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CANADA
MEDICAL RECORD

FEBRUARY, 1900

Original Communications.

THE REFLEX SYMPTOMS OF RETROVERSION OF THE UTERUS.

By A. LAPTHORN SMITH, B.A., M.D., M.R.C.S., Eng.
Fellow of the British and American Gynecological Societies; Gynecologist to the Montreal Dispensary; Surgeon-in-Chief of the Samaritan Free Hospital for Women; Surgeon to the Western Hospital; Professor of Clinical Gynecology in Bishop's University; Consulting Gynecologist to the Women's Hospital, Montreal.

Although I have operated upon and, with a few exceptions, cured one hundred and thirty-five cases of retroversion with adhesions by performing ventrofixation, and eighty cases of retroversion without adhesions by Alexander's operation of shortening the round ligaments, I am not yet satisfied, for I am convinced that there are yet several hundreds of women in this province alone who are suffering from this disease with its numerous symptoms. These women could be cured almost without risk by one or the other of these two operations. I say almost without risk, because when there are adhesions and the abdomen has to be opened, and perhaps a diseased ovary has to be removed, even then there is only a risk of about one per cent. While, if there are no adhesions and we can put up the uterus with the bi-manual manipulations or by means of the sound and hold it up by shortening the round ligaments, this operation has been so perfected that there is absolutely no danger at all. During the first years after it was introduced there were many hernias and sometimes a death,

but these accidents are no longer to be feared in the hands of operators of experience and with our present rigorous asepsis.

In this short paper I propose only to call attention to the symptoms, and especially the more obscure ones, by which this condition can be recognized. We must suspect its presence, and then search for it by a vaginal, preferably a bi-manual examination, whenever a woman comes to us with the following symptoms:

1. Bladder troubles manifested by frequency of micturition caused by the pressure of the cervix against the neck of the bladder. When the fundus goes backwards the cervix, as a rule, points forwards.

2. Troubles in the rectum, either pain during defecation or obstinate constipation even when the patient's bowels have been made liquid by means of purgatives, the uterus acting as a rubber valve, the more the woman bears down the tighter it closes. Sometimes there is dysentery or rectal tenesmus due to the pressure of the heavy fundus on the rectum which ends by ulcerating it; even when there is nothing in it the patient feels as if the bowel was full This is one of the obscure symptoms and must be searched for, as the woman will, as a rule, tell us that she is constipated, and it is only by questioning her that we will ascertain that her movements are liquid. When this condition of the stools is present, we will surely find either a stricture of the rectum or obstruction from the retroverted fundus,

3. Disorders of the brain and nervous system. The great sympathetic nerve, contrary to the cerebro-spinal system, has its brain at the lower end of the spine, just about the place where the retroverted fundus will lie upon it, so that with every movement the woman makes, the great sympathetic receives a blow or impression which is conveyed to the brain, causing headaches and neuralgias in other organs, the heart, lungs, liver, stomach and bowels. More than once I have had patients who vomited constantly until the cause was discovered in a retroverted uterus, the vomiting stopping at once on replacing the displaced organ.

4. Disorders of intelligence. When the irritation has lasted a long time the nutrition of the brain suffers seriously, and the patient may even loose her reason. I can recall at least a dozen cases in which the women themselves told me that they were ashamed of themselves for being so disagreeable to their husbands; the kinder their husbands were to them the worse they treated them. Two months ago a lady came to me from British Columbia to consult me on account of nervous attacks. She did not know the cause of them, but she assured me that if I did not discover it, and cure her, her husband would leave her, so disagreeable towards him had she become. Her father assured me that she had formerly been of a sweet and gentle disposition, and that a great change had taken place in her since a few years. She presented such a pale and worried appearance that I at once suspected that she had a retroversion, and, on examining her, my suspicions proved to be well founded; there was a large and heavy uterus with the fundus lying in the hollow of the sacrum. A few days later the round ligaments were shortened, and, after three weeks, she assured me that she felt quite differently. Another woman, whose history lies before me as I write, stated that for nine months previously she had been having strange ideas; for instance, she had an almost irresistible impulse to throw herself out of her bedroom window; she was, therefore, afraid to go up to her room unless some one went with her. Also, when she had a knife in her hand there was a great temptation to drive it into her heart or to cut her throat with it, so that she had to throw it down and run away from it. I at once suspected a retroversion, looked for it and found it. As it was firmly fixed, I had to open the abdomen and do ventrofixation. The very next day on my visit to the hospital she expressed her gratitude, saying: "Whatever you did you have removed that cloud from my brain; my trouble has gone." On asking her if she had much pain from the operation, she replied that "That was of no account compared with the sadness which before had overpowered her."

5. Dyspareunia and sterility. Of the two hundred and

fifteen women who were operated on for displacements, about three-quarters or about one hundred and fifty were married, and nearly all of these complained of pain on coitus. This is not surprising when we remember that the uterus is directly in the road of the male organ, and only about an inch or two from the vulva. Moreover, it is swollen and exceedingly tender, several patients having described their pain as being similar to the throbbing of a whitlow. When a woman is irritable and angry with every one, it is easy to understand that she will not be pleased with her husband for causing her such severe pain as coitus under these conditions implies. As for the sterility, about twenty babies have followed the eighty Alexander operations, but only two or three have followed the much larger number of ventrofixations, this being due to the fact that when there is fixation the tubes are always diseased. I did not think that the forwards or backward position of the cervix was of so much consequence to fecundation until I had seen pregnancy follow immediately, and without any other treatment, in women, who had been married many years without having children, after placing the cervix in its proper place. One young woman who had been having illicit intercourse during several years without any consequences because she had a retroversion began to suffer so much pain that her physician sent her to me for an Alexander. The operation succeeded so well that on her return to her lover she immediately became pregnant and had a normal delivery.

6. Symptoms due to the uterus, ovaries and tubes. Dysmenorrhœa and menorrhagia. Almost all these women suffered from dysmenorrhœa caused by the pronounced congestion of the genital organs. The blood is pumped into them by the arteries, but cannot get out by the veins because they are twisted and compressed. The endometrium becomes varicose and swollen, causing both a painful obstruction to the escape of the blood and a profuse flow. The ovaries become so inflamed that ovulation causes excruciating pain.

7. Miscarriages. When a woman has had several mis-

carriages at the third month which are not due to syphilis, we will almost surely find on examining her that she has a retroversion. A few months ago I was called by Dr. Grant Stewart to a case of retention of urine due to retroversion of the pregnant uterus. She was suffering terribly, and a miscarriage would soon have come on; her physician tried to get the uterus up, but found it firmly wedged below the promontory of the sacrum. Although I placed her in the genu-pectoral position, it was only after a quarter of an hour's firm pressure with my finger that I was able to dislodge it from between the utero sacral ligaments. I need hardly add that all her symptoms disappeared the moment that the uterus was replaced. Another woman who was sent to me by Dr. King, of Compton, was pregnant about three months, and the fundus filled the pelvis, the uterus being bent on itself and the cervix being flattened against the symphisis pubis. It was impossible to get the fundus up without opening the abdomen, which I did, and then performed a ventro-fixation. She had a normal confinement, and the womb has not fallen since.

We used to think that it was a sort of moral rape to make a vaginal examination of an unmarried woman, but now we know that virgins suffer from displacements quite often, and that their suffering cannot be remedied without removing the cause. While writing these pages a single woman of thirty came to my office complaining of dysentery, for which she had consulted me three years ago, at which time I did not examine her, and as I did not do her any good she left me and passed through the care of several other physicians without any benefit. This time, however, she insisted that I would examine her, as she felt sure that her womb was the cause of her trouble. And she was right, for on making a vaginal examination I found it completely turned. To-morrow morning I have to operate on another girl who consulted me for dysmenorrhœa, which compels her to remain in bed one day every month, and her period lasts seven days, and is profuse. She was so tender that it was impossible for me to examine her without an anæsthetic.

With one I ascertained that she had a retroversion, which was easily replaced with the sound. I intend to dilate, curette and shorten the round ligaments at one sitting.

In conclusion, I would advise every family physician to make an examination, either with or without an anæsthetic, so as to assure himself whether there is a retroversion of the uterus, not only in those cases in which the symptoms point directly to the uterus, but also when there are reflex symptoms which might possibly be due to this cause.

250 BISHOP ST., Montreal.

Selected Article.

THE DIFFERENTIAL DIAGNOSIS BETWEEN CHRONIC JOINT DISEASE AND TRAUMATIC NEUROSES.*

By REGINALD H. SAYRE, M. D., New York.

Those who have had extensive experience with disease of joints realize how difficult it is at times to decide whether or not a joint is involved when the symptoms of imflammation are just beginning to make themselves manifest, and that frequently several examinations of the patient may be necessary before an exact diagnosis is arrived at. They also realize how frequently such cases are treated for rheumatism, growing pains and neuralgia for months before the deformity becomes so prominent as to force the true nature of the disease upon the observer. It is usually supposed, however, that, after deformity and disability have taken place, the picture is so marked as to make it impossible to fail into error, and that such cases need only to be seen in order to be recognized.

My experience, however, leads me to differ from this view, as I find certain cases in which there is no joint inflammation present, symptoms so nearly approaching those of arthritis that they have been treated by men of large experience as if the joints were involved. I believe these mistakes in diagnosis are usually caused by failure to get the complete history of the case in the first place, by too superficial examination in the second, the patient's clothing not being

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* Read before the New York State Medical Association, October 26, 1899

sufficiently removed to enable the physician to make a proper investigation; and, third, by a lack of attention to minor symptoms which, properly interpreted, would prevent the observer from reaching an erroneous conclusion.

Many cases of injury are followed by pains and disorders of the nervous system, and this not only in instances when the injury has been caused by a railroad accident, or been received in consequence of the carelessness of some person who can be held responsible for the damage, but when the patient alone is to blame and the possibility of legal redress does not enter into the question. That a traumatic neuritis is set up in these cases there can be no doubt, and the variety of neurotic complications that may follow such an injury is most surprising. At times also there are neurotic disturbances, the result of misplacement of the viscera, which may be classed as traumatic neuroses, though the trauma is merely that of abnormal pressure on a nerve or an abnormal stretching of its fibres.

In many of these cases, among symptoms that are present are pain in the neighborhood of a joint, accompanied by a limitation of motion in the joint, and more or less marked deformity, the physician being called upon to determine the nature of the disturbance which has given rise to these symptoms.

Has the patient Pott's disease or not? Has there been a fracture of the vertebra, or is tuberculosis or malignant disease of the spine present, or is the difficulty simply a neuritis set up by a traumatism and aggravated perhaps by inherited tendencies, a rheumatic diathesis, or an exhausted state of the nervous system? Are the atrophy and disability and distortion of a limb the result of hip disease or not? Does a patient require rest and protection for the joint, or should vigorous exercise be prescribed? These problems are extremely difficult to answer, and in many instances can be answered correctly only by the most careful and thorough examination of the patient's previous and present condition, taking into account the history of the case and noting on more than one occasion the attitude of the patient, the location of the pain, the presence or absence of muscular spasm, the range of temperature for several days and at different times in the day, the presence of motor or sensory disturbances in other parts of the body, and finally by taking careful note of the patient's mental condition.

