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# THE CANADA LANCET.

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## Original Communications.

### OVARIOTOMY DURING PREGNANCY—A CASE WITH REMARKS.

BY WILLIAM GARDNER, M.D.,

Professor of Gynecology, McGill University; Gynecologist to the Montreal General Hospital.

On the 10th November, 1884, by the advice of my friend, Dr. Dugdale, of this city, I was consulted in the case of a lady, æt. 37, the subject of an abdominal tumor. She had been married 18 or 20 years and was the mother of two children, one a grown-up daughter, born a year after marriage; the other 11 years of age. A few months after the birth of the last child she began to suffer from cough, hæmoptysis, pain in the chest, dyspnoea, emaciation, and all the other evidences, general and local, of phthisis. The physical signs existed mainly in the right lung, in the apex of which a cavity was diagnosed. So serious were the symptoms at one time, that it was thought by her medical advisers that she had but a few months to live. She however rallied, and although never long free from cough and expectoration, her general condition became much better and she had for several years lived in tolerable comfort. To this result the preparation known as Hydroleine had seemed to contribute very much. Between three and four years previous to my seeing the lady, a tumor, diagnosed as ovarian, had developed, and when I saw her the abdomen was enlarged thereby equal to pregnancy of six months. All the evidences of cystic ovarian tumor were present, but as it had grown none for a year or two, was not painful, did not seem to be markedly affecting her general health, and as a portion of the tumor occupied the pelvis where it might be adherent, seriously complicating ovariectomy in a delicate

woman, I advised non-interference until some indication for prompt action arose. My advice was followed. I did not again see her till early in May, 1886. I then learnt that the lung symptoms had been alternately somewhat active and quiet, the tumor remaining stationary till March, 1886, when it began rapidly to increase in size; menstruation, which had hitherto been quite regular, ceased on 16th February, after a natural flow. There had been nausea and some vomiting. The large increase of the tumor had produced much dyspnoea and pain in the right side of the chest. On some nights the patient had been unable to lie, from difficult breathing. I found her emaciated and slightly livid from impeded breathing. The breast signs were doubtful, but on examination the vagina was purple in color, and both it and the cervix were markedly softened. Enlargement of the uterine body, commensurate with the probable duration of pregnancy, was tolerably well made out. That part of the tumor which occupied the pelvis, at the examination eighteen months previously, had disappeared upwards. The patient believed that she was pregnant, and so did her physician. I could only agree. She was watched for a fortnight or more. Her sufferings decidedly increased, and it became apparent that prompt action was necessary. Both patient and her husband (a non-practising physician), urgently desiring the operation. After gentle purgation and dieting for two days, on the 29th May the operation of ovariectomy was done at the home of the lady, Drs. Roddick and Bell assisting. Ether was the anæsthetic used, not however without some misgiving as to its possible effect on the lung conditions. The operation was simple and easy—a unilocular cyst of the right ovary, with favorable pedicle and no adhesions. On getting into the belly, it was interesting to note the contrast between the dark red fundus of the womb, as it lay behind the pubes, with the pearl-colored tumor above it.

The after-course of the case was easy and uninterrupted to recovery; no sickness and very little pain; the cough, necessary to get up the expectoration, being the only distressing symptom. The wound healed without a fraction of a drop of pus, either at the line of union or stitch-holes. She was kept in bed four weeks to allow of the cicatrix becoming firm under the strain of the developing

uterus. After three months' absence in Europe, I called on her in October and found pregnancy advancing, but the enlarging uterus causing considerable distress in breathing. She was confined by her physician at full term on the 26th November, three days less than six months after the date of operation. Labor terminated naturally after six hours. It was followed by alarming hemorrhage, which led to fainting and syncope. It was controlled by ice. The child, a fine healthy boy, weighed nearly ten pounds. She made an excellent recovery, suffering from nothing of any moment, except weakness from loss of blood.

The complication of ovarian tumor with pregnancy is one which must always justify much anxiety. This is greatly increased if, as in the case just related, there be a further complication with grave lung disease. The effect of pregnancy on a previously existing ovarian tumor is as a rule to stimulate it to rapid growth, with the obvious result of serious encroachment on adjacent viscera. The condition of the lung in this case greatly increased the patient's sufferings. The remarkable fact that this was first pregnancy after nearly twelve years, must be noted. Notwithstanding the fact that there are now on record a number of cases of successful ovariectomy during pregnancy, obstetrical authorities and the general profession are not in perfect accord as to the proper course to pursue in these trying circumstances. It is quite true that women have in rare instances borne several children safely at full term, while suffering from ovarian tumor, but these are few when compared with the many fatal cases of premature and full time labor to be found recorded in the annals of the subject. During labor the tumor may burst, or its pedicle be twisted, or it may suffer such injury from pressure that it suppurates, with almost invariably fatal results in each case. The only thing to give the patient a chance under these conditions, must be immediate operation to remove the tumor, under very unfavorable circumstances. When during labor the tumor suffers no injury, the puerperium is often influenced very unfavorably. If the patient survive, the tumor must be dealt with sooner or later to save her life. The size of the tumor does not much influence the result. A large tumor which has of course become abdominal, together with the gravid uterus produces dangerous pressure on ad-

acent viscera of abdomen and thorax; while on the other hand a small tumor, probably occupying the pelvis, is more liable to such injury as shall lead to rupture or suppuration with consequent peritonitis.

