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OBSERVATIONS ON THE PROGRESS OF SURGERY IN OUR OWN DAY.*

BY DONALD MACLEAN, M.D., DETROIT.

The multiplicity of associations for the study and advancement of the many departments of science is one of the most striking and, I may add, most valuable features of the age in which we live. The marvellous improvements in the facilities for travelling have rendered this possible; so that surgery, not less than many other departments of modern science and art, is deeply indebted for its unprecedented advancement in our day to the practical applications of that particular form of motion commonly called steam.

Not to do more than mention the production and dissemination of surgical literature thereby made practicable, the possibilities for personal contact and the interchange of opinions and experience, supplying and sustaining in ever-increasing degree the mighty stimulus of emulation which have been secured to us through the beneficent power of steam, even we of the very generation who have seen and known all about it sometimes, I think, fail to fully realize. Medical associations, as we have them, were not possible in former generations; and while many and various influences have combined to secure the unprecedented advance which, no one can deny, surgery has made in our day, my firm belief is that the union and communion between different men, and different schools, and different nations rendered possible by the means referred to is one of the greatest of all the powers which have worked together for the development and improvement of this the most directly humanitarian of all the arts and sciences.

But while claiming for such associations as the Canadian Medical the most unstinted credit as a means of advancement, I am far from being so certain that such functions as the one which your kind and generous partiality has accorded to me are to be regarded as the most effective or profitable mode of using the time and energies of the members.

I am an ardent advocate of such meetings as the present one. The reading and discussion of original papers, the reporting of cases, the exhibition of instruments and specimens, the congenial gathering of ourselves together, sometimes from long distances, the recalling of old associations and the forming of new, the hospitable and convivial breaking of bread and drinking of water in each other's society, the after-dinner speech and all that it implies, I approve of with all my heart.

But when it comes to didactic addresses even on surgery, and the progress, and the wonder, and the glory thereof, I am not quite so clear; unless, peradventure, the orator happens to have the power, genius, and courage of a Tait to electrify his audience and the whole profession with

* Read before the meeting of the Canadian Medical Association, Ottawa, Sept. 22nd, 1892.

the originality and, at the same time, the reasonableness of his revolutionary views as to the best ways and means of teaching surgery; or the no less impressive force and grace of a Hingston, by virtue of which the mental eye of the greatest of all medical associations is persuaded to open widely in amazement and delight as a system of aboriginal surgery practised in the wilds of far-off America is unfolded in language not less remarkable for its simplicity and clearness than for its eloquence and pathos.

Happy, indeed, are the orators who can deliver, and the associations which have the privilege of listening to, such addresses. In undertaking to speak of the progress of surgery in our own time, it will at once become obvious that, on such an occasion as the present, it is out of the question to attempt to do more than mention a few of the more salient features of the theme, as they happen to appear to the individual who, for the time being, has the floor.

To treat the subject exhaustively, or to any extent analytically, endeavoring to set forth in due form and in their proper order, chronologically or otherwise, the manifold steps and processes, and the parts played by different individuals, whereby the results in which we so much delight to glory have been attained, implies an effort transcendently beyond the most latitudinarian estimate of the scope and aim of my present duty. The utmost that I can presume to attempt on the present occasion is the presentation of a few of the thoughts suggested to my own mind by the deliberate contemplation of some of the changes in surgical thought and practice which have taken place during the generation to which we happen to belong.

You and I have been interested spectators of, and more or less active participants in, a great contest with enemies of our common humanity of the most malevolent and uncompromising character. This battle commenced long before our day, and without doubt will continue to rage long after we have individually been forced to lay down our arms and pass over to that vast majority which has preceded us. In the meantime, however, we pause for a brief space in the thick of the fight for the purpose of permitting one of the rank and file the opportunity of recording a few of the impressions made upon his own mind respecting the progress of events in that part of the eternal struggle in which you and he have had the great honor of playing some part, each one according to his ability, whether that be greater, or whether it be humbler.

In attempting to explain the rapid progress of surgery in recent times, and summing up the most powerful of the agencies by which this progress has been effected, large credit has been accorded to two or three data which certainly have borne a sort of pivotal relation to the whole subject. These are, first, the discovery of anæsthetics, the influence of which is unquestionable and incalculable; the second is, in a word, bacteriology, of which it may be said, I think, that the influence for good has been practically infinite; the third I have already mentioned, viz., steam, and of this agency I think it may be truly said that its influence has been at least as great as that of any other, not excepting even those just mentioned.

There are at least three other agencies of a general character whose influence has been, in my opinion, very great, although I do not think that they have always received the recognition to which they are justly entitled.

The first of these might be described as "Our inheritance, or birthright." I refer to the great stimulus given to surgery by the life and works and teachings of such men as Sir Astley Cooper, Sir Benjamin Brodie, John Bell, the true progenitor of ovariotomy, and all that that implies; Liston and Syme, Langenbeck and Desault, and many others who adorned the generation immediately preceding our own. If the torch of surgery has burned more brilliantly and effectively in our day than in any preceding age, to the inspiration supplied by these great men is due much of the credit. The stimulating and inspiring influence of their characters and labors has warmed into active, earnest, and successful effort the Listers, the Senns, the Taits, and all the captains of the hosts of our own great and notable day and generation.

The second is the characteristic spirit of the age, which has had its effect upon other department of science as well, and on surgery as much as any. I mean that spirit which is so well exemplified in the work and the methods of Darwin and his followers, who once for all demolished that great stumbling-block in the way of

scientific and philosophical progress, viz., the idolatry of authority, with the resulting dread of original and independent speculation.

In our day surgeons, like the workers in other fields of science and art, have claimed the right to think and reason for themselves, and to pursue their speculations to their ultimate conclusions, and in so doing they have, in large measure, developed the faculty of judiciously estimating the proper relations between observed facts, on the one hand, and speculative deductions therefrom, on the other.

The day is past, and gone forever, when an observing and thoughtful surgeon would tremble in the presence of his own observations, and refrain from reasoning out any theory based thereon to its logical conclusion and applying it in practice lest, peradventure, it might land him in a contradiction of the previously accepted orthodox beliefs which, with all their accumulated load of inherited respectability, have been handed down to him to be carefully cherished and worshipped as the *ultima thule* of all truth and wisdom.

How many pathological, anatomical, and surgical dogmas of the most venerable antiquity has our generation seen swept away like so many stumbling-blocks and rocks of offence in the way of the benediction-laden ship of modern progress?

And, in this great work, may we not justly claim for the new world as large a meed of praise as for the old? Is it not a plain fact that the spirit of original investigation and independent speculation has been abroad in every section of this great western hemisphere, in consequence of which an amount and kind of surgical progress has been accomplished which has commanded the most respectable recognition from the whole world, and especially from those places in Europe which have hitherto been regarded as the very fountain sources of all medical and surgical truth?

This is one of the most remarkable and, to us at any rate, one of the most interesting features of the great surgical age. In times past, American students have flocked to the European schools to complete their surgical education, and they do so yet, and undoubtedly with great advantage; nevertheless, the time has arrived when the necessity for such pilgrimages is becoming every day less and less apparent, and when the question is more and more asked, and with ever-increasing show of reason, whether we are not in a position to make at least a reasonable return in kind for all that the east is able to bestow upon us, and to confer as valuable gifts upon the surgical pilgrim from Europe as American pilgrims were able to obtain there. The current has certainly begun to flow in this direction, and I am convinced that it will continue to do so until a course of American surgery will come to be regarded as indispensable to Europeans as in former times a European one has been to Americans. The beneficent results which such a system of reciprocal instruction and inspiration would insure directly and indirectly to humanity in general might possibly be foreshadowed in the ecstatic flight of a poet's dream or a prophet's imagination, but certainly it cannot be done justice to in the commonplace terms and limitations of such a discourse as this.

A third and, perhaps, equally potent feature in the progress of modern surgery is the creation and growth of the so-called specialties. Notwithstanding the fact that it has been fashionable in certain quarters to sneer at, or even to condemn, this more or less artificial division of labor; and notwithstanding the undeniable fact that some rather serious abuses have risen therefrom, and it has not been an altogether unqualified blessing, still it is impossible to close our eyes to the fact that otherwise unattainable advantages have accrued to surgery by the devotion of certain individuals to more or less clearly marked out segments of the great field, and that such individuals should come to be known as ophthalmologists, gynecologists, and so forth, was no more than natural and proper, provided, always, that they started out in the first place as fully equipped general surgeons.

The ophthalmologist or the gynecologist who is not a general surgeon is like a sailor whose powers as a navigator are confined to one side only of his ship. In other words, the exclusive specialist, the man who knows practically nothing outside of the narrow artificial limitations of his own specialty, is *prima facie* a quack, and for his existence and his foolishness honest scientific specialism should not be held responsible. *Every surgeon need not be a specialist, but every specialist must be a surgeon.*

I do not know that there could be a much better criterion of the progress of surgery in recent years than a fair and impartial study of the authoritative utterances of some generally recognized master of a bygone age in contrast with what we are able to note as to the present state of the art.

For this purpose allow me to call your attention to the address in surgery delivered before the British Medical Association at its annual meeting in Leamington in August, 1865, just twenty-seven years ago, by James Syme, the then Professor of Clinical Surgery in the University of Edinburgh. It is but natural for me to select this address as my text, first, on personal grounds, having had the privilege of enjoying, as a student, an intimate acquaintance with the author; and, secondly, because it is of the nature of the review of the progress of surgery in a given period, viz, forty years, as it appeared to one who deservedly stood in the very front rank among the teachers and apostles of the art and science of surgery during the whole of the epoch covered by the address —one whose doctrines are to-day quoted with respectful consideration at least as frequently as those of any individual who has ever taught surgery, unless, perhaps, with the single exception of John Hunter.

The whole address is characteristic of the man and of his life work—plain, direct, uncompromising, earnest, and practical—"For he taught them as one having authority, and not as the scribes."

I will try to select a few of the most suggestive points in this address for our present consideration.

Of course, the dressing of wounds is one of the most interesting topics referred to, and in that connection the old method, which consisted in hermetically sealing the edges or cut surfaces of a wound and retaining them in that condition for a certain definite orthodox period of time before changing the dressing, is condemned, the result of this treatment being a total prevention of union by first intention. "To avoid this great evil," says the writer, "I advised that the edges should not be brought together until the bleeding had ceased, and that there should be no impermeable covering placed over them. The principles which I thus endeavored to establish are now, I believe, generally recognized in practice."