One of the distinguishing points between a nerve inflammation and an inflamed joint is the rapidity with which

symptoms of an injury to a nerve follow the trauma which produced it, while it may be months after the injury that manifestations of joint inflammation are marked enough to attract attention. While atrophy is a prominent and constant symptom in chronic inflammation of the joint, and makes its appearance usually before pain is at all pronounced in its character, yet it does not follow the onset of a marked traumatism so speedily as in the case of injury to a nerve.

Another of the most important factors in discriminating between a traumatic neurosis and a chronic inflammation of a joint is the subnormal temperature that is usually present in the former, just as it is in various diseases accompanied by marked depression of the vital forces. There seems to be a lowering in tone throughout the entire system, with a corresponding decrease in the body heat. In chronic inflammation of a joint, however, there is usually a slight increase in temperature, say to 99° F., and one of the best guides to the activity of the destructive process going on in the bone is found in the reading of the thermometer. The local temperature also is apt to be much depressed after an injury to the nerve supplying this part, and at times an extremity or a part of an extremity will show a lowering in the surface temperature of one or two degrees below that of its fellow, or of other parts of the body. On the contrary, if an inflamed joint be at all near the surface, the increase in its temperature is usually sufficient to be detected by the touch, should a surface thermometer not be at hand. I would draw attention here to the fact that we may have a lowering of surface temperature in an extremity which has been kept at rest for a long time, either in bed or in a splint, while a joint in this extremity, as the knee or ankle, for instance, shows a marked increase of heat, and this distinction must be kept in mind in making a diagnosis between these cases and those of local subnormal temperature due to nerve involvement.

One of the early, probably the very first, symptoms of an inflamed joint is involuntary spasm of the muscles controlling that joint, and, as the disease goes on, this spasm becomes more and more pronounced. One of the peculiarities of this spasm is that passive motion within a certain limited range may often be made with entire absence of pain or resistance, while efforts at voluntary motion on the part of a patient, or motion greater in extent than that which the severity of the inflammation permits, at once excites muscular spasm and gives the appearance of complete ankylosis. Nature does not oppose motion of a joint so long as that motion fails to

inflict injury, but as soon as it begins to cause irritation the muscles that control the joint at once spring into action in their effort to relieve and prevent the pain which is caused by the motion. If an anæsthetic is given in such a case the sensibility of the nerves is destroyed, and the muscles in consequence fail to control the movements of the joint, because they are no longer stimulated, and the physician is hereby deprived of the very symptom which would have been of vital importance to him had he made use of it intelligently. In many so-called "hysterical joints," and in these neurotic cases of which I speak, there may be a simulation of ankylosis and of muscular spasm, but careful observation will usually enable the physician to distinguish this from the true spasm of joint disease. By engaging the attention of the patient in other things and noticing the position of the joints meanwhile, motions will often be observed in joints supposed to be ankylosed. At times the patient may be induced to move the joint by placing the body in a different position from that in which the movement has usually been attempted, and then attempting to secure motion of some other joint, the movement of which will act on the joint under examination, the patient meanwhile having the attention concentrated on efforts to move the other joint, about which there is no question as to the diagnosis.

In cases of joint injury the location of the pain is to be borne in mind, and it may be a help toward excluding joint disease if the patient locates the pain in different places at different times, and at points other than those where the nerves supplying the affected joint should come to the surface. In spinal cases a tenderness along the whole length of the spinal column is almost proof in itself that the case is neurotic and not ostitic, the pain of bone inflammation being almost always confined to the distal extremities of the spinal nerves; or, if the pain is felt in the back, it is only in a limited area. Should the patient be awakened at night, especially just as he is dozing off to sleep, by sharp pains that cause a loud, sudden cry, it is almost certain that inflammation of bone is present. The general appearance of the patient will often aid greatly in eliminating bone inflammation. The expression of certain neurotics can hardly be described, but, their appearance once recognized, the picture is as typical as the expression of melancholia or mania.

In some neurotic cases there will be found a peculiar œdema of an extremity which, being associated with great

tenderness, may give rise to the supposition that a bone abscess is present, but a distinction can generally be made by the observation that the pain is not so localized as in a bone abscess, and extends frequently along the course of some nerve, and may at times be accompanied by nodosities of this nerve, changes in the color of the skin, purple or blue spots which may be elevated, and at times by patches which are very painful.

From the numerous other cases that have come under my observation I would say that in taking a differential diagnosis between chronic joint disease and a traumatic neurosis, the following points were chiefly to be noted :

1. A neurosis is apt to follow injury sooner than is disease of a joint.

2. The temperature is usually subnormal in a neurosis and elevated in inflammation of a joint.

3. The local temperature is usually much lower in case of a neurosis than in disease of a joint.

4. Atrophy progresses more rapidly after injury to a nerve.

5. True muscular spasm is not present except in joint disease. It may be simulated, however.

6. True night cries are pathognomonic of joint disease.

7. The appearance of the patient, if indicating a disordered nervous system, may aid in the diagnosis.—*N. Y. Med. Rec.*

Progress of Medical Science.

MEDICINE AND NEUROLOGY.

IN CHARGE OF

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SORE THROATS.

There are some people who suffer from recurrent attacks of sore throat, tonsillitis and pharyngitis on the slightest exposure or imprudence throughout the winter season. The doctor is called in, prescribes tincture of iron, chlorate of potash, tincture of guaiac, salicylate of soda, etc., with a gargle, and soreness and swelling abate, the patient no longer needs to clear the throat every moment, but the

structures do not return to a normal condition, some passive congestion remains, and soon another attack is precipitated. This liability to repeated attacks of sore throat is not altogether seasonal. Many persons entirely escape or are stricken, suffer acutely for a few days and rapidly recover, to hear no more of the malady. Frequent attacks of sore throat are due to disease of the blood. Morbific matter accumulates in the blood and makes a breach at a point favorable to rapid congestion and exudation. The throat furnishes just such a locality. Its tissues are normally very sensitive and easily congested.

The treatment of sore throat of the chronic and recurrent variety requires something more than the local use of gargles and remedies to allay feverishness and restore the secretions ; *prophylaxis* must be secured by the use of remedies to put the blood in a healthy condition. Its quality, volume and rate of circulation must be brought up to the standard of health. We believe that Ecthol will do this more satisfactorily than any other remedy. It increases the number, promotes the integrity and stimulates the movement of the red blood corpuscles, a vital factor in improving nutrition and circulation generally. Under its use the blood stream is accelerated in a normal manner, bathing and vivifying the tissues, yet preventing congestions.

Locally, Ecthol is used as a gargle either pure or in combination with Listerine, carbolic acid, hydrogen peroxide or other antiseptics, and has a very beneficial effect, checking any bleeding, reducing inflammation and hastening resolution.

Old sore throat cases are often very troublesome, the patients being neurotic, anemic and morbid generally, and we hope the profession will try this remedy, which has shown itself to be not only curative but *prophylactic* in aggravated cases of recurrent sore throat.—*Medical Brief.*

TREATMENT TO INCREASE MAMMARY SECRETION.

From "Sajou's Annual and Analytical Cyclopedia of Practical Medicine," we quote as follows :—

"The bowels should be regulated by proper dieting and massage or exercise rather than by laxatives, and it is highly desirable that there should be at night uninterrupted sleep for six hours for mother and child. Galactagogues are valueless in the majority of cases, most of them exerting

practically no influence upon the gland. Occasionally a slight stimulating effect may be noted, but this lasts only a short time, and the organ soon lapses into its former torpor. Beer, ale, porter, and other malt liquors, especially alcoholic beverages, are more hurtful than beneficial, and what improvement may show itself is due mainly to the confidence in the beverage taken, through the agency of auto-suggestion. The quantity of milk may be increased, but its quality is compromised, especially when poor beer is consumed by the mother. It encourages the production of fat at the expense of the casein or milk sugar. Pure malt may be substituted with great advantage.

PNEUMONIA TREATED WITH ANTI-PNEUMONIC SERUM.

Fanoni (*N. Y. Med. Jour.*, Vol. 70, No. 9) has studied the effects of Professor Pane's anti-pneumonic serum in six cases of pneumonia. The quantity of serum used in these cases was from a minimum of 20 cubic centimeters to a maximum of 120 cubic centimeters. In some of them only the serum No. 1 was used, in others only the No. 2, while in still others both strengths were used. The resolution in these cases was as follows:

First case, eighth day, by lysis; second case, sixth day, by lysis; third case, tenth day, by lysis; fourth case, seventh day, by crisis; fifth case, seventh day, by lysis; sixth case, sixth day, by lysis.

From his own experience, and that of his confières in Italy, the author draws the following conclusions:

1. That Pane's anti-pneumonic serum is the rational remedy in pneumonia, as it constitutes the specific treatment, the same as Behring's antitoxin does in diphtheria.

2. That injections with this serum are not painful, are simple to administer, and do not produce any general or local reaction.

3. That serum over five months old is no longer active and produces no results, although it does no harm; and, after it is four months old, it begins to lose strength, and the amount given after this time should be increased in proportion as the date of the preparation of the remedy is removed from the date of administering up to the fifth month.

4. That the serum will not do harm, even if given in doses of 100 to 150 cubic centimeters in twenty-four hours.

5. That the serum in all these cases under my observation

has shown wonderful efficacy, not only in producing rapid improvement of the general condition, but in hastening resolution in case it is given early in the disease.

6. That in any lobar pneumonia, especially if the prognosis is grave, it is the duty of the physician to use this serum, and if he fails to do so there is no excuse for such an act, except ignorance of the work that has been done in the field of the serum therapy of pneumonia.—*Memphis Medical Monthly.*

THE TREATMENT OF SHOCK.

Experiental work upon the pathology of shock shows it to have as an essential element a paresis of the vaso-motor nervous system. The maintenance cf vascular pressure by contracting the peripheral arterioles is the most efficient means of overcoming the condition. The efforts of surgeons have been largely addressed to the heart, as the symptoms seem to be referable to that organ. Experimental study shows that a heart that is only partially filled with blood beats rapidly and feebly. The physiologist teaches that the veins of the body are capable of containing the entire blood supply; indeed, those of the abdominal region alone are said to have nearly sufficient capacity for this purpose, or, at least, they may contain a quantity which seriously impairs the integrity of the circulation. A marked fall in the peripheral resistance results in a rapid and correspondingly feeble heart's action. This is not to be met by stimulating the heart, as by such means we only aid in emptying the arterial system. The aim should be to use those remedies which caused a prompt contraction of the peripheral arterioles, and so restore the altered balance of the circulation.—*Medical Review.*

THE CAUSE OF OLD AGE.

