the effect on the blood pressure as measured by the kymograph. (2) The desirability of noting definitely the reputed ill-effects said to result from the drug. He considered that this drug does the maximum of good with the minimum of evil.

Dr. Palmer supported the remarks of Drs. Reeve and Howe, and congratulated the profession on the important discovery.

Dr. Oldright, of Toronto, exhibited a specimen illustrating an abnormal development of bowel which extended into the umbilical cord and was injured in cutting the cord at the birth of the child.

Dr. Oldright then related a case of diaphragmatic hernia in a child about five years old, probably due to congenital malformation of the muscular structure of the diaphragm. A few days before the illness came on, the child fell heavily on the head from a sofa, which may have been the exciting cause.

Dr. A. H. Wright, of Toronto, then read a paper on the Treatment of Abortion.

Dr. Murray then read a paper on Hæmorrhages after Abortion. A discussion on both papers followed.

Dr. Oldright in the main agreed with the papers, but deprecated too much dependence on the expectant plan of treatment. He thought that after making sure that abortion must proceed, we should at once begin the plan of treatment determined on. If after twenty-four hours' plugging there was no dilatation of the os, he did not hesitate to introduce sea-tangle lints.

Dr. Temple disagreed with Dr. Wright in the extent to which he advocated immediate plugging, and recommended the use of cotton batting soaked in whiskey as a plug. He preferred Barns' dilators to the sea-tangle tents.

Dr. Powell, of Edgar, thought one of the most important points in all cases was to decide whether abortion is inevitable, and even in such cases nature herself frequently performed the cure. He preferred the expectant plan of treatment. He used the Sims' speculum, and as a tampon preferred candle wick. He never used the tampon more than once, but dilated with sea-tangle tents. The finger was the instrument *par excellence* for the removal of the secundines.

Dr. Edwards, of London, recommended early plugging, if the abortion must go on, with a sponge soaked in alum solution. He strongly advocated a radical plan of treatment, and deprecated the use of tents.

Dr. Henderson, of Kingston, related a case where the fœtus enclosed in the membranes came away intact at the fifth month.

Dr. Aikins recommended the use of the bivalve speculum; if he had not this, a large Ferguson speculum.

Dr. Harrison, of Selking, read a paper on Foreign Bodies in the Larynx.

Dr. White, of Toronto, related a couple of cases, showing how easy it was to be deceived in diagnosing such cases, which are sometimes simulated by spasms of the trachea.

Dr. Oldright also spoke of how readily errors of diagnosis are made in such cases, relating one where lodgment of a foreign body caused no cough.

MEDICAL SECTION.

Dr. Graham in the chair.

Dr. Henderson, of Kingston, read a paper on Pulmonary Cavities. He related a case, accompanied by specimen after which he gave an exhaustive resumé of our present knowledge of the pathology of this very fatal disease.

Dr. Brodie, of Detroit, congratulated the reader on the able manner in which he had illustrated his subject.

Dr. MacDonald, of Hamilton, thought that we could not differ very much from the conclusion of the writer, and was interested in the comparison which he drew between tuberculosis and pneumonia.

Dr. Sheard gave the results of his investigation into the pathology of the disease, as well as points in the process of staining.

Dr. Henderson then closed the discussion, referring to the contagiousness of phthisis.

Dr. Graham, of Toronto, read a paper on Mitral Stenosis.

Dr. MacDonald had frequently heard the præsystolic murmur, and thought that there was but little difficulty in diagnosing it.

Dr. Mullin, of Hamilton, related a case which illustrated the difficulty of detecting the murmur in some cases.

Dr. Ovens, of Arkona, read a paper on Trifacial Neuralgia.

The paper was discussed by Drs. McDonald, Barton and Duncan.

Dr. Duncan then read a paper on Warburgh's Tincture, in which he strongly recommended the uses of the formula in ague and intermittent neuralgia.

In the discussion which followed, the general opinion was that the advantage of the mixture over pure quinine was on account of the purgative effects of aloes, which was one ingredient of the compound.

Dr. Arnott read a very instructive paper on Diet in Disease, in which he dwelt on the importance of attending to the diet of patients. He had found the use of albuminoid foods injurious in many cases of asthma.

A discussion followed in which Drs. Ovens, Bethune and Aylesworth took part.