It was in accordance with the eternal fitness of things that his own son-in-law should have been the one to take up this subject where Syme left it off, and to have worked out all these theoretical and practical details of wound-dressing which are now so universally known and practised under the title of antiseptic and aseptic treatment. Without pausing to discuss the merits of this much-debated and somewhat hackneyed subject, from either an abstract or practical point of view, we must all admit that the industry and faithfulness with which it has been worked out have brought forth good fruits of a practical character, and have certainly entitled their distinguished author to all the credit and honor which has been so abundantly showered upon him by a grateful and appreciative profession.

Moreover, we are in a position to claim for the results of our wound treatment to-day a degree of safety and efficiency which Mr. Syme would be the first to recognize and applaud if he could have the opportunity of observing it.

In discussing the subject of articular disease, rest by means of the long splint, counter-irritation by means of the actual cautery, and in the advanced cases resection of the articular surfaces, together with general tonics at all stages, comprise the treatment recommended. Thanks to the teaching of American surgeons, under the leadership of Dr. Louis A. Sayre, of New York, we are able to claim a material advance in this department of practical surgery. Rest and extension by weight and pulley—compression and protection—as well as rest by well-fitting plaster of Paris casts, extension splints, and braces of various kinds, the free use of tenotomy, early opening and scraping out of all tubercular matter and other injurious débris from the affected joint, with or without removing the osseous surfaces—all these have been added to our resources since Syme's day, and it is worthy of note that the operation of resection of the hip joint, now so successfully practised in suitable cases, does not seem to have ever been taken into consideration by him, or any one else at that time, at least in Europe.

The operation of subcutaneous treatment of loose cartilages in the knee joint is mentioned

as a safe and easy method of treatment; but with our modern safeguards against septic infection, we do not hesitate to cut right down in any case of the kind, remove the offending body, and close up the wound, just as we would do in any other part of the body.

For the arrest of hemorrhage, the use of the silk ligature, leaving both ends protruding to furnish drainage, is strongly advocated. Now we use a carefully prepared animal ligature, cut it short, close the wound, apply a comfortable protective dressing, and confidently look for union by first intention, and we do not expect to hear from the ligature afterwards.

Referring to the surgery of the head, we meet at once with the matter-of-fact statement that "much has been done in the way of improvement," and the following instances are cited:

(1) An improved method of enucleation of the eyeball.

(2) Bowman's operation for fistula lachrymalis.

(3) Tenotomy for strabismus.

(4) Improved methods of treating nasal polypi.

(5) Tonsillotomy.

(6) Excision of the maxillary bones for tumors.

No mention whatever is made of the operation of trephining. In his book on the principles of surgery, however, we find a description of that operation along with this commentary: "Cases admitting of this operation are extremely rare, and I never knew a successful case of it."

If time permitted us here and now to present the testimony of the ophthalmologist, the otologist, the laryngologist, and, last but not least, the brain surgeon of to-day, as to the surgery of the head as a definite field for surgical effort, how marvellous would the contrast appear!

In speaking of the thoracic region, the only point considered worthy of mention by Mr. Syme is the diagnosis and treatment of cystic tumors of the mamma. Had resection of one or more ribs for empyema been dreamed of at that time, it certainly would not have been omitted; so that we may fairly reckon that most satisfactory procedure in the long list of solid surgical advances gained within the last quarter of a century.

"Descending to the pelvis" (to use his own works) the following substantial steps are noted:

(1) The treatment of hydrocele by the injection of the tincture of iodine after tapping.

(2) The treatment of the diseases of the rectum, fistula, fissure, hemorrhoids, and stricture, by methods precisely similar to those used now. No mention is made of operations for cancer of the rectum, which are so frequently and successfully performed nowadays, especially since the method of first removing the coccyx, and, if necessary, a portion of the sacrum, has been resorted to.

Stone in the bladder and stricture of the urethra are discussed, and in the former the left lateral operation of Cheselden is advocated, and in stricture gradual dilatation and external urethrotomy are recommended as the most suitable methods of treatment, and, for my own part, I am inclined to believe that these teachings have not been materially improved upon up to the present day, although there is no doubt a certain field of usefulness for internal urethrotomy.

Speaking of the female pelvis, he says: "The most remarkable change that has taken place in the way of improvement is in the treatment of vesico-vaginal fistula, which was formerly held to be nearly, if not altogether, incurable, and is now remedied, no less easily than certainly, through means of silver sutures, for the introduction of which we are indebted to Dr. Marion Sims." In contrast with this brief but authoritative utterance of the foremost surgeon of Europe twenty-seven years ago, we have to set the whole science and art of gynecological surgery with its magnificent record of brilliant discoveries in pathology, and its still more brilliant operative procedures, for the relief of suffering and the saving of life. Add to this the marvellous fact that there is hardly a single viscus contained in the *abdominal* cavity that has not, during these few intervening years, been securely placed within the reach of the surgeon's diagnostic and operative power.

To even enumerate the individual operations and other definite and assured gains of this great field of modern surgery would require an expenditure of time which we cannot afford;

besides, to such an audience as I have the honor of addressing, any such enumeration is superfluous.

It is in regard to the contents of the various cavities of the body, the cranium, the thorax, the abdomen, the pelvis, that the most valuable and the most astounding surgical advances have been made; and I think it is no more than the simple truth to say that neither Syme, nor any single individual of his time, were able, in their most hopeful and prophetic moments of surgical aspiration, to even conceive of anything approaching such results as have been positively and permanently arrived at.

To my old master it could not, however, fail to be a source of the utmost satisfaction, could he but know it, that to some, in fact, a goodly number, of his own pupils the world is directly or indirectly indebted for a great deal of the success of this great movement in the onward march of surgery.

It would no doubt be an easy matter to illustrate in other ways, and to a much greater extent, the progressive changes which the science and art of surgery have undergone in our day, and it would no doubt be an interesting and profitable exercise to consider in detail the individual steps and the order and manner in which they have been laboriously accomplished, and to call the roll of the leaders who, in many lands, have headed the victorious army in its ceaseless march from victory to victory. But time forbids. I hope and believe, however, that brief, fragmentary, imperfect as this little glance backward and around us over the field of action has been, it still may be regarded as sufficient to justify us in appreciating, on the present occasion, the concluding words of the address of which so free use has been made at this time: "In conclusion, Mr. President and gentlemen, I beg to express my hope that from what has been said surgery will not appear to have stood still or pursued a retrograde course during the last forty years; but, on the contrary, to have been improved in many important points of practice, and to hold out the prospect of further advance, so that when forty years hence some senior member of the association shall take a similar retrospect, he will find no lack of materials for illustrating the march of progress."

One more prophetic utterance made at or about the same time by one of Syme's own colleagues (Sir James Y. Simpson) I feel compelled to quote here, although its scope is not limited to the field of surgery, but extends to larger and more indefinite departments—in all of which we, as members of the medical profession, have a strong and direct interest.

It may be, also, that the day will yet come when our patients will be asked to breathe or inspire most of their drugs instead of swallowing them, or at least when they will be changed into pleasant beverages instead of disgusting draughts and powders, boluses and pills. But that day of revolution will not be fully realized till those distant days when physicians—a century or two hence—shall be familiar with the chemistry of most diseases; when they shall know the exact organic poisons that produce them, with all their exact antidotes and eliminatories; when they shall look upon the cure of some maladies as simply a series of chemical problems and formulæ; when they shall melt down all calculi, necrosed bones, etc., chemically, and not remove them by surgical operations; when the bleeding in amputations and other wounds shall be stemmed, not by septic ligatures or stupid needles, but by the simple application of hæmostatic gases or washes; when the few wounds then required in surgery shall all be swiftly and immediately healed by first intention; when medical men shall be able to stay the ravages of tubercle, blot out fever and inflammations, avert and melt down morbid growths, cure cancer, destroy all morbific organic germs and ferments, annul the deadly influences of malaria and contagions, and by these and various other means markedly lengthen out the average duration of human life; when our hygienic condition and laws shall have been changed by state legislation so as to forbid all communicable diseases from being communicated, and remove all causes of sickness that are removable; when the rapidly increasing length of human life shall begin to fulfil that ancient prophecy, "The child shall die an hundred years old"; when there shall have been achieved, too, advances in other walks of life far beyond our present state of progress; when houses shall be built and many other kinds of work performed by machinery, and not by human hand alone;

when the crops in these islands shall be increased tenfold, and abundance of human food be provided for our increased population by our fields being irrigated by that waste organic refuse of our towns which we now recklessly run off into our rivers and seas; when man shall have invented means of calling down rain at will; when he shall have gained cheaper and better motive power than steam; when he shall travel from continent by submarine railways, or by flying and ballooning through the air; and when, to venture on only one illustration more, tiresome surgical addresses shall be no longer required to be written by long-winded so-called orators, nor listened to by the long-suffering and uncomplaining members of associations.

These utterances unquestionably seemed altogether Utopian at the time they were breathed forth by their gifted, far-seeing author; but from what has already been realized in the direction here indicated, are we not justified and encouraged to looked to the future with the keenest feelings of hope and confidence, as well as to the past with equally lively feelings of pride and gratitude; for who shall presume to say, so far as the march of modern scientific medicine and surgery is concerned, "Thus far shalt thou go, and no farther"? For my own part, Mr. President, I have long felt that our profession, as such, has been entirely too modest. Like true worth in general, it has refrained from asserting itself and demanding the power and position justly due it. The irresistible logic and force of facts and circumstances, however, are working many deeply. important changes on men and things, and to the watchman on the watch-tower nothing is more obviously perceptible among the coming events of the near future than the promotion and elevation of the medical profession to a position of eminence and power which its intrinsic greatness and vital usefulness justly entitle it to.

QUACK MEDICAL ADVERTISEMENTS IN THE LAY PRESS.—We are told by the *British Medical Journal* that the *London Times* recently refused a four-column advertisement, of the value of £400 from the "Harness Electropathic Belt Establishment." We fear that amount would capture a lot of newspapers in Toronto.

THE THERAPEUTICS OF ASIATIC CHOLERA.*

BY I. E. ATKINSON, M.D.,
Professor of Materia Medica and Therapeutics, University of Maryland.

(STENOGRAPHIC REPORT BY W. T. WATSON, M.D., BALTIMORE.)