Prof. Mechnikoff, whose fame rests upon the Mechnikovian theory of phagocytosis, has recently come forward with a theory of old age, based upon the omni-important leucocyte. He states that there is a sort of social distinction among the leucocytes, some of these being common, or, as we might translate it, plebeian, while others are noble. The common cells are found in all the organs, and may be transformed at any time into connective tissue cells. The noble cells are those which may form part of the parenchyma of any of the organs. Old age is essentially a strife between these two forms, in which the common type, or connective

tissue builders, gains the mastery; and thus we have a replacing of normal tissues by connective tissue structures, or a sclerosis. The theory has an element of the picturesque, though as a practical working hypothesis it will probably not be of great value in overcoming the effects of age and of advancing sclerosis. Modern science appears to be looking for the fountain of youth with all the enthusiasm of Ponce de Leon. —*Medical Review.*

DIAGNOSTIC AND THERAPEUTIC IMPORTANCE OF THE X-RAY IN MEDICINE AND SURGERY.

Among the diagnoses which may positively be made by the X-rays are: Early diagnosis of aneurysm of the aorta; determination of the boundaries of the heart in emphysema; determination of apparent and real hypertrophy of the heart. With the aid of the fluoroscope abnormal rhythm of the heart and the effects of drugs upon it can be carefully studied. The differential diagnosis between tumors of mediastinum and aneurysms of the aorta can absolutely be made. Aneurysms of the various arteries and the calcification of these various arteries can be made out. Respiratory tract: Tumors and foreign bodies in the larynx, Tumors, foreign bodies, gangrenous areas in the lungs, exudate into the pleural cavity, thickness of the pleura and pneumothorax are all distinctly to be made out. Gastro-intestinal tract: Foreign bodies in the esophagus, stomach and bowel can be detected, and the differential diagnosis between the tumors and diverticula of the esophagus made. Furthermore, abnormalities in the shape and position of the stomach can be made out by means of inflation, or the introduction of sounds and bismuth. Tumors of the omentum, the bowel, the pancreas and the liver have been made out. Urinary apparatus: Stone in the bladder and the kidney and tumor of the kidney. Head: Fractures of the skull, splinters of bone and tumors in the brain, foreign bodies in the eye and in the nose, empyema of the frontal sinuses and of the antrum of Highmore. The importance of the X-ray in purely surgical cases needs no explanation here. Therapeutically, the author has good reports of the effect of the X-ray in cases of neuralgia of the facial, occipital and intercostal nerves. In some cases joint and muscle rheumatism were favorably influenced; in others they were not. In the treatment of certain affections of the skin, notably lupus, eczema and psoriasis, excellent

results have been obtained. The depilatory action of the X-ray has found a use in cosmetic medicine. The therapeutic effect of the X-ray in pulmonary tuberculosis has up to the present time been nil. All in all, the X-ray has to be considered rather as an aid to diagnosis than as a therapeutic agent of the first rank.—*Medical Review.*

HYDROTHERAPY IN THE PREVENTION AND CURE OF PULMONARY TUBERCULOSIS.

In Knopf's recent work, "The Prophylaxis and Treatment of Pulmonary Tuberculosis," the author calls attention to the value of hydrotherapeutic measures in the prevention and cure of pulmonary tuberculosis. He especially emphasizes the value of using cold water externally. The manner of application as suggested by the author is to precede the application several days by a dry massage of the skin, followed by inunction. Following this, friction with pure alcohol is recommended; then half alcohol, half water, and, lastly, friction with water alone. This is then followed by the cold sponge bath, the affusion, and last the douche. It is essential to follow this treatment with vigorous friction, so that a good reaction will take place; otherwise the treatment will do more harm than good.

The value of the cold morning bath for both old and young is inestimable. Its universal application in conjunction with a correct dietary and a moderate amount of systematic exercise would do much toward the eradication of the tendency to disease, and also to the cure of many diseases in their incipient and chronic stages. This form of treatment was known and systematically practiced by many of the ancients, with the result that they were a vigorous and energetic people.

The cold sponge or friction bath is a most efficient measure for energizing the circulatory processes and establishing a permanent healthy circulation in the skin and other excretory organs. The elastic step and buoyant air exhibited by one who has reacted properly to his morning bath is evidence that there is great energizing power in cold water. Great care must be exercised, however, in the use of this excellent remedy in the treatment of the very young; and in feeble and aged individuals, for upon their power to react depends the value of the application. For those who react poorly, a good way is to see that the room in which the application is to be made is warm and free from draughts

of air; the patient should also be warm and comfortable before beginning the treatment, otherwise reaction will not take place.

In the cases just referred to, the cold friction sponge is an excellent means of obtaining a good reaction. The attendant should be equipped with a mitt made of some rough material which, when rubbed over the skin, will produce considerable friction. The mitt is dipped in cold water and rubbed vigorously over a small area of the skin until a good reaction results; the part is then dried by means of a Turkish towel, and immediately covered. Other parts of the body are then treated until the whole surface of the body has been gone over. A feeble person can stand the water much colder when this form of treatment is employed than when ordinary hand friction is used. The friction dilates the peripheral vessels, allowing more blood to flow through the skin, thus causing a feeling of warmth in the part, while at the same time the sensory nerves are being stimulated by the cold water.

Many diseases other than tuberculosis can be prevented and cured by means of the simple, inexpensive and universal remedy. Every physician should instruct his patients how to fight for health; for a vigorous warfare must be waged against the almost countless foes which are lurking on every hand, seeking a favorable opportunity to pounce upon us, and in many instances make us victims of some lingering disease.—*Modern Medicine.*

SURGERY.

IN CHARGE OF

ROLLO CAMPBELL, M.D.,

Lecturer on Surgery, University of Bishop's College; Assistant-Surgeon, Western Hospital;

AND

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Instructor in Surgery, University of Bishop's College; Assistant-Surgeon, Western Hospital.

CELLULOID SUTURES AND LIGATURES.

Pagenstecher (*Deut. Med. Woch.*) takes a good thread, boils for half an hour in a 1 per cent. solution of soda, washes in boiling water and dries between sterile compresses. It is then soaked in a solution of celluloid and passed again through the same solution. Afterward it is sterilized by

steam under pressure and preserved for use either dry or in an alcoholic solution of bichloride of mercury. The threads have a smooth surface, never tangle, cannot absorb secretions, and are easily tied. Pagenstecher uses these celluloid threads to the exclusion of silk, and the use of catgut for ligatures has been greatly reduced. The results have been good and the saving considerable.—*Buffalo Medical Journal.*

THE DIAGNOSIS OF JOINT TUBERCULOSIS.

The writer found that nearly 31 per cent. of all joint diseases applying at a dispensary for special orthopedic diseases were cases of joint tuberculosis.

One of the most important things in the successful treatment of tuberculosis of joints is an early diagnosis.

That heredity plays in many an important part is true. Frequently children are affected by a tuberculous disease of the joint from a tuberculous father, the mother apparently in good health or having slight anæmia. Rheumatism of the joint, particularly in young children, is the most frequent condition with which this disease is confused. Rheumatism of a single joint is an exceedingly rare disease, especially in children. Most of such cases when followed carefully are found later in the hands of specialists being treated as tuberculous. The symptoms upon which the diagnosis mostly depends in joint tuberculosis are spasms and atrophy. The spasm of the muscles is tetanic in character, and occurs very early in disease. This is followed soon by wasting of the muscles; no matter what joint is affected with tuberculosis, these two symptoms are always present. In the spine, particularly in the lumbar region, it is one of the earliest symptoms, often before the occurrence of deformity, spasm of the psoas and iliacus may be detected. In hip disease the adductors are among the first, and in the knee joint the ham string tendons are frequently contracted at a very early stage. The use of Roentgen ray is of use only in advanced tuberculosis. The appearance of the cartilages and bones being irregular and roughened very differently from the clear and distinct outline of photographs in cases of chronic synovitis. In specific arthritis, by means of the X-ray, the deposits of fibrous tissue may sometimes be detected. These will obscure the normal outline of the joint, but there will not be the roughened, irregular and worm-eaten appearance of tuberculous disease. A picture should also be taken of the sound joint on the opposite side in the same position as the

diseased joint for comparison. Examination of the blood, in cases of suspected tuberculosis of the joint, is of assistance, as marked anæmia or leucocytosis is frequently a forerunner of a tuberculous outbreak in a joint. The differential diagnosis of tuberculous disease of the joint is so important that the author tabulates the points of differentiation between non-tubercular chronic synovitis, tubercular chronic articular arthritis and specific syphilitic arthritis.

NON-TUBERCULAR CHRONIC SYNOVITIS.

1. Marked effusion, capsule thickened. 2. Joint outline enlarged and obliterated. 3. Motion nearly normal. 4. Reflex muscular spasm absent. 5. No atrophy. 6. Pain absent. 7. Night cries absent.

TUBERBULAR CHRONIC ARTICULAR ARTHRITIS.

1. No fluctuation, capsule not thickened. 2. Joint outllne distinct and clear. 3. Motion limited. 4. Reflex muscular spasm present. 5. Marked atrophy. 6. Night cries present.

SPECIFIC SYPHILITIC ARTHRITIS.

1. Slight effusion, capsule thickened. 2. Joint outline distinct, enlarged. 5. Atrophy slight. 6. Pain moderate upon motion. 7. Night cries absent.—*Dr. Jas. R. Young, Jour. of Tuberculosis; St. Paul Med. Jour.*

BIERS' TREATMENT OF EARLY JOINT TUBERCULOSIS.

Biers' method of treating early joint tuberculosis is attracting considerable notice, and is worthy the attention of the general practitioner because of results claimed and because of its simplicity. The treatment consists simply in ligating the member above the affected joint with an elastic bandage of medium width. This is applied several times a day for a period varying from ten minutes to one hour, the bandage being only sufficiently tight to impede the venous circulation. The curative principle of the method seems to be in the fact that the locally increased carbonic acid gas and an increased phagocytosis attacks the micro-organisms. The results of this treatment have been so prompt and so universally good in tuberculous joint disease, and so decidedly negative in joint disease due to other causes, that it is considered to be of great value for diagnostic purposes. It is said that if considerable relief is not given after two or three applications, it may be assumed that the joint is not tuberculous.—*Memphis Medical Monthly.*

THE TOBACCO-POUCH SUTURE.

Doyen has lately been extending the application of the pucker string suture to abdominal surgery, using it on the appendix, intestine, stomach and Douglas' sac after abdominal hysterectomy, and now Quervain, after extensive tests on the cadaver, announces that it is stronger than the Lembert suture, and is peculiarly adapted to the peritoneum, when the latter is movable and the opening is of moderate size. The ends can be tucked in and the thread drawn tight like an anus, or the edges can be left out and the stitches taken with longer stretches on the outside, which forms a particularly strong and effectual method of suturing organs invested externally with serosa, such as the intestines and gall-bladder. He is confident that one trial will convince all of the remarkable advantages to be gained from this suture on the peritoneum.—*Journal American Medical Association.*

STERILIZATION OF THE SKIN.