A general meeting of the Association followed, the President in the chair.

The Nominating Committee submitted their report, which was adopted without change. The officers for the ensuing year are as follows:

President, Dr. Tye, Chatham. Vice-Presidents, Dr. Arnott, London; Dr. Temple, Toronto; Dr. Hillary, Aurora; Dr. Henderson, Kingston. General Secretary, Dr. White, Toronto. Corresponding Secretaries, Dr. Adam Wright, Toronto; Dr. Campbell, Seaforth; Dr. Aylesworth, Collingwood, and Dr. Mitchell, Enniskillen.

Toronto to be the next place of meeting.

The following members died during the year: Drs. Willcock, Toronto; Lorne C. Campbell, Port Arthur; O. T. Heartwell, Dunville; John Small, Toronto.

The Special Committee on Temperance submitted the following report in answer to the question by the Ontario Women's Christian Temperance Union:—

1. Is the beverage use of alcoholic liquors by persons in health beneficial? Answer—No.

2. Is the indiscriminate use of alcoholic liquors by persons not in health beneficial. Answer—No.

3. Is alcoholic liquor, as obtained in common sale, necessary in medical prescriptions; if so, in what cases? Answer—No; except in cases of emergency.

4. What ought to be the attitude of the medical profession towards the sale of intoxicants? Answer—The medical profession is opposed to the indiscriminate sale of alcoholic liquors.

Correspondence.

To the Editor of the PRACTITIONER.

CONSULTATION WITH IRREGULARS.

SIR,—The important subject of consultations with irregulars has not been forced upon the attention of the profession through frequent demands on the part of patients for such consultations; nor indeed have they been sought by practitioners of medicine. The regular practitioner does not seek for wisdom of the homœopath or other irregular; it is very seldom that patients express a wish for such consultations, as it is well understood by those who employ regular practitioners, and those who employ homœopaths, that between the two classes of practitioners there is no harmony of ideas. This belief is especially emphasized among those who employ homœopathic practitioners, and these gentlemen, not only by taking a distinctive appellation, but in all possible ways, encourage this belief except on a very few occasions. Hence it follows that in all ordinary cases the homœopathic would prefer to step aside rather than have a regular practitioner consult with him. This is the legitimate result of taking a distinctive appellation, and it is only in very special instances that such a course is not pursued. One of these is where the patient is wealthy, and, not satisfied with the progress of his case, wishes further advice. It may be that there is no other homœopath in the locality who can be consulted, or there may not be one who commands confidence, for it is seldom that in the same locality more than one burning and shining light "of this persuasion" is to be found. In these circumstances the homœopath may avail himself of the assistance of a regular

practitioner "of the old school," rather than be dismissed from attendance upon a patient who pays well. A case of this kind occurred not long ago in a city not 100 miles distant from Toronto; the patient occupied a high position in an important branch of the Christian Church. The general practitioners in the locality do not meet homœopaths in consultation. In a town not very remote from Niagara's roar was found the obliging and "liberal-minded" gentleman of the "old school," one not without reputation in his own locality. In such a case the practitioner with distinctive appellation may not be disposed to emphasize his peculiar principles; and meeting with one of the so-called "liberal-minded practitioners, who rise superior to the prejudices of the old school" when liberal fees are in view, they form a quiet party with results satisfactory to all. The friends are satisfied, the position of the homœopath is assured, and the liberal-minded practitioner gets his reward; he receives his fee, is regarded with complacency by the partizans of homœopathy, and will be sought again under similar circumstances. But what benefit follows to the patient? Is light thrown upon the pathology of the case? Of what use is this except to afford an indication for treatment? And how can there be a profitable discussion as to treatment between two one of whom has views respecting the action of remedies so different from the other that he has heralded it to the world by taking a distinctive name? Perhaps it will be said that there is much which is common to the two systems, but the taking of a distinctive appellation implies that there is a radical difference. If this difference is so unimportant that in a case serious enough to require a consultation it can be ignored with benefit to the patient, it is difficult to discern the reason of a homœopathic school of practitioners, but the homœopaths take the path they have chosen; they are not ostracised, but ostentatiously turn their backs upon the regular profession, proclaiming themselves the possessors of superior light. It is best to let their light shine forth alone, "pure and simple," or simple if not pure. Yours truly,

MEDICUS.