It must have occurred to most of us, in listening to the very succinct and exhaustive statements of Dr. Latimer regarding the geographical distribution of this great modern scourge of our race, with a good deal of humiliation, that the art of which we are practitioners has had very little to do in bringing about the subsidence of these various epidemics and pandemics. The epidemics seem to have spread through most countries at their own sweet will, and to have subsided for reasons which are largely beyond our powers of recognition. But while we have never had a remedy that has a definite antagonistic influence over the progress of this disease, a careful observation of the laws of hygiene places a community fairly beyond the reach of its ravages. Undoubtedly, as we all know, the number of vaunted specifics for the treatment of cholera are more than we care to consider to-night. After a brief experience with these remedies, the results of which were phenomenal in the hands of certain observers, the rose-colored reports that were given have failed to be confirmed. I will not attempt to enumerate the various specific remedies, so-called, that have been brought forward from time to time, but will begin my subject, basing my remarks upon knowledge of the disease made more definite by the discovery of the comma bacillus by Koch. This discovery, while it has placed in our hands as yet no specific treatment, has given us very definite ideas of the difficulties we have to contend with, and the indications for treatment and for the administration of remedies, if we be so fortunate as to find them. To enumerate *seriatim* the indications for the treatment of cholera, our first subject is the limitation of the development of the organism that is the cause of the disease; and this therapeusis is directed to the alimentary canal. The second indication is the neutralization of the poison that is produced by the vital activity of these organisms in the intestinal canal. The third indication is the elimination as early

* Read before the Clinical Society of Maryland, Nov. 4th, 1892.

as possible of the poison from the blood into which it has gained access from the intestines. The fourth indication is the restoration of the blood to its normal condition; that is, to its proper degree of fluidity. It is very easy to state these therapeutic indications, but it is far more difficult to supply the therapeutic measures. Still, with the knowledge we have of the nature and the operation of the disease, and the conclusions we draw with regard to the poison which the organisms produce, we are infinitely more favorably situated for struggling with the disease than we have ever been before.

In the space which I have a right to occupy, I can only say a few words in regard to the prophylaxis of cholera. That, however, is the most important aspect of the case. I shall begin with the bedroom of the patient, his house, his surroundings, and the disposal of excreta. Most of this I can dispose of in a very few words because of our knowledge of antiseptics and the influences of minute organisms in the production of disease, which is the alphabet of prophylaxis. Still, it may be proper to speak a little in regard to the exact procedures that should be followed out in case of cholera in the household. The attendants of the patient should be limited. The bed should be prepared in such a way that no permanent contamination of the bedding can take place. For this purpose a waterproof blanket should be spread upon the bed and another upon the floor under it, that discharges shall not soil the carpet or flooring. The attendants should be clad in waterproof clothing. Antiseptic liquids should be at hand, and there should be a constant washing of hands. Attendants should be strictly instructed not to convey their hands to their mouths, and not to feed themselves with their hands. They should use mouth washes and antiseptic solutions of weak strength snuffed into the nose. With regard to the water and food supply, I should speak more definitely. Of course every one knows that the drinking water should never be used unless it has been thoroughly and recently boiled. In passing, I should say I do not regard our Baltimore water supply as at all beyond suspicion. From my personal knowledge of the condition of Lake Roland and of its affluents, and the amount of sewage and drainage that goes into it, I believe that under proper conditions it may be a source of danger. The gunpowder water supply I regard as being as nearly perfect as can be had. The water should be absolutely boiled. The food of the patient should be freshly prepared and cooked. Uncooked fruits of all kinds should be avoided. Milk should be especially avoided, unless recently boiled in a sterilizer. The food should be of a plain nutritious character, but it should not be long free from the necessary amount of heat to destroy the activity of the bacillus.

Passing a little more into the specific conditions, let me say that experience seems to show that a healthy digestive apparatus is a fairly good guarantee against any attack of cholera. Those persons suffering from organic derangements are the persons who are most prone to develop the symptoms of cholera, so far as we know. It is claimed, I know not with how much truth, that the natural healthy acid secretion of the stomach is inimical to the development of the bacillus. It goes without saying that the excreta should be properly disinfected. For this purpose various agents are recommended. An ordinary five per cent. solution of carbolic acid seems to be most popular, and we are advised that the excreta should be allowed to remain in this solution for some time before being thrown out. Ordinary commercial sulphuric acid, three or four drachms to be added to each stool, is recommended. The various corrosive sublimate solutions can be employed.

Suppose the precautionary measures have been unavailing, and we have the patient in the condition of preliminary diarrhœa of cholera. This is an uncertain condition. Unquestionably, in cholera epidemics diarrhœas are very prevalent. Often they are of no consequence; often, after a time, they develop into true cholera. The outcome we cannot always foretell, and we should carefully treat the diarrhœa. Nearly all recommendations for treatment of this preliminary diarrhœa include opium. This seems to have been a universal practice, and unquestionably it is an excellent practice in the ordinary diarrhœa which may not be choleratic; but whether this plan of treatment is efficient in true choleratic diarrhœa is a point upon which I am not prepared to speak with conviction. Certain it is that nearly all observers at the present time

condemn opium in the treatment of cholera; not hesitating to use it to relieve extreme pain; but as a remedy for the treatment of cholera itself, it is condemned. I read an article yesterday evening by Sir George Johnson, in which he observed that in some of Koch's experiments he was not able to produce cholera in rabbits experimentally until he had first given them opiates. At all events, whether the use of opiate preparations in the preliminary diarrhœa of cholera is to be recommended or not, there seems to be almost a universal sentiment among recent observers that opium is not the proper remedy to employ in the developed disorder. Many authorities recommend that the preliminary diarrhœa of cholera should be treated by purgatives, and that if opium is given in those cases it should always be in association with a purgative, and experience seems to show that castor oil is the most efficient of these. The castor oil is given with more or less persistence during the treatment of the diarrhœa. Of course the patient should be kept in bed until the diarrhœa is cured.

The use of acids has been very much recommended in these preliminary conditions. It is claimed that the acid condition of the stomach is inimical to the development of cholera, and it has seemed that this antagonistic condition of the stomach might be increased by giving the proper acid; therefore small doses of hydrochloric acid and other mineral acids are given, and with a fair degree of justification. But these are merely accessory means for combating the choleratic diarrhœa in the initial stage.

I approach now a drug that has been recently recommended as a specific for cholera; and certainly, if we could rely upon the statements (and we all know how unreliable statements made from a few observations are), we might well suppose that in this remedy we have one that has a specific influence in antagonizing the poison. This drug is salol. Lowenthal has written extolling its use. Gonzales lost only three patients in fifty-three cases of cholera treated with salol. Nicholson treated thirteen cases; all recovered. Hehir treated eighteen cases with corrosive sublimate with a mortality of 44.7 per cent.; eleven with salol without a death. If the list went on as this starts, we would have every hope of having a specific in cholera as we have a specific in malarial fever, or syphilis, or acute rheumatism; but recent reports, especially from the hospitals of Hamburg, during the epidemic, from a number of physicians, declare that salol gave no good results whatever in their hands. While at the present time we are not prepared to deny a specific influence to salol, we are not prepared to accept it as a specific, or a remedy that exerts a pronounced influence over the course of the disease. It undoubtedly has a disinfecting influence on the intestinal canal, and I am inclined to think that I will use it if I have to treat cases of cholera.

The causes of death in cholera seem to be due, first of all, to the loss of fluid from the body, and, in the second place, to the chemical substance generated by the bacillus, which acts as a poison on our bodies. Now, the effort to meet this indication has called forth certain novel methods of treatment which seem to promise a great deal. The practise of what is called "enteroclysis," it is claimed, gives marked results in the treatment of cholera. This practice has it greatest advocate in Cantani, of Naples, although he was not the first to practise it. It has received its highest praise from him, and its most extensive application has come from his description of its use in this disease. He claims that under this enteroclysis and the method of injection of a saline fluid under the skin—hypodermoclysis—to have had 70 per cent. of recoveries. What is enteroclysis? We are told that in the very early stages of cholera there should be injected into the rectum a fluid containing tannic acid, because this acid exerts an astringent influence on the mucous membrane of the bowel, and also has a destructive action upon vitality of the bacillus. From five to twenty grammes should be used to the liter of water, or about 75 to 300 grains to the quart of water, at a temperature of two or three degrees above the normal temperature of the body. The injection is allowed to run in slowly, and is frequently repeated. This succeeds in washing out to a considerable extent the large intestine, and Cantani claims—and there, I think, we will be disposed to question the accuracy of his claims—that the fluid goes beyond the ileo-cæcal valve. I doubt whether the liquid can be made to reach beyond the

ileo-cæcal valve, or, if so, then only in very small quantities. This doubt cannot but make us feel some hesitation as to the accuracy of other statements. At first this solution of tannin was made in effusion of chamomile. I do not think that any one can claim any specific virtues for the chamomile; and it seems to me that inasmuch as in the cholera we should lay aside everything that will embarrass our action, then, unless chamomile has a therapeutic value, we should dispense with it. Then, too, a certain amount of tincture of opium, 30 to 50 drops, may be added to the injection. But, so far as I can discover, the essential agent is a solution of tannin in warm water. As the algid stage comes on and the patient begins to lose, by vomiting and purging, enormous quantities of water and fluid characteristic of the disease, this enteroclysis is supplemented by hypodermoclysis; and that consists in introducing under the skin a solution of common salt, the normal salt solution of about 75 per cent., or one may use a teaspoonful in a quart of water. According to Cantani's recommendation, it is combined with carbonate of sodium. One may use a drachm of chloride of sodium and forty-five grains of carbonate of sodium to a quart of water at 39 degrees centigrade. This is introduced by means of a canula into the subcutaneous tissue, and usually in the ileo-costal region. The canula is introduced, the fluid is allowed to run in under gentle pressure through tubes and vessels that have been carefully antiseptisized. The pressure is so gentle that it will take from 30 to 50 minutes to run in. Instead of having only one point, it is desirable to divide the fluid into equal quantities and run it into different parts of the body. This forms tumors which gradually disappear. This method, it is claimed, and especially in the Hamburg hospitals during the last epidemic, has done marvels, and has brought people right up from the very jaws of death. But further observations amongst those who practised amongst the cholera patients in Hamburg seem to place the intravenous injection of this fluid above the hypodermoclysis. Quite a number of physicians have concluded that intravenous injections produced results marvellously greater than those of the hypodermic injections. I remember a statement that one physician made that where a patient had been brought out of a state of collapse by the intravenous injection of the saline fluid, and falling again into collapse, the hypodermic injection did not succeed in restoring him as the intravenous injection did, while the intravenous injection again and again would bring the patient out of this condition. It seems, from a purely theoretical point of view, that those intravenous injections should not produce results so marvellously better than the other. By this method one runs the risk of thrombosis, and of introducing other substances into the veins. Such results, however, did not occur in Hamburg. If there is any power of absorption in the connective tissues at all, and if it can be shown that this fluid is taken up, it would seem reasonable that there should be this marvellous difference. In the discussion, a number of other speakers preferred intravenous injection. When the algid state seems to be past and the patient passes in the typhoid state of cholera, it is recommended that enteroclysis be again resorted to, not with tannic acid, but with saline solutions, for the purpose of restoring the blood to its proper condition. These solutions may begin with from two to five grammes to the liter, from one to two drachms to the quart, and they may be increased until the proportion of salt in the solution may approach fifteen or twenty per cent. This should be used along with the hypodermoclysis or intravenous injection of the saline fluid. Recently, arterial injection has been recommended; but I have not been able to find any reliable data about it, and therefore I only refer to it.