Senger (*Archiv. fur. klin. Chir.*, vol. 59, p. 425) gives the results of a long series of experiments conducted by him in order to discover the best method of sterilizing the skin. He finally adopted the following technic: (1) Mechanical cleansing of the skin with ordinary soap and water just as hot as it can be borne—about 40° to 45° C. (104° to 113° F.). This scrubbing should last at least five minutes. (2) Bathing or rubbing the hands with alcohol (40 to 60 per cent.). (3) Washing the skin for two minutes with a warm 2 to 5 per cent. solution of hydrochloric acid. (4) Washing the skin for one minute with a warm ½ per cent. solution of permanganate of potash. (5) Washing the skin with sulphurous acid until it is decolorized. The whole process takes about ten minutes. Senger insists upon having the solutions warm, claiming that their antiseptic action is much increased by the heat. By this method he has been able to obtain sterility in almost every instance in which the skin was tested by scraping. He objects to this method of making the test, however, on the ground that it is not as accurate as when small snips of the skin are imbedded in the culture material. When tested in this way the skin was found to be sterile in about 75 per cent. of the recent experiments. This is far in advance of the results he was able to obtain by any other method.—*Medical News, Nashville Jour. of Med. and Surg.*

THE BEST METHOD OF INTESTINAL ANASTOMOSIS.

J. H. Barbat, in the *Journal of the American Medical Association* of July 15, 1899, gives an experimental study of the results of different methods of intestinal anastomosis made in dogs. Circular interorrhaphy, he thinks, should always be the operation of election in restoring the continuity of the intestine, as it is the only method which restores the bowel to its natural condition, and it is the operation which should always be selected when no contraindication exists. His experimental work shows it is possible to make a safe and satisfactory end-to-end anastomosis. With practice a surgeon can, with nothing but a needle and thread, sew a divided bowel together and obtain a result which will almost equal that obtained by the use of the Murphy button. The button is superior to any suture method yet devised. The Murphy button and Frank coupler give the same anatomic result, but the button is safer than the coupler. Contraction following end-to-end anastomosis is usually due to faulty technique. A perfect Murphy button, properly introduced, is the quickest, safest and most reliable means of uniting the severed intestine.—*Medicine*.

A NEW RECTAL DRESSING.

J. R. Remington, in the *Chicago Medical Recorder* for July, 1899, speaks of the necessity of careful attention to the dressing and after-treatment in surgery of the rectum. Much of the pain and swelling which follow the application of a ligature or the cautery can be prevented by the use of properly constructed rectal tampons. If these are made of simple gauze or cotton, the pain attending their removal is considerable, the tender granulations are broken off, and there is considerable hemorrhage. They retard the healing and favor the absorption of septic material. The tampon devised by the writer consists of a central rubber tube three-fourths of an inch in diameter and four and one-half inches long. Covering and attached to this are layers of gauze and cotton sufficient to furnish a tampon of the desired size. The whole is then covered by sterilized sheet rubber. The advantages which he claims for such a tampon are that there is no pain on its removal, and that it leaves the wound in a condition which makes defecation practically painless.—*Medicine*.

CURLED HORSEHAIR IN PLACE OF A SCRUBBING-BRUSH.

W. S. Forbes, in the *Pennsylvania Medical Journal* for July, 1899, says that ordinary curled hair forms one of the best mechanical devices for cleansing the skin that has yet been discovered. In its preparation about three drachms of curled hair is employed, and this is easily shaped by the hands into a loose pad about the size of the hand. When desired, the flattened mass may be held together by stitching with sterilized silk, catgut or other aseptic material, but this is optional, When once fashioned, it will hold its shape without change. It cannot cut or tear the skin, and it is easily cleansed with boiling water before and after each surgical operation. A solution of bichloride of mercury, 1 to 100, and steam to 100° do not act upon it. It may be kept in alcohol after being sterilized, and is thus always ready for use. It is cheap and efficient, and is far superior to the scrubbing-brush of tainted memory.—*Medicine.*

CHRONIC ULCER OF THE LEG.

I have laid down this rule: An ulcer situated above the middle of the leg is syphilitic, regardless of history. I make it a rule to examine the heart, lungs and kidneys in all cases, as disease of any of these organs interferes with the local treatment. For instance, if the heart is diseased, passive congestion and œdema of the lower extremities are of frequent occurrence. Proper attention, then, to this organ, when compensation is possible, will greatly facilitate getting rid of the ulcer. But simplicity, cleanliness and the proper time to interfere are the sheet anchors in all cases. But, as to drugs. I have as yet to find one which will equal pure carbolic acid.—JOHN B. CORSIGLIA, *New York Medical Journal, N. Y. Med. Rec.*

SURGICAL HINTS.

EXAMINE the urine in all cases of pruritus, eczema, gangrenous lesions, furuncles and anthrax. A certain proportion will show the existence of diabetes.—REMEMBER how frequently constipation aggravates prostatic obstruction. Some prostatic cases are immensely benefited by careful attention to this important detail.—IN APPENDICITIS, when the pain keeps on increasing, the pulse remains rapid, and the temperature remains high, delay in operating will soon be con-

sidered, and very justly so, as amounting to malpractice.—SLIGHT RISES OF TEMPERATURE after an operation, even in cases which give no septic results, warn the surgeon that he is probably erring in some way, and that his methods and material should be pretty thoroughly overhauled.—MAKE A HABIT OF washing your hands in vinegar or dilute acetic acid before touching septic cases. Slight cuts and abrasions, whose presence was not suspected, are thus revealed, and you may better protect yourself.—IN DISLOCATION OF ONE SIDE of the jaw the chin is deflected away from the dislocated side. In bi-lateral dislocation the chin is advanced forward. In the former the face is distorted, while in the latter there is a peculiar expression of fear and distress.—IT IS SOMETIMES VERY DIFFICULT to remove foreign bodies broken off under the finger-nails. The best way is to apply carefully a ten per cent. solution of caustic potash and scrape away the softened portion. This is repeated until the foreign body is exposed.—SEVENTY-FIVE GRAINS OF PICRIC ACID dissolved in two ounces of alcohol, to which a quart of water is added, makes an excellent application for burns. There is nothing which deadens the pain better. It should not be used after granulation begins to take place.—AFTER A BLOW UPON THE HEAD, the hardened margin of a blood extravasation is sometimes mistaken for a protruding edge of fractured bone. If in doubt, press gently upon the spot steadily and continuously. If it is an extravasation it will gradually become pitted by the pressure.—A STARCH BANDAGE will not set so fast as a plaster one, but except for this it will do everything that may be done with the latter. Wet your bandage slightly before applying it, and then spread the starch paste over every layer. It has the great advantage that the materials for it are found in every house.—IF YOU EXPECT to use a thermo-cautery during an operation, see that your assistant wraps the handle in a sterilized towel before handing in to you.—DON'T SPEND half an hour in carefully sterilizing your hands, and then wipe them on any old towel that is lying around. Work with wet hands if you can't obtain a sterile towel.—AN ENLARGED PROSTATE often projects, as it were, into the bladder, thus increasing the length of the urethral canal. Hence an instrument must often be introduced farther than usual in order to reach the urine.—LOOK AT THE FOOT when a patient complains of enlargement of the femoral lymphatics. A suppurating ingrowing toe-nail or any other septic condition of the toe or foot is probably at

fault. If this is properly attended to the glands will soon subside.—LARGE GLANDS in the neck of adults or old people are very apt to signify that a malignant process is taking place in the neighborhood; hence it is always well to examine the mouth, the tongue, the nose, and the throat carefully in such cases.—IN GENERAL OPERATIVE work, it is always useful to have two kinds of artery forceps, pointed and blunt-jawed. The pointed artery forceps are most useful for vessels in and near the skin, as they crush less tissue. The blunt-jawed forceps permits more rapid and efficient hæmostasis in the deeper tissues.—IN THE TREATMENT OF FRACTURES of the long bones, it is practically impossible to bring the broken surfaces end to end in perfect approximation. Our object is simply to accomplish this as nearly as possible, and in the lower limbs to secure such extension as will result in a bone of normal length.—AFTER AMPUTATIONS never wait to apply an artificial limb beyond the time when the stump is well healed and the patient is strong again. Disuse of the stump for too long a time makes it less able to stand the artificial limb. The only exception to this rule is when the operation was done for malignant disease, where early pressure and concussion might favor a return.—IN INJURIES OF THE SKULL requiring operation, it is well to remember that the prognosis depends a good deal upon the region involved. Thus in a series of over eight hundred cases it was found that the mortality was one to sixty when the anterior brain was affected, whereas it was one to thirteen in injuries of the central and posterior regions, and one to four and a half in those situated at the base.—*Internat. Jour. of Surg., N. Y. Med. Rec.*

INJURIES TO THE BRACHIAL PLEXUS AND ITS BRANCHES IN DISLOCATIONS OF THE SHOULDER.

In injuries of the shoulder a guarded prognosis should always be made, unless the surgeon is quite confident that nerve injury can be excluded. It is by no means infrequent for a surgeon to be called to the dislocation of a shoulder that may or may not be complicated by fracture. The diagnosis is easily and quickly made, the bone is replaced in its socket, and a retentive apparatus applied, and the patient is informed that the outcome will be favorable. When the bandages are finally removed, it is found that the arm is quite helpless, or even if there remains good motion in the

fingers and fair strength in the grasp, that the elbow cannot be carried from the side and the motion at the shoulder-joint is very limited. On examination the shoulder is found to be very much flattened ; sometimes a considerable groove is noted between the acromion process and the head of the humerus. The result from an operative standpoint is good ; the head of the humerus is found in the glenoid cavity, but the usefulness and range of motion of the arm is very greatly impaired. From the patient's standpoint the results are anything but satisfactory, and far from what he was led to expect when the probable consequences of the injury were first explained to him.

These untoward results are due to injuries of one or more cords of the brachial plexus or to some of its branches. The injury may have been caused by the displaced bone, or by the violence of the original injury, or to a combination of both of these. If the injury is to the brachial plexus or some of its cords, there may be paralysis of a considerable portion, or even all, of the muscles of the arm. There may be contusion with a restoration of function in a comparatively short time, or such contusion may be followed by a more or less extensive traumatic neuritis. This early paralysis from contusion may be overlooked in the pain and swelling incident to the original injury. If the neuritis and a paralysis involved the whole or a single trunk of the plexus, it is usually not difficult of recognition. The safest prognostic guide in these cases is sensation ; if it is absent and returns early, usually an ultimately favorable prognosis can be given, but this should be guarded by the statement that weeks or months may elapse before there is a restoration of motion in the paralyzed muscles. This is due to the fact that contusion is followed by neuritis, which results in a degeneration of the nerve. In simple traumatic cases we may generally look for a regeneration in the course of time, which will be aided by massage and electricity. In only a few of these cases is the paralysis permanent.

