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ON A CASE OF
POISONING BY BICHROMATE OF POTASH.*

BY DRs. R. F. RUTTAN AND H. A. LAFLEUR.

The case which forms the subject of this paper is briefly as follows:—

A young Englishman, Charles Bartley, aged 25, committed suicide by taking about two ounces of bichromate of potassium in the solid form. From the evidence at the coroner's inquest and from subsequent inquiries it was established that he could not have taken the poison before 11.15 A.M. A few minutes later Bartley was found lying in the outhouse, vomiting, purging and in great agony. When seen by the ambulance surgeon of the Montreal General Hospital he was writhing with pain on the floor of the shop, speechless, his mouth, hands and clothes stained with greenish-yellow vomit, surface of body cold, face contorted and of a dusky hue, pupils unequally dilated, pulseless at the wrist, respirations very rapid and shallow, abdomen retracted and painful on pressure, and the knees drawn up to the body. The breath was cold, and the mouth contained a yellow, frothy mucus. The emesis, which had ceased, was brought on again by passing the finger into the back of the mouth. He was taken to the hospital as quickly as possible, a hypodermic injection of ether administered, and an attempt made to use the stomach pump, but without success, the patient dying a few minutes after

* Read before the Medico-Chirurgical Society of Montreal.

arrival, less than one hour from the time of taking the fatal dose. When seen one hour after death, cyanosis was intense over face and neck, and pupils were widely dilated. Autopsy performed forty-eight hours after death. Intense purplish-blue lividity of face and upper part of neck; pupils contracted to a pin's point. Post-mortem rigidity present in all the joints, and very marked. Bright yellow staining of skin around mouth and nose, and on hands. Anus smeared with yellow fæces. Cerebral sinuses and veins of pia mater, which were distended, contained dark chocolate-brown blood of a syrupy consistency, and without clot. Brain substance and membranes normal. The peritoneal cavity contained an ounce of dark-brown fluid. The liver was of an intense purplish-blue color, and hyperæmic on section. The spleen was dark-red and firm. The capsule of the kidneys was non-adherent, and the parenchyma dark purple-red and very hyperæmic. The small intestines were moderately distended, and contained a quantity of olive-green, tenacious mucus, with shreddy pieces of a yellowish color. The mucous membrane shewed evidence of irritation, but nowhere was there loss of substance. The large intestine was very firmly contracted, and contained only a little mucus. The stomach contained a considerable quantity of greenish-yellow, ropy mucus, the mucous membrane being stained a deep olive-green color, and covered in places with a loose membrane which came away in flakes, and under the microscope was found to consist of masses of cylindrical epithelium. No undissolved bichromate was found in the stomach. The bladder was firmly contracted and quite empty. The lungs, which were of a dark blue-black color externally, were crepitant, and contained little blood, also of a dark chocolate-brown color. The cut surface was dark brown and very frothy. The right auricle and ventricle were moderately dilated, and the left ventricle was contracted. The heart contained three ounces of dark chocolate-brown fluid blood, but no clots. A crystal of bichromate of potash, about the size of a split pea, was found on the right side of the upper part of the œsophagus, and a smaller one on the opposite side at the same level. The tongue and the anterior surface of the œsophagus were stained

a bright yellow. The skeletal muscles were all very rigid and of a dull red color. Seventy-two hours after death, when the body was removed for burial, rigor mortis was still very marked. A chemical examination showed that the blood everywhere contained neutral chromates of sodium and potassium. By far the largest quantity was obtained from the veins of the portal system. The blood in the heart and great vessels also contained a very considerable amount, and chromates could be readily detected in the blood of the brain. The liver, as one would expect, contained a larger quantity of the poison than any other organ; its tissue was readily stained of a yellow color by lead acetate, and of a red color by silver nitrate. The kidney also gave these reactions, but not so readily as the liver. On suspending a portion of the kidney for a few minutes in a dilute solution of lead acetate, the cortex was found to be most deeply stained by the chrome yellow, though all parts of the organ became decidedly tinted. The mucous membrane of the stomach was of a green color, from the presence of reduced oxide of chromium. The blood was found to be profoundly altered in color and consistence, and to have lost its characteristic alkaline reaction, being quite neutral to litmus. It remained undecomposed and homogeneous in loosely corked bottles for nearly two weeks after the autopsy. On spectroscopic examination, the absorption bands produced by the blood were found to be identical with those produced by that form of hæmoglobin called methæmoglobin by Hoppe-Seyler—that is, the blood presented a three-banded absorption-spectrum in dilute solution, one band being in the red, near the line C in the solar spectrum and between C and D (wave length 632), the two others lying close together between D and E; the last two formed one black band in more concentrated solutions of the blood. The identity was further confirmed by the action of strong reducing agents. The methæmoglobin could be reduced to hæmoglobin by ammonium sulphide, and again oxidised to oxyhæmoglobin on shaking with air. There being no urine in the bladder, the question of the excretion of the poison by the kidneys could not be determined.

Dr. MacNiven of Glasgow (*Lancet*, 1883, p. 496) made an

analysis of the urine in one case of bichromate poisoning, and could get no indications of the poison although it was present in the blood. This observation we confirmed in the case of a rabbit poisoned by the salt. No trace whatever of chromates could be detected in the urine.

These reactions seem to indicate that the bichromate, on coming in contact with the tissues of the stomach, was partially reduced to the condition of the insoluble green oxide and partially absorbed as chromate, the reduction taking place at the expense of the integrity of the mucous membrane, which was superficially corroded by oxidation. The absorbed bichromate was partially reduced and neutralized by the alkaline sodium salts of the blood, but not rapidly enough to prevent its action on the hæmoglobin.

Poisoning by bichromate of potash is a comparatively rare occurrence, and most of the cases recorded being of quite recent date, are not as yet to be found in the ordinary text-books on toxicology. Taylor, Christison and Blythe have, however, quoted a few cases. Before 1880 there are not more than four or five cases recorded; since then, as the salt became more generally used, a number of cases have occurred in Glasgow and in the great centres of chemical industry on the continent. In nearly all cases the salt has been taken with suicidal intent; only three cases of accidental poisoning are described. In all we have been able to find but fifteen cases recorded, and many of these were not fatal ones.

A synopsis of the commoner symptoms and post-mortem appearances noticed in these cases will show how far this case is typical, and at the same time show how varied are the effects ascribed to this salt. In the first place, the time taken to produce death in this case is shorter than that of any previously recorded case.* In fatal cases, death has usually taken place in between four and twelve hours, but it has been delayed several days. There is but little doubt that the salt is an extremely active poison under certain circumstances. We

* Dr. Waugh has recorded a case (*Lancet*, 1885) in which death ensued fifty minutes after taking a dose of four drachms.

found in one experiment that 10–12 c.c. of a saturated solution of bichromate caused toxic symptoms in a rabbit in fifteen minutes, followed by death in three-quarters of an hour.

The symptoms of poisoning by bichromates seem to vary greatly. In almost all cases the usual symptoms produced by violent, irritant poisons were recognized—*i.e.*, vomiting, diarrhoea, collapse, cramps in the limbs, intense abdominal pain and cold extremities. In nearly all cases ending fatally within a few hours, we find noted the dusky, cyanotic appearance of the face and neck, so marked in the case above described, hands shrivelled and blue like a person in an advanced stage of cholera, cold breath, respiration hurried and shallow or labored and slow, pulse feeble and slow, cold perspiration, severe rigors, followed by narcosis, paralysis of the limbs, and dilatation of the pupils. Besides the above, where the patient has lived many days or survived the effects of the poison, there have been described soreness of the mouth and throat, a feeling of intense uneasiness and languor, with tendency to syncope, specks before the eyes, suppression of urine, and jaundice.

Dr. Wilson (*Med. Gazette*, vol. xxxiii, p. 734) describes the case of a man found dead in bed twelve hours after taking the poison, without any signs of vomiting or purging. The patient was heard to snore loudly during the night. Bichromate of potash was found in his stomach.

In a case reported by Dr. McCrorie (*Glasgow Med. Journal*, May, 1881), difficult wheezing respiration was also a marked symptom.

These cases are particularly noted, because this slow, labored respiration was found by us to be the earliest and to remain up to death the most prominent symptom of rabbits poisoned by this salt.

Very little indeed has been noted regarding the post-mortem appearances produced by this poison. In most cases there are more or less severe signs of gastric and intestinal inflammation, dark engorged liver and kidneys, and in one or two cases the dark appearance of the blood is described. The pathological changes brought about by subcutaneous injection of soluble

chromates have been studied in rabbits by Drs. Yergens* and Posner.† They noticed chiefly the purple liver, the dark, engorged kidney, showing incipient nephritis, and the dark, unnatural blood. They, however, made no distinction between the action of the bichromates and the neutral chromates beyond one of degree; they found the former much more active, but they have apparently entirely overlooked the nature of the blood changes produced by bichromates.

Owing to the indefinite nature of the tissue changes described as the result of poisoning by bichromates, it seemed to be of interest to determine, if possible, what, if any, were the differences between the effects of chromates and bichromates on the system, and to try to ascribe to each salt its own physiological action.

Two rabbits were poisoned—one with bichromate of potash, as described before, the dose being about 15 grains, the other with neutral potassium chromate; the dose given in the latter case was between 20 and 30 grains, the fatal dose, as found by Posner, being about 9 or 10 grains. The rabbit poisoned with bichromate died in three-quarters of an hour with no symptoms of irritant poisoning, no purging or signs of violent pain, the chief symptoms being slowing of the heart, slow and intensely difficult breathing, with blueness of the skin of lips and ears, increasing till death; there was but one convulsion, and that just before death. The rabbit that had taken the neutral chromate showed symptoms of irritant poisoning from the beginning, the first symptom appearing half an hour after; purging, expulsion of urine, convulsions, quick and shallow breathing were the chief symptoms. The post-mortem examination made immediately after death showed that the rabbit which received the bichromate had the same engorged purple liver and engorged kidneys which characterized the action of the salt; the lungs were pale and anæmic; the blood was of chocolate-brown color, and it gave at once the absorption spectrum of methæmoglobin. Thus the chief differences between the two forms of chromate

* Arch. f. Exper. Pathol. u. Pharmacol., Bd. VI, Hft. 1 and 2, 1875.

† Virchow's Archives f. Pathol. Anat., Hft. 2, 1830.

poisoning seemed to be in their effect on the blood. To confirm this, experiments were made with both salts on a solution of oxyhæmoglobin. The merest trace of the bichromate was sufficient to convert into methæmoglobin almost instantly a test tubeful of diluted oxyhæmoglobin; a larger quantity precipitated the proteids and destroyed the coloring matters, the blood then yielding the spectrum of acid hæmatin. Pure neutral chromate had no effect whatever on the oxyhæmoglobin even when added in considerable quantity—*i.e.*, several grains to the test tubeful of dilute blood.

Now the question arose, Is this change in the blood alone sufficient to produce death? The answer may be found in the fact that other substances which are known to modify hæmoglobin in this way are also poisons, and in several experiments we found the symptoms and pathological changes to be similar. A rat was made to inhale nitrite of amyl, and to another was administered nitrous acid gas, till death ensued in each case. Post-mortem examination revealed a similar hyperæmic condition of liver, spleen and kidney, and the same rich purple color of the organs. The blood also gave the spectrum of methæmoglobin immediately after death.

The nitrites of the alkaline metals act on blood solutions, producing methæmoglobin, and they are also poisons. Four decigrammes of the nitrite of sodium were given a rabbit; the toxic symptoms began in twenty-five minutes, and were difficult, slow respiration, no convulsions or evidence of pain, tendency to syncope, blueness of the nose and ears increasing in intensity till death, which occurred in one hour and thirty minutes. The autopsy revealed a condition of the organs indistinguishable from that produced by the bichromate; there were, however, fewer signs of intestinal irritation. The blood gave the methæmoglobin spectrum immediately after death.

Felix Marchand,* in his researches on the physiological action of chlorate of potassium on dogs and rabbits, ascribes to this salt effects quite similar to those observed in the animals poisoned by the other methæmoglobin producers. The plates in Dr.

* Vir. Arch. f. exp. Pathol. der Pharmacol.. Bd. XXII.

Lesser's *Atlas der Gerichtlichen Medicin* illustrating the post-mortem appearances produced by potassium chlorate would serve equally well to illustrate the case of bichromate poisoning which forms the subject of this paper.

There is, then, this difference between the action of normal chromates and of bichromates, that the latter are capable of producing methæmoglobin in blood and the former are not. The great distinction between the salts chemically is that the bichromate is a much more powerful oxidizing agent, and this oxidizing action is the only property it has in common with other substances which produce this alteration in the blood, such as the chlorates, permanganates and ozone. Bichromate of potash may act either as an oxidizing agent or as a soluble chromate. The former property of the salt gives rise to the characteristic blood change, and the latter to symptoms and tissue changes in common with those produced by the neutral salt.

The characteristic action of a bichromate—*i.e.*, its effect on the blood—can only be expected to produce prominent symptoms when large doses of the salt are taken, or when the salt is rapidly absorbed, as contact with the tissues quickly changes it to the neutral salt and none enters the circulation as bichromate. When, on the other hand, small doses have been taken, or, as generally happens, when immediate emesis occurs, and very little of the poison remains in the stomach, the symptoms and post-mortem appearances approach those produced by the neutral chromates.

If the views advanced by Hoppe-Seyler concerning the nature of methæmoglobin be correct—if it is a sub-oxyhæmoglobin, containing less oxygen than oxyhæmoglobin, but more than hæmoglobin, and this oxygen very strongly combined, then methæmoglobin would be unable to play the rôle of an oxygen carrier, and the effect of a large dose of bichromate or of any methæmoglobin-producing agent would be similar to that brought about by inhaling carbonic oxide, *viz.*, to prevent the venous blood from becoming arterial.

This view certainly explains the marked disturbance of respiration which characterizes the action of all these poisons, and which was such a prominent symptom in the experiments on the

rabbits. This hypothesis of the action of bichromates will account for those anomalous cases in which little or no inflammatory or corrosive action has been observed in the alimentary tract, as it is possible for the poison to produce death so rapidly by its action on the blood, and so indirectly on the nervous system, that no marked symptoms of gastric irritation would be observed. The case reported by Dr. Wilson, cited above, is an example of how a bichromate may act when, like a nitrite or potassium chlorate, it attacks the hæmoglobin of living circulating blood.

As a rule, however, we must expect to find in most cases the symptoms of an irritant corrosive poison accompanying those of a simple blood destroyer.

Our knowledge of the nature and mode of formation of methæmoglobin from blood in the living organism is very imperfect. How does it come about that certain reducing agents, *i.e.*, pyrogallie acid and the nitrites, act similarly to ozone, bichromate of potash, chlorate of potash, etc., which are strong oxidizers? To say that the former partially reduces oxyhæmoglobin and the latter partially oxidizes reduced hæmoglobin to an intermediate state (methæmoglobin), is begging the question, unless the last is shown to be a more stable compound than either of the others, and an explanation be offered as to why other reducing agents, such as nascent hydrogen, the alkaline sulphides, etc., and other oxidizing agents, such as hydrogen peroxide, do not act similarly.

This is an interesting question for physiologists, which should be capable of solution by careful experimental study, but there is, besides, an important practical aspect of this case of poisoning that demands our attention. Bichromate of potash is one of the commonest and most generally used salts in the market to-day, and there are no restrictions whatever on its sale. It is not even mentioned in the Poisons Act, though its fatal dose is probably less than two drachms. It is even sold to children to make toy batteries. The number of fatal poisoning cases from the use of this salt is increasing every year, and it is high time that vendors of the salt should at least be compelled to label it "Poison."

INTUBATION OF THE LARYNX.*

BY JOHN B. HARVIE, M.D.,

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In the treatment of acute disease affecting the larynx which tends to produce stenosis of that orifice, numerous appliances and remedies have been tried with a varying amount of success. Remedies, unfortunately, when applied by mechanical means, or administered internally, if followed by any relief, are certainly very unsatisfactory or very temporary. The only means at our disposal of affording complete relief to the patient, in overcoming permanently the dyspnoea, is in resorting to one of two procedures—namely, the operation of tracheotomy or intubation of the larynx by means of Dr. O'Dwyer's tubes.

Tracheotomy is objectionable from the fact that under many conditions and circumstances it is impossible to gain the consent of the friends. Now it cannot be questioned that many cases have been snatched from a fatal termination by the performance of this operation, and if possible, even recovery amounted only to a clinical curiosity, it is the duty of every physician to give the patient the benefit of the doubt. The after-treatment in tracheotomy, however, constitutes the great bugbear to success, even where the surroundings are of the most desirable character; but, unfortunately, the most frequent demand for this operation is in localities where the most rudimentary idea of cleanliness and sanitary precaution does not exist. It is almost necessary that a medical attendant should be in constant attendance for the first 36 or 48 hours, or in close proximity so that no delay would be experienced in case of accident. The care of the canula constitutes, of course, the point of greatest importance, frequent cleansing being generally necessary and changing the canula for a clean one being requisite about every twenty-four hours.