Isolated cases of fatal, supposed puerperal septicæmia or inflammation from this cause are certainly much more common than is generally supposed. A paper by Dr. Grigg on some cases of this kind, read before the British Gynæcological Society last June, is of great interest in reference to this subject. It was a record of five fatal cases, the whole mortality at the Queen Charlotte's Lying-in Hospital, London, during nine months. A careful autopsy was made in each case, and the result showed that in four, diseased conditions of the uterine appendages were present and more than enough to cause death, and which, had they not been fully investigated, would have been put down in the category of puerperal septicæmia. Two of the four were small ovarian cysts; one of them suppurating. A third was abscess of the left ovary and pyosalpinx. The alternative to ovariectomy for relief from a large ovarian tumor is tapping, and it is still urged by the more conservative of the profession. It can do good only in unilocular cyst. It is attended by many dangers. It is not a radical cure and may be only temporary in its results, for the cyst may rapidly refill, and in any case sooner or later the radical ovariectomy must be done.

The induction of abortion or premature labor cannot be recommended as it has been shown as the result of experience, to be by no means free from danger to the mother, while the child must usually be sacrificed, and yet, as a result of conversation with my professional brothers, it seems to be the course which is most likely to suggest itself. I believe I am justified in saying that, in the complication of ovarian tumor with pregnancy, when the case is diagnosed before labor begins (for which, however, there is not always the opportunity), the rule is to be laid down, to promptly remove the tumor, and the earlier this is done, the better are the chances for both mother and child. It may be further added that serious organic lung disease does not of necessity complicate the operation or render either as the anæsthetic more dangerous.

GASTROSTOMY FOR MALIGNANT STRICTURE OF THE ŒSOPHAGUS:  
A CASE.

BY A. M'PHEDRAN, M.B.,

Lecturer on Medicine, Woman's Medical College, Toronto.

Eliza S., aged 41, first consulted me in April, 1886. Her family history was good. She had always been healthy, though not very strong, her digestion was always weak. About Christmas, 1886, she began to complain of pain in the chest, behind lower part of sternum and in the mid-dorsal region; it was almost constant, and not increased by food. During March and April she was unable to take solid food, and fluids were swallowed with increasing difficulty, part of them being often rejected, without nausea, as soon as swallowed. Large mouthfuls of clear mucus were thrown up at short intervals. On exploring the œsophagus early in May, the sound was arrested at 11 inches from the upper dental arch, showing stricture just below the level of the left bronchus. A No. 10 catheter passed fairly easily, causing some pain, and afterwards a No. 12. By the middle of May she was wholly unable to swallow anything, even a teaspoonful of water returning almost immediately, and the amount of mucus thrown off increased; it was often tinged with blood; both evidently came from the œsophagus. A catheter was introduced into the stomach three or four times daily for the purpose of giving nourishment, a funnel into which the food was poured being attached to the catheter. The introduction of the catheter always caused pain, but she was fairly well nourished and gained somewhat in flesh and strength. The stricture rapidly contracted, so that by June 1st only a No. 8 catheter could be used, and the pain from the introduction so greatly increased that it was evident she could not continue to take nourishment much longer by this method. Rectal alimentation could not be continued for more than a few days, on account of the severe colicky pain induced. As she suffered from hunger and thirst, especially the latter, gastrostomy was proposed, the risks and disadvantages being fully explained to her. After some hesitation she decided to have it performed, and the first stage of the operation was done on June 11th. There were present and assisting Drs.

Machell, Carveth, Cameron, Nevitt, Duncan, Foster and J. Caven. An incision, three inches long, was made three-quarters of an inch below, and parallel to, the costal cartilages of the 8th and 9th ribs, beginning nearly an inch to the left of median line. On opening the sheath of the rectus the direction of the incision was changed to that of the fibres of that muscle, so as to secure the benefit of any sphincter action that the rectus might subsequently exercise. On opening the peritoneum the liver and stomach came into view, the latter much contracted and overlapped by a fold of the lesser or gastro-hepatic omentum. The stomach walls were thick and of the usual pinky red color, but to make certain that it was not the transverse colon we had exposed, the lesser omentum was traced upwards to its attachment to the liver, and the stomach itself traced nearly as far as the attachment of the œsophagus. The stomach being then brought downwards, and to the right as far as possible, a fold of it was drawn through the opening and transfixed at right angles to the skin incision by two harelip pins, the serous and muscular coats only being pierced, allowing the mucous coat to recede. Silk sutures were then introduced so as to bring together the peritoneal as well as the superficial parts of the wound closely around the protruding portion of the stomach, but no sutures were introduced into the stomach, which was held firmly in place by the pins. The wound was then freely dusted with iodoform, over which dry gauze and salicylated wool were placed and secured by a broad flannel bandage. She recovered from the effects of the ether without any disturbance. The temperature and pulse remained normal throughout the subsequent history; a little soreness at seat of operation, for a few days, was all that was complained of. For three days she was given food by the bowel; after that, owing to colic, nourishment was again given through the œsophageal tube, which was introduced with ease for a few days. The first dressing was not changed until the fifth day, when union was found to have taken place by first intention. The gauze covering the protruding portion of stomach was so intimately adherent by plastic effusion that it was separated with some difficulty, and caused some breaking down of the union between the stomach and the superficial parts of the wound, which took some days to

unite. The stomach was opened on the 21st June by passing a narrow tenotomy blade down between the pins nearly an inch, without apparently entering the stomach. Before withdrawing it two probes, bent at right angles, were passed down one on each side of the knife, with which to dilate the fistula for the introduction of a small tube or catheter, as advised by Fagan of Belfast.\* The tube not entering the stomach, a little milk was introduced into the stomach by way of the œsophagus, that its presence might indicate when the stomach was opened, and thus prevent injury to structures behind the stomach. The knife was again passed down between the probes and forced gently onwards when it soon entered the stomach, and some of the milk mixed with gastric juice was easily withdrawn. A No. 6 catheter was then passed through fistula, and through it 3 oz of milk was injected; the catheter was left in the fistula, a compress being placed around it. Food was to be given every three or four hours through the catheter. The opening of the stomach gave no pain, and was made without any anæsthetic being given. A little nausea was experienced but no other inconvenience. The size of the catheter was gradually increased until a soft rubber tube, equal to No. 18 English scale, could be introduced, and this was retained, being corked to retain contents of stomach. From the first there was some trouble from oozing around the tube, which caused more or less excoriation. With this exception everything was satisfactory; hunger and thirst being completely relieved. She was able to be out driving early in July. The pain in the chest was much less troublesome, being at times absent for days. She continued to regurgitate the clear mucus from the œsophagus, sometimes with a little blood; occasionally the bleeding was profuse, on one or two occasions continuing for a whole day, after which she would be considerably prostrated. Her condition was satisfactory during the months of July to October, during which her strength and flesh had considerably increased. She began to fail perceptibly early in November, though still taking food freely; with the failure the oozing increased. Early in December she was confined to bed—cough developed and increased, with dyspnoea and frequent free hemorrhages. The oozing became so free that she could