The most insidious and difficult of diagnosis is injury to the circumflex nerve, which is the one most frequently involved in simple dislocations. This nerve is a branch of the posterior cord of the brachial plexus. It passes through the quadrilateral space, bounded by the teres major, under head of triceps and subscapularis muscles, and by the surgical head of the humerus, where it divides into a smaller anterior and larger posterior division. It supplies the teres minor and deltoid muscles, and is the nerve of sensation for

the skin covering that muscle. It sends an articular branch to the joint, which is the pathway of trophic influence. An injury to this nerve means a serious impairment to the use of the joint. The traumatism which has dislocated the joint has resulted in a chronic synovitis, and more or less pathological disturbance in the joint. At this time, to have its trophic nerve supply cut off is an additional misfortune, and one which frequently leads to chronic inflammation. Adhesions form, and with the atrophy of the deltoid muscle which accompanies the adhesions there is marked impairment of the movements of the shoulder.

To determine injury to the circumflex, it is necessary to carefully examine the sensibility of the skin over the deltoid. If tactile sensation is impaired over this region, a guarded prognosis should be made, as months must elapse before the nerve regenerates. The adhesions and joint troubles which follow injuries to this nerve are persistent and aggravated to a degree unknown in simple contusion or dislocation of the joint without nerve injury. We would lay especial emphasis upon this matter, as not infrequently malpractice suits following shoulder injuries are brought because the patient is led to believe that the outcome of the injury would be much more favorable than proved to be the case. —*Medicine.*

GUAIACOL AS A LOCAL ANESTHETIC.

Guaiacol is being used extensively, especially in England, as a local anesthetic in operations upon the nose, throat and ear. It is said to be quite as efficient and to be much less dangerous than cocain. There is no hyperemia following its use, but its action is slow; it causes considerable smarting, and its odor is disagreeable.—*Medical Review.*

Therapeutic Notes.

℞	Dest fennel oil....................	oj.
	Chloral hydrate....................	gr. xxxv.
	Borax	gr. xv.

Wash the feet night and morning.

Iodine in Treatment of Chronic Eczema of the Hands.

The *Revista de Medicina y Cirugia Practicas*, quoting the *Therapeutische Monatshefte*, attributes the following formula to Edlefsen:

℞	Iodine	gr. 1½
	Potassium iodide..................	gr. 4
	Glycerine	gr. 180

M. Sig. To be applied every night, and the hands covered with compresses.—*New York Medical Journal.*

Itch Ointment.

In a series of experiments at the St. Luke's Hospital, Paris, to determine what will cure itch in the shortest time, forty-one different preparations were employed. One of these, the following ointment cured in the smallest number of days:

℞	Sublimated sulphur....................	℥ ij
	Subcarbonate of potash..............	℥ j
	Adeps simplex............................	℥ viij

M. Sig. Apply morning and night.

The writer of this has been in the habit of adding to the above the oil of bergamont, three drams, thus adding to the flavor and potency of the ointment.—*Modern Medicine.*

In nephritis with scanty urine and high arterial tension, nitro-glycerine in doses of $\frac{1}{100}$ of a grain three or four times a day. It may be given either in solution or tablet triturates.

℞	Spiriti glonoini..............................	f. ʒ iv.

Sig. One drop in water three or four times a day, or

℞	Spiriti glonoini............................	gtt i.
	Sacchari lactis.............................	q. s.
	Alcohol	q. s.
	Misce et fiant tabellæ No. 1.	

Sig. One tablet three times a day.

In cases of nephritis with arterial relaxation, feeble heart, renal congestion, the following is valuable:

℞ Symphorolis (sodium sulfocafflate) ʒ iv.
Fiant tabellæ No. xxiv.

Sig. One tablet three times a day.

For the control of uterine hæmorrhage in threatened abortion the following is recommended:

℞ Hydrastinæ hydrochloratis...... gr. iv.
Pepsini saccharati................. ʒ i.
Misce et fiant chartulæ No. xvi.

Sig. One powder every two hours.

Among the most recent remedies recommended for asthma are suprarenal extract, orthoform and oxycamphor. Suprarenal extract is best given in five grain tablets, but is also useful in solution for application to engorged nasal mucous membrane.

℞ Extracti suprarenalæ hæsmostatici ʒ i.
Aquæ destillatæ...................... f. ii.

M. Sig. Instill a few drops into each nostril several times a day.

℞ Orthoform .... ʒ ii.
Fiant in chartulæ No. xii.

M. Sig. One powder used by insufflation twice daily.

℞ Oxycamphoræ (50 per cent. sol.) f. ʒ iv.
Elixiris aromatici.................... f. ℥ iii.

M. Sig. A teaspoonful in a wine glass of water twice or thrice daily.

In pyogenic inflation of the bladder the internal administration of urotropin is now considered our most efficient remedy. It is particularly useful in cases with prostatic enlargement and inflammation.

℞ Urotropin........................ .... ʒ iv.
Fiant cachetæ No. xxiv.

M. Sig. One cachet three times a day, two hours after meals.

For irrigations of a chronically inflamed bladder and prostate, potassium permanganate against colon bacilli;

corrosive sublimate against the staphylococcus, streptococcus and tubercle bacillus. Copper sulphate against the gonococcus. Silver nitrate against all, except the tubercle bacillus. The following is about the proper strength :

℞	Potassi permanganatis...............	gr. viii.
	Aquæ destillatæ	O iv.
℞	Hydrargyri chloridi corrosivi.....	gr. iv.
	Aquæ destillatæ.........................	O iv.
℞	Cupri sulphatis..........................	gr. viii.
	Aquæ destillatæ........................	O iv.
℞	Angenti nitratis..........................	gr. xvi.
	Aquæ destillatæ.	O iv.

M. Sig. In using these, warm gently, and use by irrigation.

Hay Fever.

℞	Acid (boric)................................	gr. xx.
	Menthol..................	gr. iv.
	Glyco-thymoline........................	℥ ij.
	Sol. eucain B. 4 per cent., q. s. ad.	℥ ij.

Sig. Use in atomizer.

This treatment is to be used in the most obstinate cases where there is much irritation of the nasal mucous membrane.—Alexander Rixa.

Varicose Ulcers.

℞	Zinc oxide..............................	20 parts.
	Gelatine..........	80 parts.
	Glycerine............................	20 parts.
	Water.............................q. s. ad.	200 parts.

—Carl Beck.

Diphtheria.

The local treatment is taken care of by means of a camel's hair brush dipped in the following:

℞	Hydrargyri bichloridi................	gr. iss.
	Glycerini.......	ʒ vj.
	Hydrogen dioxid.......................	℥ ij.

Sig. Use every hour or two, according to the severity of the case.—Dr. M. A. Albe, in *Cleveland Medical Gazette*, Vol. XIV., No. 3.

DIARRHŒA OF TYPHOID FEVER.

℞ Acidi sulphurici aromatici............ ʒ ij.
Ext. hamatoxylin. fld................ ℥ ss.
Spirit. camphoræ...................... ℥ ss.
Syrupi zingiberis..... ....q. s. ad. ℥ iij.

M. Sig. Two teaspoonfuls when the stools exceed four in twenty-four hours.—PROF. HARE.

TO RELIEVE THE PAIN IN CYSTITIS.

℞ Ext. hyocyami........................ gr. j.
Camphoræ monobrom.................. gr. ij.
Morphin sulphat...................... gr. ss.
Cocoa butter.................... q. s.

M. Et. ft. suppos. No. j.

WHEN URÆMIA THREATENS.

Use the hot pack over the kidneys, and give:

℞ Pilocarpine..... .... gr. ss–j.
Hydrochloric acid dilute......... ʒ ij.
Aquæ dist......... ....q. s. ad. ℥ ij.

M. Sig. Teaspoonful every three hours.—N. A. KREMER, in *The Medical and Surgical Monitor*, Vol. II., No. 6.

CROUP.

The following prescription, suggested by Joseph Holt, of New Orleans, has been tried many times with the happiest results:

℞ Chloral................................. gr. lxxv.
Potassii bromidi.................. gr. xlv.
Ammonii bromidi............... gr. xxx.
Aquæ cinnamomi................ ℥ ij.

Sig. Teaspoonful, and repeat in twenty minutes if not relieved.

This is intended for a child about 7 years old. For younger children the dose is slightly diminished. The chloral relieves the spasm of the larynx, and the bromides allay the nervousness; so that the patient is soon asleep, and wakes the next morning as well as usual. The first dose generally gives relief. This prescription is of no benefit in true or membranous croup.—*Practitioner*, 1899, lxiii., 356.

THREADWORMS.

In the treatment of threadworms large injections must be used, and in view of the difficulty of dislodging the worms

from the appendix, and their possible presence in the small intestine, the injection should be combined with the administration of drugs by the mouth. The vermiform appendix is a common habitat of oxyuris vermicularis in children.—STILL, *Medical Record.*

URTICARIA.

Mr. Skinner, pharmacist to the Great Northern Hospital, recommends the following formula for allaying the itching burning sensation of urticaria :

℞ Liquoris hamamelidis.................. ℥ ii.
Salis maris.................................. ℥ ss.
Aquæ destillatæ........................... O i.

To be applied freely.

He also speaks highly of the following cold cream:

℞ Adipis benzoinat....................... ℥ iv.
Ceræ albæ.................................. ℥ ss.
Cetacei .... ʒ i.
Boracis .... ʒ ss.
Glycerini .... ʒ i.
Aquæ coloniensis....................... ℥ iiss.

Therapeutic Gazette.

Jottings.

The best method for testing albumen in urine, and one which gets rid of the dfficulties attending Heller's nitric acid test in the form of rings at the junction of acid and urine, is the follwing :

Place one drachm of strong colorless nitric acid in a test tube, then carefully allow about 1-2 drachm of distilled water to float on top of the acid by means of a pipette. The urine is now allowed to trickle through the layer of water, which washes it, and when it comes in contact with the acid a white film of coagulated albumen will be seen free from any coloring matters. This method is quite simple and free from error. In all cases when the urine is cloudy, it must be filtered before applying tests.

Dr. E. E. Clark, in an article in the *Med. Standard*, urges the importance of the general practitioner recognizing

the gravity of middle ear suppuration. Many a child has, through early neglect, contracted a chronic suppuration of the ear that later sent it to an untimely grave because of the extension to contiguous structures.

The causes, course of the disease and symptoms are given.

In the treatment great importance is attached to the inflation of the Eustachian tube and middle ear. The catheter is rarely used. The use of Bishop's improved inflator is advocated.

Any nasal or naso-pharyngeal abnormalities should be corrected.

Dr. D. S. Humphreys, of Greenwood, Miss., writes to the *Med. Record* as follows: "I was called some time ago to remove a cotton seed from the nostril of a three-year-old child, which I did very easily and quickly by the following method: The nose-piece of an ordinary Politzer's air-bag was inserted into the nostril on the side opposite to the offending substance and the bag suddenly compressed, when out, half way across the floor, flew the cotton seed.

"It is an ideal method, as the screaming of the frightened child closes the posterior nares and forces the air back through the other nostril."

Never give a child a bath immediately after a meal.

Headaches at the menopause, with the flushes followed by perspiration, are relieved with gelsemium.

In giving cimicifuga in the treatment of chorea, remember that a decoction of the root is the most active form.