Intubation by means of O'Dwyer's tubes, however, is less objectionable, from the fact that consent is easily gained and relief is almost instantaneous. The absence of any external

* Read before 2nd District Branch of New York State Medical Association.

wound, together with the complications which are liable to accompany or follow it, stand out prominently in its favor. The introduction of the tube creates no inconvenience whatever, the patient being entirely unconscious of its presence.

As to the time of operating, no positive rule can be laid down. When we know positively that we have a condition which is becoming more aggravated in spite of all treatment, such as is found in the acute inflammatory diseases of the larynx—for example, acute œdema of the larynx or diphtheritic croup,—then I can see no reason why the operation should be deferred until the inevitable symptoms of urgent dyspnoea, cyanosis and approaching asphyxia should supervene. In resorting to an early operation my experience has been that a more favorable prognosis may be entertained where the patient, instead of being allowed to wear himself out on account of the dyspnoea, is relieved by the introduction of a tube. Where the patient's strength has been consumed by a very long and ceaseless struggle for air or the depressing use of emetics, the chances become more hazardous. The tendency to pulmonary collapse, broncho-pneumonia, and extension of the membrane to the bronchial tubes in cases of diphtheria, must certainly be lessened where access of air to the lungs is unimpeded. The operation of intubation relieves the obstruction and keeps the larynx patent. It is not resorted to as a curative agent, but rather to bridge the patient over the period of the disease, where respiration would be impossible on account of the stenosis, and give nature a chance to throw off the obstructing membrane and re-establish a healthy condition. It is also one of the most powerful agents which we can adopt in warding off pulmonary complications. The use of the intubation tube does not require the administration of an anæsthetic; there is no wounded surface or incision of the trachea to be healed up following its use.

Intubation holds out under certain circumstances a much more hopeful result than tracheotomy. The operation of tracheotomy under three years of age is a somewhat difficult operation to perform, and is almost invariably fatal; while intubation is performed with as great facility and with as good prospects of

recovery in the youngest patient as those who are older. Furthermore, intubation will be permitted and lives saved where tracheotomy would never be allowed. During the time the tube remains in the larynx no interference is necessary. There is no danger of its being plugged; the only accident which may arise is the possibility of its being coughed up.

The one great objection to the use of O'Dwyer's tubes is the inability on the part of the patient to take nourishment, and especially liquids. Some children make a fair attempt to swallow, where the box of the larynx is somewhat deep, and the tube can be fairly well covered by the epiglottis, but somehow liquids will find their way down the trachea, and even the slightest amount will cause the most distressing cough. My practice now is to prohibit all food by the mouth, not even the slightest amount of liquid, depending altogether on rectal alimentation to sustain the patient, and if there should be any sign of failure from lack of nutriment, I do not see any objection on the part of a careful manipulator removing the tube at intervals of twenty-four hours and allowing the patient to take a quantity of nourishment. However, considering the short time which the tube generally requires to remain *in situ*, removal for this purpose will not generally be necessary.

I have now done the operation ten times, with two recoveries, seven of my cases perishing before the end of the third day, the eighth living until the fifth day, and twenty-four hours after the removal of the tube, with no return of the laryngeal obstruction, the patient perishing from broncho-pneumonia. In the two instances of recovery, one coughed the tube up at the end of thirty-six hours, and it had to be replaced very soon on account of recurring dyspnoea. Was removed at the end of the fourth day and no recurrence of laryngeal stenosis. In the other case of recovery, the tube was removed at the end of the third day; no dyspnoea returned. In all those instances the cases were of the most unfavorable character, some of the children being operated on simply to render their remaining existence more comfortable, no hope of recovery being entertained. At least in 50 per cent. of those cases there was broncho-pneumonia and

evidence of pulmonary collapse present when the tube was introduced, and in one instance the patient was in almost a moribund condition.

In all the cases which I have treated by the introduction of an O'Dwyer tube, the greatest amount of satisfaction has been expressed by the friends whether the cases turned out favorably or otherwise. The relief which the sufferer expressed was in each case remarkable, discounting by great odds, in my judgment, that following tracheotomy, and in every instance, without exception, the parents of children have expressed themselves to the effect that the operation was a most humane proceeding.

RARE CASES OF SYPHILIS.

By T. G. RODDICK, M.D.,

Professor of Clinical Surgery, McGill University; Surgeon to the Montreal General Hospital.

(Read before the Medico-Chirurgical Society of Montreal.)

It was my privilege some years ago to report before this Society several cases of syphilis in which the disease had assumed unusual phases. With your permission I shall, on the present occasion, extend that list, contenting myself merely with a report of the cases.

CASE I.—During the past year a medical man from one of the neighboring States came, accompanied by his wife, to consult me regarding the health of the latter. This lady, aged about thirty, married several years and the mother of healthy children, was in excellent health up to twelve months previous to the date of the consultation. About that time she had a tooth extracted, the operation being difficult, and accompanied by considerable laceration of the gum. The wound in the latter showed no tendency to heal, but became sloughy and indurated. Within a few weeks the glands in the parotid regions and on both sides of the neck below the jaw were found to be enlarged, but having no tendency to suppurate. In due course an erythematous rash made its appearance on the body and extremities, followed later by a papular and squamous eruption. A troublesome sore throat and alopecia occurred to complete the picture.

Up to this stage no specific treatment had been systematically carried out, so that when I saw the patient many months after, a well marked palmar and plantar psoriasis was present. The case was unmistakably one of syphilis contracted through inoculation by the forceps of the dentist, as I took pains to find out that the husband was perfectly free from the disease, and, besides, the history pointed clearly to that as the cause. In all probability the instrument used by the dentist was made the vehicle of contagion by being brought in contact with a mucous patch in the mouth of a syphilitic person previously operated upon. If such be the explanation, it goes to prove the very contagious properties of these secondary lesions, and it shows, besides, that no surgical instrument can be safely used a second time without being subjected to some agent having undoubted germicide properties. I have not since heard of the unfortunate victim in this case, but from the fact that treatment was so long delayed, I should be inclined to fear that the later manifestations would be more than usually severe.

CASE II.—Joseph Ashcroft, aged 35, appeared at the Clinic on Venereal Diseases which I was then conducting during the last summer session, and gave the following history: Some eight weeks previously, during an altercation with a fellow-boarder, he was scratched by the latter on the forehead. The wound healed in a few days, but in about two weeks a sore appeared in the exact situation of the wound. This continued to extend until, at the time he presented himself, it had reached the size of a shilling piece, and was raised and indurated. It was covered with a dry scab, and showed no signs of suppuration. The pre-parotid and many of the cervical glands were markedly enlarged, while those of the groins were slightly so; at the same time, the entire body was covered with a coppery papular and slightly scaly rash, and the fauces were erythematous. No genital sore was distinguishable. Everything pointed to the disease as being syphilitic, and further investigation showed that his assailant was suffering from the disease in the second stage, there being at the time condylomata about his scrotum and anus, the pus from which

no doubt was carried through the nails. The disease has since run a very severe course, notwithstanding the immediate adoption of a thorough mercurial treatment.

CASE III.—Daniel Bain, aged 33, a glass-blower by trade, was admitted to the Montreal General Hospital, March 19th of the present year, having the following history: Seven weeks previous to admission he first noticed a sore on his lower lip, a little to the left of the middle line. It was looked upon as an ordinary cold sore, and although it continued to enlarge, the patient gave it little thought until his attention was drawn to a swelling of the submental glands. He did not seek advice, however, until a rash appeared, when he presented himself at the out-door department of the General Hospital. I found a dry, indurated sore on the lip, in the situation mentioned, with enlargement of the glands on both sides of the neck, and the face, body and extremities covered with a papulo-squamous eruption having the characteristic appearance of a syphiloderm. After he was made aware of the nature of his disease, he instituted inquiries at the glass-works at which he is engaged, and traced the source of inoculation to a fellow-workman who was then recovering from syphilis. The latter refused to present himself for inspection, but the evidence was very conclusive. The man is still under treatment as an out-door patient.

CASE IV.—Augusta V., German, aged 15, fairly healthy, daughter of a washerwoman, was brought to me by a philanthropic lady for advice regarding a troublesome sore on the front of the wrist which had resisted all the ordinary domestic remedies. The sore was oval in shape, being about the size and contour of a small almond, the long axis being across the limb. It was distinctly raised above the surface, surrounded by a bright areola, and surmounted by a thin scab. The tissue in the immediate neighborhood was infiltrated. The epitrichlear and axillary glands were distinctly enlarged, but not painful. The sore had been present for five weeks, having followed a trifling wound. Local treatment only was adopted, although I felt

almost convinced that the sore was syphilitic, the wound having in all probability become inoculated from the clothing of some syphilitic person. In about the accustomed time, namely, between six and eight weeks after induration of the sore became noticeable, a secondary rash appeared. The girl remained under active treatment for two years, the secondary lesions being unusually severe.

CASE V. *Genital Syphilis in a lad under 14 years of age.*—S. R., small for his age, but otherwise healthy, was brought to me by his mother, to whom the boy had complained regarding a sore on his penis. On examination, I found a circular, indurated, raised and dry sore, about the size of a sixpence, on the dorsal surface of the penis, nearly midway between the point and root. The organ being small, presented a rather odd appearance, surmounted by this very characteristic sore. The glands in the groin could not only be felt, but could be seen to be enlarged. The case was undoubtedly one of chancre, and apparently of a most virulent type. I soon convinced myself that the lad had not become inoculated in the usual way through coitus, and am still at a loss to explain the occurrence unless, it be one of those rare cases (although it is surprising to me that they do not oftener occur) where the seat or bowl of a water-closet has been the medium of contagion. He had been in the habit of using a closet which was common to several offices in the business part of the city. This unfortunate lad had a most pronounced secondary rash, and is still under treatment after two years, having had several relapses chiefly owing to the fact that the specific treatment was badly borne and had to be discontinued repeatedly.

CASE VI. *Warty growth on the tongue, which yielded readily to mercury; probably congenital.*—Rosa S., aged 22, was admitted to the Montreal General Hospital, under my care, on Nov. 16, 1887, complaining of a growth on her tongue. She had never been strong, being somewhat anæmic; submaxillary glands somewhat enlarged; central incisors slightly notched,

but not characteristic ; nose well formed ; palate more arched than usual ; no nodes ; no evidences of keratitis. Her mother died of phthisis ; one brother inclined to have weak lungs ; a sister had an ulcer on the forehead, which was removed by operation, but lately returned ; father alive and healthy. She first noticed a small pimple, as large as a pea, on the tongue about seven months before admission, but took little notice of it until three months ago, when it suddenly began to grow rapidly, and pained slightly on swallowing. When she presented herself at the hospital it had reached the dimensions and shape of a split walnut of medium size, and situated on the centre of the dorsum of the tongue, having all the appearances of a huge circumvallate papilla. It could be handled without pain, and showed very slight signs of ulceration. The latter might have been due to an attempt made a short time previously to destroy it with caustics. I was puzzled to account for this growth. Was it simply warty, or was it cancerous, tuberculous or syphilitic ? I had the genitals carefully examined for any evidence of acquired syphilis, but the report was that the hymen was intact, and, indeed, almost imperforate, and the glands in the groin were not at all enlarged. Could the growth be one of those rare manifestations of congenital syphilis which are occasionally met with, especially by the ophthalmic surgeon ? Before proceeding to any operative measures I determined to try the effect of constitutional treatment. Accordingly, a quarter of a grain of the protiodide of mercury and twenty grains of the iodide of potash were ordered, the latter to be rapidly increased. Under this treatment the growth melted away as if by magic, so that by the end of five weeks hardly a vestige of it remained, and she was discharged cured within six weeks after admission. I ask, would any but a syphilitic growth have been similarly affected ?

CASE VII illustrates the possibility of the original lesion of syphilis being entirely overlooked, especially when situated within the urethra.

A. B., a bank clerk, aged 23, came to consult me for a slight urethral discharge coming on three days after connection. He

had injected some astringent solution recommended by a friend before coming to my office, so that when I examined him there was almost nothing to be seen. He called a week subsequently to get further instructions, as he was about leaving to take a post in another part of the country. I again examined him, but without handling the penis. The discharge seemed to be very slight, and I looked upon the case as one of simple urethritis, especially as he had been dissipating considerably. Subsequently I received a letter from a medical man whom he had only recently consulted, asking for some information about the early history of the case, and stating that the patient was now covered with what looked like a secondary eruption, although he could find no trace of the original chancre, the patient having evidently withheld all information regarding the discharge. Being very much interested, I learnt afterwards from the patient himself that while the discharge never entirely disappeared, he regarded it so lightly that he discontinued all treatment soon after his last visit to me. I also ascertained that he had had connection on several occasions indiscriminately within the month prior to the appearance of the discharge. The attack fortunately proved to be a very light one. No induration was ever discovered about the urethra, although the case was evidently one of urethral chancre followed by syphilis of the milder type. The history of a discharge coming on three days after the last connection was misleading.

[The reader of the paper made some remarks in conclusion on the treatment of syphilis, in which he strongly advocated the employment of mercury in the primary stage or as soon as induration of the chancre was pronounced. He strongly deprecated the practice of trusting to the iodide of potash alone in the treatment of the secondary stage. Some of the worst cases he had seen of late secondary and tertiary disease had been treated originally in this way.]

CASE OF PROFOUND LIGHTNING SHOCK WITH RECOVERY.

(Read before the Medico-Chirurgical Society of Montreal.)

This case was reported by Mr. J. B. Paige, who has since graduated at the Montreal Veterinary College, but was at the time of the accident a student of that institution. It was presented to the Society by Dr. Mills, together with remarks on the general aspects of the case and a report on the present condition of the eyes by Dr. Buller.

Last midsummer the subject of the accident, a healthy woman, 20 years of age, married, was sitting in a room, not far from a window, beneath a bird cage suspended to the ceiling by a chain. During a violent thunderstorm lightning struck the chimney of the house, and passing through several rooms in divided streams reached the patient by one of these that followed the chain and bird-cage. The electric fluid entered the body at the temple, and after leaving a few superficial marks in the form of reddened lines, etc, passed from the body by the foot, tearing away some of the shoe in its course. Though others were within a few feet they escaped. Mrs. — was instantly rendered completely unconscious, neither respiration, cardiac impulse nor sounds could be recognized. The muscles were relaxed and the patient apparently dead.

Mr. Paige, who was on the spot at the moment, at once unloosened her clothes and commenced artificial respiration. Perceiving that the body was gradually getting cold, he applied warm fomentations to the chest, still maintaining the other procedure. There was no evident sign of life for about thirty minutes, when one of the limbs was drawn up. From this time improvement, though gradual, was progressive, and the patient was removed to bed.

By next morning she had recovered power of movement, though the arms were weak and speech was impossible. It should be mentioned that there was great difficulty in getting rid of the saliva, also probably secreted in excess, for some time after the accident. This, taken with the loss of speech, though conscious-

ness had been regained, points to paralysis of the pharynx and adjacent parts.

After a few days the patient was pretty well recovered, and in a few weeks completely, with the exception of the eye of the side on which the lightning entered. There was at first some squinting of this eye, but this was not lasting, nor was the œdema of the lids, though marked on the morning following the accident. There had been constipation, but no arrest of the menses, in progress at the date of the accident.

Dr. Buller gave a detailed account of the present condition of the eyes. Only one was then affected. The lesions were numerous and interesting, though obscure as to exact causation. The field of color vision was greatly restricted. The lesions in this case were as numerous as in any reported (of the comparatively few cases of disordered vision from lightning shock) which have been submitted to ophthalmoscopic examination.

Dr. Mills thought the case important, as showing, like a physiological experiment, the influence of a violent shock to the tissues, and especially to the nervous system. He explained how he thought the various results had been brought about. This instance showed the importance of artificial respiration and maintenance of the temperature in apparently hopeless cases. It was not to be forgotten that the terminations of the great veins and the auricles may beat long after the ventricles have ceased and the pulse cannot, of course, be perceived. So long as this is so, experiment justifies artificial respiration and gives ground for hope. We may yet learn to make use of the vagus nerve as a restorer in such cases. Electricity over the heart is dangerous on account of the possibility of setting up fibrillar action in the ventricles, which is rarely recovered from in mammals.

Correspondence.

To the Editors of THE MONTREAL MEDICAL JOURNAL.

SIRS,—I wish to draw the attention of your readers to one of the dangers attending the careless use of the hypodermic needle. A patient consulted me the other day for a “tingling and numb-

ness" in her right hand. By her sense of touch alone she was unable to tell whether or not she held a needle between her thumb and forefinger, and as she was a tailoress, it was a great drawback to her work. Examination showed that the loss of sensation was confined strictly to the area in the hand supplied by the median nerve, and that the little finger and ulnar side of the ring finger were not affected. There were no appearances of muscular weakness or atrophy. Further inquiries elicited the following: That this trouble dates from last September, when she had an attack of "Canadian cholera," and that the "numbness" is the same as, and has been continuous from, that produced in her hand by a hypodermic of morphia in the forearm which her physician gave her to control the cramps. I have no doubt that some lesion of the median nerve in its course in the forearm, caused by the careless use of the needle, is responsible for the present trouble. How, you ask, would any physician drive a hypodermic needle so deeply into the muscles, when a more speedy effect could be attained without risk by simply injecting into the subcutaneous cellular tissue? Yet I have repeatedly seen needles used just that way, and have often wondered that untoward results did not oftener follow, and it is with the hope of lessening this indiscriminate stabbing with our *vade mecum* that I write this.