take but little nourishment, and death took place on Dec. 28th—six months and 18 days after the operation.

*Post mortem examination.*—Emaciation marked, but not as extreme as usually obtains in cases of death from cancer. The union at the fistulous opening was firm, the margin of the liver being also adherent. No adhesions beyond the immediate circumference of the opening, which was one inch from the pylorus. The stomach was considerably dilated, extending two inches below the fistula—the walls were thin. The upper part of the œsophagus was dilated; the lower five inches converted into a sloughy cavity filled with foul grumous material. The disease implicated the aorta, bronchus and spine. The backs of both lungs were in a state of advanced hypostatic pneumonia; they contained no secondary cancerous deposits. The pneumonia was doubtless the immediate cause of death.

*Remarks.*—The objects aimed at by this operation were—primarily and chiefly, the relief of suffering from hunger and thirst, and secondarily, the prolonging of life. The operation at best is only a palliative one unfortunately, at least in all cases of malignant stenosis. Nevertheless, as the dangers arising from gastrostomy, as from all other abdominal sections, are now comparatively slight, if the patient be not too prostrated, the operation is one at least worthy of consideration in all cases of œsophageal stricture. Since the division of the operation into two stages, all the deaths occurring from it of which I have seen any record, have been due to prostration, the operation having been too long postponed. Of 13 cases operated on by Dr. Knee, of Moscow, 10 recovered, six of them living from five to nine months; four were lost sight of in a few months after the operation, and three died—one on the second day from perforation of left bronchus, one on eighth day from bleeding, and the third on twelfth day from prostration.\* If resorted to at an early stage of the disease, there should be few if any deaths from the operation. In a few cases the colon has been secured instead of the stomach, and death has resulted; such an accident has occurred to one of the most prominent British surgeons, and is one to which all are liable.

\* *Brit. Med. Journal*, October 4th, 1884.

\* *Annals of Surgery*, Sept., 1886.

The method of securing the stomach resorted to in this case was that recommended and practised by Boyce Barrow, of the West London Hospital,\* as being more expeditious than, and quite as efficient as, the method of a double circle of sutures, recommended by Howse, to whom is due the credit of rendering this operation safe by its division into two stages. Barrow's directions were departed from, in that only the serous and muscular coats were transfixed to the pins; by transfixing the mucous coat also, as he directs, the stomach would be more easily opened, as the mucus membrane would not recede from the surface, as it did in this case, necessitating the passing the knife so deeply before reaching the cavity of the stomach. But it is possible that the wound may be more easily and certainly rendered aseptic by transfixing only the serous and muscular coats, as septic matter might find its way along the pins, if the mucous coat is transfixed.

The sutures for closing the wound might with advantage, I think, be passed before securing the stomach, as the protruding portion of stomach is in the way of their being easily passed afterwards. Those sutures that could not be tied on account of the protruding stomach, should be used to suture the peritoneum to the skin on each side, thus presenting a broader peritoneal surface for union with the stomach, and securing more rapid union. This union takes place very rapidly; it has been found firm in one case in 19 hours, and another in 24 hours, and a third in 30 hours.† This indicates that in urgent cases rectal alimentation can with safety be supplemented by food by the mouth after 24 hours, or in case of necessity, that the stomach might be opened with fair safety—the risk of opening would be much less than that of delay in administering nourishment. It would seldom be advisable to operate in cases requiring such urgency; surgical interference has been too long postponed. Nevertheless, in some cases the stomach should be opened immediately after the preliminary operation is done; but such a course is rarely advisable.

As it is desirable to have the opening in the stomach as far as possible to the splenic end, in order that food may enter more easily, and that oozing from the fistula may be less liable to occur,

the stomach should be drawn well to the right before being secured. The constant retention of a tube in the fistula probably tends to increase the leakage; it would in that case be better to use only a small tube, and introduce it when nourishment is to be given; any oozing occurring as the tube is withdrawn, to be removed with absorbent cotton, and a suitable compress placed over the opening. Bryant, in his work on surgery, recommends an ordinary enema syringe with a funnel at one end and a small tube at the other for giving food. With which an appliance, finely minced solids mixed with liquids could be easily introduced into the stomach—the patient might even enjoy the pleasure of masticating his food, and then putting it into the funnel partly filled with liquid, after which all could be forced into the stomach.

#### EXCISION OF THE KNEE-JOINT.

BY N. E. M'KAY, M.D., C.M., M.B. M.R.C.S., ENG.,  
Surgeon to Provincial Hospital, Halifax, N.S.

The operation of excision of the knee-joint is considered hopeless by many surgeons. I am not aware of a successful case in Nova Scotia. Even in Edinburg, I believe, it is looked upon with disfavor. To aid in removing the bias with which the operation is too generally viewed, I beg to report the following successful case.

G. O., aged 22, single, thickly set, fairly well nourished, of a slightly sallow complexion, was admitted into the Provincial Hospital on Nov. 18th, 1885, suffering from pulpy degeneration of the knee-joint.