Thyroid extract in mammary cancer lessens the pain and the discharge, and seemingly has an inhibitory action on the malignant growth.

In eczema of the scalp in young children, give berberis aquifolium. It is nearly a specific. The application of bismuth and lanolin externally will assist materially.

Take five parts of camphorated chloral, 30 parts of glycerin, and 10 parts of the oil of almonds, saturate a piece of cotton with this and apply into a painful ear, and it will cure as if by magic.

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Editorial.

VACCINATING A NATION.

It would at this period of the world's history seem a piece of folly on the part of anyone to deny the efficacy of vaccination on the arrest of smallpox. Yet, there are not a few who are guilty of this supreme act of folly. To such we would commend the facts contained in this brief editorial which are obtained from an article by Dr. George G. Groff, and which appeared in the *Medical News* for November last. At the conclusion of the war with Spain, the Americans on taking over fully the government of the Island of Porto Rico, found smallpox epidemic. At the end of January, 1899, the Governor-General ordered a general vaccination of the inhabitants. For some reason not quite clear to us, it was thought not advisable to buy the vaccine from the United States, so it became necessary to start a "vaccine farm." At first all animals were tested with tuberculin, but no reactions were obtained, so it was concluded that tuberculosis does not occur among the unconfined cattle of the Island. The animals were not stabled either before or after inoculation. The lymph was collected upon points, dried, wrapped in bundles of one hundred and dated, and mailed daily to

the vaccine stations. The result was simply astonishing, and may be put down as a record breaker in stamping out the disease. Letters were sent to all physicians and to all the alcaldes asking their co-operation. This action resulted in the people appearing on the date ordered and submitting themselves to vaccination.

The instructions to public vaccinators required them (1) to wear clean white clothing and to disinfect their hands before operation; (2) to scrub each subject's arm with soap and water and then with bichloride solution; (3) to use as scarifiers either needles kept in 1 to 40 carbolic solution (one vaccination only with each needle) or a lancet dipped in 1 to 20 carbolic solution and passed through an alcohol flame before vaccination; (4) to make two scarifications on each subject, the vaccine point to be wet with sterile water, rubbed thoroughly over the scarifications and allowed to dry thoroughly; (5) to visit every vaccinated person a second time, and either give a certificate or re-vaccinate, and (6) to report daily upon the work of the day and the needs of the morrow.

Every post surgeon was made an inspector of vaccination, and required to enforce the instructions to vaccinators, and to report daily to his director. The director, in his turn, reported weekly to the chief surgeon. In three working months 800,000 people were vaccinated at a cost of $32,000, and at the date of writing, October 20, Dr. Groff says that not a single case of smallpox was known to either the civil or military authorities in any part of the island. The work was accomplished without a disturbance of any sort, though some natives had excuses to offer for not coming out promptly on the call of the alcalde.

If our virus were always employed with the scrupulous technique practiced in Puerto Rico, the anti-vaccinationists would soon perish for want of modern instances. Municipal health authorities might also derive some advantage in the same direction by importing a few alcaldes.

DR. WILLIAM OSLER TO MEDICAL STUDENTS.

On the occasion of a professional visit to Columbus recently, the distinguished Canadian teacher and author, Dr. William Osler, delivered a clinical lecture before the students of the Ohio Medical University. It is needless to say that the students and the physicians present greatly appreciated the opportunity of hearing him. His closing remarks were of such a character as to be of interest to the profession in general, as well as to students.

"Gentlemen, the most unhappy day of my life was when I sold my brains to the publishers. For a long time they had been after me to write a text-book, but I resisted. I never thought text-books so very much. I was tired of them, and thought I was fitted for something better than writing a text-book, but finally I consented. I must have had neurasthenia or something else, and I beg your pardon for ever having consented to write a book. I have been sorry for students ever since, and trust when Osler goes out of vogue some one will have ready an easier text.

"I am very glad indeed to have met you all. I never meet a crowd of medical students but I think of Abernethy's remark, 'Good God! What will become of you all?' I know what will become of you. You will all do well. The medical profession is one in which every man can make a success, that is to say, he can be successful if he will work hard, study hard and take an interest in his patients, not that they are patients, but because of his duty to mankind, will succeed. Practice not only with your head but with your heart also.

"Avoid professional jealousies and bitterness. Gad, doctors are worse than parsons in engendering ill-feeling among themselves. When you locate, look up all the respectable doctors and leave your card. Tell them that you are going to locate, and that you expect to deal squarely, and you will find they will treat you right. Shut up at once the patient who would tell you of the faults of a professional brother. They will go to another and say the same of you. If you go with the seamy side out, the same

side will be turned toward you. Go with the woolly side out and all will be well, and success crown your efforts."

The Philadelphia *Medical Times* has drawn attention to the inconvenient and unscientific habit of labeling diseases with the name of its discoverer. It alludes to an article in a recent number of the *Archives de Medicine Experimentale*, headed "Curable Gangrene of the Lung of Lasègue." This article has a sub-heading, "A variety of Gangrene of the Lung depending on the modification of the dilated Extremities of the Bronchi of Briquet." One is tempted to ask who Lasègue and Briquet were, and what excuse there was for tacking their names on to gangrene of the lung. We imagine that this labeling process is due to several reasons. One is that the sister sciences honor discoverers in a similar manner; another is that grateful pupils have chosen this method of honoring their masters and perpetuating their names. Many other possibilities of origin exist. One fact for which we may be devoutly thankful is that in most instances these remarkable men have had remarkable names. It would have been distressing if we had had five or six Smith's diseases, or had had to remember that P. Q. Jones' disease was a warty affection of the feet, whilst S. K. Jones' was impacted ear wax.

THE WAR IN SOUTH AFRICA.

We believe that our readers, whether they be surgical enthusiasts or not, are deeply interested in the wounds inflicted on our brave troops, and will read with absorbing interest the details which will be found below. This is the first great war which has taken place since the introduction of the new Magazine Rifle, with which most of the Boers, as well as the Brirish, are armed. Their well-known accuracy of fire is, of course, responsible for the large number of killed and wounded, which, we should judge, is unusually large, when the number engaged is taken into consideration. It would seem as if exceptionally good results are likely to be

obtained, not only in chest wounds, but in perforating abdominal wounds, and in cases even where the bones are shattered. When one considers the perfect storm of bullets which can be thrown upon a force, advancing across an open plain, by magazine rifles and machine guns, it would seem as if men must be endowed with more than ordinary courage to face it.

Under date of Orange River, Dec. 3, 1899, Mr. Makins, F.R.C.S., Consulting Surgeon with the Field Force in South Africa, writes to the British *Medical Journal*. We make a few extracts:

I may say at once that the immense majority of the the wounds have been inflicted by the Mauser or Lee-Metford bullets, and a small proportion by Martini bullets and large projectiles. I shall refer to the wounds by the small calibre bullets only.

The Mauser and Lee-Metford.—A wounded Boer referred to the Lee-Metford as a "gentlemanly bullet," and this remark is equally applicable to the Mauser. The wounds made by them are small, clean and little disposed to suppurate, and the tendency to suppuration is no doubt decreased by the excellent physical condition of the patients and the healthiness of the district. Shock as a sign has been conspicuous by its absence even in the most serious cases, and gives little or no aid in the diagnosis of visceral injury. Retained bullets are comparatively uncommon, no doubt on account of the fact that most of the men have been wounded in rapid advances. The bullets met with have been little deformed, unless they have struck stones before entering, and I have seen no single instance which would suggest the use of either flattened or so-called explosive bullets among the wounded here. The only large exit wounds have been one or two opposite comminuted fractures.

Wounds of Vessels.—Wounds of the soft parts are, as a rule, simple tracks, with but little difference between the aperture of entry and exit; such wounds heal in a few days with no surrounding induration or œdema. In cases where vessels of any size are implicated, especially in such regions as beneath the deltoid, gluteus maximus, or the two layers of the calf, considerable deep hæmorrhages often occur and are rapidly absorbed, but free hæmorrhage from the wound itself is rare

Wounds of great vessels naturally have not come under

our observation in any number, but one patient died in a few seconds soon after admission with sudden swelling of the belly; another had a swelling, some dullness, and a thrill over the area of the innominate artery; and one case of fractured femur had apparently an injury to the femoral vein. This may, I think, be considered a very small proportion out of the total number of cases.

Wounds of Nerves.—Wounds of individual nerves will, I think, be a great feature of the campaign. Wounds of the median, ulnar, musculo-spiral alone, or in various combinations, are common; I have seen two isolated injuries to the great sciatic, and one of the spinal accessory nerve. In some cases the evidence is in favour of complete section, in others diminution of power combined with great hyperæsthesia suggests contusion or partial laceration.

Fractures and Wounds of Joints.—Fractures are for the most part transverse, or the bones are tunnelled with a simple track. Comminution in the series seen here is distinctly rare, either in the flat or long bones, and certainly a large number of the wounds have been inflicted well within the 1,000 yards range.

Joint perforations, especially of the knee, are fairly common. The cases left us too soon to form any opinion as to their permanent results, but everything pointed to these concurring with those to be seen at Wynberg, where little functional or structural alteration is to be observed.

Wounds of the Head.—The proportion of wounds of the head is small; some fractures with much bursting at the wound of exit have been met with; naturally many may have been left on the field, and I think only some three or four have come down here. Many extraordinary cases will no doubt be recorded; thus, for example, entry in the median line below the chin, perforation of the floor of the mouth and tongue, the alveolar process of the superior maxilla, traverse of the floor of the orbit, injury to the back of the globe, perforation of the anterior fossa and escape through the frontal bone at the margin of the hairy scalp. The patient thus wounded left here on the fourth day without any symptoms. Several others of a similar but slightly less complicated nature have been seen.

Wounds of the Neck.—Wounds of the neck have been very common, but we have seen none implicating the great vessels excepting the one already referred to. A number of wounds of the posterior triangle with mixed nerve injuries are, however, under treatment.

The small bullet effects the most complete transverse section of the spinal cord. No fewer than 10 cases of paraplegia have come down from the front, usually complete, symmetrical, and with total absence of patellar reflex. Time only will show how complete these injuries are, but one from Belmont died here on the fourth day; the remainder from Modder River have gone down to Wynberg.

Perforating Wounds of the Chest.—Perforating wounds of the chest have been numerous, producing remarkably slight symptoms. Hæmoptysis, slight in degree, persisting one to three days, occurs in one-third of the cases; a few have signs of blood in the pleura and a few have cellular emphysema. The only constant sign is a want of respiratory mobility on the injured side and some diminution of breath sounds.

Wounds of the Abdomen.—I have seen fourteen wounds of the abdomen; of these, 10 have exhibited no serious symptoms, and will probably all get well. The pulses have not risen above 80, and the only signs have been some local tenderness, rigidity and deficient mobility of the belly; all came here on the third day after the injury; slight vomiting occurred in some of them before arrival. In two cases the injury probably implicated the kidney and in one the liver, but in all three the hæmorrhage must have been very slight.