J. M. ELDER, M.D.

HUNTINGDON, June 27, 1888.

Reviews and Notices of Books.

A System of Obstetrics by American Authors.
Edited by BARTON COOKE HIRST, M.D. Vol. I. Philadelphia: Lea Brothers & Co. 1888.

Encouraged by the phenomenal success of *Pepper's System of Medicine*, Lea Brothers & Co. have undertaken a system of Gynæcology and Obstetrics upon the same plan. They have entrusted the editorial work of the gynæcology to Dr. Mann, and of the obstetrics to Dr. Hirst. The first volume of the Gynæcology appeared some months ago, and was reviewed in this Journal; the first volume of the Obstetrics has just been

issued. It opens with a carefully written article on the history of obstetrics by Dr. Engelmann of St. Louis. The physiology and histology of ovulation, menstruation and fertilization, and the development of the embryo are then described by Dr. H. Newell Martin of Baltimore. Regarding the relation between ovulation and menstruation, Dr. Martin holds that the two processes are essentially independent, but that in the course of evolution they have become closely associated through natural selection, nevertheless they are not necessarily mutually dependent. The article is full and elaborate, far more so than is usually found in obstetric text-books. Supplementing this comes a chapter by Dr. Hirst of Philadelphia on the physiology and pathology of the Fœtus, in which he describes the development of the fœtus and its membranes, the placenta, and the deciduæ, and after considering the various diseases, abnormalities, deformities and monstrosities, concludes with a description of the causes, symptoms, diagnosis and treatment of abortion. Dr. Jaggard of Chicago contributes the article on the pharmacology and pathology of pregnancy, treating fully of its signs, diagnosis and hygienæ, together with the diseases which are apt to complicate its course. Dr. Busey of Washington describes the physiological and clinical phenomena of natural labor, together with the management of labor and the puerperal state. Dr. Reeve of Dayton, Ohio, writes upon the use of anæsthetics in labor. After giving a historical sketch of the introduction of anæsthetics into obstetric practice, he devotes most of his article to chloroform, its actions, dangers and mode of administration. The action of chloral, bromide of ethyl, and cocaine are briefly described, and a note upon the use of ether in obstetrics is added by the Editor. His method of administration is worthy of note, being simple, pleasant and effective. Folding a napkin or thin towel once, he lays it lightly over the patient's nose and mouth. Three or four drops of ether at a time are dropped upon it directly below the point of the patient's nose at the end of each expiration. The vapor is not blown away from nose and mouth, but is all inhaled during the next inspiration. In a few seconds analgesia is produced, and the effect is maintained by one or two

drops let fall every second inspiration. This plan obviates stertorous breathing, frothing at the mouth, and facial congestion. The volume concludes with a scholarly article by Dr. Parvin of Philadelphia upon anomalies of the forces in labor.

The work is sumptuously got up, and on the whole is highly creditable to the authors, editor and publishers.

A Practical Textbook of the Diseases of Women.

By ARTHUR H. N. LEWERS, M.D. London: H. K. Lewis.

This is the latest of Lewis's "Practical Series" of handbooks written by well-known hospital teachers for the use of students and general practitioners. Though by no means taking the place of larger works, such manuals are often useful for hurried reference, as they give a short epitome of the present state of knowledge, tables of differential diagnosis, and clear directions for at least one method of treatment. Dr. Lewers' book is readable, and fairly well up to date, containing, among other things, short descriptions of Apostoli's electrical methods and Weir Mitchell's treatment of nerve prostration and hysteria. Written by an experienced clinical teacher, its tone is clinical and its strong point is diagnosis; the treatment is on the whole sound and good, though occasionally old-fashioned. To American readers, some sections will seem somewhat antiquated and conservative; for instance, Ferguson's glass speculum is recommended as the one most generally useful, Emmet's operation for laceration of the cervix is not even mentioned, and the spray is still deemed necessary in abdominal surgery.

A Guide to the Practical Examination of Urine.

By JAMES TYSON, M.D. Sixth edition. Philadelphia: P. Blakiston, Son & Co.

The appreciation by the public of Prof. Tyson's fifth edition, published in 1886, was so marked that the author has this year issued a new edition of his excellent little work on the examination of urine. There is little or no change in the general arrangement of the book, but considerable matter has been omitted from the fifth edition as no longer required; this has been replaced

by the introduction of new matter carefully selected from the great mass of literature that has recently appeared on this subject. Three new tests for sugar—viz., the phenyl-hydragin hydrochlorate, alpha-naphthol and thymol—are added to the already long list of good practical methods of detecting this constituent of urine. These are undoubtedly delicate reactions and are of considerable interest, but the propriety of introducing them into a practical text-book for students and practitioners is rather doubtful. The changes and additions, however, have been, as a rule, made judiciously, and the sixth edition is better than its predecessor, which is the highest compliment we can pay its author. The book still remains the most complete, concise, and the best arranged little work on the subject with which we are acquainted. As an advanced text-book for the student of clinical-chemistry, or as a convenient working book for the practitioner, we have no hesitation in recommending Professor Tyson's Practical Examination of Urine.

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, May 4th, 1888.

JAMES PERRIGO, M.D., PRESIDENT, IN THE CHAIR.

Dr. W. G. Stewart was elected a member of the Society.

Hemiglossitis.—DR. SHEPHERD described a case of hemiglossitis which had recently been under his care in the General Hospital. The patient was a young man, 30 years of age, and the glossitis was limited to the right half of the tongue. The attack was ushered in by fever and malaise, and the case rapidly recovered. Dr. Shepherd remarked that this was a very rare affection, and much less severe than ordinary glossitis. It usually occurs in the left half of the tongue.

Severe Burn treated by Skin-grafting.—DR. BELL exhibited a case of severe burn of the forearm treated by skin-grafting. Patient, aged 24, had both forearms severely burnt with boiling beer. After a couple of weeks treatment both forearms and arms from the wrists to two inches above the elbow joints were

found to be deprived of skin and covered with granulations, with the exception of a narrow, irregular patch on the posterior surface of each forearm where vesication only had occurred. On the 6th of January, 1888, the granulating surfaces were scraped with Volkmann's spoons, thoroughly cleansed with sublimate solution, and covered with skin transplanted from the thighs by Thiersch's method. The dressings were removed at the end of three weeks, when it was found that the skin had taken everywhere with the exception of a few small isolated spots. These were afterwards transplanted in the same manner and the skin completely reproduced. The patient has now been at work for over a month and his arms remain perfectly well, the skin remaining unbroken and free from contraction.

PATHOLOGICAL SPECIMENS.

Parenchymatous Nephritis.—DR. H. A. LAFLEUR exhibited for Dr. R. L. MacDonnell specimens from a case of chronic parenchymatous nephritis. Both kidneys were enlarged, soft, and of a mottled, reddish-yellow color. The capsules were non-adherent. The cortex was thickened and its striation indistinct. Under the microscope some of the tubules were found denuded of epithelium, while in others the lumen was occupied by a fatty granular detritus. The glomeruli showed commencing amyloid change.

Epithelioma of Inferior Maxilla.—DR. LAFLEUR exhibited for Dr. Shepherd half of the inferior maxilla, removed for epithelioma secondary to disease of the lower lip. The mass of new growth was situated at angle of the jaw, and contained in its central portion a yellowish grumous material and a thin mucoid fluid. Numerous epithelial cell-nests were seen with the microscope.

DR. SHEPHERD stated that the disease had recurred after removal of the lower lip eighteen months before. The patient was a man aged 50, and in good health. There was some enlargement of the cervical glands. The jaw was removed without much difficulty and with little hemorrhage, but in dissecting out the infiltrated glands in the neck which were behind the vessels the jugular vein was torn and had to be ligated. The

patient made a good recovery, the temperature never rising above 100°. Dr. Shepherd mentioned that this was the fourth time he had tied the internal jugular vein in the course of operations on the neck, and had never seen any bad results follow.

Exostosis Bursata.—DR. BELL exhibited an exostosis which he had removed from the inner border of the lower end of the right femur in a boy 20 years of age. The bony growth, which was about the size of a famous apple, appeared to spring from the linea aspera below the epiphysal line. It had a bony pedicle about three-quarters of an inch long and about half an inch in diameter, and grew upwards and inwards at an angle of about 45° with the line of the shaft of the femur. Its surface was rough and covered with cartilage in small isolated pieces, which were closely placed and formed a continuous layer over its surface, and the whole was enclosed in a perfectly formed synovial membrane, which became continuous with the periosteum of the pedicle at the cartilaginous border of the tumor, and contained about half an ounce of clear, amber-colored, viscid synovial-like secretion, in which floated loosely fifty-four small cartilaginous bodies exactly corresponding to the "floating cartilages" occasionally found in joints, especially the knee and elbow. The tumor was said to have been noticed nine years ago as a small *soft and movable* growth, about as large as a marble. It grew steadily, but only four years ago it became fixed and felt hard. It never gave any pain or other symptom except inconvenience and fatigue of the muscles in walking, and especially in going up-stairs. The only record of any similar cases which Dr. Bell had been able to find was in a paper read by Dr. Fehleisen at the fourteenth congress of the "Deutschen Gesellschaft für Chirurgie in Berlin in 1885. In his paper entitled "*Zur Casuistik du Exostosis Bursata*," Dr. Fehleisen reports a case which had recently occurred in Prof. Bergmann's klinik, and refers to another which had occurred in Billroth's klinik in 1863 and which he believes to be the only one on record at this time (April 1885). These two cases corresponded with the case related by Dr. Bell in every particular. In Bergmann's case the synovial membrane contained about 500 loose cartilaginous

bodies (486 were collected), and in Billroth's case 35 were found. The latter case was carefully investigated by Rindfleisch, who came to the conclusion that it had originated, not as an ordinary exostosis from the intermediary epiphysal cartilage, but as an ecchondrosis of the cartilage of the joint, which had pushed out a portion of the synovial membrane, which in time had become cut off from the joint and formed a separate sac over the tumor. Fehleisen, however, attributes these tumors to a developmental error by which a group of cells, separated from the joint and lying dormant as an indifferent cell mass for a variable period, springs into active growth and produces this special form of exostosis. He also points out that, although the ordinary exostoses which frequently grow from the epiphysal line at the ends of the long bones, especially the femur and humerus, are often covered or partially enclosed in bursæ mucosæ, these cavities never contain free cartilaginous bodies. Moreover, he ascribes the origin of the free "floating cartilages" to tufts of the synovial membrane, in which are found minute islands of hyaline cartilage which develop and are set free into the cavity of the synovial sac both in the larger joints and in the exostosis bursata.

Discussion.—DR. SHEPHERD said the case was a most interesting one from the light it threw on the formation of floating cartilages in joints. He was convinced that the little buds of cartilage growing from the inside of the synovial membranes were the origin of the free cartilaginous bodies. They no doubt grew till they fell off from their own weight. This form of exostosis he had never seen before; the ordinary exostosis is comparatively common and grows from the epiphysal cartilage, and stops growing with the maturity of the individual. He had seen two well-marked cases within the last few weeks; one was in a boy of 16 which had reached a considerable size and was continually growing. Billroth, in his *Clinical Surgery*, mentions a case of oxostosis bursata olecrani.

DR. FENWICK said that this case was a unique one so far as his experience went. He had in his possession a large exostosis of the lower end of the femur. It had firm compact tissue on

the outside, but inside it was made up of loose cancellous tissue with a number of free pieces of bone. He had obtained this from the dissecting-room, and he was unable to say whether or not there was a bursa in connection with it, but it was covered with cartilage.

Patent Foramen Ovale.—DR. RICHARD MACDONNELL exhibited a heart showing a patent foramen ovale. The heart had been found in the dissecting-room last winter. The body from which it was taken was that of a young woman, aged 25, who had died in the Montreal General Hospital of phthisis with empyema. Dr. MacDonnell first saw the case in 1883, when she came to the out-door department suffering from primary syphilis. She was very thin and delicate, but there was no evidence in life that she suffered from any vascular derangement. Her mental faculties were defective. During that year she was a constant attendant at the clinic, presenting many well-marked symptoms of secondary syphilis, notably alopecia, sore throat, and iritis. In 1884 and 1885 she was admitted to the wards on several occasions and her chest was frequently examined, but no evidence of cardiac disease was ever found. The last admission was on May 8th, when distinct evidences of phthisis were seen. She died June 7th, 1887, with extensive softening of right lung and a thickened pleura containing pus. Dr. MacDonnell thus had the case under observation for four years without having noticed any cardiac symptoms or physical signs of defective heart action. The opening in the fossa ovalis was of large size.

Suprapubic Cystotomy.—DR. RODDICK exhibited a calculus weighing 15 drachms which he had removed from a man, aged 52, by the suprapubic operation. Twelve years ago he had removed a stone from the same man by the lateral operation. He remained well up to eighteen months ago, when symptoms of stone reappeared. He preferred the suprapubic operation on this occasion because of the large size of the stone, and because he had formerly performed the lateral operation. He did not suture the bladder. (A full report of this case will appear in a subsequent issue of this JOURNAL.)

Discussion.—DR. FENWICK was present at the operation and

congratulated Dr. Roddick on the success of his operation. He, however, saw no reason why a previous operation should contraindicate a second one. He had several times operated a second time with success; on one patient he had operated four times successfully. He thought that entering the bladder by the perineum is the most natural way, and there is no danger of hemorrhage and infiltration of urine as in the suprapubic. He had removed very large stones by the lateral method by cutting both sides of the prostate.

DR. SHEPHERD could not agree with Dr. Fenwick that lateral lithotomy was the most natural and easiest operation. In cases of suprapubic lithotomy he preferred to introduce a drain in the abdominal wound and to suture the bladder, so that if the bladder did not unite by first intention there would be an outlet for the urine. The bladder should be drained by a catheter in the urethra.

DR. BELL said the bladder could not be thoroughly drained through the penis. He believed the operation of the future will be suprapubic lithotomy with drainage through the perineum.

DR. RODDICK, in reply, said that the chief reason why he had made use of the high operation was on account of the large size of the stone. With regard to suturing the bladder, recent disastrous results had been reported by Thompson and others.

Poisoning by Bichromate of Potash.—DR. RUTTAN read for Dr. Lafleur and himself a paper on bichromate poisoning, which appears in full in this issue of the JOURNAL.

DR. STEWART asked if Dr. Ruttan thought that the ordinary symptoms produced by nitrites could be explained by the formation of the hæmoglobin.

DR. REED referred to a case of bichromate poisoning reported in the London *Lancet* in which death occurred in 55 minutes. The man had taken four drachms of the salt. Cases of recovery after taking 10 to 15 grains had been reported. Symptoms were vomiting, pain and hemorrhage.

DR. RUTTAN, in reply to Dr. Stewart, said that while the toxic symptoms of nitrites were, in his opinion, undoubtedly due to methæmoglobin, the ordinary nervous symptoms produced by

nitrites could not be so easily accounted for. The methæmoglobin in the blood, by preventing the proper oxidation of cerebral centres, must impair their functional activity. The lowered temperature after the administration of nitrite of amyl and potassium nitrite is more easily explained by deficient oxidation produced by this blood change than any other way.

Stated Meeting, May 18th, 1888.

DR. TRENHOLME IN THE CHAIR.

New Members.—Drs. J. H. Bell, R. C. Kirkpatrick, J. A. Springle and J. E. Orr were elected members of the Society.

Malignant Tumor of the Spine.—DR. LAFLEUR exhibited specimens and sections from a case of alveolar sarcoma of the vertebræ. At the autopsy performed for Dr. Bell, a tumor was found involving the posterior part of the bodies and the laminae of the 9th and 10th dorsal vertebræ and the inter-vertebral cartilage. There was in this situation unusual mobility of the vertebral column and slight prominence of the spinous processes. The new growth could also be felt anteriorly at the base of the pleural sac as a convex bony ring half an inch in thickness, which was found to be the expanded and ossified edge of the 9th inter-vertebral disk. There was no involvement of the prevertebral structures, but the spinal muscles on both sides of the affected vertebræ were infiltrated. A longitudinal section of the vertebræ showed that the cord was affected only from pressure by the new growth, which completely surrounded it. Below the point of pressure the cord was softened. The ninth intervertebral disk was destroyed, all that remained being a thin calcareous plate between the vertebræ and the ossified edge of the cartilage before mentioned. On the under surface of the left lobe of the liver there was a secondary nodule as large as a small hazel-nut and of a pinkish-white color. This was the only metastatic growth in the body. Microscopically the growth was found to be an alveolar sarcoma, consisting of somewhat large oval cells, with large nuclei in an alveolated fibrous stroma. The cells did not lie free in the alveolus, but were held together by

a network of fine fibres derived from the alveolar wall. In the secondary nodule from the liver the alveolar structure was more obscure. Patient suffered from chronic cystitis and bed-sores, and the immediate cause of death was a double basic pneumonia.