*Previous History.*—Patient had always been well until four years ago, when his present ailment began. His trouble began with slight pain and stiffness in the knee-joint, which kept gradually getting worse. He was obliged to seek admission into the Hospital early in March, '84. This was during the *régime* of the old Medical Board of the Hospital, and no record was kept of his case. He says, while in the Hospital, his knee was freely cauterized and blistered, which gave him temporary relief. He left the Hospital early in November, 1884, improved. From the time he left the Hospital until October, 1885, he was able to walk about without the aid of crutches, but was unable to bend his knee. He came for the first time

\* *British Medical Journal*, Dec. 6th, 1884.

† *Philadelphia Medical News*, 1st Dec., 1883.—Gross.

under my notice when re-admitted into the Hospital in November, 1885.

*Present Condition.*—On admission his knee was very much swollen, round, doughy, and semi-elastic; its motion limited; the leg slightly flexed; the knee apparently bent a little inward; and the head of the tibia slightly displaced backward and outward. He had slight pain and tenderness in the joint; the pain being increased on motion and on pressing the ends of the bones together. There was a little increase of local temperature. He had no starting pains in the limb at night.

*Treatment.*—Constitutionally everything was done to invigorate the system by abundance of good nourishing food, pure air, cod liver oil, iron, and other alteratives. Locally the knee was strapped in Scott's dressing, and to ensure absolute rest to the joint, the patient was put in bed, and a Buck's extension applied, for which a back splint was subsequently substituted. This treatment was continued until the latter part of January, 1886, when an operation was determined upon. At this time the subjective and objective symptoms already enumerated, were slightly exaggerated; distinct lateral motion was present in the joint, indicating destruction of the ligaments, and slight grating noise could be detected on rubbing the ends of the bones together. The patient now complained of starting pains of the limb at night.

On the 3rd of February, 1886, the knee was excised, the operation being performed under a spray of carbolic acid (1 in 40), and with strict antiseptic precautions. On opening into the joint cavity, by the ordinary incision, the synovial membrane was found to be converted into a pulpy, gelatinous, pinkish-gray mass; the articular cartilage destroyed, except a small detached piece, the size of a fifty cent piece, which covered the external condyle; a large sequestrum imbedded in the inner condyle, and a small abscess cavity containing pus, caseous material, and *debris* of broken down tissues in the external condyle. I removed a slice of bone about a quarter of an inch thick from the entire surface of the condyles of the femur, making the surface present a convexity; and a similar slice from the head of the tibia, making its surface a concavity to better fit the convexity of the condyles of the former. I then removed the sequestrum, and the *debris* of broken down tissues, and carefully dissected away the

patella and all the diseased synovial membrane, and scraped out the synovial pouch above the patella. The hemorrhage having been stopped, and the wound thoroughly washed with carbolic solution (1 to 40), the parts were adjusted in proper position on a back interrupted iron splint with a foot piece—a modification of Sir William Ferguson's. Dr. Watson's suspension rod was applied to the front of the limb, and both splints were held firmly in position by plaster of Paris bandage, coated with paraffin, and the whole apparatus was suspended in a Salter's swing. The wound was brought together by silk sutures, a large drainage tube was introduced at either angle, and a Lister's dressing applied.

On the morning after the operation his temperature rose to 99° F., and in the afternoon to 100°. On the evening of the third day it rose to 101°, and remained so with scarcely any fluctuation until the morning of the 6th day, when it fell to 98½° and remained so.

On February the 4th, the day after the operation, the dressing which was soaked with blood and serum, was removed under the carbolic spray. The wound looked well. Feb. 10th the wound was dressed under the spray; it looked well and was healed by first intention; no discharge; every alternate stitch was removed. Feb. 15th wound dressed under the spray; removed all the stitches and also the drainage tube, which was left out. Feb. 22nd dressed wound; it looked well; spray discontinued. March 1st dressed wound, and found in the middle of the line of incision a small pocket containing five or six drops of pus. The splint was then taken off on the 10th of March, the 44th day after the operation, when firm, bony union was found to have taken place. The leg was put up in a plaster of Paris bandage, and the patient allowed to walk about the ward on crutches. From this time until he left the Hospital, early in June, his recovery was uninterrupted and rapid. When discharged the limb was 1 inch shorter than the other, and the patient could walk well.

It may be asked why I did not at the outset use the actual cautery in the treatment of this case? My answer is, that whatever good may follow the use of the cautery in the incipient stage of pulpy degeneration of joints, its employment is useless, if not injurious, in cases in which there is unmistakable evidence, as in this case, that degeneration of the synovial membrane and ligaments has taken place.

## Reports of Societies.

### TORONTO MEDICAL SOCIETY.

January 6th, 1887.

The President, Dr. McPhedran in the chair.

#### PATHOLOGICAL SPECIMENS.

Dr. Temple showed the uterine appendages removed on account of purulent salpingitis of both tubes. The patient, aged 33, had been married 11 years, was never pregnant, and began to suffer one year after marriage. During the last year she was almost constantly confined to bed, as any exertion caused severe pain in the pelvis, lasting several days, probably due to circumscribed peritonitis. The patient was thin, and the abdomen was enlarged equal to the fifth month of pregnancy. On examination, the uterus was found to be pushed forwards and upwards, so that the cervix could be felt with difficulty behind the pubic symphysis. The Douglas cul-de-sac was filled with a fluctuating mass. The right tube could be accurately mapped out by bimanual palpation; the left could not be so well outlined. On opening the abdomen, the mass presented the appearance of a fibro-cyst. The structures were greatly matted, the adhesions being separated with difficulty. The right tube burst during separation and about 3vij of pus escaped into the peritoneum. The right ovary was removed—the left could not be found. It had probably become absorbed from pressure. The patient made satisfactory progress, the temperature not exceeding 101°F., usually varying from 99° to 100°.