Abdominal Sections.—In four instances peritoneal infection had already occurred, three of the patients being Boers and one an English officer. The latter had suffered an injury to the cæcum; abdominal section was done on the third day, and he is doing well at the end of the week, but still with a discharging wound; abdominal section was also done for a partly intraperitoneal, partly retroperitoneal, injury to ascending colon; retrocolic extravasation and emphysema had already occurred. The wound was found and the affected area drained; the patient is still living (eighth day), but will certainly succumb to sepsis from the large foul cavity in his loin. The remaining 2 were cases of injury to the small intestine. One was too ill for operation. The second was opened, and three perforations in the jejunum were discovered and sutured. Purulent inflammation had, however, already spread as low as the pelvis, and the patient died the day following the operation. All that can be said from this experience is that no patient should be operated upon from the mere fact of apparent traverse of the belly by a Mauser or Lee-Metford bullet. It is possible that if the

patients could have been seen sooner operation might have been earlier decided upon in the 4 cases who were so treated; but the great number of wounded at the front rendered this an impossibility.

Another correspondent, writing from Cape Town under date Dec. 6, says:

Abdominal Wounds.—Except as regards these compound fractures, and that despair of military surgery, the perforating abdominal wound, the results continue to be remarkably good. One case of the latter class I saw, however, which is doing admirably. A Mauser bullet had entered on the left side just above the pelvic brim, and had emerged on the opposite side by way of a hole in the ileum itself. It had evidently perforated the posterior wall of the bladder, and established a communication between that viscus and the rectum, for the man was, and still is, passing all his urine *per rectum*. Very little extravasation could have taken place before the securing of the fistulous communication, although the patient had pretty severe peritonitis. This has now subsided, and the patient is doing splendidly. Mr. Treves saw him, and advised that no operation should be undertaken.

Head Injuries.—The head injuries have done, on the whole, very well. I saw one very successful case. The bullet had entered the cranium near the middle line, and had splintered the bone in a depressed gutter down along the course of the upper part of the Rolandic fissure. One of the civilian surgeons trephined, and removed a large number of spiculæ and small plates of bone. The patient had typical Jacksonian convulsions before operation, and for two days later, but for four days these have ceased; his temperature has gone down to normal, and he is doing very well. He is somewhat dull, but has never been aphasic. Another patient who was trephined in the occipital region has done very well, no symptoms remaining except some photophobia.

Wound of the Spine.—Another case presents some features of interest. A bullet had entered almost exactly in the mid-spinal line at the level of the sixth cervical vertebra, and had travelled downwards, the man being lying down at the time, and lodged at the level of the seventh dorsal, whence it was removed. The lower extremities are paralysed, there is overflow dribbling from the bladder, and total anæsthesia as high as the fifth rib, with a zone of hyperæsthesia above. This zone is now about two fingers breadth, and the

hyperæsthesia is not nearly so intense as before. When the case first came in the hyperæsthetic tract was very much wider; no expansion of the anæsthesia has so occurred; no depression can be discovered. He is being treated expectantly with an idea of possibly doing a laminectomy later.

The same correspondent, writing from Cape Town under date of Dec. 13, says of No. 2 Hospital at Wynberg:

There is a large proportion of perforating abdominal wounds—9 are in at present. Curiously enough, most of them have done well under expectant treatment, a result at variance with most past experience. Colonel Duke attributes this to the fact that most of the men sustained their injuries whilst fasting, and thinks that the punctures inflicted on hollow viscera close up, under these circumstances, before extravasation can take place. Five spinal cases are in the hospital, with complete paraplegia. Laminectomy has been performed on one without result. The perforating chest wounds have done well almost uniformly. One case I saw was interesting. A Mauser bullet had entered just to the right of the thyroid cartilage and emerged slightly to the right of the ligamentum nuchæ, an inch below the occipital protuberance. No symptoms followed. In another case a Mauser bullet had entered the malar bone on one side, and emerged in the temporal region on the other. The result has been anosmia and diplopia, but no loss of visual acuity.

Surgeon C. Marsh Bradnell, R.N., with Lord Methuen's force, writing under date of Nov. 30, 1899, at the Battle of Modder River, says:

The Mauser and the Lee-Metford.—The next morning we quietly marched into the town and occupied it. The day was spent in burying the dead. The field hospital was very crowded this morning, over 400 dead and wounded. The wounds produced by the Mauser bullets are all that could be desired; the entrance and exit are practically of the same size and very minute. Most of the patients make an uninterrupted recovery. It is a more humane bullet than our own Lee-Metford for two reasons: its calibre is less and its velocity is considerably higher.

Under date of December 13th, the same correspondent writing of the battle of Magersfontein, says:

Yesterday we attempted to oust the enemy from their position in the Spytfontein and Magersfontein kopjes, but

I regret to say we signally failed; and to-day we are in the same position, but with a loss of 1,000 men; there are about 700 dead and wounded and about 300 missing. The Black Watch lost very severely 21 out of 29 officers. It seems that they advanced in the night in quarter column, and at dawn were still in this formation, and within easy range of the enemy's rifle fire. The Boer losses it is quite impossible to calculate.

Our lyddite shell from the 4.7 naval gun has a magnificent effect to the eye, sending up a vertical column of earth and *débris* to a height of about 50 or 60 yards. It is claimed by the inventor to kill by concussion within a radius of 34 yards from the site of the explosion. The shell weighs 46 lbs., and is charged with the high explosive called lyddite —chemically a picrate.

I have only witnessed the effect of the shock of the explosion once; it was in the person of a Highlander. A shell exploded about ten yards over his head, he was untouched by any fragments, but the concussion must have produced some curious pathological change in his nervous system, as he has never ceased (now ten hours) swaying his head to and fro with a pendulum-like motion similar to that of the china dolls with the nodding head so commonly seen in the London streets. His intellectual faculties have also been considerably disturbed, as he is only half rational.

The Glories of War.—Last night there were hundreds of our dead and dying left in the field; in fact, it has taken two days to collect them, and much suffering has been entailed. One poor fellow walked into our lines with a towel on the end of his rifle, he was raving mad, and had been wandering about for hours with a portion of his frontal lobe protruding through a Mauser exit wound in the fore part of his skull.

The medical men have had a terrible time of it—working incessantly for thirty-six hours. The field hospital presents a sad but impressive sight; one mass of wounded inside, rows and rows of dead outside; it is a sight, I think, would cure once and for all those worthy individuals who talk of the "glories of war."

December 14th, 1899.

Total Losses at Magersfontein.—Since writing the above some more dead and wounded have been brought in, bringing our total losses in the engagement at Magersfontein up

to 1,100 dead and wounded. I have also heard that one of the army medical officers to whom permission was given by the Boers to go up to their lines and attend to our own wounded, has been made a prisoner of war, owing to the fact that a revolver was found on his person. The two Generals have communicated with each other concerning him, but General Cronje remains firm, and claims that men and officers wearing the Red Cross should be unarmed. I know the officer personally, and regret his capture, but at the same time all will agree that General Cronje is within his right.

A special correspondent of the same journal, under date Capetown, December 20th, 1899, says:

The Base Hospitals.—The work at the base is now becoming very heavy indeed, consignments from Methuen's column arriving in rapid succession. It is satisfactory, however, to report that the service is everywhere standing the strain.

Medical Cases.—Medical cases, as might be expected, are beginning to come in somewhat more freely from Methuen's column. Almost all the cases are either rheumatism or dysentery. The former come down mostly in a subacute condition, with joint pains and slightly elevated temperature. They have, of course, all undergone some treatment above. For the most part they are doing well, and no large proportion develop heart complications. The dysenteric cases are numerous, and in this connection it may be mentioned that the affection known as "dysentery" has by no means the typical character of the endemic dysentery of India and other tropical climates. The manifestations are not so severe, neither is the prognosis, either as regards death or chronicity, so bad.

Surgical Cases.—On the surgical side the cases coming in present much of the routine character to which I have before alluded. The remarkable success obtained with the perforating thoracic wounds is still evident, the pleuritic effusion developed in a few cases generally becoming rapidly absorbed. For this one has to thank the splendid physique of most of the men (a factor largely dependent on the reserve element), the excellent hygienic conditions and the good and abundant food. The record of cases of perforating abdominal wound continues to improve upon the experience of the speakers at the Portsmouth meeting of the British Medical Association. Civil Surgeon Hanwell pointed out one case which is convalescing steadily with merely a symp-

tom; six cases of this class have so far done well. Under the care of the same civil surgeon is another case of much interest. A bullet had entered the buttock and emerged in the left groin, perforating the lower and posterior aspect of the bladder, going through the attachment of the internal oblique, and smashing the left pubic ramus. Of course there has been external extravasation on the left side, but the exit for the urine has been and is free enough, owing to extensive sloughing of the exit wound. Now there is an aperture large enough to insert three or four fingers, through which the shattered ramus and the opening to the bladder can be clearly seen. The sloughing appears to be ceasing, and there is some attempt at granulation, but the wound is badly septic, and the patient in a marked septicæmic condition. At first a drainage tube was inserted, but this became so constantly blocked with sloughing fragments that it was discontinued, and Mr. Hanwell is now irrigating through the bladder with boracic lotion.

The spinal cases are the most disheartening things one sees in the hospitals, although they bring out the excellent nursing which is evident everywhere. In one, which became the subject of a necropsy, the cord was found literally smashed for over an inch.

Regarding the wounded at the Battle of Colenso, a correspondent writes as follows:

Nature of Wounds—The Fifth Brigade Field Hospital, under the command of Major G. H. Younge, R.A.M.C., had quickly 24 officers and 285 non-commissioned officers and men admitted with bullet wounds. The following analysis of these wounds, according to the region involved, is interesting: Head 19, face 7, neck 3, back and spine 20, upper extremity 76, lower extremity 118, other wounds 6.

From this it will be seen that wounds of the lower extremity greatly predominated. Of the 309, only 8 were returned as shell wounds; the remainder were without exception caused by Mauser bullets. The wounds caused by these bullets were humane in the extreme. The wounds both of entrance and of exit were small, and presented a clean punched-out appearance, being almost entirely free from contusion or laceration. Amongst the cases brought to hospital hæmorrhage was conspicuous by its absence.

In Major Younge's field hospital only 4 cases of gunshot fracture were admitted—1 of the femur, 1 of the humerus, and 2 of both bones of the leg. In none of these were the

bones extensively comminuted, and it is more than probable that all 4 cases will recover with useful limbs.

Many of the wounds were curious and interesting. One man presented symmetrical Mauser bullet wounds one inch below the centre of each clavicle. Both bullets passed directly backwards, but no wounds of exit could be found. In another case a man was struck whilst lying down. The bullet entered near the centre of the parietal bone, passed downwards and forwards through the brain, the orbit, and the hard palate, and was found projecting beneath the skin behind the symphysis menti, from which region it was removed without difficulty by Major F. T. Wilkinson, R.A.M.C. There was extensive effusion of blood within the orbit, which caused marked protrusion of the eye and lids. The patient was perfectly conscious, could give an accurate account of how he was wounded, and on the following morning was able to walk without difficulty to the stretcher on whice he was carried to the hospital train.