This constitutes what seems to be the most promising treatment of Asiatic cholera, and nearly every one who has practised it speaks of it in terms of praise.

I want to refer again to the point that opium not only seems not to have a beneficial, but to have a positively meretricious influence over the course of Asiatic cholera. I wish to refer again to the statement that the results in the treatment of cholera in earlier years when calomel and castor oil were used appear to have been better than they were under the treatment by opium. Certainly the treatment of cholera in earlier years by calomel and castor oil appear to have been better than they were under the treatment by opium. Certainly the treatment of

cholera by opium and by the various mineral and vegetable astringents does not give a percentage of cures that in any degree encourages us to persevere in their use. Here we have a method that is under trial. It is certainly worth careful investigation, and I am sure that if I were called upon to treat cases of cholera to-morrow I should at once put this method of treatment into practice.

Selections.

SYMPHYSIOTOMY, WITH THE REPORT OF AN OPERATION.[1]

BY BARTON COOKE HIRST, M.D., PHILA.

Symphysiotomy has as remarkable a history as any procedure in surgery. Suggested for the first time in the *Surgery* published by Pineau in 1598, and first performed upon a living woman in 1777, the idea may be said to be three hundred years old, while its practical application dates back more than a century.[2] From the year of the first operation until 1858 symphysiotomy was performed 85 times in different parts of the continent of Europe, and once in England, with a mortality of 33 per cent. The frequency of the operation diminished after the first few years, until in 1858 it had practically died out. It was revived, however, in Italy in 1866, and in the succeeding twenty years seventy operations were performed, with a mortality of 34 per cent. Italy continued to be the exclusive field of the operation until a year ago, when it was again tried in Paris by Pinard, whose interest in it was aroused by a visit of Spinelli from Italy. Ten operations have since been performed in Paris, two in Dresden, and one in Strassbourg. From January 1, 1866, there have been fifty-two operations, with only a single death, due to septic infection before the operation was undertaken. Twenty-three symphysiotomies have been done already this year; and the last thirty-four women have all recovered.

We owe the introduction of symphysiotomy into this country to Dr. Robert P. Harris, who, as is well known, has long been interested in the subject, and at the recent meeting of the American Gynecological Society in Brooklyn read a paper tracing the development of the operation, showing by the most laboriously collected statistics the present brilliant results achieved by it, and demonstrating, by the description of typical cases, its utility in labors otherwise insuperably obstructed by a contracted pelvis.

Ten days after Dr. Harris' paper was read, on Saturday, September 30th, the first operation in this country was performed by Dr. Charles Jewett in Brooklyn. Three days later, it was again performed at the Maternity Pavilion of the University Hospital in this city.

The position of symphysiotomy is now established beyond a doubt. Its modern revival I believe to be the most important advance in obstetric surgery since the general adoption of abdominal section for the treatment of early extra-uterine pregnancy. It is applicable in contracted pelvis with a conjugate over 67 mm., and, therefore, should be the method employed in almost all cases of the kind in this country, for a greater contraction of the pelvis is rarely seen among us. It should, moreover, almost entirely displace the Cæsarean section for a relative indication. It is a much simpler, an easier, and a safer operation. This is also the opinion of Leopold, who cannot be accused of prejudice against Cæsarean section, with his brilliant record in that field.

There is and will be for some time, perhaps, an objection to the operation from those who have no experience with it, on the ground that sufficient space cannot be thus gained. In answer to this objection is the fact that the pubic bones may gape 7 cm. after separation, and the statment of Morisani, that the conjugate is thereby increased from 1.3 to 1.5 cm. But an absolute conclusive answer is furnished by the subjoined clinical records of some typical cases.

Leopold's first case.[3]—A dwarf, 135 cm. tall, with the following pelvic measurements: Sp. il. 22 cm.; cr. il., 24 cm.; tr., 28 cm; conj. ex., 17½ cm.; conj. ding., 8¾ cm.; conj. vera, 6¾ cm. She had been delivered twice previously, twice of dead children, one by the induction of premature labor. After a labor of seven hours and twenty minutes, ushered in by rupture of the membranes, symphysiotomy was performed with

1 Read before the Philadelphia County Medical Society, Oct. 12, 1892.

2 R. P. Harris; Amer. Syst. of Obstet., vol. ii.

3 *Centralbl. f. Gyn.*, 1892, No. 30.

the head above the brim. In ten minutes the child was extracted with forceps. The head was of normal size (transverse, 9¾, 8¼; circ., 34).

Leopold's second case.[4]—A woman delivered once by craniotomy. The pelvic measurements were as follows: Sp. il., 22; cr. il., 25; tr., 30½; conj. ext., 16; conj. diag., 8½; conj. vera, 6¾. Labor began in the evening; membranes ruptured seven hours later; operation three hours later with head above the brim. Extraction of the children in ten minutes with forceps. The head had a circumference of 35¼ cm.

Porak's Case.[5]—A primipara with rachitic pelvis, conjugate diagonalis being 9.6 cm., and pelvis presenting some asymmetry, very likely from scoliosis. Labor began on June 10th. About twelve hours later the membranes ruptured, and from eight to ten hours afterward the os was completely dilated. The head rested above the brim of the pelvis. Forceps were applied, but all efforts to engage and extract the head failed. The symphysis was opened, and the head then extracted "with the greatest ease" by forceps. Recovery.

Freund's Case.[6]—A woman, in labor six days; water drained off for two days. After opening the symphysis, the head was delivered in fifteen minutes without instruments. There were two previous deliveries, one of a dead and one of a living child. The pelvic measurements were: Sp. il., 24½; cr. il., 27; tr., 31; conj. ext., 18½; conj. diag., 10 cm.; conj. vera, 8¼. The child's head after birth was found unusually large and hard. B. T., 10 cm.; B. P., 11 cm.; F. O., 12 cm.; M. O., 14 cm.; S. B., 10 cm. Circumference, O. F., 37cm. Recovery.

Jewett's Case.[7]—The first symphysiotomy in America, performed by Dr. Charles Jewett, of Brooklyn, September 30th, 1892. Woman, a native American, primipara, fell into labor September 30th, one o'clock a.m.; the occiput appeared at the vulva, but was held fast by an approximation of the ischiac tuberosities, reducing the bisischiac diameter to three inches. Nine hours later Dr. Jewett first saw the patient. The forceps had been vigorously used in vain. Symphysiotomy was performed two-and-one-half hours later, or eleven-and-one-half hours after the impaction of the head at the outlet. Delivery was effected by suprapubic pressure, and by shelling the head out with the fingers in the rectum. The woman is now in good condition, but unfortunately the child died twenty-four hours after birth from the compression to which the skull had been subjected during its long impaction in the pelvis.

The University Maternity Case.—A German woman, aged nineteen, pregnant for the first time, was admitted to the University Maternity, September 24th. The examination by the resident physician and the students showed the child to be presenting by the head, the back to the right. The pelvic measurements were: Sp. il., 25 cm.; cr. il., 27 cm.; tr., 30½ cm.; conj. ex., 18 cm.

The internal examination made by myself just before the operation showed the conjugate diagonalis to be 9½ cm.; conj. vera., 7¾ cm. The girl fell in labor Saturday morning, October 1st. The pains, recurring all day, on Sunday became very vigorous. On Monday morning, when my attention was first called to the case, the contracting-ring was high, the uterus stood almost straight out from the body, and the child's head was movable above the superior straight. The membranes were unruptured. By no justifiable degree of force could the head be made to enter the pelvis. The fœtal heart-sounds were good. It was evidently, therefore, a choice of Cæsarean section, craniotomy, or symphysiotomy. This last was done with the assistance of Dr. R. C. Norris and the valuable advice of Dr. R. P. Harris, who kindly consented to be present. The child was delivered with forceps in one hour and four minutes from the time the operation was begun. I purposely took my time, for the os was only the size of a dollar, and was very rigid, so that a more rapid extraction would have seriously injured the cervix. Head measurements: B. T., 7½; B. P., 9; F. O., 12; M. O., 13½; circ., 34. Mother and child are well.

The technique of symphysiotomy is simple and easy. After thoroughly cleansing the field of the operation and disinfecting the vagina as well, a short vertical incision is made on the

4 *Centralbl. f. Gyn.*, 1892, No. 30.

5 *Annales de Gynecologie*, Sept., 1892.

6 Mullerheim: Ueber die Symphysiotomie," *Centralbl. f. Gyn.*, 1892, No. 30.

7 Personal communication.

abdominal wall, reaching to about three-quarters of an inch above the symphysis. The attachments of the recti muscles are severed just sufficiently to admit one finger. The forefinger of the left hand is passed under the symphysis, and upon this, as a guide, the curved knife of Galbiati is inserted until its beak projects under and in front of the symphysis. The joint is then cut upward and outward. To avoid injury to the urethra, a metal catheter is inserted and pressed by an assistant downward and a little to the right, while the knife is placed a little to the left; but with Galbiati's knife I should think that there is little likelihood of cutting the urethra or the plexus of veins in its neighborhood. I at first thought that an ordinary probe-pointed curved bistoury would serve my purpose well enough, but I quickly laid it aside, and was glad to avail myself of Galbiati's knife, which I happened to possess — at that time one of three, I believe, in the country.