DR. BELL gave the following history of the case:—The patient was a man, aged 60 years, who had long been a hard drinker, but who had never had venereal disease of any kind. He began to complain of "lumbago" in November, 1887, which grew worse until, in the early part of March, his legs grew so weak that he could not get about. Complete paraplegia soon followed, with incontinence of urine, loss of sensation, reaching as high as the superior iliac crests, and great sensation around the abdomen. A painful prominence was noticed over the fourth and fifth dorsal vertebræ, and he experienced great pain in this region when being moved. He sank rapidly, and died from a hypostatic pneumonia.

DR. STEWART said that he saw the patient and found loss of motor power and partial loss of sensation, which were strong indications of pressure. The systemic disturbance was too great to be accounted for except by the presence of malignant disease.

Some Clinical Observations on Syphilis.—DR. RODDICK read a paper on the above subject, which will be found in this number of the JOURNAL.

Discussion.—DR. BELL said that Dr. Roddick's interesting series of cases suggested several cases in his experience in which the disease had been contracted in an unusual way. One case was that of a young lady who had a doubtful-looking sore on her lip which was followed by secondary symptoms. The cause of the primary sore was traced to her having been kissed by a man who at the time was under treatment for secondary syphilis. Later the patient showed many symptoms of secondary syphilis. In his experience, cases treated with potassium iodide are not relieved so rapidly and certainly as when treated by mercury, except in the tertiary stage of the disease. He had met cases supposed to be receiving treatment without mercury which were really undergoing mercurial treatment.

DR. MACDONNELL said that the peculiar liability of glass-

blowers to take syphilis is mentioned by very old writers on this subject. It is strange that there is not more extragenital syphilis contracted than there is. The habit of using public combs and brushes in hotels and in barber shops is very dangerous, yet he had never heard of a case where the disease was contracted in this way. With regard to treatment, he believes in the use of mercury from the very first. Cases where treatment is delayed are apt to be more violent. Dr. MacDonnell asked Dr. Roddick in what cases of chancre he would recommend the use of mercury at once.

DR. SHEPHERD had seen secondary symptoms follow in the case of a girl bitten by another girl on the lower lip. A small indolent but well-defined sore marked the spot where the wound was made. Dr. Shepherd also referred to the case of a medical man, who would not be likely to overlook a specific sore on himself, that came to him with marked secondary symptoms, but could give no idea of how he had contracted the disease beyond the fact that he was exposed to it in the course of his practice. He had never had anything resembling a primary sore. With regard to treatment, he did not believe it was always, nor even generally, possible to abort the secondary symptoms by immediate treatment. The Germans are divided between the value of baths and of mercury. He believed that mercury at least had the power of postponing the secondary rash. He was in the habit of waiting till the early secondary symptoms appeared before beginning specific treatment. He had lately seen several cases of multiple chancre where, after a week or ten days, one or more would take on the appearance of a hard chancre and then only yield to mercurial treatment. Hutchinson thinks that cases can be cured from the beginning, but this has been disputed. A class of patients that are difficult to treat are those in which severe salivation follows very small doses of mercury. He always uses mercury in the primary and secondary stages, but prefers potassium iodide in the tertiary. Where potassium iodide disagrees with the patient, the ammonium salt is often found serviceable. Some recent observations and comparisons go to show that, in Portugal at any rate, syphilis is not of so virulent a type as formerly.

DR. J. C. CAMERON held Hutchinson's opinion as to the curability of the disease. He finds in many cases small doses of grey powder a very efficient way of introducing mercury. He had seen cases of soft external sores that subsequently took on a specific appearance from contamination owing to the presence of an unsuspected hard sore in the urethra. He did not think medical men, as a rule, expressed themselves strongly enough regarding the best means of prophylactic treatment. This is a matter that should be taken up and dealt with by every Board of Health. He advocated a rigid system of inspection. In cities in Europe where this has been done the frequency of the disease has rapidly decreased. He was lately informed by a surgeon of a case where one hundred men had been infected from one source. At a recent meeting of the Academy of Physicians in Paris several sessions were devoted to the discussion of this important subject.

DR. RODDICK, in reply, said he quite agreed with the last speaker that something should be done to protect innocent persons from this disease. In answer to Dr. MacDonnell, he said that the history of a sore was the best guide to the treatment. He finds that if the sore comes on over ten days after exposure in at least 85 per cent. it is hard chancre. In doubtful cases he waits for the appearance of enlarged glands in the groin. It is not to be forgotten that soft sores sometimes take on a specific character after a few days. He had given grey powder in one-grain doses, but not habitually. He usually administers mercury in the form of $\frac{1}{4}$ -grain protiodide pills. He has found that where potassium iodide disagreed with a patient, sodium iodide could be substituted with advantage. In conclusion, Dr. Roddick said he was satisfied that syphilis was less virulent now than formerly. The aggravated rupial syphilis of the older writers is now very rare; doubtless the poison is becoming attenuated.

Stated Meeting, June 1st, 1888.

JAS. PERRIGO, M.D., PRESIDENT, IN THE CHAIR.

Dr. C. W. Haentschel was elected a member.

Fibrous Tumor of the Thigh.—DR. LAFLEUR exhibited the specimen for Dr. Fenwick and said that the tumor, a fibro-sar-

coma, was oval in shape, 7 in. long, 4 in. wide and 3 in. thick, very firm and hard, and invested in a fibrous capsule. On section the central part was found to be ossified, and of a greyish-white colour, while the outer portions were soft and of a pinkish-white colour. The latter showed under the microscope interlacing bundles of spindle cells, with oval nuclei, while the former consisted of an irregular alveolar structure simulating bone, with very few spindle cells.

DR. FENWICK said that the tumor was removed from a woman aged 45. The patient had no constitutional symptoms of cancer and there was no enlargement of the inguinal glands. The tumor felt quite movable, but was bound down by fascia. It was eight years in growing, and its appearance, as a flat, firm swelling, could be traced to a strain caused by lifting a sewing machine. The patient said that she remembered feeling something give way at the time. It was for most of the time quite painless, but latterly on exertion sharp paroxysmal pain was produced. There was no tenderness on pressure, and no spots of softening could be felt. The operation was difficult, as the growth was deeply seated on the anterior surface of the right thigh, beneath the muscles, and was firmly attached to the deep fascia. The patient was now convalescent.

Enlarged Testicle.—DR. LAFLEUR exhibited an enlarged testis recently removed by Dr. Roddick. Testicle was the size of a turkey's egg, uniformly enlarged, and very firm and elastic to the feel. On section the epididymis was found to be entirely converted into a somewhat firm caseous mass of a dull yellow colour. The body of the testis, which was of a greyish color, was studded with gelatinous-looking nodules, having the size and appearance of boiled tapioca grains, and in the centre of each of these was a minute caseating point. Towards the epididymis these caseating points coalesced, forming bands from the Body of Highmore to the circumference of the testicle. Microscopic examination showed that each caseating point corresponded to a seminal duct, the lumen of which was filled with a granular detritus, while the caseating process extended to some distance around each tubule. The intercellular tissue was

greatly increased and consisted of a coarse reticulum, in the meshes of which were small lymphoid cells and several multinucleated giant cells. The spermatic cord was thickened and hard, and showed a small-celled infiltration around its lumen which was filled with a granular debris. The case appeared to be a somewhat anomalous one of tubercular testis, the change affecting the body of the testis generally as well as the epididymis; the rapidity of the process was remarkable and might, perhaps, account for the absence of the usual soft semi-fluid caseous matter generally found in such cases.

The following history was furnished by DR. RODDICK: The patient, a thin, anæmic-looking man about 46 years of age, good family history, had had two attacks of gonorrhœal orchitis several years before, from which he apparently perfectly recovered. The present trouble began suddenly in October last without apparent cause, the testicle becoming hard and enlarged after an emission. The pain was never great, although the swelling gradually increased until it reached the size of a large turkey's egg. It was dense in feel, with the exception of a spot on the anterior aspect, which fluctuated, and from which about a drachm of straw-colored fluid was withdrawn with the hypodermic needle. Dr. Wilkins, who first saw the case, strapped the testicle and thus gave great relief from the dragging sensation experienced. He handed the case over to Dr. Roddick, who applied counter-irritation in various forms, but with very indifferent results. Latterly the cord became firmer and more thickened than normal, and on the 20th of June the testicle was excised. The case was looked upon as very obscure, and no diagnosis was made.

Tumor of the Spinal Cord.—DR. LAFLEUR exhibited for Dr. R. L. MacDonnell a small oval tumor removed from the spinal cord at an autopsy. The tumor, which was somewhat bean-shaped, being 2.5 centimetres in length, 1.00 cm. in breadth, and 1.00 cm. in thickness, was situated in the anterior and right surface of the cord, at the level of the sixth pair of dorsal nerves, 17.50 cm. from the cauda equina. It lay between the layers of the arachnoid and was freely movable, being nowhere attached

either to the cord or to the dura mater. Two small nerve filaments from the cord passed behind it, but were only superficially attached to it. The tumor was moderately firm and elastic, and was invested by a distinct, thin, fibrous capsule. On section, it was of uniform consistency and of a yellowish-grey color. Under the microscope, it was found to consist entirely of irregularly distributed bands of nucleated fibrous tissue. No nerve elements and few blood-vessels were found in it. The cord below the tumor was very soft and shrunken.

Dr. MACDONNELL said that the patient was a man about 50 years of age and of large frame. Three years ago he began to have difficulty in walking, and complained of severe pains in limbs. The gait at this time was spastic, the reflexes were increased, and there was marked ankle clonus. The paresis in lower extremities increased gradually, the patient becoming finally completely paraplegic, with loss of reflexes and sensation, and loss of power in the anal and vesical sphincters. He remained in this condition for eighteen months, during which time he had complete use of his upper extremities and trunk muscles. The cause of death was a double basic bronchopneumonia. The diagnosis of spinal tumour was not made, the patient being supposed to suffer from sclerosis of the lateral columns of the cord.

Dr. SPENDLOVE then read the following paper, entitled

Some Observations upon Tapeworms.

Having met with a number of cases of tapeworm during the past four years, I propose to make some remarks upon what I have observed in connection with them, and the treatment which I have found the most successful in their removal.

Of the several species of tapeworm, two only are common to America—the *Tænia solium*, or pork tapeworm, and the *Tænia medio-canellata*, or beef tapeworm. The pork tapeworm is most frequently met with in the Southern States; the beef tapeworm in the Northern States and Canada. The origin of both species in man is from eating raw or underdone measley pork or fish, in the case of the pork tapeworm; and raw or under-

done measles beef, in the case of the beef tapeworm. The measles is seen as a round or oval, hard and whitish body, from the size of a mustard seed to that of a pea ; it contains a sac of connective tissue enclosing the solex or larvæ tapeworm. When the measles is swallowed by man, the covering of connective tissue is digested in the stomach, the solex is released, passes into the small intestines, becomes attached to the mucous membrane by its head, develops and grows into the adult worm. The time usually taken for the growth of an adult worm is from three to four months.

The principle differences between the two species of adult tapeworms are the greater length of the *Tænia medio-cancellata*, the larger size of the head, the absence of hooks, the greater length, breadth and thickness of the individual joints, and the more fully developed sexual organs.

Regarding the symptoms, there are none which are diagnostic of tapeworm ; it is only when some of the joints have been passed that we can arrive at a positive diagnosis. Yet there are certain groups of symptoms, principally of a reflex nature, that should make us suspicious of its presence. For example, when we meet with certain cases where several well-marked nervous symptoms are present, without reference to any special lesion of the nervous system,—if there are periods of perfect or nearly perfect freedom, and especially if to these are added various ill-defined symptoms of digestive disturbance, if we do not in these cases have tapeworm in the mind's eye, we often do an injustice to our patient, an injury to our professional reputation, besides helping to feather the nest of the quacks.

Treatment.—It is the treatment with pumpkin seeds, *Eucurbita pepo*, that I wish to direct your attention, and particularly the manner of giving them, which I have found the most successful, and which is as follows : First allow the patient to take a good dinner in the middle of the day ; to eat nothing at night ; before going to bed take a dose of sulphate of magnesia (Epsom salts) sufficient to cause a free movement of the bowels ; after this has taken place, give half to two-thirds of a teacupful of pumpkin seeds free from the shell, direct them to be eaten slowly,

to be well chewed, and to be taken dry. About three hours after give the second dose of sulphate of magnesia; after that the patient can take his regular meals. In the majority of cases the worm appears from 5 to 9 p.m.

I would particularly call your attention to the manner of giving the seeds dry, to be well chewed, and not made into an infusion or emulsion as generally directed.

Regarding the *modus operandi* of the seeds upon tapeworm, from the fact that they act best given dry and well chewed (which is the best method for the absorption of their active principle, a fixed oil), and from the fact that in every case the tapeworms have come away unbroken, and in many cases alive, including the head, I am of the opinion that it acts through the circulation, upon the head, and not as an irritant to the body of the worm. I will cite a few of the more important cases only, to show the action of the medicine.

Case 1.—Painter by trade; brought me some joints of a beef tapeworm he had passed. The only symptoms were slight abdominal uneasiness if he did not have his meals at regular intervals. Gave sulphate of magnesia and pumpkin seeds in the form of an emulsion; no effect. A few days after gave magnesia and the seeds dry; *Tænia medio-canellata*, twenty-five feet. Three months after, more joints passed; gave magnesia and seeds as directed; *Tænia medio-canellata* twenty feet. I subsequently obtained some smaller worms of the same species from this patient. I then gave him a mixture of potassic bromide and infusion of gentian. There has been no return in three years. I have found this mixture very efficacious in removing the abnormal condition of the bowels which is so frequently met with in these cases.

Case 2.—Middle-aged gentleman, born in Malta; uses tobacco and liquors in moderate quantities, but habitually and for a long time; brought me several joints of a *Tænia solium* that he had passed. Gave magnesia and seeds as directed. *Tænia solium* of seventy feet. No return in three years.

Case 3.—Mechanic, born in the Southern States; had tapeworm for twelve years; repeated attempts at removal during

this time, but never successful in getting the head, and it rapidly grew again. Two years previous to his consulting me he contracted syphilis; secondary symptoms severe and obstinate; had taken mercury for nearly two years; consulted me for the syphilitic lesions and not for the tapeworm; said he had given up all hopes of having it entirely removed, and it gave him no inconvenience beyond the disagreeable sensations produced by its coming down when he was walking, sometimes as far as the knees, returning again to its former abode. Gave magnesia and seeds; *Tænia solium* twenty feet; no return in four years.

Case No. 1 shows the rapidity with which the tapeworm grows; the whole number being removed within eight months, the second one of twenty feet three months after the first one.

Cases No. 2 and 3 show that the habitual use of tobacco and liquors, that syphilis and the prolonged use of mercury, have no effect upon tapeworm.

ONTARIO MEDICAL ASSOCIATION.

(Condensed from the Canada Lancet.)

The eighth annual meeting of the above Association was held in the theatre of the Normal School, Toronto, on the 13th and 14th ult., Dr. Rosebrugh, of Hamilton, President in the chair; Dr. J. E. White, of Toronto, Secretary. The attendance was large and representative. Drs. Wyeth, Rice, Fox and Horning, of New York, Dr. Johnson, of Danville, Ky., Sir James Grant, of Ottawa, and Dr. Gardner, of Montreal, were present as delegates and invited guests. They were introduced to the meeting and Drs. Rice, Fox, Gardner and Johnson made brief speeches.

The President's address was next in order, and was listened to with attention. After thanking the Association for the high honor conferred upon him, the speaker referred at some length to the benefits arising from medical associations generally. He spoke of the vigorous strength of the Association and of the good effects it must have on the advancement of medical science in Ontario. He believed the interests of the Association and of science would be subserved by affiliation with the

British Medical Association, which is perhaps the most influential scientific body in the world. In giving a history of the advance of medical science during the past thirty years, he congratulated students of to-day upon the transformation which has taken place in the methods of, and facilities for study. He believed that the students are better now *morally*, as well as scientifically, than they were when he was a student; while empiricism is still rampant, truth and principles are generally becoming evolved out of the chaotic mass of facts known to scientists. Hospital facilities are much increased, as are also laboratories and apparatus, giving the student opportunities of *real* improvement, which were unknown even a score of years ago. In his history of the old days of medicine and medical education in Toronto, he introduced the well-known and beloved names of some of the giants of those days, among them mentioning the names of Drs. Widmer, Rolph, Beaumont, King Telfer, Henick and Workman. Dr. Workman was present, and at the mention of his name there was hearty applause, which was repeated when the President said that the "Dublin method" of midwifery, which has been spoken of as a recent discovery, was practised by Dr. Workman forty years ago. The President, resuming, urged that better facilities for scientific research should be provided for students in Canada, so that it would not be necessary for them to go abroad. These facilities being provided, the higher the standard was the better, both for the student and his patients.

SURGERY.