Dr. Ross exhibited a placenta from a case of twin pregnancy in which the cords, which were attached to the placenta very close together, were inextricably knotted. Death of both fetuses had occurred, evidently some days before birth. One of the children was hydrocephalic, and it was found necessary to puncture the head before delivery could be effected.

Dr. McPhedran presented a stomach, etc., from a case of carcinoma of the œsophagus for which gastrostomy had been done. (The paper appears pear in full elsewhere.)

Dr. MacMahon read a paper on "The Alcohol Question." Scientists of the present day rank alcohol among the starches and sugars as a heat

producer. He claimed for it great usefulness for convalescents, for anæmic persons, for those whose digestive powers are below par, and also for those who are subjected to a large expenditure of nerve-force. No bad effects follow its moderate use. Alcohol-drinking nations are characterized by more intelligence, and better physical development, than are nations of total abstainers. To combat the evils of intemperance the fermented beverages, as light wines and beer, should be substituted for the distilled liquors. Adulteration should be prevented, and the condition of the lower classes ameliorated. Above all he believed in acting on the moral natures of men to induce them to abstain from over-indulgence.

January 13th, 1887.

The President, Dr. McPhedran in the chair.

Dr. Graham read a paper on "Arsenic in the treatment of Skin Diseases." He first considered the negative aspect of the subject, quoting Drs. Fox, Hardway and others as holding the opinion that in *some* forms of skin disease, principally those of an inflammatory nature, arsenic was not simply useless but positively harmful. From the positive point of view, the writer of the paper dealt with the effects of arsenic on the skin in causing degeneration and partial dissolution of the protoplasm of the cells. The epidermis separates and desquamates, and the cells of the Malpighian layer are loosened and separated from one another; in short, arsenic causes a mild inflammation of the skin, hence, it is contra-indicated in acute affections. In small doses it beautifies the complexion, but if given freely it may cause a brown discoloration; bullous eruptions have also been attributed to the use of arsenic. Part of the beneficial action of arsenic may be due to its action as an oxygen-carrier, arsenious acid having the property of absorbing oxygen to form arsenic acid, and then returning to its original form by giving up the oxygen. The author had found arsenic to be very useful in psoriasis guttata, not so good in psoriasis diffusa, and positively harmful in the congestive form of this disease. In eczema it is not of such general use, as it is injurious in acute cases, though it is of some service in the chronic forms with scaling. Though children bear comparatively larger doses of arsenic than adults, they are more liable to pneumonia and bronchitis from its use

than adults. When eczema is malarial in origin, the arsenic may be given with much benefit.

Hutchinson reports 26 cases of pemphigus chronica cured by arsenic. It is, however, useless in the foliaceous form of this disease. It is useful in chronic urticaria and erythema nodosum. Benefit will follow its use in alopecia following typhoid fever and syphilis, but not in areata. Acne indurata is benefited. In the malignant diseases of the skin, such as multiple sarcoma and epithelioma, arsenic is very useful, especially in the form of Donovan's solution.

*Discussion.*—Dr. Reeve had found arsenic useful in the furuncular habit in patients so affected.

Dr. Sweetman had used it with marked benefit in two cases of keloid.

Dr. Ghent related a case of psoriasis of nine years' standing which had been cured by giving a course of brisk purgatives, extending over a period of three weeks, and followed by a tonic of ferri carb. and port wine. Pot chlor. was also given freely. The external treatment consisted in a wash of pot. carb. to dissolve the crusts, followed by the application of thick rice water, which formed a thin wax-like or gelatinous layer which excluded the air. Complete cure took place in about two months.

#### HURON MEDICAL ASSOCIATION.

January 11th, 1887.

The Association met in Seaforth, the President, Dr. J. Campbell, in the chair.

Dr. Graham, of Brussels, read a paper on Floating Kidney, and presented a patient before the meeting. The patient, a middle-aged lady, had consulted Dr. G. for a swelling in the situation of the right kidney. She complained much of dragging pains, loss of appetite, and dyspeptic symptoms; vomited often, was debilitated, and had bronchitis. There had been great irritability of the bladder, but the uterine system was healthy. The medical men present examined the patient, and agreed that it was a case of movable, or floating kidney. The treatment, as outlined by Dr. Graham, was approved of, viz., to treat the symptoms as they arise, such as indigestion, anæmia, phosphaturia, etc., advising the patient to refrain from straining or violent exercise, and applying an

elastic bandage or truss with a well-fitting pad to retain the misplaced organ in place.

Dr. Campbell, of Seaforth, presented a case of Ichthyosis, which was examined by those present. The disease appeared in the form known as xeroderma, the skin being harsh, rough, dry, and a large surface covered with branny scales. The treatment recommended was alkaline baths, followed by glycerine inunctions, or by tarry applications to check all growth.

Dr. Smith, of Seaforth, brought before the Association, for examination, an interesting case of a young man, apparently in good health, but having an enlargement of the left testicle. The slightest pressure on this testicle excited most painful spasms, and continual manipulation rendered the organ so sensitive that the slightest touch would cause him to cry out. Directing the patient to lie with his face downwards, pressure along the spinal column caused no pain until the two lower dorsal vertebrae were reached. Slight pressure here caused spasms of the left side. This had been thought to arise from the abnormal condition of this testicle. He had been treated with large doses of pot. brom. combined with pot. iodid. The question arose as to whether there was likely to be malignant disease of the testicle. But the length of time since he had first noticed the enlargement (four years) rendered this improbable. It was thought better to continue the treatment as above and not to resort to operative measures at present. Electrolysis was mentioned as likely to be useful in the case.

Dr. Worthington, of Clinton, presented an intractable case of ulceration of the leg, in an old gentleman, for which the persistent wearing of a Martin bandage was recommended.