As soon as the joint has been severed, the wound should be covered with iodoform gauze, and then the child extracted with forceps, or allowed to be delivered naturally, as seems best in the individual case. I should, I think, almost always prefer the forceps. It is well to have trochanters supported by assistants during the passage of the child through the pelvis, so that the sacro-iliac joints shall not be injured.

As soon as the delivery is completed the wound is sewed up, the lowest stitch, if desired, passing through the top of the symphysis. How the whole symphysis can be stitched up, as Leopold claims to have done, I do not understand. After closing the wound and dressing it, rubber adhesive strips are placed around the hips and the lower abdomen, and a tight binder applied. The symphysis unites surprisingly soon, and three weeks after the operation the patient can walk as firmly and well as ever.

There is only one disturbing thought in connection with the introduction into this country of an operation destined to do much good. The charge of superficiality lies with some justice against us. We are too ready to reach out toward the top without a sufficient basis of solid preparation, and I fear that symphysiotomy may be undertaken by many who cannot measure a pelvis, and who have not the experience to decide whether a head can pass through the pelvis in which it is about to enter, or in which it is engaged. There is consolation, however, in the reflection that if symphysiotomy should be done needlessly the results are not likely to be so disastrous as in the case of Cæsarean section, which, to my knowledge, was done several times unnecessarily during the excitement produced among medical men by the improved results of the Sänger operation.—*Maryland Medical Journal.*

THREE CASES OF EXTRA-UTERINE PREGNANCY.

The following cases are reported from their individual interest, and also in the hope that a lesson may, perhaps, be drawn from them:

Case 1.—Mrs. L., aged 25, has one child four years old. Since the birth of this child, she has suffered from periodical attacks of severe abdominal pain. Sometimes the attacks of pain were so severe that she would faint; they were most likely to occur during a movement of the bowels. On my first visit I found the patient with severe pain, limited to the lower segment of the abdomen. The belly was tense and swollen. Her temperature was 100°. Vaginal examination revealed a tumor in Douglas' pouch which was exquisitely tender to the touch. Inquiry elicited the history of a rather irregular, painful menstruation. Three months previous the flow had ceased. Two weeks before the first visit, however, the flow had reappeared. An enema of glycerine, turpentine, and salts was ordered, with the result of almost immediate and entire relief from pain. On the next visit the tumor persisted, but it was less painful to pressure. This same evening there was a sudden attack of pain. I was summoned, but did not reach the house until several hours after the beginning of the pain, and found the patient blanched, pulseless, with an abdomen full of liquid. She died before an operation could be undertaken. At the *post mortem* next morning, the abdomen was found filled with fluid and clotted blood. Both ovaries were bound down posteriorly to the uterus with old adhesions. The fimbriated end of the right tube capped a mass which was the size of

a hen's egg, and had the appearance of a placenta. It was ruptured at its lower outer extremity. On dissection, it was found to contain a cyst enclosing a small, perfect embryo.

Case 2.—Mrs. C., married four months, had missed one menstrual period. At the time for the next period, she had severe abdominal pain and a slight flow. The flow continued, with recurring abdominal pains of great severity. Suddenly, on retiring, she was seized with unusually severe pain and a faint feeling. Then, for the first time, she called her physician, Dr. Joseph V. Kelley, who recognized the condition and sent for me. A tumor was present posterior to the uterus, which was painful. Both being agreed that we had to deal with a ruptured extra-uterine pregnancy, I drove into the city in haste for Professor B. C. Hirst. We reached the house at 6 a.m., several hours after the rupture, and at once began a laparotomy. The right tube was found to be the seat of an extra-uterine pregnancy, from which a well-formed fœtus 1½ inches in length had escaped. The tube was tied and the mass removed; bleeding, however, persisted after the stump was repeatedly tied at successively lower points. The pelvis was then packed with iodoform gauze and the bleeding thus controlled. The patient sank, however, and died one hour after the operation.

Case 3.—Mrs. W., was married April 27th, 1892. She had two normal menstrual periods after marriage. On June 30th, two weeks after the last menstruation, she had a sudden profuse gush of blood, which lasted but a few minutes. In four days she had a second similar flow—both of these without pain. In a few days the flow again commenced, and continued until July 29th; it was never profuse after June 30th. Early in July the patient had severe cramp-like pains, confined to the lower part of the abdomen. Sometimes these attacks of pain were of excruciating severity, but the pulse was never hurried nor weak. Repeated examinations of the uterus found it to be movable and painless, and apparently slightly enlarged. No tumor could be demonstrated after the most careful examination. On July 26th an unusually severe attack of pain occurred, this time accompanied by excessive tenderness of the vagina and uterus, and at this examination a tumor was found posterior to the uterus. There was slight rise of temperature.

Dr. B. C. Hirst was called, and confirmed the diagnosis of extra-uterine pregnancy. A laparotomy was done on the 29th of July, and the right ovary and tube removed. The tube was found occupied by a mass resembling almost completely a uterine fleshy mole. It was about the size of a hen's egg. No embryo could be demonstrated. The patient made an uninterrupted recovery.

All three of the above cases had irregular menses. In two there was a history of missed periods—in the first case two; in the second one, with a subsequent flow continuing over a considerable period. In the third case, though no period was missed, the flow began too soon after the last menstrual period, and continued four weeks.

Pain was present in all the cases; it was severe, of lancinating character, and confined largely to the lower part of the abdomen. A tumor was present in all three of the cases; its position was posterior to the uterus; it was tender to pressure. Fever was present to a slight degree in cases one and three. Case two was seen too late to determine its presence or absence.

Two of the cases were primiparæ. The first cases had not given birth to a child for four years. It would seem that irregular menstruation; a long-continued flow, or the missing of one or more periods followed by a flow; the presence of a painful tumor posterior to the uterus; severe pains like those of peritonitis occurring in the lower part of the abdomen, especially if occurring in a primipara, were almost positive signs of an extra-uterine pregnancy. Certainly, the signs are such as to warrant a laparotomy. If I had called a surgeon at once to remove the tumor from case one, she probably would be alive to-day. If I had hesitated in a like manner in cases two and three, they would have both died, the one without the proper effort having been made to save her life. Case one demonstrates how dangerous delay may be where the above symptoms are present, even though there are good grounds for supposing the tumor to be entirely inflammatory in character. My advice would be, where there is irregularity of menstruation,

pain, and a tumor posterior to uterus, laparotomize without delay; for while perchance the tumor may not be an extra-uterine pregnancy, it is foreign to the part, and should be removed. To allow a patient to die from rupture of a tube, with such an experience as the above, is little less than criminal.—M. H. Fussell, M.D., Chief of University Medical Dispensary.—*Univ. Med. Mag.*

CORROSIVE SUBLIMATE A POOR GERMICIDE.—Klein's statement, made in 1884, that mercuric chloride was of no more germicidal value than vinegar, has certainly received confirmation in the experiments of Mr. Charles T. McClintock, published in the *Medical News* for October 1st and 8th. In his studies regarding the value of corrosive sublimate as a germicide, he not only found that vinegar containing from 6.3 to 7 per cent. of acetic acid had as much influence in inhibiting the growth of microorganisms as a 1-to-1000 solution of corrosive sublimate, but, furthermore, that the *staphylococcus pyogenes aureus*, the *bacillus subtilis*, Eberth's bacillus, and germs in fæces would withstand the action of a 1-to-1000 solution of corrosive sublimate from an hour to forty-one hours.

The general use of this poison as an antiseptic has been based on Koch's statement, in 1881, that a single application, for a few minutes, of a solution of the strength above specified would, without any previous preparation of the object to be disinfected, produce absolute disinfection of even the most resistant organism. This dictum has been corroborated by several bacteriologists.

Now Mr. McClintock, who seems to have conducted his experiments quite carefully, concludes that the high rank heretofore given corrosive sublimate as a germicide is without warrant, and based on faulty experiments. These faults have been, in the main, two: Enough of the sublimate was carried over with the disinfected material to act as an antiseptic; secondly, the sublimate formed, with the investment of the germ, an organic compound that, especially with the use of solid media, acted as an antiseptic, and the false conclusion was deduced that the germ was dead. Sublimate forms with cellulose (cloth, filter-paper, etc.), with silk, with albuminous bodies, and with some portions of bacteria (probably the envelope) a chemical compound that no amount of washing with water will remove. The capsule it forms about a germ not only protects the germ from the further action of the sublimate, but also forms an impenetrable barrier to the growth of the germ. The latter may be removed by salines, especially those in the blood. He also concludes that, while sublimate has no great germicidal power, it does not follow that it is not a valuable disinfectant, though it remains to be proved whether the germs contained in solutions treated with sublimate, and disposed of as such material usually is, do or do not grow.

These experiments justify the commendation that has been given in these columns of the employment of lye and solutions of quicklime as the best domestic antiseptic agents.—*N. Y. Med. Jour.*

THE PATHOLOGY OF PUERPERAL ECLAMPSIA.—At the recent Gynecological Congress at Brussels, Chambrelent introduced the results of some new experiments upon the subject of the pathology of puerperal convulsions. He said that the malady was generally considered as the outcome of auto-infection. Nevertheless recent observations, especially those of Bouchard in France, had shown that in this affection the urine was often concentrated, and contained only a small proportion of toxic elements. Being interested in the latter fact, the author undertook some control experiments with the view of determining whether, for example, the blood of women suffering from puerperal eclampsia showed any increase of toxic elements. From six patients suffering from this disease blood was taken, and with it twenty different experiments were made. In all the experiments, the toxicity of the blood serum from the patients in question was much greater than that which Rummo has proved it to be the case where the blood has been obtained from healthy persons. According to Rummo, 10 c.c. of healthy serum is sufficient to cause the death of a large rabbit, whereas in the experiments performed by the author from 3 to 6 c.c. were all that was necessary to bring about the same result. The experiments fur-

ther pointed out that the toxicity of the serum in these puerperal cases varied inversely with the amount of toxic elements in the urine. When, moreover, the degree of toxicity of the serum was high the case was always certain to assume a very grave aspect, as far as prognosis was concerned.—*Med. Press and Circular.*

THE EARLY DIAGNOSIS OF UTERINE CANCER.—Laroyenne (*Journal de Médecine de Paris*) states that whenever the finger nail can bring away portions of the cervix ~~or of the uterine mucosa~~, it is perfectly safe to say the condition is one of epithelioma, ~~and no ordinary endometritis~~. This procedure is so simple and reliable that microscopic examination is practically unnecessary.—*N. Y. Med. Jour.*

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PNEUMONIA TREATED BY ICE-COLD APPLICATIONS.