Dr. Grasett, of Toronto, opened the discussion in Surgery with a paper on "Urethral Discharges." The discussion of the subject was taken up by Dr. McFarlane, of Toronto; Dr. Graves, of Fergus; Dr. Burt, of Paris, and Dr. Dupuis, of Kingston. In the course of his remarks, Dr. McFarlane said that it was a shame that in the schools of Ontario, pupils should not be warned of the baneful effects of vicious practices.

Dr. Johnson, of Danville, Ky., followed with a paper on "Soft Myoma," which was listened to with eager inter-

est by all present. Diagrams were used in illustration of the subject. The reader showed that this form of uterine tumor is not one of the secondary changes of the hard myoma, due to degeneration of the newly-formed muscular fabric, comprising the ordinary fibroid, but is an entirely distinct tumor springing from a different source, having a separate histological and clinical history, and a widely different termination.

Dr. Burns, the newly elected president of the Ontario Medical Council, and Sir James Grant, of Ottawa, were at this point introduced to the meeting and were received with much applause.

Dr. Sheard read a paper on "Typhoid Fever." It was discussed by Dr. Smith, of Tilsonburg; Dr. Mullin, of Hamilton, and Dr. Henderson, of Kingston.

Dr. Holmes, of Chatham, and Dr. Whiteman, of Shakespeare, read papers on "Empyema," and this brought the afternoon session to an end.

Dr. McCollum, of London, now read an excellent paper, showing the most important advances in physiology during the past year.

SUBJECTS FOR DISSECTION.

Dr. Geikie moved a resolution favoring the modification of the Anatomy Act, so as to secure a more adequate supply of anatomical material, the study of anatomy being the basis of all sound medical education.

Dr. Workman said that forty years ago, in cases of hanging, the profession always got the bodies. Dr. Richardson could perhaps explain what use was now made of them. He did not see why students should have to desecrate graveyards, or why the bodies of decent people should be taken from the hospitals, while the body of a criminal was buried within the gaol walls.

Dr. Richardson said the law requires that an executed criminal must be buried within the precincts of the gaol yard. There was no doubt the profession were deprived of bodies which legitimately belong to them. The supply of material was so limited that students would have to go abroad to seek it, much to the detriment of the province.

Dr. Geikie said that the demand of the profession was made in the interest of the public. The motion was carried.

Dr. Mullin opened the discussion on Medicine by an able paper on "Malaria as the cause of disease." The paper went to show that there was an undue tendency to attribute disease to malaria, and consequently a too liberal administration of anti-malarial remedies, not always harmless. The paper was discussed by Drs. Geikie, Workman and Richardson.

SECOND DAY.

The first paper read was by Dr. Hunt, of Clarksburg, on Idiopathic Glossitis. It was ably discussed by Dr. McPhedran, of Toronto, Dr. Brock, of Guelph, and Dr. Metherill, of Freelon, who advocated the use of ice in the treatment of the disease.

The next paper was read by Dr. C. M. Smith, of Orangeville, on "Fractures of the Humerus." The mode of treatment advocated was illustrated by the introduction to the Association of a young man whom Dr. Smith successfully treated by the aid of the splint.

Dr. Gardner, of Montreal, read a paper on "Ruptured Tubal Foetation," and related a case in which he performed laparotomy with success.

Dr. Johnston, of Danville, Ky., in congratulating Canada on having a scientist like Dr. Gardner, condemned strongly the use of electricity in effecting the death of the foetus. The knife was the safest remedy.

Dr. Daniel Clark, superintendent of the Provincial Lunatic Asylum, read an able paper on "Neurasthenia."

The Hon. G. W. Ross was introduced at this stage of the proceedings, and made one of his usual happy addresses, which was received with much applause.

Dr. Bray, of Chatham, read a report of a case of "Uterine Hydatids," which was exceedingly interesting.

Dr. McPhedran showed a very interesting case of "Splenic Leucæmia." The patient first came under observation about three months ago. About a month ago the proportion of white

corpuscles to red was about 1 to 15. On that day it was about 1 to 8. An interesting point noted, is that while the number of red corpuscles is decreasing, their color is greatly improved, as is also the general condition and feelings of the patient. The spleen is considerably enlarged.

The last business before the noon adjournment was the viewing of an operating table, which was some time ago invented by Dr. O'Reilly, of the Toronto General Hospital. The feature of the table is that the head of the patient is hidden from view while the operation is going on, and in this way students need not necessarily know who the patient may be.

Mr. Thornburn's practical and interesting paper on "Life Insurance and the Relation of the Profession thereto," was next in order. It was listened to with interest and provoked a good deal of discussion.

Dr. J. A. Temple, of Toronto, read a paper on "The Range of Usefulness of Pessaries," which was followed by another by Dr. Irving, Kirkton, on "Puerperal Eclampsia on the use of Pilocarpin."

COMMITTEE ON ETHICS.

Dr. Barrick read the following regarding the conduct of certain members charged with violating the code :

"Your committee after carefully considering the code of ethics as at present adopted by your association, and which code is really that of the American Medical Association, have come to the conclusion that the time has arrived when the Ontario Medical Association should frame a code of ethics of its own, taking special cognizance of the following points brought under their observation :—(1) That of signs displayed outside of churches or other public places with the names of any practitioner painted on them. (2) That the practitioners employed by the various clubs be remunerated in proportion to the work done. (3) To signs displayed by practitioners outside their houses and to advertisements in the daily papers. (4) To the posting of handbills about the city by practitioners on change of residence. (5) To the advertisement of a certain dispensary for diseases of women in the city, notifying the pub-

lic that advice was free, and that students were not admitted. (6) Your committee beg to recommend the appointment of a committee to formulate a code of ethics and to report at the next general meeting.

The report was read clause by clause and provoked a great deal of interesting discussion.

In the evening, Dr. J. H. Richardson read a paper on "Coroner's Inquests." After a few preliminary remarks dealing with the gravity of the question, the speaker suggested that a committee of the association should be appointed to elaborate some feasible plan for conducting investigations into suspected cases of death more in accordance with the spirit and conditions of an advanced civilization. He believed that the true functions of the coroner ought to be confined to throwing all the light possible on the cause of death, leaving matters purely legal to gentlemen of the legal profession. As to the medical witness, the speaker was more emphatic, condemning the superficial character of the evidence sometimes given touching the cause of death. The usual practice is to entrust the *post mortem* examination to some medical man known to have been acquainted with the deceased, or to have been in some way accidentally connected with him at the time of death. Too little time is afforded the witness to prepare an intelligent report, and consequently, in many cases, the ends of justice are frustrated. If he should afterwards discover that his opinion as to the cause of death was erroneous, no opportunity of putting the case right may ever arrive. A medical witness should have a thorough knowledge of medical jurisprudence, so that it is not every medical man that can be an intelligent witness of the cause of death in cases involving intricate details. As to the coroner's jury, the speaker said that he had not respect enough for it to give it serious attention. It is absurd to believe that twelve men, sometimes gathered from the most ignorant class, can advance the ends of justice. In the opinion of the speaker, the time has arrived when the coroner's jury should be dispensed with.

The views given were discussed at some length by members

occupying the position of coroner, such as Dr. Johnston, Dr. Bray and Dr. Duncan. The consensus of opinion was that coroners' inquests are in many cases defective.

The following committee was appointed to consider the subject and report their finding at the next annual meeting of the association :—Dr. J. H. Richardson, Toronto ; Dr. Henderson, Kingston ; Dr. Johnston, Toronto ; Dr. C. W. Covernton, Toronto ; Dr. W. Philp, Hamilton ; Dr. White, Toronto ; Dr. I. H. Cameron, Toronto ; Dr. Duncan, Toronto, and Dr. Powell, Toronto.

The committee is enjoined by the resolution to take into consideration the whole subject of medico-legal investigation of violent or suspicious deaths, and to draft a bill embodying proposed changes, which will be submitted to the Ontario Government in the event of the bill receiving the endorsement of the association at the next meeting.

REPORT OF NOMINATING COMMITTEE.

At this stage of the meeting Dr. McPhedran was asked by the President to read the report of the nominating committee, and is as follows :—President, Dr. W. H. Henderson, Kingston ; 1st vice-president, Dr. Geikie, Toronto ; 2nd vice-president, Dr. Howitt, Guelph ; 3rd vice-president, Dr. Day, Trenton ; 4th vice-president, Dr. Aikman, Collingwood ; corresponding secretaries, Drs. Lovitt (Ayr), Gillies (Teeswater), Trimble (Queenstown), Leonard (Napanee) ; secretary, Dr. J. E. White, Toronto ; treasurer, Dr. N. A. Powell, Toronto.

When the President rose to put the motion for adopting the report, Dr. Walker rose and said that he did not believe it was in the interests of the society to retain officers for a long term of years. Such a course, the speaker thought, would lead the association into ruts and grooves of an unhealthy character. He therefore proposed that Dr. White's name as secretary be replaced by Dr. Wishart's, but with respect to the other officers he did not propose to offer any opposition.

The motion was the signal for a heated discussion on the constitution, many of the speakers maintaining that no person

could be elected to an office without his name being brought before the nominating committee, and, consequently, that Dr. Wishart could not be legally elected by the course proposed to be taken.

Dr. Wishart asked leave to retire from the contest, but his friends vigorously protesting, he had no other course left him but to continue in the field.

At last a motion was carried adopting the report, office by office, and by ballot.

The President did the balloting for the whole association, but when he came to declare Dr. White duly elected, a motion was made referring back the report to the committee with instructions to them to place the name of Dr. Wishart with that of Dr. White for the office of general secretary. The motion was carried by a vote of 29 to 15.

Dr. White then rose and, after resigning his position of secretary, walked down from the platform to the body of the hall. The affair did not stop here, for the President began at once to call for a vote on the two candidates before the meeting. This course called forth vigorous protests from Dr. White and his friends, who declared that he was no longer a candidate. An end was put to the discussion by Dr. Richardson, who moved that Dr. White's resignation be accepted, and that he be tendered the hearty thanks of the society for his services during the last nine years.

The motion was carried, and the President declared Dr. Wishart duly elected secretary.

On motion Dr. White was granted an honorarium of \$100 for his services during the past year.

The treasurer's report was read, showing the annual receipts to have been \$502, and that there was a balance, after all demands were met, of \$227.59.

The retiring President introduced the newly elected President to the Association, after which the meeting was declared at an end.

The next meeting will be held in Toronto, a report to that effect having been made.

NEW BRUNSWICK MEDICAL SOCIETY.

The eighth annual session of this Society met in the Oddfellows Hall, St. John, on the 17th July. The attendance was unusually large.

The President, Dr. P. R. Inches, opened the proceedings with an address, reviewing chiefly the work of the Society during the past seven years, and made touching allusions to the late Drs. Hamilton, Earle and Botsford, all of whom, former presidents of the Society, had died within the past year.

A lengthy discussion took place on the report of a committee appointed at the last meeting to consider "the attitude of the medical profession towards the sale of intoxicants," with other questions bearing on the same. No decision was arrived at, the matter being referred back to the committee.

The first paper read was by Dr. A. D. MacDonald, on Puerperal Fever. He was followed by Dr. Steeves on the allied subject of Puerperal Insanity. Dr. T. C. Allison next read an exhaustive dissertation on Ununited Fracture and False Joint. Dr. G. A. Hetherington followed with an excellent paper on Leprosy. He gave the results of a personal examination of the lazaretto at Tracadie and a history of the institution. Views of the hospital and its patients, as taken by the doctor, were exhibited while reading the paper. Dr. Hetherington stated that several lepers are still at large in the northern part of New Brunswick, and that means should be taken to have them confined. He does not, however, consider the disease contagious in the ordinary sense of the term. The session closed with a paper by Dr. Johnston on the Treatment of Dyspepsia by Papaine, which elicited a very lively discussion.

The election of officers for the ensuing year resulted as follows: President, Dr. McLaren; 1st Vice-President, Dr. McDonald; 2nd Vice-President, Dr. Duncan; Secretary, Dr. Crawford; Trustees, Drs. Addy, Christie and McCleary.

In the evening a conversazione was given by the St. John Medical Society, thus ending a most pleasant and profitable session.

Selections.

Codeine to Relieve Pain in Abdominal Disease.—Dr. T. Lauder Brunton says of the use of codeine to relieve pain in abdominal disease: The class of cases in which I have used it is, I think, somewhat different from those in which it has previously been recommended, because while Barbier, Aran and others have chiefly employed it in gastralgia and painful disorders of the stomach, I have used it chiefly in pain affecting the intestines and lower part of the abdomen. The kinds of cases in which I have used it have been very varied. As examples I may shortly describe one or two. In one case which I saw with Dr. Eccles, there was high temperature, intense pain in the right iliac fossa, with considerable swelling, so that there could be little doubt that there was inflammation around the cæcum, although examination after the acute symptoms had subsided showed that there was also pelvic cellulitis. In this case one grain of codeine, given in the form of a pill, relieved the pain at once, and repetition of the dose whenever the pain began to return prevented its becoming at all severe.

In another case, seen with Dr. Philpot of Croydon, a lady, aged 50, had pneumonia of the right base, a greatly dilated heart with very irregular action, pulse so rapid and weak that it could hardly be counted, and pain over the epigastrium and spreading out from it. She was slightly jaundiced, and a tumor was felt in the right lateral abdominal region, which descended with respiration, but was partly covered by intestine, and could be moved from side to side, so that it seemed to be renal rather than hepatic. As no post-mortem examination was obtained the exact diagnosis could not be established, but the administration of codeine in half-grain doses relieved the pain, as Dr. Philpot said, "as if by magic."

In another case, seen with Dr. Pardington at Tunbridge Wells, there was pain in the abdomen depending upon a mass of impacted fæces in the transverse colon. In this case codeine seemed to be especially indicated, as one wished to relieve the pain without interfering with the action of the bowels. In grain

doses codeine relieved the pain, and the use of copious enemata, aided by washing out the stomach, cleared away the impacted mass which had given rise to the disturbance. I have tried codeine in cases of long-continued abdominal pain for which no definite cause could be assigned, as no tumor could be felt, and the functional disturbance did not seem sufficient to warrant a diagnosis of malignant disease. I have tried it in cancer of the liver and pancreas with success in relieving pain, and also in numerous cases where the age of the patient, the presence of diarrhæa, tenderness on pressure, and visible peristaltic movements and thickening of the gut, easily perceptible on palpation, led to the diagnosis of malignant disease in the intestine, although inability to obtain a post-mortem examination prevented the confirmation of the diagnosis. In such cases I generally begin with half a grain, in the form of a pill made up with extract of gential, three times a day; and if this is insufficient to control the pain I increase the dose to a grain, and give it as frequently as seems necessary. As a rule, I find that it does not produce drowsiness, nor has it interfered with the digestive functions.

To sum up, the results I have obtained from the administration of codeine have satisfied me that it has a powerful action in allaying abdominal pain, and it can be pushed to a much greater extent than morphine without causing drowsiness or interfering with the respiration or with the action of the bowels. It is therefore specially indicated in such a case as Dr. Philpot's, which I have already mentioned, where the dilated heart and consolidated lung tended to make one afraid of morphine. Codeine is also specially indicated in a case like Dr. Pardington's, where one wished to relieve the pain without interfering with the action of the bowels. On the other hand, in cases where there has been much diarrhœa, as in some cases of malignant disease of the colon or rectum, the absence of any tendency to lessen peristaltic movement is rather a disadvantage to codeine as compared with morphine or opium.

I have found that in cases of long-continued enteralgia without organic disease, it has continued to relieve pain for months together, without the dose being increased beyond one grain

three times a day, and I found the same to be the case where the presence of a tumor, in addition to other symptoms, had led to the diagnosis of malignant disease.

It is interesting to follow the vicissitudes of a drug, and to notice how its use extends or diminishes until at last it finds its right place and maintains it. Thus digitalis, while mentioned in the London *Pharmacopœia* of 1721, was excluded from that of 1746. It again appeared in 1788, and since then it has held its place. Possibly codeine, after falling into almost complete disuse as an analgesic for many years, may again regain a more or less important place amongst the remedies which enable us to relieve pain.—*Brit. Med. Journal*, June 9, 1888.

Ligation of a Tonsil for Hemorrhage.