Dr. Elliott, of Brucefield, mentioned a case which had but recently occurred in his practice, in which a miscarriage was taking place, but the uterus being slow to throw off its contents, he had injected hot water at a temperature of 120° F., into Douglas' cul de sac, with the result that uterine contractions were excited so that the ovum was expelled without further delay.

Dr. Nichol, of Bayfield, reported a case diagnosed as enlargement of spleen, occurring in a man aged fifty, which he had first seen in July last. The treatment pursued had been all that was recommended in such cases, but nothing

seemed to be of any avail, and the patient died six months after the enlargement was first noticed. The enlargement reached to within a finger's breadth of the pubis, and about two inches over the median line of the abdomen. Dr. Smith, who had seen the case, agreed with Dr. Nichol's treatment, but expressed regret that a post mortem examination was not allowed.

Dr. Graham recollected a somewhat similar case, in which those who saw it diagnosed splenic enlargement, but the post mortem showed that it was a case of spindle celled sarcoma of the kidney.

Dr. Smith read the notes of a case of dilatation of the stomach, arising from cancer of the pylorus. A report of this case will appear in the next number of the LANCET.

A resolution of condolence expressing sympathy with Dr. W. Sloan, of Blyth, in the sudden death of his son, Dr. A. M. Sloan, of Listowell, was carried unanimously.

The following officers were elected for the ensuing year: Dr. W. Graham, Brussels, *President*; Dr. Young, Londesboro, *Vice-President*, Dr. Smith, Seaforth, *Secretary*.

#### BRANT MEDICAL ASSOCIATION.

A meeting of the Brant County Medical Association was held in Brantford on the 2nd ult. The following members were present: Drs. A. J. Henwood (President), Philip, Griffin, Digby and Secord, Brantford; Dr. Addison, St. George; Dr. Sutherland, Paris; Dr. Dee, Onondaga, and Dr. Johnston, Burford.

Dr. Heath, Brantford, was elected a member of the Association.

Dr. Digby gave the details of a case of fracture of the pelvis and dislocation of the thigh.

Dr. Philip showed a specimen of fibroid tumour of the uterus, which he had recently removed, and gave the history of the case. He also reported a case of congenital torticollis in a child and described the apparatus employed.

A discussion took place upon the undue prevalence of typhoid fever and diphtheria at present in this city and county.

The notice of motion given at last meeting in reference to change of date of meeting was adopted.

Dr. Rosebrough, Hamilton, will read a paper at the next meeting.

The association adjourned to meet in Brantford on the first Wednesday in March.

#### Selected Articles.

##### SOME PRACTICAL SUGGESTIONS ON THE TREATMENT OF DIPHTHERIA.

Diphtheria is a common disease, and it is one of the most fatal. As one illustration of many, in five years there were 17,193 cases in New York alone and 7,293 deaths. It is a disease that every physician will be called to treat sooner or later, and being called must act promptly. This is not the place for a long essay upon the different theories of diphtheritic contagion and progress; rather let us enter at once upon the discussion of the practical questions involved in conducting the disease to a favorable issue.

Let me very briefly sketch the manner of invasion according to conclusions which seem most reasonable and are by many accepted:

1. Diphtheria is contagious—or rather portagious, and of parasitic origin.
2. It is most readily implanted upon a mucous membrane denuded of its epithelium.
3. It is probably always local in its incipency, sometimes becoming rapidly systemic, though in rare cases apparently systemic from the beginning.

To further explain rather than to argue these propositions, let me say that the best protection against diphtheria is a mucous membrane entirely healthy; and an ordinary acute or subacute laryngitis or pharyngitis is a condition favorable to the implanting of the diphtheritic germ. When the epithelial layer is intact the diphtheritic germ finds no foothold, but when there is an abrasion or denudation of the lining membrane, the diphtheritic bacteria first attach themselves to the surface so prepared for them. This is the local period of the disease and no micrococci are found in the blood—there is no constitutional symptom. Sometimes, though there may be rapid surface evolvment, and free formation of the characteristic membrane, there may still be little absorption of the diphtheritic virus.

Many of these almost purely local conditions suggest a doubt as to their specific nature. It is well to give the patient the benefit of the doubt and to treat urgently all suspicious looking exudations upon the surface of the respiratory tract. Practically, a certain number of cases of diphtheria are constitutional from the beginning, the point of infection being in some recess of the naso-pharynx or larynx, and easily overlooked—or is beyond the range of vision. I am not sure but that in-

fection may occur from primary invasion of the membrane of the alimentary canal. Klebs, in the second Congress of the German Physicians, speaks of a diphtheritic evolution of Peyer's patches, resembling the reticular appearance in the earlier stages of typhoid. In by far the greater number of cases the rapid multiplication of the bacteria—whether sphero-bacteria as are found in severe cases, or whether short and slender rods as in milder cases—produces an inflammation of the mucous membrane, exudation takes place, the epithelial cells die and the bacteria pass into the blood and rapidly multiply throughout the circulation. Even should we deny with Beale, that the contagium is bacteria, we still must admit that the hypothesis of local infection furnishes the most rational explanation of the sequence of symptoms.

Granting this, we have two purposes in treatment in the early stages of diphtheria :

1. To destroy or render harmless the local manifestation of the disease.
2. To increase the power of resistance in the general system to infection.

In dealing with the false membrane all measures which would tend to irritate or injure the air passages, should be avoided. There should be no tearing away of the exudation, or application of caustics—nor do I think that, except in cases where there is only a small, well defined patch of membrane, the use of the galvano-cautery will prove expedient. To prevent absorption, not only should we avoid making new abrasions in the throat, but I have thought it wise, as far as possible, to cover up those that already exist.