In the October issue of *The Therapeutic Gazette* (Phila.), an article on the above subject appeared from the pen of Dr. W. Fred Jackson, of Brockville, Ont. In it he details the experience of some twenty-five cases treated by ice-cold applications during last winter, and with most favorable results. All the cases recovered with great promptitude except two, of whom one died. Of these two, one case was secondary to la grippe, and was much prolonged by the coincidence of fibrinous pleurisy, but eventually made a good recovery. The one who died was a woman who had led a dissolute and intemperate life, and as there was coincident peritonitis, and albuminuria, due—as *post mortem* proved—to cystic degeneration of both kidneys, the fatal event was a foregone conclusion. Even in this fatal case, great relief from pain and fever was secured by the cold applications. The pathological considerations upon which this treatment is based are:

(1) That pneumonia is a specific fever, in which the lesion of the lung is but an incident. The pneumonic fever is in full operation for a considerable period in advance of the consolidation of the lung, which latter is the effect of the development in the blood of the specific pneumococcus, owing to the height of temperature favorable to its growth.

(2) That the danger to life is in direct proportion to the magnitude of the lung lesion, and depends upon it.

(3) That in all febrile diseases there is deficient elimination of caloric, as well as excessive evolution of it.

The contention advanced is that the application of cold removes the conditions favorable to the development of the pneumococcus, and aborts the disease; not only so, but stops it in mid-career.

The method of application employed was by means of thick towels wrung out of ice-cold water, and covered with a pin-bandage, the towels being reapplied as often as they approached the body heat. The medication consisted of large doses (℥j. vel. ℥ij.) liq. ammonii acetatis, with spts. etheris nitrosi (℥ss. vel. ℥j.), well diluted, every hour. Pilocarpin was used in one case where the former failed to produce a critical perspiration. The face and limbs were also freely sponged with cold water. There was practically no expectoration, a free diuresis following the perspiration, with coincident clearing up of the pulmonary symptoms and rapid subsidence of the fever.

The patients ranged in age from an infant of two years to aged persons of seventy-four. The writer does not consider his cases sufficient in number to tabulate, but thinks the results observed cannot be obtained by any other means. This opinion is based upon the experience of twenty years. He mentions cases reaching normality in 30 to 60 hours. Dr. Jackson enjoins the fearless application of the cold water, with a firm hand, watching the pulse and temperature, and endeavoring to secure the critical perspiration and diuresis, and that the towels be

worn as a moist compress about the thorax for twenty-four hours after the fall of temperature as a precautionary measure. As the cold *relieves the pain* and reduces the temperature, he earnestly insists on the avoidance of both opium and the coal-tar antipyretics, as he is convinced they do nothing but harm. Blisters and antimony he places in the same category. Dr. Jackson is, we think, the first in this country to publish any extended experience of this method; but Niemeyer and Preissnitz, in Germany, advocated this line of treatment many years ago, and Dr. Mays, of Philadelphia, has published the results of two cases so treated.

In view of the high mortality observed in the usual treatment of pneumonia, any method giving better results deserves earnest consideration at the hands of the profession. And if this treatment proves upon closer acquaintance to be as successful in other hands as in those of Dr. Jackson, it will undoubtedly be one of the greatest therapeutic advances of the day.

UNIVERSITY SENATE.

The following excerpts from the official report of the last meeting of the Senate of the University of Toronto will doubtless be interesting to our readers:

Faculty of Medicine: Chancellor, Vice-Chancellor, and President *ex officio*, Rev. Drs. Caven and Sheraton, Chancellor Boyd, Prof. Galbraith, Mr. Hoyles, Hon. S. H. Blake.

A division took place on the motion that the names of Prof. Galbraith, Mr. Hoyles, and Hon. S. H. Blake be substituted for Drs. Cameron, McFarlane, and Graham on the committee on Faculty of Medicine, as follows:

For: President, Mr. Houston, Dr. Ellis, Mr. J. M. Clark, Principal Sheraton, Dr. Cameron, Prof. McCurdy, Prof. Pike, Prof. Hutton, Prof. Galbraith, Mr. Hoyles, Dr. Hoskin, Prof. Dale, Mr. Seath, Prof. VanderSmissen, Mr. Spotton, Mr. Henderson, Mr. Ballard—18.

Against: Chancellor Burwash, Dr. Graham, Father Teefy, Prof. Baker, Mr. Moss, Dr. Davidson, Dr. McFarlane, Dr. A. H. Wright, Dr. Aikins, Rev. Dr. Burns, Prof. Bain, Dr. Maclaren—12.

Mr. I. H. Cameron gave notice of motion that the Medical Faculty of the university be requested to appoint an advisory committee to confer with the standing committee on the Medical Faculty on all subjects of a technical character upon which the latter may desire advice.

The committee appointed to strike standing committees in their report had recommended the names of Drs. McFarlane, Cameron, and Graham as members of the committee on the Medical Faculty. Mr. Cameron not only declined to act, but opposed the appointment of any physicians on the committee. A long and rather acrimonious discussion ensued, with the above result. We think there are many reasons why Dr. Cameron should have been on the committee; but, when he refused to act, it will probably be conceded that Mr. Hoyles made an excellent substitute. It is not so clear that Prof. Galbraith and the Hon. S. H. Blake are likely to work better in the interests of the faculty than Drs. McFarlane and Graham. The opponents of the two unfortunate doctors evidently considered them rather dangerous characters, who could not be trusted even with seven fairly competent laymen in a position to watch them, and discussed the matter in a manner that was far from friendly and conciliatory. The spirit that was manifested at the meeting in certain quarters augurs ill for that harmony which many would like to see existing between the various faculties and affiliated institutions.

CYCLING.

In connection with the numerous and diverse opinions which have lately been expressed about cycling, we must recognize the fact that it has become a permanency. Many there are who consider the bicycle an abomination, which has already done much harm, and is likely to do much more in the future. Others think so highly of it that they seem inclined to recommend it to all sorts and conditions of people without any restrictions or cautions.

Most, if not all, of the writers in our medical journals who are able to speak with some authority as practical cyclists agree that this form of exercise is very healthful, when carried out in moderation; but, at the same time, say that unwise efforts in the direction of record-breaking and prize-winning have done, and are

doing, incalculable harm. All will probably recognize the following picture of a certain class of bicycle riders, taken from the *British Medical Journal:* "The individual who, with crooked back and head dangling over the front wheel, tore along, indifferent to the safety and comfort of others, and who was so aptly compared by the observant gamins of London streets with *a monkey on a gridiron.*" It requires no strong arguments to convince most people that this style of cycling is harmful.

After all, it is probable that cycling is, like most kinds of exercises, a source of enjoyment and physical profit to those who practise it, but a source of danger to the weak or immoderate who abuse it. The physician should be very careful in recommending it in many cases. Weak and rapidly-growing children may have crooked shoulders and narrow chests made worse by overriding or assuming faulty positions; and yet these same children may derive considerable benefit by a limited amount of cycling in correct positions.

Dr. Luff, of St. Mary's Hospital, London, Eng., in recommending athletic sports to the students, referred especially to the advantages of the bicycle; but the following words of his will show that he fully appreciates the possible dangers: "I have been a cyclist for sixteen years, and in my earlier athletic days I frequently associated with, and therefore had the opportunities of observing, young men who at that time stood prominent in the athletic world as champions and record-breakers, many of whom, alas, now sleep the long sleep, hurried prematurely to their graves by the insane desire for so-called record-breaking and prize-winning."

The suggestion contained in a quotation from the *British Medical Journal* which appeared in the last issue of THE PRACTITIONER, to the effect that the tricycle is much safer for children than the bicycle, is well worthy of careful consideration by physicians.

MEDICAL STUDENT RESIDENTIAL COLLEGES.

The establishment of residential colleges in connection with the various medical schools of London, during recent years, has been very highly appreciated by the medical students of that city. It is very satisfactory to learn, on the authority of the *British Medical Journal*, that in every instance these colleges have been successful. We have watched the work done in this connection for several years, and have frequently commented on the same. Mr. I. H. Cameron, of Toronto, was probably the first in Canada to direct attention to this subject, while he was on the editorial staff of this journal. We believe he still approves of such institutions.

Apart from him, and a few others who have been or are now connected with THE PRACTITIONER, we do not know that the subject has created any great interest among those connected with medical colleges in Canada. We have often been surprised at this aspect of the case; and think now that it would be a good time for the Medical Faculties of the University of Toronto and Trinity Medical College to take the matter into their serious consideration, and make arrangements to build each a first-class residential college next season. If properly conducted, it is likely, from the experience of those who have tried the experiment in Great Britain, that they will at least pay expenses; and there can be little or no doubt that, if established, they would be of inestimable service to many of our students who leave their homes, and more or less anxious friends, and trust themselves to the tender mercies of the keepers of boarding or lodging-houses. The restraining influences of these residential colleges on many young men under such circumstances must, in many cases, do untold good.

We venture to say that the first medical college that establishes such an institution on a proper basis will find that, apart from the moral aspects of the case, it has made a good business venture.

Personal.

H. H. OLDRIGHT, M.B., '91, has returned to Toronto after an absence of sixteen months. After spending some time in London, he made several voyages as steamship surgeon, and visited Rotterdam, the Hague, Hamburg, the Gold Coast, New Zealand, Brazil, and the Congo, from which last-named district he has just returned, *via* Liverpool and New York.

Hospital Reports.

A CASE IN WHICH LIGAMENT WAS TORN FROM THE PATELLA. BONE AND LIGAMENT SUTURED TOGETHER.

BY DR. MACFARLANE, TORONTO.

Robert McKenzie, laborer, æt. 60, admitted to the Toronto General Hospital on April 18th. Family and personal history are excellent.

While working in a barn on the 17th of April, he slipped through a hole in the floor, the left knee striking the edge of the hole. After the accident the knee became greatly swollen, and the power of extending the leg was lost. On examination, the knee was found much swollen, especially on its inner side, and there was quite an amount of effused blood in the joint. The patella was drawn up by the quadriceps extensor, and the bone could be outlined. By pressing the fingers over the lower part of the patella, they could be forced beneath the lower margin of the bone, showing that the ligament was torn off.