Hamilton, July 10th, 1885.

Book Notices.

Medical Jurisprudence in Divorce.—By CARL H. VON KLEIN, A.M., M.D., Dayton, Ohio. Reprint from the journal of the *American Medical Association.*

Laceration of the Cervix Uteri.—By W. J. SINCLAIR, A.M., M.D., Honorary Physician to the Manchester Southern Hospital for Women and Children. Reprint from the *Medical Chronicle.*

Endometritis Fungosa: Its Pathology, Diagnosis, and Treatment. By JAMES B. HUNTER, M.D., Surgeon to the Woman's Hospital, Professor of Gynæcology in the New York Polyclinic, etc. Reprinted from the *New York Medical Record.*

Fifty cases of Abdominal Section, with Remarks on Laparotomy and Ovariotomy.—Both by JAMES B. HUNTER, M.D., Surgeon to the Woman's Hospital, Professor of Gynæcology in the New York Polyclinic, etc. Both reprinted from the *New York Medical Journal.*

The Wasting Diseases of Infants and Children. By EUSTACE SMITH, M.D., London. Fourth Edition. New York: WM. WOOD & Co. Toronto: WILLIAMSON & Co.

This work is fortunately sufficiently well known to require no extended notice from us. The great importance of the subject treated, the sound judgment exhibited in the directions as to treatment, and the charming style of writing, render it, in our opiniom, the most interesting and useful book of the kind that has ever been published. It is the April number of the year's series of Standard Medical Authors.

Medical Journal Addresses.—We have just received from the Illustrated Medical Journal Co., of Detroit, Michigan, several of their PERFORATED, ADHESIVE MEDICAL JOURNAL LABELS. The list includes besides the journals of the United States that are devoted to Medicine, Pharmacy and Hygiene, those of the Provinces of Canada as well. Four complete sets will be mailed postpaid for fifty cents on addressing the publishers above named. They are just what

every physician needs for addressing his reprints for journal notice, and Medical Colleges for addressing their announcements for a similar purpose.

Hay Fever, and its successful treatment by Superficial Alteration of the Nasal Mucous Membrane. By CHARLES E. SAJOUS, M.D. Philadelphia: F. A. Davis, Publisher.

The title indicates clearly the nature of this little work. It is reasonable to suppose that hay asthma may be due to over sensitiveness of the nasal mucous membrane, and the result of treatment in the hands of Dr. Sajous confirms this supposition. It will be a great boon to sufferers from this distressing complaint that at last a mode of treatment has been discovered which is successful in the large majority of cases. The topical applications can be made properly only by those who are skilled in the use of the laryngoscope and rhinoscope. This circumstance is a drawback in the mode of treatment laid down.

On some Common Injuries to Limbs, their Treatment and After-Treatment, including Bone-setting (so called). By EDWARD COTTERELL, M.R.C.S. Eng., L.R.C.P. London. London: H. K. Lewis, 136 Gower St., 1885.

This is a modest little volume of 100 pages, treating of many common injuries that often, from their trifling character at first, give rise eventually to considerable trouble, and often fall into the hands of quacks. Such are lawn-tennis elbow, lawn-tennis arm, stone-breaker's arm, stone-mason's thumb, sprains of the thumb, dislocations of various tendons, rider's sprain, sprained knee, rupture of plantaris tendon (lawn tennis knee). Various fractures are also briefly discussed. The book is well printed in clear type and good paper, and well bound, an exception to English medical works. It will repay perusal. What bone-setters have taught us, and the harm that they do, are two useful chapters.

A Treatise on Abdominal Palpation, as applied to Obstetrics and Version by External Manifestations. By A. PINARD, Associate Professor in the Faculty of Medicine of Paris, etc. Translated by L. E. Neale, M.D., Demonstrator of Obstetrics, University of Maryland. New York: J. H. Vail & Co.

We gladly welcome the appearance of this book, which treats of a very important subject, although sufficient attention has not been paid to it in this country. Dr. Pinard, in this work, teaches the methods of diagnosis by palpation, shows how easy the diagnosis is arrived at when we go about it systematically, and points out the great practical utility in cases of abnormal presentations which can be corrected by external manipulations. As we are unable to get any full explanations of these methods in our text-books, this work should be in the hands of all general practitioners. The printer has done his work unusually well, the plates are good, the author's style is plain and clear,—in short, the treatise is, in all respects, an admirable one.