By Dr. E. W. Clarke, senior assistant surgeon at the New York Hospital.—Through the kindness of Dr. T. M. Markoe, attending surgeon, and Dr. Wm. Gordon, house surgeon, I report the following case of hemorrhage after amygdalotomy, with the method employed to check it:—A. M., aged 22, single, German, nurse, well nourished and robust, was received under Dr. Markoe's care on April 6, 1888, suffering from extensive hypertrophy of both tonsils. On April 11th a portion of both tonsils was removed with a volsella and angular scissors. The immediate hemorrhage was moderate and soon stopped. About an hour later I was called to the ward, Dr. Gordon not being in the hospital, and found the patient bleeding freely from the left tonsil, a large amount of blood having been lost already. Glycerite of tannin, a mucilaginous emulsion of turpentine, and styptic cotton were used in turn without any appreciable effect. Paquelin's actual cautery was next used. This served to check the oozing and bring into view a small bleeding artery in the middle of the cut surface of the tonsil. Several applications of the cautery directly to the bleeding point were made, but failed to affect the bleeding. Long clamps, with blades padded with cotton, one blade on the tonsil, the other outside on the cheek, also failed, as they could not be kept long in place on account of pain. By this time the patient had become very weak and pale, with the pulse rapid,

feeble, and soft, and it seemed to me that unless something radical were done immediately he would soon die from loss of blood ; so, as he was very restless and nervous, ether was given, a gag introduced, and as much as possible of the bleeding tonsil seized with a volsella having large, bulging double points. The tongue was then drawn out of the way with a second smaller volsella, and a large silk ligature, with a double turn in the first knot, thrown loosely around the forceps on the tonsil. With the index fingers the knot was pushed down over the bulging hooks of the forceps on the tonsil, and thus easily around that portion of the tonsil included in them. When an attempt was made to tighten the ligature it slipped off, not having been well adjusted. A second and successful effort was made, with the difference that an assistant was employed to tighten the ligature while it was held about the tonsil with the index fingers as before. To make it more secure, a second turn about the included tonsil was taken, and a double knot tied on this. The long ends of the silk were carried out of the angle of the mouth and secured to the cheek by rubber plaster. The hemorrhage was now checked completely. The ligature came away on the fourth day with no recurrence of the hemorrhage, but a week later, when the patient was discharged to return to his duties, he was still very pale and somewhat weak.

Ligation of a tonsil stump might be done without anæsthesia, but only in special cases where the patient was intelligent and devoid of nervousness. Whether it could be done without assistance I doubt very much, and my success in the foregoing case was, to a considerable extent, due to the efficient assistance of Dr. Merrill, of the house staff of the hospital.—*N. Y. Medical Journal*.

Nephrotomy.—Mr. A. G. Miller (*Edinburgh Medical Journal*, June, 1888) reports three cases in which he performed this operation. His conclusions are as follows :

1. These three cases constitute my experience of “nephrotomy,” taking that term to mean “an incision in the loin for abscess or cyst connected with the kidney.” The first case,

that of J. M., was one of pyonephrosis following an injury. The second case, that of W. L., was one of perinephritic abscess, resulting possibly from exposure to cold, and becoming septic from contact with the colon. The third case, that of M. N., was one of tubercular disease, producing pyonephrosis. It is a curious coincidence that they all came under my care about the same time.

2. *The operation* I performed was the same in each case. An incision was made about midway between the last rib and the crest of the ilium, rather nearer the former, commencing at the outer margin of the erector spinæ, and passing outward and forward about four inches. This line of incision was gradually and carefully deepened till pus was reached. No difficulty whatever was experienced.

3. *Results of the Operation.* The patients were all greatly benefited for a period, the pain, inflammation, and bladder irritation disappearing almost at once. Yet in all of them a sinus formed in the loin, and persisted, from different causes, until death resulted from amyloid disease of the internal organs. The persistence of the sinus and its refusal to heal was due, in the first case, to sepsis, and the presence of the remains of a septic kidney acting as a foreign body; in the second case to imperfect drainage, on account of the peculiar shape and locality of the abscess sac, which could not contract and fill in properly; in the third case, to the tubercular condition of the kidney.

I have recorded these cases because they all terminated fatally, and I wish thus to direct attention to the fact that the operation of nephrotomy for pyonephrosis or perinephritic abscess is not so successful as some would make it out to be. The patient is immediately benefited by the operation; but, as pointed out by Mr. Morris (*Surgical Diseases of the Kidney*, 1885, p. 525), "though benefited for the time, the patient may be worn out at length by suppuration or hectic."

Mr. Godlee has published several cases (*Practitioner*, October and November, 1887) in which ultimate recovery has taken place, though a sinus has continued to discharge for

several years. These, however, were mostly persons about thirty years of age, and therefore not so liable to suffer from albuminoid disease as my patients, who were eighteen, nineteen, twenty-two years respectively. On the other hand, cases have been published in the journals as *successful* who left hospital with a sinus in the loin. If these cases were watched and reported on again, we might find them ending fatally, like mine, especially if they were comparatively young. Two of my cases I might have published as *successful* a few months after operation.

I am unwilling to draw deductions from these cases, for the data are very few, and unfortunately *post-mortem* examinations were not obtained, so that confirmation of diagnosis, etc., is wanting. These cases, however, have left strong impressions on my mind, and I would like to give expression to them. Accordingly I would submit with considerable diffidence, the following suggestions :

1. *If a suppurating kidney is aseptic, leave it alone if you can.* The kidney may recover or may shrivel up and become a mass of cicatricial tissue. That the latter result is possible has been frequently perceived on the *post-mortem* table.

2. *If incision is necessary in an aseptic case, the utmost antiseptic precautions should be employed till the wound is soundly healed ;* for septic infection may mean death, especially in the young.

3. *If the suppuration is septic, prefer nephrectomy to nephrotomy, provided the other kidney is sound.* Incision may be employed advantageously as a preliminary to excision. Such a procedure, according to Otis (*Boston Medical and Surgical Journal*, October, 1887), "robs a subsequent nephrectomy of much of its danger" (the mortality of the latter varying, according to his tables, from 31.48 per cent to 54.44 per cent).

Mr. Godlee (*loc. cit.*) also says that a contracted kidney is removed with less danger to life than a large one. "Hence the great advantage of draining such a kidney, and allowing it to shrink before taking it away."

At the conference held in Paris in 1886 (*Revue de Chirurgie*, November, 1886), the general opinion seemed to be in favor of nephrectomy, preceded by nephrotomy, being the best treatment for suppuration connected with the kidney.

Fracture of the Head of the Fibula from Muscular Contraction, IMPLICATING THE EXTERNAL POPLITEAL NERVE. By Robert F. Weir, M.D., surgeon to the New York Hospital.—I venture to bring to the notice of the society to-night a form of fracture which investigation has shown to be quite uncommon.

On the 5th of last May I was requested by Dr. C. C. Lee, of this city, to see a young gentleman, aged 21, who had fallen the night previously while wrestling with a companion. His left leg, he stated, was twisted around that of his antagonist. As he fell he felt something give way and found that he was unable to walk. He leg was carried decidedly to the inside of the thigh, so that the entire limb was bowed outward. He obtained relief from his pain by his friend pulling forcibly upon his foot, whereupon the knee straightened itself. The accident had occurred about twelve hours prior to my seeing him, and as at this time the knee joint was greatly swollen and painful, particularly over its outer aspect, where a good deal of ecchymosis was visible, ether was administered for a proper examination of the parts. The joint, as previously stated, was greatly distended with blood, but no fracture of the femur nor of the tibia was made out. Just above the joint, however, on the outer aspect of the external hamstring tendon, was felt a hard mass of the size of the end of the thumb, movable in several directions and apparently bony in character. Below this point was a depression, at the lower end of which, about one inch from the bony mass felt above, was the squared-off end of the fibula to be felt. This bone, on being measured from the external malleolus to this fractured edge, was found to be nearly an inch shorter than the bone of the uninjured leg. It was therefore evident that we had to deal with a tearing off of the upper portion of the fibula by the action of the biceps

muscle, which accident had also produced the probable dislocation and effusion of blood into the knee joint. No dislocation of the knee joint was, however, to be discovered at this examination, nor could it be reproduced by the manipulation, which was carried out in a careful and graduated manner. From the patient's description it was, however, undoubted that a moderate displacement had occurred. The limb was placed on a well-padded Volkman's splint and cotton placed over the joint. Pressure was made upon the latter by the bandages used to secure the limb to the splint.

As this injury was to me a novel one, I occupied the time prior to my next visit in looking up in a hasty manner the literature of this subject and found but very scanty information upon such a lesion.

Nothing, for instance, is mentioned of this injury in Hamilton's work on "Fractures and Dislocation," nor in Malgaigne, nor in the recent work of Pick, nor, in fact, in any of the ordinary English works on surgery, except an allusion to it in Ashhurst's "International Cyclopædia of Surgery." But in the excellent work of Stimson on "Fractures" there is an account of this injury. In this latter work is a short summary of several such fractures, and its concomitant paralysis from injury of the external popliteal nerve is also mentioned. Nothing was found in the standard French surgical works, and in German only a brief statement in Koeing as to the existence of the injury and the possibility of its producing certain nerve symptoms, was met with.

My attention having been in this way directed by Stimson to the possibility of a nerve injury, the day after the etherization, a more critical examination of the limb was made and the nerve lesion confirmed.

I was assisted by the advice of Dr. E. C. Seguin and Dr. A. B. Sands, who kindly saw the patient with me and confirmed the diagnosis, as well as the treatment suturing the nerve, which I proposed. It was deemed advisable, however, to wait a few days until the tenderness of the knee joint had subsided, and thus avert the risk of inflammatory action, so easy to light

up in parts not yet recovered from the irritation of the injury, in accordance with the methods deemed most advisable in cases of recent patellar fractures.

Accordingly, on the tenth day after the injury, the patient was again etherized, and under antiseptic precautions, a curved incision some six inches in length, the center of which corresponded to the gap between the fractured bones, was made alongside of and down to the posterior edge of the tendon of the biceps muscle. On exposing this, the external popliteal nerve was recognized and traced downward to the separated capitulum of the fibula, and was subsequently dissected out from that point downward for nearly an inch below the lower end of the fractured fibula, where it divided in several branches. The trunk of the nerve was found not to be divided, but bearing just below the separated piece of the fibula marks of contusion, such as swelling and ecchymosis, and a moderate constriction, as if some of the fibres had been crushed in. The nerve was still attached to the small fragment, and below this point it was apparently stretched by the action of the biceps. It was therefore carefully separated from the loose piece of bone and freed in this way from the further effect of tension. The depth of the nerve injury was not ascertained. The fracture itself, when brought clearly into view, proved to be not as large as it was supposed through the skin, and consisted simply of the styloid process of the fibula torn off and drawn up about an inch and a half. The surface of the body of the fibula was smooth, and it was evident that the fracture had occurred at the epiphysal junction. A large amount of clotted and fluid blood was also met with, a good deal of which escaped from the wound. The lateral and posterior parts of the joint were seen to be open, but great care was taken not to disturb the clots which partly closed this rent. Two drainage tubes, one running down to the joint and one anterior to it, were placed in the wound, the edges of which were closed and antiseptic dressings applied. The limb was again placed in the Volkmann splints.

Nothing special need be said regarding the progress of the case. No reaction occurred; the wound healed with two

dressings in ten days, the tubes being removed when the first dressing was changed.

It was not considered practicable, from the small size of the detached fragment, to undertake at the time of the operation the wiring of the two fragments of bone together, nor was any attempt made, by permanently and strongly flexing the limb, to approximate them. A temporary essay in this direction, previously made, moreover, had shown only a moderate gain. It was therefore considered that any further or persistent trials of this latter manœuvre would be more likely to endanger the integrity of the joint, and that it would be wiser surgery to consider the safety of this part rather than the doubtful gain that might be obtained to the fracture. Moreover, in Herrgott's cases, as well as in some others, it did not appear that any disability ensued to the limb from the permanence of this separation.

At the end of two weeks from the operation a light plaster splint was applied, and the patient was allowed to get out of bed and go around on crutches. He left the city for his home at Newport at the end of six weeks, with the directions given to a competent nurse that galvanism and massage, subsequent to the removal of the splint, should be carried out thoroughly. Within four months after the injury he was walking about, even dancing. He subsequently went to Colorado, and, according to advices received within the last month, the patient has been able to walk a distance of ten miles, though making an occasional complaint of not being able to do as much at times as other young men on account of his lameness. In one of his recent letters he states that he is very much better, but fears that he will always limp a little.—(*Read before the New York Surgical Society.*)

The Treatment of Sebaceous Tumors.—Many people, the subjects of congenital sebaceous tumors and "wens," object to having them removed, on the score that the remedy is worse than the disease, and the after-consequences may be serious. The following is the method I have adopted

in such cases, and with marked success. With a cataract knife (Graefe's puncture the cyst, and gently squeeze out the contents; then introduce a small piece of nitrate of silver. On the following day, by means of a pair of forceps, the capsule of the cyst can be withdrawn, just like the shell of a bean, without any portion being left adherent. In no case has there ever been any return of the growth or any ill effects. The method, if tried, will be found to have many advantages, apart from its simplicity and thoroughness.—*Brit. Med. Jour.*

Treatment of Colds and Bronchitis —

In the *Therapeutic Gazette*, Dr. H. C. Wood discusses in a leading article the treatment of colds and bronchitis. When the cold is a widespread general one, involving the whole body in a condition which he regards as a form of subacute rheumatism, with aching pains and general wretchedness, he advises a free jaborandi sweat, followed by a few full doses of quinine. This, he says, will often liberate the sufferer at once, especially if the sweats are aided by mercurial or other purgation. For coryza, he says bismuth and cocaine injections into the nose almost invariably bring relief, though a vigorous dry shampoo may effect the same result.

In bronchitis, he says, the so-called expectorant remedies are of course indicated. These he divides into three groups: First, the narcotic expectorants, which are to be employed to allay excessive cough and quiet nervous irritability; second, the sedative expectorants to be used in the first stages of a bronchitis, to facilitate secretion and expectoration; third, the stimulating expectorants, useful in the advanced stages of a bronchitis when expectoration has already become free.

The ordinary narcotics, such as morphine and hyoscyamus, and the advantages and difficulties attending their use, he thinks are well known. Chloroform, however, he regards as one of the most valuable remedies that we have for quieting cough. In nervous or hysterical men or women, often the best expectorant mixture is one composed of pure narcotics. A very good home-made mixture for this purpose is one containing:

Whiskey, paregoric, glycerine, of each f ʒ ij ; chloroform m xxx.
M. Shake well before using, and take in teaspoonful doses
pro re nata.

This mixture has, he says, enabled patients to secure many a night's rest, by keeping a little bottle of it, tightly corked, at the bedside, and sipping it when necessary.

With regard to the use of hydrocyanic acid as a sedative, he seems to think that its action is so fugacious as to be untrustworthy in ordinary safe doses ; while wild-cherry bark preparations he rejects as certainly useless.

The older depressing expectorants, he thinks, have little power, unless given in nauseating doses, and in their stead he has come to use very largely the citrate of potassium. Of the following prescription, he says that he thinks any one who will use it will never give it up, unless some remedy of greater power be discovered :

℞ Potass. Citr. - - - ʒj
Succi Limonis - - - f ʒ iss
Syr. Ipecac - - - f ʒ ss
Tr. Opii Cam. - - - f ʒ ij
Sprup, q.s. ad - - - f ʒ ij

M. Sig.—Dessertspoonful every two hours.

This dose is for robust men and must be varied according to the strength and peculiarities of the individual patient.