It was decided to open the joint and coapt the parts by means of silver wire.

April 31. The cutaneous tissues over the joint were rendered aseptic by being shaved, and thoroughly scrubbed with turpentine, soap and water, and afterwards with a 1-3000 solution of bichloride of mercury. The instruments were boiled and placed in a 1-40 solution of carbolic acid.

Operation.—The joint was freely opened by a transverse incision five inches long, extending across the front of the limb on a line with the normal level of the lower margin of the patella. On entering the joint the soft tissues were found considerably torn, and the ligament and bone were separated about one and a half inches. After thoroughly irrigating the parts with a 1-3000 bichloride solution and checking all hemorrhage, the bone and ligament were brought together by a single suture of one-twelfth inch silver wire. The torn soft tissues were brought together by carbolized catgut, and the external wound closed with silk. No drainage tube was used. The wound was dressed with iodoform, moist bichloride gauze, and absorbent cotton, and the limb put on a posterior splint, with a foot piece, extending from the upper third of the thigh to the heel.

April 23. Temp. $100\frac{2}{5}°$, pulse 100, very little pain, bowels regular, light diet given.

24th. Temp. again reached 100°, but soon fell, and has not reached the same elevation since. No pain; only a feeling of discomfort in knee. The patient's condition continued most favorable, and on the 29th the dressings were removed and some of the stitches taken out. The swelling and extravasated blood had nearly disappeared, and there was no sign of tension or of pus.

31st. The rest of the stitches were removed, and the wound was found entirely healed.

May 16th. There is no pain or discomfort in the part; the knee is stiff, but there is no sign of inflammation. It is, however, deemed necessary to allow union to become a little more firm before using the limb, so it is still kept on the posterior splint. The general health is excellent.

Correspondence.

UNIVERSITY SENATE ELECTIONS.

Editor of THE CANADIAN PRACTITIONER:

SIR,—The editorial comment on "The Vice-Chancellorship of the University," in your issue of the 16th instant, has just come to my notice, and I hasten to say that, did not our long and intimate association, in matters editorial and other, preclude the notion, I would be disposed to regard it as intentionally offensive. Let me repudiate, then, the credit or discredit attached to your statement that "Dr. (*sic*) I. H. Cameron good-naturedly allowed himself to be the medium for their purposes," and say to my constituents, to many of whom your words will come, that their representative is not weak-minded enough to be actuated by any such motive in a matter where principle is involved. Some members of the Senate felt it to be the duty of the hour, and others a due redemption of pledges made to the electorate, to place themselves on record as opposing Mr. Mulock's re-election; and such was, of course, their inalienable right. Hence, accordingly, when Mr. Mulock's nomination was made, Professor Pike rose and asked the Vice-Chancellor if the yeas

and nays could be recorded on the single nomination; citing, in support of his request to that effect, an extract from Bourinot, showing that, although not usual, it had been occasionally done in both the House of Commons of Great Britain, and the House of Commons of Canada. Upon this point the Vice-Chancellor declined to rule; and my name was at once moved by Prof. Galbraith, and seconded by Prof. Dale. Anxious to avoid the appearance of a personal collision with my old friend, the Vice-Chancellor, but at the same time determined to maintain the right of his opponents to place themselves on record in the Senate's minutes, I then proposed that the Senate should itself affirm the point which the Vice-Chancellor evaded, viz., the right of the minority to have the yeas and nays recorded on the single nomination; but my motion was not seconded, and, after some desultory conversation upon the point, it was thought that it would expedite business to allow my nomination to stand, and take the vote. This decision is, in my humble judgment, to be regretted; not only upon personal grounds, but because I think it would have been well to have established a precedent for recording the vote upon call and single nomination. I understood from yourself, sir, that there would be no difficulty whatever about the matter, and other friends and supporters of Mr. Mulock's to whom I spoke upon the subject that evening likewise concurred in the view that a record of the vote would be quite right and proper, and, therefore, it was with a great deal of surprise and disappointment that I heard Mr. Mulock decline the responsibility of allowing it. That responsibility I had no hesitation in proposing in my motion that the Senate should assume, as a simple act of right and courtesy.

Now, as to the reason for the selection of my name: The opinion of the university professoriate was undoubted, and the verdict of convocation pronounced; but still, in view of the fact that the Senate is a large body, composed of very heterogeneous elements, and the focus of many divergent corporate interests, it was idle to expect that any candidate uniting only the interests first named would be elected; but it was urged that my acceptance of the nomination would contradict the false statement widely disseminated during the late campaign that there was discord between the Arts and the Medical Faculties, and that opposition to Mr. Mulock was enmity to the Medical Faculty. Earnestly desiring to disabuse the public of that view, I consented to allow my name to be proposed, but only *in extremis; i.e.*, when it appeared that the minority were in imminent danger of having their rights denied them. To be charged, therefore, with "good-naturedly allowing oneself to be used for a purpose," and that purpose by implication a sinister one, seems to me sufficient excuse to warrant my trespassing at this length upon your space and upon your readers' patience; for I would like all to understand that, as those who know me know, I am not careful to conciliate, except upon just and reasonable grounds, either Mr. Mulock's friends or his opponents. I trust, Mr. Editor, that, being thoroughly acquainted with the facts and the equity of the case, you were not of those who viewed my course of conduct either "with surprise" or "with regret."

I. H. CAMERON.

Toronto, Nov. 18, 1892.

[Whatever may have been Mr. Cameron's motives, he was quite within his rights in becoming a candidate for the Vice-Chancellorship, and he is under no obligation, therefore, to offer any apology for his action; but we think that, in the above letter, he has scarcely described, with fairness, the attitude of the Vice-Chancellor when asked to rule whether the yeas and nays could be recorded if there was but one nomination. First, Mr. Cameron says, "Upon this point the Vice-Chancellor declined to rule"; again, that he (Mr. C.) "proposed that the Senate should itself affirm the point which the Vice-Chancellor had evaded"; and, again, that "it was with a great deal of surprise and disappointment that I heard Mr. Mulock decline the responsibility of allowing it." These various statements are, in themselves, conflicting; the first two are to the effect that the Vice-Chancellor declined to express an opinion, and the last that he ruled against Mr. Cameron's view, while the word "evaded" is an ungenerous and inapt expression under the circumstances. The facts are as follows: When the Vice-Chancellor was asked whether,

on his single nomination, the yeas and nays could be recorded, he replied saying that it did not appear to him becoming that he should rule on matters affecting an election at which he was a candidate, and he would, therefore, ask the Senate to decide the point. The propriety of the Vice-Chancellor's attitude seemed to commend itself to all present, no one suggesting, for an instant, that he was seeking to "evade" the proper discharge of any duty devolving upon him. Thereupon, another member asked a prominent authority on parliamentary practice for his opinion on the point, but the member so appealed to was unwilling to decide it. Another member then suggested that, no matter what the rule was, he favored the Senate meeting the views of those who, in the case of a single nomination, desired the votes to be recorded. The Vice-Chancellor at once endorsed this view, and expressed the hope that no one would object to its adoption, and the Senate appeared to be unanimously in favor of such a course. At this stage Mr. Cameron had been nominated, and had the option of withdrawing his name on the understanding that the yeas and nays would be recorded, or going to an election. He chose the latter alternative, and thus is responsible for the course adopted. Such being the facts, his action is scarcely as chivalrous as described by himself where he says, "I consented to allow my name to be proposed, but only *in extremis*; *i.e.*, when it appeared that the minority were in imminent danger of having their rights denied them." Nor is it just to the majority of the Senate to represent them as denying to the minority their rights.

We regret, therefore, that Mr. Cameron, who is very properly sensitive to criticism when his own actions are under consideration, should, even accidentally, fall into the error of using language which inaccurately describes the conduct of others. The editorial note in THE PRACTITIONER which brought out Mr. Cameron's reply was, as is also this comment, penned in a kindly spirit towards him. It is so easy to draw incorrect conclusions that it becomes the duty of all of us to offer and receive explanations and criticisms in a liberal, charitable spirit.—ED. C.P.]

Editor of THE CANADIAN PRACTITIONER:

SIR,—In your comments on my letter you deny that you did anything, directly or indirectly, to lower any standard in the university. In reply, I claim that the legislation initiated by you lowered the requirements for the *ad eundem gradum* and the *ad eundem statum*, and in connection with the latter you made the most extraordinary provisions for increasing the number of students in the faculty. For this purpose, your legislation gave absolute powers to the committee on the Medical Faculty, which did not, till 1891-92, contain a single medical member, to admit any student to any examination in medicine whether he had, or had not, passed the previous examinations in any university or school of medicine. School of medicine, forsooth! Does it not lower a university standard to recognize the examination of a school of medicine, or even hint at recognizing such? Your legislation increased the number of subjects in which a student could be "starred." All these changes in the curriculum, through your efforts, received the sanction of the Senate, and all were brought about for the purpose of increasing the number of students in the faculty. As part of this policy, you assisted in every way the efforts of those examiners who voted to set aside the standards, and you blocked all reform in the Senate on the points which served as an excuse for the violations of the standard. How much, therefore, it is beside the mark for you to maintain that I should have informed the Senate of these things, I leave your readers to infer. I propose to deal more fully with these matters in the near future. In regard to your insinuation that I canvassed for votes for myself, allow me to state explicitly that I have never asked for a vote for myself. I promised my support to Drs. Cameron, Reeve, and Mullin before I became a candidate myself, and when I became a candidate that fact did not free me from my promise, which I strove to fulfil to the best of my ability. A *tu quoque* is in place when there is some similarity between the delinquencies charged; but in this case there is no comparison possible between what I did and the personal "vote-begging," as it is called. I never made any secret of my canvass for my three colleagues, and I, consequently, may be par-

doned for feeling somewhat amused at your references to "strange rumors" from the west.

For many of your personal references which, no doubt, split the ears of groundlings, I feel the same charity that the Englishman felt for the abusive language of his somewhat ill-tempered wife: "It don't hurt I, and it pleases she."

A. B. MACALLUM.

[The energy of various professors in carping criticism on the views and actions of others might, in the interest of the university, be better expended in the discharge of their duties as paid public servants.—ED. C.P.]

Book Reviews.