First of all, it is well to remove from the naso-pharynx, or pharynx, if that be the site of invasion, whatever of accumulated mucus and *débris* there may be. This may be readily done by means of a small syringe, and a weak solution of salt water, or of Listerine. This may be used either through the nostril or directly in the pharynx. To loosen the attachments and hasten the resolution of the diphtheric membrane many means have been advocated.

When the patch can be reached, a solution of papayotin may be applied ; or better still, one of trypsin. This last used in solution, as suggested by Fairchild and Foster, or still better, a few grains with one or two of bicarbonate of soda, made into a paste with water and spread upon the diphtheric patch, is the most rapid solvent I have known. If the local disease is beyond the reach of such an application, an alkaline solution of trypsin may be sprayed into the nose or larynx.

After several applications of trypsin within the hour, a still further attack may be made upon the local disease. Having used more or less freely most of the germicides, astringents and antiseptics commended in the treatment of diphtheria, I

have abandoned all else for a solution of equal parts of the tincture of the chloride of iron and glycerine. I have cause to consider this, when well applied over the entire extent of the diseased surface, an almost complete bar to the progress and absorption of the diphtheric virus.

1. If the potency of the disease lies in the rapid multiplication of bacteria, so strong a chloride solution is certainly indicated.

2. If absorption takes place through the abraded surfaces and "mouths of lymphatics open," as stated by Oertel, we would from *a priori* reasoning, expect some good from the local use of iron, while the glycerine may be something more than a mere vehicle, in that it may by affinity relieve to some extent the turgid capillaries of the mucous membrane. The application should be made frequently.

Let me say, in urging the efficacy of this agent, that for two years I have not seen a case of diphtheria die where the whole of the false membrane could be seen and repeatedly covered with this solution and where appropriate general treatment was given. Thrice within the last week, and many times during the past year, I have seen the characteristic membrane shrivel up and become detached under the influence of the iron and glycerine.

When the local attack is out of reach of the direct application by means of the brush, or better still, the cotton covered probe, the case is very different.

When the invasion is in the naso-pharynx, or in the larynx, the result may well be dreaded. Even in such instances I believe the best procedure is to apply the iron locally by spray and where possible by the cotton covered probe.

The covering in of the diphtheric patch with tolu varnish, as recommended by Mackenzie, may follow the thorough use of the iron solution, and is doubtless protective.

Not only is local treatment important, but it is important to institute it early. The physician should be called at once in every case where there is a doubt. Parents should feel that they are responsible for delay, and that delay is exceedingly dangerous. Many cases that during the first twenty-four hours are easy to treat and curable, are a little later beyond the reach of the most skilful.

A few words as to general treatment. Here, too, I have no sympathy with halfway measures. First of all, in every case, I nearly always counsel the administration of enough of calomel and soda combined to thoroughly evacuate the alimentary tract. It empties the canal of any accumulated material, it stimulates important secretions, and with Ritter, though not to the extent to which he advocates it, I believe it has a favorable influence upon the general condition. At least it clears the

decks for action. As soon as the bowels of the child have been well moved, and sometimes not waiting for that, the internal use of the iron and glycerine solution (the same as that used in the throat) may be begun; for we need not fear any chemical reaction. To show that others are falling back upon this well known agent, let me quote from an editorial in a recent issue of the *New England Medical Monthly*: "It is interesting and somewhat gratifying to note that after each excursion into the domain of experimental medicine, the profession invariably returns to the older and more effective method of treating diphtheria, which consists of tonic doses of the tincture of iron and a system of extreme nourishment."

To anticipate and antagonize general invasion, the general as well as the local treatment should be instituted early. Where the symptoms demand I prescribe two drops of the iron and glycerine solution for each year of the child's age, in a little water every two hours, and midway between each dose the diphtheritic patch is to be touched or sprayed with the solution. Thus there is an opportunity for the ferric solution to be brought in contact every hour with so much of the diseased membrane as is in the pharynx.

I have not discussed much of the poly-treatment of diphtheria as practised to-day—nor have I time to outline the emergencies which may arise, as I had thought of doing. My object has been to propose a plain and direct method of treatment which anyone may use and which is not an experiment.

Many other remedies are often to be added. Pilocarpine, when the skin is dry and there is spasmodic laryngeal contraction; quinine, when the fever is excessive; steam from slacking lime, when respiration is labored and the respiratory tract dry; and tracheotomy or intubation when the larynx is greatly obstructed.

Let me, in conclusion, suggest that the physician demand of the people among whom he practices, that they call him at once when suspicious symptoms are observed, and that he answer quickly, act promptly, and see that his instructions are implicitly obeyed. To treat diphtheria is to fight a battle—there should be no delays, surprises nor compromises.—*Dr. Porter, Jour. Am. Med. Assn.*

### CHRONIC PURULENT OTORRHŒA; ITS NATURE AND TREATMENT.

A chronic purulent or muco-purulent discharge from the ear is usually the result of inflammation of the mucous membrane of the middle ear, and, as such, implies the existence of a perforation in the membrana tympani through which the purulent matter escapes into the external auditory

canal. The perforation in the membrana tympani is usually in that part of the membrane below a line drawn nearly horizontally through the short process of the hammer—i. e., in the so-called membrana vibrans. In some rare but very important cases, the perforation is in the flaccid membrane, or the membrane of Shrapnell, which lies above the short process of the malleus. Chronic otorrhœa is both common and important, is met by all practitioners of medicine, and demands, therefore, their careful attention, both on account of the annoyance its presence gives the patient, and the danger to hearing and life which lurks in its persistence in the middle ear. Chronic purulent otorrhœa generally begins in childhood. The original cause of otorrhœa is chiefly naso-pharyngeal, and Eustachian tubal catarrh, induced by coryza, teething, and the acute exanthemata. Teething, by inducing a reflex irritation in the middle ear, leads practically to catarrhal inflammation of that cavity, perforation of the drum membrane, and the establishment of a chronic running. Purulent inflammation of the middle ear is almost invariably preceded by pain, and often constitutes the cause of earache in children.