The Oleates. An investigation into their nature and action. By JOHN V. SHOEMAKER, A.M., M.D. F. A. Davis, Philadelphia, Publisher.

The "Oleates" have now arrived at a new phase in their existence. They were first paraded before astonished classes of medical students; they were secondly presented to innumerable city and county societies; thirdly, they did valiant service for the author of their being before the great American Medical Association. With such a record at home it was only necessary and proper that they should enjoy the advantages of foreign travel. We first heard of their appearing before the medical societies of the great metropolis of the world. They then crossed the Irish Channel and were presented to the wondering gaze of the members of the British Medical Association, at Belfast. There crowded houses greeted their appearance, and their progenitor was pointed to even on the streets as the distinguished American doctor. They had not however, reached the zenith of their greatness. Nothing less would satisfy their ambitious parent than that they should be presented at Court. Accordingly, to Copenhagen they pursued their triumphal course, and in that royal city enjoyed the society of kings and princes. After such a campaign they now become the property of the nation so honoured as to have given them birth, and take their place in the literature of their country.

It is very doubtful if in this ninteenth century of wonderful achievements there has ever been such a marked example of "a very great cry over a very little wool indeed."

Personal.

Dr. J. D. Courtenay has commenced practice in Morriston.

Dr. D. Pool is now in practice at Markham.

Dr. J. G. Sutherland has located in Paris.

Dr. W. Cuthbertson, of Whitby has entered into partnership with Dr. Warren, of Brooklin.

Dr. Nattress has returned from the North-West.

Surgeons Ryerson, Leslie, and Strange returned to Toronto, with the troops on the 23rd.

Dr. F. W. Cane has been appointed assistant physician to the Hamilton Asylum for the Insane.

Dr. J. M. Wallace, of Hamilton, has been summoned to act as an expert witness in the case of Louis Riel.

Obituaries.

Dr. H. T. Corbett, who left Ottawa shortly after the breaking out of the rebellion in the Northwest, died in Winnipeg early in July.

Mrs. Covernton, wife of Dr. Charles Covernton, of Toronto, died July 4th. She had been ill for some time, but her death was sudden and unexpected.

Miscellaneous.

The McIntosh Galvanic and Faradic Battery Company, of Chicago, were awarded a gold medal at the New Orleans Exposition.

Leonard's Illustrated Journal speaks in terms of high praise of the Electro-Medical apparatuses made by the Jerome Kidder Manufacturing Company, of New York.

How to Avoid Night Calls.—A story is going the rounds (who started it we do not know) at the expense of the young physician who is always so busy that he doesn't know what to do. "I have got more business than I can attend to," boasted he to an old practitioner who knew he lied. "I had to get out of bed five times last night." "Why don't you buy some insect powder?" quietly asked the old doctor.—*Medical Age.*

The Divisions of Homeopathy.—Judging from expressions in the various homeopathic journals, the homeopaths of the country are more or less strictly divided into three sects. One represents uncompromising Hahnemannism, and its special organization is the International Hahnemannian Association; the second is homeopathy tinctured with rational medicine, and is represented by the American Institute of Homeopathy; the third class includes the so-called "liberals," who believe in the value and soundness of certain homeopathic principles and artistic methods, but who repudiate dogmatic medicine, and advocate giving up the title "homœopath."—*Columbus Med. Jour.*

An exchange says Koch's "comma baccillus" appears to be having a hard time of it among the experts. First, Dr. Klein showed his contempt of it by swallowing it, and now Dr. Lancaster has the unkindness to say: First, it is not comma-shaped; second, it is not a bacillus; third, it does not always occur in the intestines of cholera patients; and fourth, there is no good evidence that inoculation with it produces cholera. In fact the poor thing appears to be about annihilated by its critics. Cholera, though, will remain undisturbed by it, and relentlessly claim its thousands of victims as heretofore.—*Med. and Surg. Reporter.*

The amalgamation of the Detroit Medical College and the Michigan College of Medicine seems now to be an assured fact. The enabling Act has passed both branches of the Legislature and received the Governor's signature, and a joint committee has finished its task of taking an inventory of the assets of each of the institutions. Unless some unforeseen complication should arise, there will be but a single medical school in this city for some years at least. 'Tis a consummation devoutly to be wished, and we trust the opportunity may be seized to make the new college first-class in every essential particular.—*Med. Age.*

THE FACULTY OF IDLENESS.