The Electro-Therapeutics of Gynecology. By Augustin H. Goelet, M.D., Fellow of the New York Academy of Medicine and of the New York Obstetrical Society; Vice-President of the American Electro-Therapeutic Association; Member of the Societé Francaise d'Electro-therépie; Editor of the *Archives of Gynæcology, Obstetrics, and Pediatrics.* With illustrations; two volumes, 397 pages, paper covers; price, 25 cents each. Detroit: George S. Davis.

This work is in the series for 1892 of the Physicians' Leisure Library. The author aims to furnish a practical guide to the modernized application of electricity to gynecology, and this purpose is most admirably fulfilled. The first volume is devoted to electro-physics and electro-physiology, while the second deals with electro-therapeutics. In describing apparatus, the author wisely confines himself to material with which he is personally acquainted, and of which he knows the true value; and if instruments of his own design are frequently figured, it is because they have stood the test of practice. With regard to faradic batteries, the length and size of the wire constituting the coils is now recognized as the matter of the greatest importance, and a very useful table and directions will be found in the first part whereby any one may readily compute the length of wire in a coil, instead of having to take the manufacturer's word for it. The technique of the practical applications is so carefully and fully detailed as to leave no possible excuse for blunders. The illustrations throughout are of great assistance in further elucidating the text, and altogether the work is one which may be most conscientiously recommended to all who are interested in the position of electricity with regard to the treatment of diseases of women; and, in fact, should be in the hands of all general practitioners as well as gynecologists.

Diseases of the Nervous System. By J. A. Ormerod, M.D. Oxon., F.R.C.P. Lond., Medical Registrar and Demonstrator of Morbid Anatomy at St. Bartholomew's Hospital, etc. Pp. 343, and 66 illustrations. Philadelphia: P. Blakiston, Son & Co., 1892.

The author in his very short preface outlines correctly the scope of his little work. It is meant for beginners, whether they be graduates or not; not as a substitute for more elaborate treatises, but "as an introduction to the work, and outline map of territory to be acquired." It is a book that every beginner should read, and should be in the hands of every final student. The anatomical and physiological introduction is brief, clear, and thorough. The chapters on morbid anatomy of the nervous system, on certain general symptoms and methods of investigation, especially electrical methods, are calculated to rob the subject of half its terrors to the explorer of this medical *terra incognita.* The maps of motor points are well engraved, and the chapter on organic spinal, and cerebral lesions concise. The book is very readably written, and from the publisher's standpoint excellently gotten up.

Medical Electricity: A Practical Handbook for Students and Practitioners. By W. E. Steavenson, M.D., late in charge of the Electrical Department in St. Bartholomew's Hospital; and H. Lewis Jones, M.A., M.D., Member of the Royal College of Physicians; Medical Officer in charge of the Electrical Department in St. Bartholomew's Hospital. With illustrations; 446 pages, cloth. London: H. K. Lewis, 136 Gower street.

In reading this work, one cannot help deploring with Dr. Jones that Dr. Steavenson was not spared to complete his original plan; for while the most has evidently been made of the material left, yet much of the manuscript was of so fragmentary a nature that a great deal of long and valuable experience has been lost. Hence, it is not to be wondered at tha

there is a sense of incompleteness in the therapeutic portion of the work rather disappointing to those who have derived such pleasure and profit from the articles which have appeared from time to time from the pen of Dr. Steavenson. Some of the apparatus depicted would be considered rather antiquated in this country, but most of the illustrations are admirable. While the work may represent the present status of medical electricity in England, it must be borne in mind that the results achieved on this side of the water are considerably in advance. In spite of all these shortcomings, this handsome and capitally arranged volume is a decided acquisition to the literature of the subject — the theoretical, physiological, and diagnostic portions being especially valuable —and a careful perusal cannot fail to prove instructive.

The Principles of Theoretical Chemistry. By Ira Remsem, Professor of Chemistry in the Johns Hopkins University. Fourth edition. Philadelphia: Lea Brothers & Co., 1892.

This edition is, in its essential points, the same as those previously issued—a brief treatise on the facts and speculations which have to deal especially with the problem of the constitution of chemical compounds. Some changes and additions, called for by the recent developments of the science, have been made, the most important of which is a chapter on solutions, in which recent methods for the determination of atomic weights are discussed. The student will find the subject discussed clearly, and in a most concise manner, in this book.

Therapeutic Notes.

HOW TO POULTICE THE EAR.—Poulticing an ear may seem to be a simple operation, but there is, nevertheless, a right and a wrong way of doing it, and it appears that the wrong way is the one usually adopted. At least, so says Dr. Alfred H. Buck, of New York, in an article on aural therapeutics in the March number of the new *International Medical Magazine.* Dr. Buck says that while heat is one of the best remedies in painful inflammations of the middle ear, and the poultice is one of the best methods of applying heat, as usually put on the poultice has little effect. What should be done, he says, is first to fill the external auditory canal with lukewarm water, the head resting on the unaffected side upon the pillow. Then a large flaxseed poultice is applied over the ear, as hot as it can be borne. The column of water is thus kept warm, and acts as a conductor of heat between the poultice and the inflamed surface.—*Med. & Surg. Reporter.*

RHUS RADICANS IN THE TREATMENT OF NOCTURNAL INCONTINENCE OF URINE IN CHILDREN.—The *Gazette Médicale de Paris* gives the following formula for a tincture of *Rhus radicans*, to be used in the treatment of nocturnal incontinence of urine in children: *Rhus radicans* (dry leaves), one part; alcohol (21°, Corlieu), five parts. Macerate for fifteen days. To children under six years of age, five drops of this tincture may be given night and morning. For children over six, as many as forty drops may be administered. An effect is soon produced. If at the end of three weeks there is no perceptible change, it is useless to continue using the tincture. When a cure is brought about, it is best to continue the administration of the drug from time to time.—*N. Y. Med. Jour.*

THE TREATMENT OF NOCTURNAL INCONTINENCE OF URINE IN CHILDREN.—Dr. Van Tienhoven. (*Allg. Wiener Med. Zeitung.*) This author believes the exciting cause of nocturnal enuresis to be the incomplete closure of the prostatic urethra during the general muscular relaxation of sleep. The urine collecting in the bladder soon finds its way into the urethral pouch, and gives rise, by its presence, to reflex detrusor spasm.

To overcome this he advises elevation of the pelvis during sleep by means of a wooden frame, which raises the body to an angle of 45 degrees.

In this manner, he affirms, the urine is prevented from entering the posterior segment of the urethra.—*Journal of Cutaneous and Genito-Urinary Diseases.*

HABITUAL ABORTION.—Dr. Turrazo has obtained excellent results in the treatment of frequent and habitual abortion by means of assafœtida. As soon as pregnancy is diagnosed, he prescribes pills of assafœtida containing on

and one-half grain each; beginning with two pills a day, and gradually increasing to ten. After maintaining the administration of this amount for some time, the number of pills is very gradually decreased, but the remedy is not wholly discontinued until the normal term is reached.—*Med. Review.*

BLACK EYE.—There is nothing to compare with a tincture or a strong infusion of capsicum annuum, mixed with an equal bulk of mucilage or gum arabic, and with the addition of a few drops of glycerine. This should be painted over all the bruised surface with a camel's hair pencil, and allowed to dry on, a second or third coating being applied as soon as the first is dry. If done as soon as the injury is inflicted, the treatment will invariably prevent the blackening of the bruised tissue. The same remedy has no equal in rheumatic, sore, or stiff neck.—*Medical Times.*

ANAL FISSURE.—Allingham strongly advocates the local use of the following ointment:

℞ Hydrarg. subchlor, - - - gr. iv.
Pulv. opii,
Ext. belladonnæ - - - aa gr. ij.
Ung. sambuc - - - - - ʒ j.
M.
S. To be applied frequently.

He states that he has had many cures with this ointment alone. Another excellent ointment recommended by the same authority is:

℞ Plumb. acetatis, .
Zinci oxidi - - - - aa gr. x.
Pulv. calaminæ - - - - gr. xx.
Adipis benzoinat - - - ℥ ss.
M.

An ointment of the oxide of mercury, thirty grains to the ounce, has cured many cases. —*Med. News.*

ANTISEPTIC POWDER, IMPROVED. — Cheap but reliable substitutes for these expensive proprietary preparations, as well as for iodoform, however, are always in demand. The following formula is used largely in the hospital wards of a city institution in the treatment of chronic ulcers, suppurating sores, and generally as an iodoform substitute:

℞ Salol, powdered . . . ʒj.
Sulphite of zinc, powdered . . ʒiss.
Benzoin, powdered . . . ʒss.
Purified talcum . . . . ʒij.
Oil of fennel . . . . M xx.
M. et. sig.

—*American Druggist.*

Miscellaneous.

RAILWAY SURGERY AT THE PAN-AMERICAN MEDICAL CONGRESS.—A section of railway surgery of the Pan-American Medical Congress has been organized, with Dr. C. W. P. Brock, of Richmond, Virginia, as executive president. A full list of officers has been provided for each of the constituent countries. At the eleventh annual meeting of the Wabash Railway Surgical Association—the first organization of the kind—Dr. C. B. Stemen, of Fort Wayne, was by unanimous resolution requested to prepare a paper on "Organized Railway Surgery," and read the same before the section on railway surgery of the Pan-American Medical Congress. At the same meeting, Dr. Hal C. Wyman, of Detroit, offered the following, which was unanimously adopted: "Resolved, that each member of this association solicit his congressman to interest himself in legislation in favor of the Pan-American Medical Congress."

The U.S. Pharmacopœia, 1890, which will be published during 1893, adopts in great measure the *metric system* of weights and measures. This will doubtless create much confusion in the minds of physicians and druggists, and lead to many misunderstandings and errors. In order to provide a guide to the proper dosage, etc., Dr. Geo. M. Gould, author of "The New Medical Dictionary," has prepared a very complete table of the official and unofficial drugs, with doses in both the *metric* and *English* systems. This table is to be published in P. Blakiston, Son & Co.'s physicians' visiting list for 1893, together with a short description of the metric system.

THE Messrs. Macmillan & Co. announce that the recently completed edition of Foster's "Text-Book of Physiology," in four parts, is to be supplemented by the issue of an appendix on "The Chemical Basis of the Animal Body," by A. Sheridan Lea, Sc.D., F.R.S. Dr. Lea is Lecturer on Physiology in the University of Cambridge, England.

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