Of the older stimulating expectorants the only ones in which he still places confidence are the muriate of ammonium and syrup of garlic. When the citrate of potassium mixture fails, he habitually resorts to the muriate of ammonium, and has often seen very good results from its use. It may be given in capsules if the stomach is very sensitive, each capsule to be followed by a drink of water. The following furnishes the best disguise for the taste of the drug that he has been able to concoct :

℞ Ammonii Chloridi, }
Ext. Glycyrrhizæ, } āā - ʒ iss
Glycerini - - - - - f ʒ ss
Mucil. Acaciæ - - - - - f ʒ ij
Syrupi, Aquæ, q.s. ad - f ʒ ij

M. Sig.—Dessertspoonful every two hours.

Syrup of garlic is so disagreeable to most patients that it is very rarely used. In his own practice, in ordinary cases, the only stimulant expectorants used besides muriate of ammonium, are oil of eucalyptus, terebene, and oil of sandalwood, and occasionally oil of cubeb or copaiba. The doses of these remedies are so small, he says, and the taste of most of them so disagreeable, that they should always be administered in capsules. The oil of eucalyptus he is inclined to regard as the most efficient. It may be administered in an ordinary cold or bronchitis so soon as free secretion has been obtained. Terebene is a little more stimulating than the oil of eucalyptus, and to be employed somewhat later in the disorder (dose five minims). The oil of sandalwood is about equivalent to terebene, while the oil of cubeb is employed still later in the disorder.—*Med. and Surg. Reporter.*

The Case of Sextuple Pregnancy.—It may be remembered that an extraordinary case of multiple pregnancy recently occurred at Castagnola, near Lugano, in Switzerland. A woman, aged 36, wife of the local *sindaco*, was delivered on May 4 of six children—four boys and two girls—at a birth. They were born alive, though prematurely, but they all died in a few seconds. Their united weight was only three pounds thirteen ounces, and the length of their bodies, which were perfectly well formed, varied from eight and three-quarters to ten and a quarter inches. The case, which is said to beat all previous *authentic* records of human fecundity, is vouched for by Dr. Francesco Vassalli, of Lugano, who attended professionally on the occasion, assisted by Drs. Bianchi, Reali, and Solari, of the same place. Dr. Vassalli has reported the case in detail in the *Gazetta Medica Italiana-Lombardia* of June 2, and an abstract of his account may be interesting. It has been stated that the woman had previously borne seven children in two batches of four and three respectively, but this is inaccurate. She was married only two years ago to a widower, aged 41, who had ten children by his first wife. There were no twins among these, but it appears that he has

five cousins—brothers—each of whom is the father of twins. A sister of the patient has also borne twins on one occasion. The patient herself, in the first year of her marriage, had a boy, who is now fifteen months old and in perfect health; she suckled him for eleven months, when she became aware that she was again pregnant. The catamenia had reappeared in the seventh month of her nursing, and the last period began on December 4, and lasted six or seven days; conception must, therefore, have taken place in the early part of January. The patient suffered severely almost from the first from weakness of the legs and vomiting, and in the fourth month the abdomen was as large as it usually is at full term. On the morning of May 4 (being about the one hundred and fifteenth day of pregnancy), while doing some light out-door work, she felt a sudden desire to empty her bowels, and, on squatting down for the purpose, there was a gush of hot liquid from the vagina, which she recognized as amniotic fluid. She immediately went home, walking with much difficulty, on account of something which she felt protruding from the vulva. A neighbor was called in, who found a tiny foetus hanging by the foot, which was speedily delivered. All this occurred within a few minutes. Dr. Vassalli was then summoned, and found the os only partially dilated, while an unruptured sac could be felt through it. There being no urgent symptoms, the patient was kept quiet, and, after passing a fairly good night, she got up the next morning to attend to her household duties, feeling quite well. Towards mid-day pains came on with increasing violence, and she lost a good deal of blood. Seeing that abortion was inevitable, Dr. Vassalli thought it advisable to hasten delivery. He therefore punctured the membranes, and extracted a small foetus by the foot. After tying the cord, he followed up the placental end with his right hand, till he came to another sac of fluid; this he also punctured, and delivered a third foetus. Two more were extracted in the same way, the whole procedure occupying two hours. Fresh hemorrhage now occurred, and the uterus did not contract. Dr. Vassalli, therefore, tied all the cords together, and made gentle traction, at the same time ap-

plying pressure to the womb. This failing, he introduced his hand into the uterus, and tried to bring away the placenta, which, however, he only succeeded in tearing, with the result of making the bleeding more alarming. Having no hæmostatics at hand, he sent for assistance, keeping his hand in the uterus meanwhile as a plug. It was four hours before help arrived; the after-birth was then got away with some difficulty, a sixth foetus enveloped in its own membranes being found attached to it. The patient bore the trying ordeal very well, and made a good recovery. The heads of the foetuses were rather large relatively to the bodies, and the eyes were covered with the pupillary membrane. The genital organs were completely differentiated. There was only one placenta. The specimen has been placed in the museum of the R. Scuola Ostetrica, at Milan. Dr. Vassalli calls attention to the curious fact that Castagnola is rather remarkable for multiple births. From the official registers it appears that in a population of five hundred and eighty-five, from January 1, 1876, to May 10, 1888—that is, thirteen years and four months—there was a total of two hundred and forty-seven births. Of these, two hundred and twenty-eight were single and nineteen multiple, the latter consisting of five cases of twins, one of triplets, and the present one of *sextuplets*. The proportion of twin births, therefore, was one in forty-five, instead of Schröder's estimate of one in eighty-nine; and of triplets one in two hundred and twenty-eight, instead of one in seven thousand nine hundred and ten.—*Brit. Med. Journ.*, June 9, 1888.

Dangers of Antiseptics.—According to the Berlin correspondent of the *British Medical Journal*, May 19, 1888, at the last meeting of the Berliner Medicinische Gesellschaft, Dr. Emil Senger read a paper on the influence of antiseptic remedies on the organs of the body, with special reference to operations on the kidney. It is well known that after nephrectomy, or even nephrotomy, many patients die with symptoms of uræmia or anuria, even when it had been ascertained beforehand by careful examination that the other

kidney was quite healthy and capable of secreting the necessary amount of urea. Dr. James Israel, chief surgeon of the Berlin Jewish Hospital, has propounded a very complicated theory as to certain nervous sympathies between the two kidneys, whereby an operation on one may give rise to degeneration of the other. Senger has now proved by experiments on rabbits and dogs that our antiseptic remedies are the cause of these complications. He injected into the animals, when in perfect health, one-tenth or twelfth part of the quantity of corrosive sublimate, carbolic acid, etc., which is sufficient to kill them. He then extirpated one kidney and examined it microscopically, with the result that in all cases he found glomerulonephritis. There was exudation between the glomerulus and the capsule, and the epithelium of the tubuli contorti was almost entirely destroyed. He found also fatty degeneration of the liver, the spleen, the heart-muscle, etc. The various antiseptic agents were found to be injurious in different degrees, corrosive sublimate being the most dangerous, then the others in the following order: iodoform, carbolic acid, salicylic acid, boric acid. Senger therefore recommends surgeons to avoid antiseptics in operations on the thorax and abdomen, and urges them to employ either sterilized water, after the manner of Mr. Lawson Tait, or a solution of salt. By bacteriological and pathological researches he proved: first, that this kills the streptococcus pyogenes aureus in twenty-eight minutes, and that the effect is independent of the degree of concentration, for a 5 per cent. solution is just as effectual as a 20 per cent.; secondly, he claims to have shown that chlorate of sodium does not in any way injure the organs, and that no dose is strong enough to kill any animal.

A Rapid and Simple Method of Reducing Dislocation of the Shoulder.—In all the methods ordinarily employed for the reduction of dislocations downward if the humerus is raised into the glenoid cavity, Dr. Abril inverts this proceeding: his plan is to fix the humerus and to make the glenoid cavity descend on to the head of the

humerus. He claims for his method that it is most simple, easily and quickly done, that chloroform is not necessary to obtain muscular relaxation, that the pain is trifling, and that no assistants are required. He makes the patient stand with a crutch in his axilla; he then holds the hand of the affected side, making slight traction downward; the patient is now to let himself down as if he was going to fall on his knees, and as he falls the head of the humerus glides into its normal position, and the patient is surprised to find himself cured.—*The London Medical Record*.

American Medical Students — Flint's Classification.—Perhaps no man in America has come into closer relations with a greater number of medical students than Dr. Austin Flint, Jr. In the *College and Clinical Record* he gives the following classification of these as he has found them :—

1. Good students, forming twenty-five per cent. of the graduates and being marked eighty or more. These exert an enormous influence over the general opinion of the class. They practically keep themselves away from other students and have nothing in common with poor students. Their habits are invariably good; they are present at all the prescribed exercises; they dissect together, and usually collect in the same boarding houses, and form little clubs among themselves for quizzing and mutual improvement. When one is forced to miss a day his fellow students aid him in filling up the gap. Their amusements during the season are few and the amount of work they perform is enormous. Their verdict upon the ability and efficiency of their teachers is accepted by the class as final. They usually take under their protection certain of their juniors, who assume their position in the class when they have been graduated. The "good students" pass their collegiate life in an atmosphere of medicine. Medicine is the only subject which occupies their thoughts and conversation. Generosity of students of this class to each other is almost invariable. This class of students come from every part of the country. These students compare favorably with the graduates of any country.

2. The average medical student constitutes forty-five per cent. of the total graduated, and in marks ranges from below eighty to above seventy-five per cent. He is about the same the world over. The reasons why he does not become a good student are many and varied. Many are sadly deficient in mental training, even if their preliminary education be up to the standard. Many do not know how to study. Many are careless and have no fixed purpose, no enthusiasm, no capacity for consecutive mental effort. Some are bright, quick and apt, but indolent. They may be crammed for their examinations and thus escape the class of poor students, but their knowledge is superficial and indefinite.

3. Poor students form thirty per cent. of the graduates and receive less than seventy per cent. They are poor creatures indeed. Those who are a little above the unfortunate candidates who fail in their examination seldom do any credit to themselves or to the professor.—*American Lancet*.

The Value of the Bacillus Tuberculosis.

—Dr. Percy Kydd and Dr. Taylor have lately made known the results of a prolonged investigation as to the value of the tubercle bacillus in diagnosis and prognosis. In regard to the former, in many cases where the physical signs were undeveloped or were masked by emphysema or bronchitis, the discovery of the bacilli in the sputa was of great aid in diagnosis, and also in some cases of rapid wasting without any physical signs in the chest. They pointed out that it was a distinct advantage to be enabled to give a definite diagnosis early instead of waiting for physical signs to develop. In reference to prognosis, they did not lay much stress upon the bacilli; they had not found that a large number necessarily indicated a rapidly increasing disease or a small number a chronic or actually stationary condition, and in this they were supported by most of the speakers, though one gentleman was in favor of having the sputa sent up to him every week in order that he might arrive at a prognosis from the number of the bacilli, and he even thought that a prognosis might be given though the patient had never been seen.—*London Cor. to N. Y. Medical Journal*.

Antipyrine Laudamus!—The laudation of antipyrine in the literature of medicine has gone far beyond its merits, and we must remind the over zealous and unrestrainedly enthusiastic Dujardin Beaumetz that he has gone a little too far with his praises of the drug for the welfare of our patients or the truth of therapeutics. Antipyrine is neither the always indicated antifebrile, anti-pain or acute convulsive remedy it is claimed by its zealous votaries to be, and the *Alienist* must sound the same note of warning to such therapeutists in neurology as may have a little faith in its sayings, as it sounded some time back in regard to the much and over-lauded cocaine.

Antipyrine will not relieve the pains of locomotor ataxia. Antipyrine will not materially modify epilepsy or other convulsive disease for any considerable length of time. Antipyrine will not cure persistent cephalalgia, though it will sometimes, but by far not in the majority of cases, relieve migraine.

But it will arrest renal secretion, and its danger in fevers is thereby to be considered.

It is a good remedy in carefully selected forms of insomnia, but it will promptly kill in insomnia associated with double pneumonia, and it is alike dangerous in insomnia associated with renal failure.

It is a good remedy in polyuria if your sole aim is to stop the action of the kidneys. It ought not to be given in cardiac angina with organic disease, in pulmonary or renal congestion.

It ought not to be given often to the same patient during the same day. Our conviction, from careful observation of its unsatisfactory sequences, both where convalescence has resulted and where death has ensued after its use, is against its often employment where organic embarrassment of either heart, lungs or kidneys complicates the symptoms calling for its anodyne or antipyretic powers.

It is a remedy for exceptional rather than general use, Mons Dujardin Beaumetz to the contrary notwithstanding. The following is in brief the record of its untoward effects in the two last cases in which we employed this drug.

A. E. M. was a young and temperate book-keeper, who

after being stricken with pneumonia became insane. His physician, who was a homœopath, regarded him as convalescent, but we found on auscultation, unresolved hepatization of the left lung and fresh crepitus and bronchial râles throughout the right lung. The heart's movements were also embarrassed from endocardial and pericardial inflammatory changes in sac and valves. The patient had in his delirium during the day before got out of bed, gone down stairs on a damp cold day in his night-clothes and caught fresh cold. He had been for several days and nights sleepless and suffering pain, and antipyrine was decided on to fill the double indication. Two fifteen-grain doses secured sleep during the entire night, but the next day the patient's face was livid and breathing markedly embarrassed. He died the day after.

Another patient of thirty-eight years, a married lady of gouty, rheumatic diathesis and a history of many attacks of rheumatism and neuralgia and neuritis, the original attack beginning in the great toe, suffering from intercostal neuritis and insomnia, was given fifteen-grain doses twice during the day and once at night. Under these the heart's beat became intermittent, fell to below forty in a minute and required ammoniacal stimulants, digitalis and Mariani wine, and thirty-six hours in the recumbent position, with strong beef-tea and digested nutrients, before the heart regained its regular rhythm.

We might write a book on antipyrine, and its conclusions from our clinical experience would be, employ with caution and not often. Repeated doses in embarrassed states of lung, heart or kidneys are hazardous.—*Alienist and Neurologist.*

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THE NEW JOURNAL.

Being in possession of the first number of the MONTREAL MEDICAL JOURNAL, our readers are now in a position to pass judgment on our latest venture. The verdict, we sincerely trust, will be "not guilty." It will be noticed that besides the change in title, the reading space of the JOURNAL has been enlarged by sixteen pages. When the original *Canada Medical and Surgical Journal* was established in 1871 by our esteemed colleague, Dr. G. E. Fenwick, it was considered fully ample to meet the requirements of the time, but during the past decade the increase in the amount and variety of medical literature has been so rapid and so vast (owing mainly to the marvellous development of the various specialties) that the addition of so many pages became an absolute necessity. We shall doubtless find that our capacity, increased now altogether by thirty-two pages, will soon be fully tested. The change in title may probably be considered ill-judged by some of our older and more conservative readers, but it was made with the double object of shortening the name, but more particularly with a view to having the JOURNAL identified with the city in which it is published. We would particularly draw attention to the remarkable fact that notwithstanding the increase in size of the JOURNAL, and the consequent addition of reading matter, the price has been reduced from three dollars to two dollars per annum. May we not naturally expect a large influx of new subscribers?

CASCARA SAGRADA IN RHEUMATISM.

This drug, which hitherto has been known to the profession as a mild laxative only, has, during the past few weeks, been accidentally found to possess apparently remarkable anti-rheumatic properties. Dr. H. T. Goodwin, of the United States Marine Hospital service, was himself attacked with severe rheumatic pains in the shoulder, and being in need of a laxative, took some cascara. In less than two days the pains had disappeared. Thinking that the sudden subsidence of the attack might have been due to the drug, he determined on trying to verify his suspicions by administering it to some cases of rheumatism in the hospital under his care, and, as he expressed it, "the result astonished me; within twenty-four hours there was marked improvement in every case." In some thirty cases, with three or four exceptions, where there was a distinctly syphilitic taint, he obtained the most satisfactory results. He gives the drug in fifteen drop doses thrice daily, either alone or combined with the syrup of glycerine. Where both it and the salicylate of soda failed, a good result was obtained by combining the two in the usual doses. Dr. Goodwin makes no attempt to explain the action of the drug in relieving rheumatism, leaving that to other observers, of whom, we trust, there will be many in the immediate future.

QUACKERY IN THE RELIGIOUS PRESS.

The following resolutions were unanimously adopted at a recent meeting of the State Medical Society of Arkansas. We congratulate this comparatively obscure society on its pluck and enterprise. Many a more pretentious body has discussed this subject, but never before to our knowledge has so vigorous a protest been entered against this well-known helpmate of charlatanism, namely, the so-called religious press. The following resolutions were passed at Little Rock, Arkansas, May 15, '88, and are signed by Z. P. Gibson, M.D., secretary, Arkansas State Medical Society:—

Resolved,—That the members of the State Medical Society

of Arkansas have for years observed with pain and mortification the patronage given to charlatanism in all its multifarious aspects by the religious press of our country.

Resolved, further and most specifically,—That the appearance in religious papers, ostensibly published for the inculcation of truth and morality, of serious homilies on prayer and praise side by side with cures for consumption, cancer, Bright's disease and other incurable ailments to which an editorial endorsement is often given, as well as secret preparations under the cloak of remedies for disease, but really intended for purposes of foeticide and other immoral uses, largely tends to shake the confidence of the profession of medicine in the integrity and purpose of the managers and editors of such journals.

Resolved, further,—That it has been the well-known custom of the profession to render services gratuitously to clergymen, which we do not regret nor do we propose to recall, yet we must assert that the frequent occurrences of endorsements and recommendations of the clergy, of peripatetic doctors, and advertising charlatans has in many instances been the only reward of our gratuitous services.

Resolved, further,—That, as a Society, we declare that the continued perpetration of the above offences by some of the clergy and religious press brings harm to the bodies of their constituency, and damages materially their influence upon the thinking class of the medical profession.

CANADIAN MEDICAL ASSOCIATION.

Dr. James Bell, general secretary, has issued a circular card to the profession of the Dominion intimating that the annual meeting of the Association will be held in Ottawa on the 12th, 13th and 14th days of September next. Those having papers to read are requested to send in their titles without delay.

The following papers have already been promised :—

- (1) Face Presentations—Dr. H. M. Mackay, Woodstock, Ont.
- (2) The Mortality of Pneumonia—Dr. Wm. Osler, Philadelphia.
- (3) The Duty of the Medical Profession under the Public Health Act of Ontario—D. Wm. Canniff, Toronto.
- (4) Some minute but important details in the Management of the Continuous Current in the Treatment of Fibroid and other Diseases of the Uterus—Dr. A. Laphorn Smith, Montreal.
- (5) A Case of Resilient Stricture of the Urethra Cured by Electricity—Dr. A. L. Smith, Montreal.

(6) The Treatment of Varicocele and Orchitis by the Electric Current of Tension—Dr. A. D. Smith, Montreal.

Papers have also been promised by Drs. Fenwick, Roddick, Shepherd, Alloway, Blackader and Bell, of Montreal.

THE WEIR MITCHELL SANATORIUM.—Dr. A. Holford Walker announces his intention of removing his establishment from Hamilton to Toronto, feeling no doubt that the larger city will afford superior advantages. Before beginning work in Toronto, however, it is Dr. Walker's intention to spend a few months abroad, with a view especially to studying the methods of the leading gynæcologists in Great Britain and on the continent. He will then be prepared to receive women requiring surgical treatment, as well as cases suitable for Dr. Weir Mitchell's Rest treatment. There is evidently ample room for an establishment of this kind in Ontario, and we sincerely wish Dr. Walker every success.