Mr. Ernest Hart, the editor of the *Brit. Med. Jour.*, thus writes to his journal from Malta, where he has stopped on a sea-voyage :

A letter from ship-board can but be a vain thing, reflecting the idleness to which it is the first function of "a holiday at sea" to minister. Of such a state, there are many who can think only with pity, some only with disdain. To be shut up on ship-board is captivity ; but, perhaps, one which holiday-hopes and a catholic appetite render the most delightful of prisons, the least suggestive of walls and bars. Boswell said to Dr. Johnson, "We grow weary when idle;" and the laborious lexicographer replied to the effect that "that is because, others being busy, we want company ; but, were they also idle, there would be no weariness ; we should all entertain one another."

That is a vivid picture of life on board-ship on a cruise on summer seas. The faculty of idleness is, in my conviction, one which busy men do well to cherish and cultivate. "To possess the soul in peace" is a means of physical and intellectual health, and an aid to the development of wholesome individuality. To be happily idle is a duty much disregarded, a capacity probably insufficiently esteemed, and a factor which physicians may wisely introduce systematically into their own lives, and prescribe for their patients. Undeviating devotion to what a man calls his business is commonly rated as a part of wisdom and virtue ; but, if this be true, it is also only half true ; and I am inclined to agree with Robert Louis Stevenson, who, in one of his charming essays, asks whether this undeviating devotion is not inevitably apt to be sustained only by undeviating neglect of many other things ; and, again, whether it is at all certain that a man's "business" is the most important thing he has to do.

At any rate, in every man's life, there arrive seasons when it is well that he should step aside from the hustling crowd and struggling combat, to breathe a quiet air, dwell in other regions of thought, and understand, by inner experience, that in life there is a duty "to be," not at all less than a duty "to do." When physical infirmities accentuate this call, it need not be altogether regarded as a misfortune ; and the imperative message to go South, or to dive into the far East, which wintry winds and chilly fogs bring to some of us, might well, perhaps, be more widely received and extensively obeyed. —*Med. Surg. Reporter.*

An Error of Diagnosis.—Some years ago, we had the pleasure of hearing the following instructive anecdote of professional experience, from the lips of Marion Sims :

A Parisian lady of social prominence consulted Nelaton and Maisonneuve in regard to a tumour of the breast. The two distinguished surgeons agreed that the new growth was cancerous, and both advocated immediate removal. Nelaton advised the knife, while Maisonneuve expressed a preference for his caustic arrows. They called in Dr. Sims. He, after confirming the diagnosis, agreed with Nelaton as to the method of removal. The patient, however, was disgusted at the disagreement of the physicians, and decided to have nothing done. Years after, when Nelaton and Maisonneuve were both dead, Dr. Sims met the husband of the former patient on the streets of Paris. After a little conversation Dr. Sims was asked to call, the invitation being accompanied by the remark : "My wife would be delighted to see you." Dr. Sims called and found, instead of a second wife, whose existence he had taken for granted, his old patient, who was nearly as blooming and charming as ever. The "cancer" had disappeared.

When the leaders in the most exact branch of medicine make such mistakes and acknowledge them, who of us can pretend to be absolutely sure of a diagnosis ? If General Grant's physicians have made a wrong diagnosis, as the omniscient newspaper editors assure their readers, we shall esteem those physicians none the the less ; they are men whose reputations are too firmly established to be destroyed by a single mistake. In the meantime everything points to the correctness of their diagnosis.

The brave General on his sick-bed has paid as little attention to the advice of the gentlemen of the daily press as he used to do on the battle-field. The physicians have shown equal good sense in not replying to the abusive criticisms that are heaped on them. The newspapers are the natural allies of quacks and charlatans, who furnish them with a good proportion of their advertising, and it is an acceptable task for them to attempt to destroy the reputation of a respectable practitioner of medicine.—*N. W. Lancet.*