Treatment in the Field Hospitals.—In only a few cases was it found necessary to perform operations in the field hospitals. As the cases arrived the wounds were washed with perchloride lotion and dressed with double cyanide wool and gauze. Long before night fell the whole of the wounded, exceeding 600 in number, were comfortably lodged in the field hospitals.

On the day following the battle the wounded were transferred to the staticnary and base hospitals with a celerity which was absolutely marvellous. In effecting the transfer the greatest assistance was given by the Volunteer Ambulance Corps of 1,000 men, which was organised at Maritzburg by Colonel T. J. Gallwey, C.B., R.A.M.C.

The Conduct of the R.A.M.C. under Fire.—During the action many acts of heroism were performed by both officers and men of the R.A.M.C. Conspicuous amongst these was that of Major W. Babtie, C.M.G., R.A.M.C., who rode through a tempest of bullets to succour a number of men of the Royal Artillery, who lay wounded and exposed to the enemy's fire. Wherever the fire was hottest there were to be found medical officers attending to and dressing the wounded with as much coolness and skill as if they were in the wards of a hospital.

In all I saw 3 cases which were brought to the field hospital without dressings, and in almost every case the dressings were applied with a neatness and precision which

would have done credit to any hospital. The rapidity with which the wounded were dressed and removed from the field by the bearer companies was the subject of favourable comment on all sides. The ambulances were several times fired on by the enemy's guns and several of them were damaged by fragments of shell, yet the medical officers worked steadily on with a devotion and heroism which was beyond all praise.

Book Reviews.

Progressive Medicine.—A quarterly digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Volume IV., December, 1899. Lea Brothers and Company, Philadelphia, Pa., 1899.

Promptness is a great deal in the issue of such a volume as this one. It is therefore commendable that it was ready for delivery to subscribers early in January. Diseases of the digestive tract and allied organs, the Liver, Pancreas and Peritoneum—Genito Urinary diseases in the male, and Syphilis—fractures, dislocations, amputations, surgery of the extremities and orthopedics, Diseases of the kidneys — Physiology — Anatomy — Hygiene, Practical Therapeutics—Referendum. Some of the articles are extremely well illustrated, and the type and paper are most pleasant to the eye. The value of this quarterly is well maintained, and without hesitation we commend it to our readers.

F. W. C.

Essentials of Medical Chemistry, organic and inorganic, containing also questions of Medical Physics, Chemical Philosophy, Analytical Processes, Toxicology. Prepared specially for students of Medicine, by Lawrence Wolff, M.D., demonstrator of Chemistry Jefferson Medical College. 5th edition, thoroughly revised by Smith Ely Jelliffe, M.D., Ph.D. Philadelphia: W. B. Saunders, 925 Walnut Street, 1899, $1.00 nett. Canadian agents, J. A. Carveth & Co., Toronto.

The question compends issued by W. B. Saunders on the various subjects embraced in a Medical curriculum have for some years occupied a unique place in Medical literature. Some teachers have not taken kindly to them, as it appeared to them as if some subjects did not receive that thoroughness of treatment which they considered was essential. The majority, however, felt that, not only were they thorough and up to date, but that they filled a long-felt want. This has always been our view, and those

for whom they have been prepared have purchased over 175,000 copies, a sure indication of their appreciation of them. The chapters dealing with Organic Chemistry have in this edition been considerably modified and enlarged, more particularly in the discussion of Physiological Chemistry. In this branch of the subject new facts of vital importance are rapidly accumulating, and an attempt has been made to present a brief outline of the present status of our knowledge of the chemical constituents of the human body.

F. W. C.

A Manual of the Diagnosis and Treatment of the Diseases of the Eye. By Edward Jackson, A.M., M.D., Emeritus Professor of Diseases of the Eye in the Philadelphia Polyclinic, formerly Chairman of the Section of Ophthalmology of the American Medical Association, Member of the American Ophthalmological Society, Fellow and ex-President of the American Academy of Medicine. With 178 illustrations and 2 colored plates. W. B. Saunders, Philadelphia, 1900. Canadian agents, J. A. Carveth, Toronto. Price, $2.50.

Among the many text-books treating of ophthalmology that have been published of late, there is none better adapted to the requirements of the medical student than that just written by Dr. Jackson.

This manual deals mainly with the diseases of the eye from the standpoint of the clinical observer, and is not clogged with endless classifications and unproven theories; the plates, too, are from drawings by the author, and are clear and instructive.

To the student who intends to give his attention entirely to ophthalmology, the full bibliography given at the end of each chapter is of great value. Taken in its entirety, the book can hardly be too highly commended as a good, safe guide to a knowledge of the diseases of the eye. The very low price of the book brings it within the reach of every medical student.

G. H. M.

A Text-Book of the Practice of Medicine. By James M. Anders, M.D., Ph.D., LL.D., Professor of the Practice of Medicine and of Clinical Medicine in the Medico-Chirurgical College, Philadelphia; Attending Physician to the Medico-Chirurgical and Samaritan Hospitals, Philadelphia. Illustrated. Third edition revised. Cloth, $5.50; sheep or half morocco, $6.50. W. B. Saunders, 925 Walnut street, Philadelphia, 1899. Canadian agents, J. A. Carveth & Co., Toronto, Ont.

The popularity of this book is evidenced by the fact that it is less than a year since the second edition was issued. In the present issue a very thorough revision has been made and all recent advances incorporated. Among the new subjects introduced are: Glandular Fever, Ether Pneumonia, Splenic Anæmia, Meralgia,

Paraesthetica and Periodic Paralysis. The following have been rewritten: The Plague, Malta Fever, Diseases of the Thymus Gland, The Liver Cirrhoses and Progressive Spinal Muscular Atrophy. The articles extensively revised are: Typhoid Fever, Yellow Fever, Lobar Pneumonia, Dengue, Tuberculosis, Diabetes Mellitus, Gout, Arthritis Deformans, Autumnal Catarrh, the Diseases of the Circulatory System, more particularly Hypertrophy and Dilatation of the Heart, Arterio Sclerosis and Thoracic Aneurism, Pancreatic Hemorrhage, Jaundice, Acute Peritonitis, Acute Yellow Atrophy, Haematoma of the Dura Mater and Sclerosis of the Brain.

The articles have been condensed here and there, so that with the numerous additions the book is not increased in size. The division of each subject is indicated in large type, which accentuates and confines the subdivisions in a way to aid the study of the subject, and will be found very useful to the student. Illustrations, colored and otherwise, are numerous, and add greatly to the attractiveness and usefulness of the book. A prominent feature is the large number of differential tables which are found throughout the book in connection with the more important subjects.

We notice an error which might confuse the beginner in the table showing the diagnosis between Pleurisy with effusion and Primary Lobar Pneumonia. Pleurisy is said to have sputum containing the pneumococcus and pneumonia not.

Dr. Anders has presented us with a first-class text-book entirely up to date, giving evidence of a thorough consultation of all the modern advanced works and most recent literature, and we know of no better work on the Practice of Medicine for both student and practitioner than his.

J. B. McC.

PUBLISHERS DEPARTMENT.

THE ART AMATEUR FOR FEBRUARY.

It has become evident, according to *The Art Amateur*, that the only way to raise the necessary money for The Dewey Arch is by a popular national subscription, to which everybody may contribute; and the magazine, in its February number, undertakes to be the first periodical to start such a subscription. "It will accept all sums, large or small, will publish the donors' names and the amount of their subscriptions, and will bank the money received until such time as it can be used for the actual construction of the Arch." It adds that, "It is now for the press in general to follow or lead."

"The erection of The Dewey Arch," *The Art Amateur* says, "will be a first step in the adornment of the metropolis, and will furnish a much-needed object lesson for the entire country." We cannot afford to dispense with any means of popular education which has been found indispensable by other great nations. The multiplication of colleges, picture galleries and museums, though greatly to be desired, cannot have such an influence upon the masses as the daily view of an imposing monument, such as the Arch, magnificently decorated with sculptures whose meaning is apparent to every passer-by, will be when finished.

The Sloane Museum in London, with its wreck of a famous Reynolds and the best preserved series of Hogarths extant, is described in *The London Letter* by Montague Marks. There is "A Talk on Miniature Painting," by Mr. Theodore Wust, and a series of amusing miniatures by the same clever artist, illustrating episodes in the life of a certain New York art critic. Mr. William Patten writes of "Illustrations in the Magazines." As to "Art in the Home," a paper by Mr. John W. Van Oost the editor, which was read at the last Architectural League Dinner, makes many pertinent suggestions, notably this: That "good taste is cheap when you've got it, but mighty dear when you haven't." "The Ceramic Decorator" and the other departments are well filled as usual. The color study is "The Call to Dinner," by Henry Mosler. In all respects this is an admirable number. (John W. Van Oost, publisher, 23 Union Square, N. Y. C. Price, 35 cents.)

LITERARY NOTES.

The Living Age promises a paper on Robert Louis Stevenson's Letters, by Augustine Birrell, in its issue for February 10. There could scarcely be a more delightful combination of author and subject.

"The Ghost of Dr. Harris," a hitherto unpublished sketch by Nathaniel Hawthorne, will be reprinted in *The Living Age* for February 10 from *The Nineteenth Century*.

A series of South African Reminiscences, by Sir John Robinson, formerly Governor of Natal, is begun in *The Living Age* for January 27. Natal, from a woman's point of view, will be presented in a paper called "Natal Memories," by Lady Broome, in *The Living Age* for February 10.

A biographical sketch of President Loubet, by Emily Crawford, will appear in *The Living Age* for February 3. It gives an intimate and charming view of the French President in his personal and family relations.

SANMETTO AS AN INTERNAL REMEDY FOR GENITO-URINARY CONDITIONS.

While fully realizing the superfluity of further testimonials concerning a remedy so well and favorably known to the entire medical profession as is Sanmetto, yet as I possess an extended knowledge of its reliability based on several years' clinical experience and on the treatment of hundreds of cases in which it has proven itself eminently fitted to lighten the cares of the genito-urinary surgeon, I am perhaps invested with a certain authority which should permit me the privilege of adding my meed of praise. In all the inflammatory conditions of the genito-urinary tract, from the meatus to the pelvis of the kidney, the administration of Sanmetto is invariably beneficial. It not only renders the urine bland and unirritating, but also exerts a specific action on the inflamed tissues, soothing and restoring the tonicity of the parts. Its tonic action on the prostate is of such a nature that it proves of equal advantage in cases of either hyperplasia or of atrophy, and there is no remedy so uniformly successful in the treatment of atonic impotency or pre senility. I have found it of inestimable service in the preliminary preparation of cases requiring surgical interference, and, combined with salol, use it constantly to secure urinary anti sepsis. I am fully of the opinion that Sanmetto represents all that could be hoped for or desired as an internal remedy for genito-urinary conditions.

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