Personal.

Dr. N. D. Gunne, medalist, McGill, '88, has settled in St. Thomas, Ont.

Dr. J. H. Thompson, McGill, '88, is apparently doing well at Fisher's Landing, New York State.

Dr. J. H. Kennedy, also a graduate of McGill of this year, is trying his luck at Guelph, Ont.

Dr. George Ross, our senior editor, left a few days since with a patient for the celebrated Banff Springs, in the Rocky Mountains.

Dr. James Stewart, also of our editorial staff, is visiting France, making a special study of nervous diseases. He is probably at present in Nancy.

Drs. Gardner, Wilkins, and Major are also in Europe variously engaged. The latter will probably visit some of the Russian hospitals before his return.

Surgeon-Major Keefer, Bengal Army (McGill, '69), passed through a few days ago on his way from India via Vancouver. He goes to London to report himself previous to retiring from the service.

Our old friend, Dr. Egerton Y. Davis, paid us a flying visit last week. He is at present engaged in looking up material for his new work on "Sexual Peculiarities." Before returning to Pentonville it is his intention to revisit the Great Slave Lake in order to study further the remarkable customs of certain Indian tribes frequenting that region.

Dr. McClure, late medical superintendent of the Montreal General Hospital, is about leaving for Northern China as a medical missionary under the auspices of the Presbyterian Church. We congratulate the doctor on the philanthropic and self-sacrificing spirit which he has recently displayed, and wish him *bon voyage*. We sincerely trust, however, that his valuable services may be fully appreciated by the "Heathen Chinese." Otherwise his visit may be made most unpleasant, because we understand the Chinese are not all vegetarians.

Medical Items.

PRESCRIPTION FOR HEADACHE.—Dujardin-Beaumetz recommends the following: ℞ Caffeine, gr. iv; salicylate of sodium, gr. iv; hydrochlorate of cocaine, gr. iss; water, f ʒ ij; syrup, f ʒ vss. M. Take the whole at one dose at the beginning of the attack.

SALICYLIC ACID IN RINGWORM.—Dr. N. F. Penn, of Lexington, Ky., recommends a saturated solution of salicylic acid in collodium as a cure for ringworm. The solution is painted on to the affected portion of skin once every day, and generally one application is sufficient. It causes some pain, but only for a short time.—*N. Y. Medical Journal*.

LOOK BEFORE YOU LEAP.—The University of Heidelberg recently conferred the degree of M.D. on Carl Umbach, who had written a brilliant dissertation on "The Influence of Anti-pyrine on Nitrogenous Secretions." And now Umbach turns out to be a quack, and the authorities of the famous university are smoking their pipes in gloomy silence.

THE RABBIT EYE OPERATION.—Encouraging reports are given, says the *Philadelphia Times*, by Dr. L. Webster Fox upon the eye of Mrs. Martha Schick. Right eye central vision increased to counting fingers to four feet, able to go about alone,

color perception keen. The cornea surrounding the graft has recently began to clear. The sight of the left eye, which was nearly blind from sympathy, is restored to its normal condition.

M. CHARCOT AND THE EMPEROR OF BRAZIL.—Sometimes, says our Paris correspondent, doctors are properly paid for their services, as witness the case of Prof. Charcot, who was called over to Milan to see the Emperor of Brazil. It was a two days' service. Milan is twenty-four hours from here, and Dr. Charcot was paid 40,000 francs—say \$8,000; \$2,000 a visit is not bad, even for a Charcot.—*N. Y. Med. Journal.*

A FORMULA FOR CATARRH OF THE THROAT.—Dr. Endler, in the *Deutsche Med. Wochensch.*, February 22, 1888, highly recommends the following gargle in cases of catarrh of the pharynx or larynx. It is by no means unpleasant to the patient, and its use is accompanied by very satisfactory results:

℞ Sulph. Zinc. - - - 75 gr.
 Aqu. Menth. Piper. - 2 pints

S.—Use as gargle three or four times daily.

RESORCIN IN CHRONIC ECZEMA.—A favorable report is made (*Therapeutic Gazette*, June, '88) by M. Schmitz of the treatment of two obstinate cases of chronic eczema by means of applications of resorcin. The remedy was employed as a solution in glycerine—a half ounce of the former to four ounces of the latter. The patients were young children, the disease chronic, and more or less general. The affected parts were painted twice daily with the above solution, improvement thereafter being steady and continuous.

A CASE OF MISSED LABOR.—Goth reports (*Archiv für Gynäkologie*, Bd. xxxii, Heft 2) the case of a primipara in whom foetal life was destroyed by a fall at eight months pregnancy. Labor did not come on, but necrosed foetal tissue and pus were discharged, and the patient contracted septicæmia. Efforts to remove the foetal remnants failed; twenty months after labor should have occurred a vagino-rectal fistula formed, with discharge of necrosed tissue. Two years after conception, under deep narcosis, the cervix was split, impacted foetal bones were

removed, and the uterus was emptied and disinfected, recovery followed. From the literature consulted, Goth adduces multiple intra-mural fibromata and disease of the endometrium as causes for missed labor.

SOME WONDERS OF ADVERTISING.—The extensive manner in which art is employed by modern advertisers may be judged by the fact that a certain printing firm during the month of January booked the following orders: For Pears' Soap, one million chromos of the "Dirty Boy" and the same of "Mary Anderson;" for Mother Seigel's Syrup, fifteen million chromo covers, and one million chromo box-tops; for Warner's Safe Cure, eight million chromo covers and eighty thousand show-cards; for Howell's Golden Herb Pills, one million and a half of chromo handbills; for Thorley's Food, four hundred thousand chromo covers and two-page pictures for an almanac; Kearley & Tongue require eighty thousand calendars for 1889.

MUCOUS MEMBRANE GRAFTS.—Wölfler (*Deutsch. Gesellsch. für Chirurg.*, xvii Kongress) reports some cases of mucous membrane transplantation which were as successful in sequel as Thiersch's more widely known transplantings of the epidermis. The mucous membrane was cut into thin strips of an inch to an inch and a half long and of a third of an inch broad. That taken from young persons grew best. The wound should be three or four days old. In three cases of impermeable urethral stricture, the cicatricial tissues, together with the urethra, were excised. After three days the continuity of the urethra was restored by transplanted flaps of mucous membrane, and a catheter was left in the bladder to act as a mould for the new canal. The results were highly satisfactory. In other parts of the body the procedure was equally successful.

WOMEN AND OBSCENE LITERATURE.—A certain class of very good and well-meaning folk never tire of declaiming from the platform of the corrupt and licentious conduct of men, but from a recent discussion in Parliament respecting the rapid spread of corrupt literature in this country, it would appear that the male sex are not alone to blame in this matter. In-

deed, were the corrupt literature business to depend on the patronage of men alone it would die a natural death. The chief customers of the vile traders in obscene publications and indecent prints and photographs are said to be women. In some parts of London there are reading-rooms and lending libraries open to females only, where young girls can have the use of private rooms, and a supply of indecent books and prints at a small charge. This is a matter which might well engage the attention of the Social Purity Association.—*London Hospital Gazette.*

—A number of ladies are said to have formed themselves into a "Society for Nursing Sick Bachelors in their Lodgings." The object of this society is to rescue celibate men from the tender care of landladies and charwomen, and while enabling them to "lie by" in their apartments, provide them at the same time with skilful nursing.

THE TREATMENT OF CARBUNCLES AND BOILS.—According to Eade (*Lancet*, May 19, 1888), carbuncles can be cut short at almost any stage of their course. When they begin as pimples, continuous soaking with a solution of a mild antiseptic, such as boric acid or salicylic acid, will almost certainly destroy them. At a little later period they may be aborted by thrusting freely into their central or cribriform opening a strong solution of carbolic acid in water or glycerin. When they become large and solid they must be partially or entirely excised or incised, and the boggy material scraped away. If surgical proceedings are refused, the continuous application of carbolic solutions in oil or glycerin, with or without poulticing, will do much to improve their condition. Boils may be treated on the same principle, but the heroic surgical procedure is not necessary.

THE TRIBULATION OF A MESMERIST.—The *Buffalo Sunday Morning News* gives an account of a mishap that is said to have overtaken a mesmerist lately. He was traveling about the country, giving public exhibitions in mesmerism, and, while in Sault Ste. Marie, was asked to show his powers at an even-

ing party to which he was invited. Among the persons whom he succeeded in mesmerizing was a young woman who is said to have come under the mesmeric influence very readily. Unfortunately, however, the exhibitionist found himself unable to dispel the mesmeric state in her case, do what he might. She insisted on following him about whithersoever he went. Medical men were called in, but nothing was of any avail. The man was advised, and indeed it seems to have been his own conviction, that he ought to make the only reparation possible, that of marrying the girl. This, accordingly, he is said to have done, although he was already under engagement to another woman. Whatever may be thought of the alleged facts in this case, there can be no question regarding the propriety of forbidding exhibitions of the sort, as has already been urged in Paris and elsewhere.

—The Indiana State Medical Society carries off the honors this year among successful annual meetings. We are not quite so certain about its scientific work, but the social features, and especially the banquet given by the Marion County Society, showed that our Hoosier friends possess wit, poetry, and oratorical powers of a superior order. There were two good poems, many bright speeches, a kind of spook-letter from the long-dead Daniel Drake, and a telegram from Bill Nye, as follows :

“Sorry I cannot be there. May you and associates continue to take life easily, as heretofore.

“BILL NYE.”

This was received with great applause, which commenced as a murmur and increased to a roar.—*Medical Record*.

MR. LAWSON TAIT ON ONANISM.—Mr. Lawson Tait recently contributed an article to a French contemporary on the subject of onanism, which is by no means uninteresting reading. He attributes its ravages largely to the horror-stricken silence with which the discovery of its existence is greeted, and appears to regret that it is not made the subject of conversation, if only to express one's detestation of so vile a habit. He would treat it as a contagious disease ; and in girls, is disposed

to advocate clitoridectomy (for doing which the late Dr. Baker Brown was crucified, in a professional sense). He doubtless feels strong enough to stem the torrent of abuse under which his predecessor sank. As a contemporary observes, however, if he conscientiously carries out his treatment in addition to that for which he is already famous, maidens of the future, *sans clitoris*, *sans ovaries*, and even *sans uterus*, will be able to confront the most fearful temptations without any fear of succumbing.—*Hospital Gazette*.

—Some gynæcological methods of the present day are startling. Removing ovaries may be more sensational, but how are we to know that it is a more effectual procedure than that our ancestors practised, for they, too, had their speculum men, and they were not to be despised. For example, after a couple of centuries, have we a better method of relieving the fallen womb and restoring it to rectitude of life than that advocated by Zacutus “by tying a mouse to the thigh unknown, and so by the fright the womb went up,” or the procedure of Roder, “by making as if he would have applied a hot iron to it, which prevailed,” or of a still more heroic plan, that of Barbet, “that five or six smart blows on the bare buttocks with a strong hand may reduce it, it being first anointed *cum Ol Ros cum Myrtin*. Yet I do fear not so sure, as it may cause smart, sorrow, or laughter in bystanders.” Gynæcologists, attention!! There is something in it.

—Peripateticus says: I should like to relate a little anecdote showing the danger of indulging in too copious libations of cold water, though I should not wish them to be construed as adverse to general temperance principles. Twelve workmen in an artificial manure manufactory in France died “all of a heap” of pneumonia, supposed to have been caused by breathing the filthy dust of their products. On enquiry, however, it transpired that the men were addicted to copious libations of cold water from the refrigerator when sweating profusely in consequence of their exertions. I don’t think I ever saw a Frenchman really sweat at work, but, anyhow, these men did so, and

drank and died. Had they partaken of beer or other vile alcoholic compound, it is quite possible they might have survived. There is no moral to this story.—*Hospital Gazette*.

A TAPEWORM EPISODE.—In a chapter of his most entertaining *Souvenirs d'Algerie*, Dr. Badour, whom we have quoted before in the *Journal*, says of the universality of tapeworm: "In Algeria, nobody is sure that his small intestines are not infested by the parasite. That is, to put it mildly, saying that it is very common, and that in spite of the fact that pork is used less there than anywhere else, and scarcely any rare meat is ever eaten. The fact is that every blade of grass is infested with ova, the earth and the air being filled with them by the shameless filth of the Arabs. These deposit their excrement and waste of all descriptions upon the soil and thus fructify it. There is no such thing as sewage. Next to man himself the dog is the great agent for scattering the tænigenous scolex. The liver of every rabbit is stuffed with them. You can easily see the risk that one runs, even when most careful, in a country where vermin are more plentiful than small change. Once upon a time, as the story-books say, a certain lady friend of mine was delivered of seven metres (about eight yards) of tænia. Three days afterwards, disquieted by borborigmi which she could not repress, and other symptoms, she took a dose of medicine which I had given her and instructed her how to use; and very soon afterward passed quite as much more. There was a large bowlful of it—a sight to forever disgust one with noodles! At another time four tæniæ came out together (as I had ocular and manual evidence, having personally "assisted") coiled around each other in an uniform rope! The patient had had reason to suspect that he was harboring an unwelcome guest and took male fern. The result was marvellously comical. I was in bed, sleeping the sleep of the just, when I heard footsteps hastening to my door and a cry 'Quick! quick! ——— is dying!' I ran to the patient, and what do you suppose I saw? He was standing up, holding on to the bed, and his wife, squat on the floor, was gripping a huge cord which issued from

his anus, and many metres of which were coiled on the floor ! Pale and frightened, she told how she had commenced to pull on it, but finally had ceased, believing that she was pulling out his intestines (*croyant à un détripaillement*, literally ‘believing that it was a *detriping*’) ! She was fooled : it was a rouleau of four tænia which finally came out, heads and all. I took them forthwith to the military hospital, and showed them, as they were, to the entire *personnel*, who will substantiate the story !”

[The doctor’s story is a tough one, and reminds the writer of a somewhat similar experience with a darkey in Arkansas some years ago. He brought to the office one day a jar wrapped in an old newspaper, and asked if I wanted to “buy a curasity ?” On being asked what it was, he took off the wrapping and I saw the biggest coil of tapeworm that up to that moment I had ever beheld. “Hits all dar,” said the darkey, “a monstrous big weyum, an’ I fotch him out whole *dis* time. Tudder one bruk all-ter-pieces, kase, I reckon, I pull too hard. *Dis* time I jes let um crawl out *heself* a little way, den I dun tuck an’ put a rock on de eend an’ jist crawl off from him on all fo’s. Gimme half a dollâr an’ call it squar !” We didn’t trade, however. F.L.J.]—*St. Louis Med. and Surg. Journal*.

—A Wolverhampton correspondent of *The Times* states that during a heavy thunderstorm recently, a collier, named Bates, who had lost his sight through an accident, was being led home, when a flash of lightning was reflected on the spectacles he was wearing to conceal his disfigurement. After a peal of thunder which followed he complained of pain in his head. The next moment, to his surprise, he found that he had regained possession of his eyesight. The occurrence has caused considerable excitement in the locality, as well it might, for such an instance is probably without parallel. It is to be hoped that the subject of this miraculous cure will be examined by an oculist, and that a full report of the case will be published.—*Hospital Gazette*.

Publisher's Department.

—After using *Tongaline* for several years in the treatment of neuralgia and neuralgic rheumatism, I am convinced that it is a meritorious compound and possesses curative properties superior to any other remedy.—*Thos. H. Craven, M.D., Canon City, Colo.*

THE TREATMENT OF ULCERS.—An article appeared in the *London Medical Record* for December 15, 1887, giving interesting details of the treatment of ulcers by phosphoric acid, as shown by the experience of Dr. Grossich. By his method of treatment, he used a ten per cent. solution of pure phosphoric acid in distilled water. The ulcer is covered with a bit of lint dipped in this solution, and the dressing renewed three or four times a day. The patient for the first few minutes feels a slight burning sensation, but this soon passes, and within twenty-four or thirty-six hours the ulcer cleans and looks better. Inflammation or eczema of the surrounding parts disappears, and all pruritus ceases. The ulcer cicatrizes rapidly, and the cicatrix is firm and healthy. Kollischer treated tubercular affections of the joints with injections of the phosphate of lime, with great success. Dr. Grossich has also had good results with this treatment, and cites some very interesting successful cases. The treatment by the solution of phosphoric acid was further employed in a case of tuberculous abscess of eight months' duration, and also a case of eczema marginatum which had lasted more than a year, and good results followed. The above suggests the superiority of Horsford's Acid Phosphate as a substitute for the phosphoric acid. The effective acidity of this preparation is about the same as the ten per cent. solution of phosphoric acid which is prescribed in the above treatment, and it may therefore be justifiably employed by the profession in the treatment of disorders of this character. It has the advantage of containing the phosphates in solution, notably the phosphate of lime. It follows, then, that all cases that require the phosphoric acid treatment can be more advantageously treated by Horsford's Acid Phosphate, and the suggestion is hereby commended to the profession.