Among the causes producing purulent otorrhœa in adults, must be named swimming and diving in cold water, plunging the head under cold water, washing the head and allowing it to dry in a draught of air, and also the use of cold water in the nasal douche, and the inhalation of various patent powders, snuffs, and fluid preparations advertised for the cure of nasal catarrh.

Tuberculosis of the lungs is also a cause of subacute and chronic purulent otorrhœa. This form is characterized by little or no pain, by its tendency to affect the posterior and upper parts of the drum membrane and cavity, and by its resentfulness of all forms of treatment but the mildest. It is supposed to be due to reflex inhibition of vasomotor power in the arterioles of the ear, supplied by the carotids. The irritation which thus acts reflexly is in the diseased lung. The irritation, passing by the pneumogastric to the sympathetic system in the neck, inhibits influence over the carotids. Passive dilatation ensues in this vascular tract, and those parts of the membrana tympani and middle ear supplied by it, undergo passive congestion and inflammation of a low form, without much or any pain, the purulent matter ruptures the membrana, and an otorrhœa, chronic from the outset, is established. The tendency to chronicity in all aural discharges is favored by the difficulty of keeping the ear clean, and by the improper treatment so often instituted. The exposure, too, of the mucous lining of the drum cavity to the atmosphere, by means of the perforation in the membrana, irritates the mucous membrane, and promotes further inflammation.

If chronic purulent discharge from the ear is associated with and kept up by chronic catarrh in the naso-pharynx and the nares, the rhinitis must receive due attention, or the discharge will not, without great difficulty, be checked. The natural tendency of chronic purulent disease in the drum cavity is to impair the hearing. After the destruction in the membrana, disorder in the ossicles, impairment of hearing, and the establishment of a chronic purulent otorrhœa, the disease may continue uneventfully on this plane for years.

These are the neglected cases, tending to the development of granulations and polypi upon the mucous membrane of the cavity of the drum. As these form in the diseased ear, the discharge increases in quantity, and the hearing grows duller. Inspection now reveals a polypus, or perhaps two, with distinct pedicles. Or, if these have not yet formed, granulations are seen, which more or less obscure a view of the drum membrane. Aural polypi vary in size, from a buckshot to a large marrowfat pea; or, if old, and sufficiently compressed by the auditory canal, they assume the shape of the latter, and finally extend from the meatus, after attaining a length of one and one-half to two inches. Instead of the formation of polypi, the purulent disease may be more destructive, and produce death of the mucoperiosteal membrane in the drum cavity, and of the subjacent bone. The death of osseous tissue in the aural tract may take place in the tegmen tympani, just beneath the brain, or in the so-called antrum of the mastoid cells. When the tendency of this disease has brought about necrosis in the regions named, the affection has assumed a most serious aspect, because a fatal issue may now be induced at any time by either an embolic process in the brain, the lungs, or the liver. Prior to this course, a fatal meningitis may be set up by an extension of the disease through the roof of the drum cavity, or through the fenestræ, and thus into the labyrinth and brain, or the necrotic disease having passed into the mastoid cells, the lateral or sigmoid sinus may be affected, and purulent phlebitis at this point aroused. A clot then may be formed in the sinus, pieces of which enter the circulation, and thus an embolic process established at some vital point.

In chronic otorrhœa, warnings of the unfavorable advance of the disease are given, by facial paralysis, violent ear pain, with fever and delirium, and inflammation within the mastoid cells. Facial paralysis indicates an invasion at the upper and back part of the drum cavity, and meningitis may ensue. Inflammation of the mastoid cells is more likely to be followed by phlebitis of the lateral sinus and its consequences. Cases of chronic otorrhœa with mastoid inflammation, and phlebitis of the lateral sinus, sometimes terminate fatally by embolism in the lung or liver, without any

cerebral disease. Patients should be encouraged to have aural discharges stopped as soon as possible, whether acute or chronic. It is an injury to them to foster in their minds the idea that discharges will stop of themselves, or, if not, that they had better continue to run. Abnormal discharges from no other part of the body are allowed to run on disregarded, and, surely, discharges from the ear should not be, for they are as amenable to proper treatment as those elsewhere, and if neglected, may become serious. From the deep and peculiar situation of the drum cavity, purulent discharges from this part of the head are likely to be retained, and to undergo decomposition. This favors continuation and extension of the disease, and the muco-periosteal nature of the tissue in which the affection has its seat renders death of the subjacent bone imminent, with consequent involvement of the cranial cavity. The patient, therefore, should demand of his physician an intelligent consideration of such a malady.

*Treatment.*—The first consideration in the treatment of chronic purulent otorrhœa is cleanliness and cleansing. Cleanliness is demanded in order to prevent decomposition of the discharge in the ear, and septic influences from such a nidus. Cleansing the ear is necessary to enable the surgeon, to make a diagnosis of the condition of the fundus and the membrane and in order to prepare the ear for treatment.

Cleansing the ear is best accomplished by the surgeon, and should very rarely, if ever, be entrusted to the patient. It is best effected by syringing with tepid water, either with or without a disinfectant, if the discharge is copious and tenacious. If, however, the discharge is neither copious nor thick, the ear can be cleansed by a small dossil of absorbent cotton on the cotton-holder. Failure in this procedure is often attributable to the use of too thick a pledget of cotton. This should not be more than five centimetres in diameter. If it is larger it gets wedged in the meatus or in the canal, the fundus is not reached, or only with difficulty, and after pushing, which is painful to the patient, abrasion of the canal, or even of the deeper parts of the fundus and the membrana, may ensue. The syringe may be employed without illuminating the ear by the forehead mirror, but the proper and successful employment of cotton on the cotton-holder can be done only under the best illumination of the auditory canal by the forehead mirror. In infants and very young children, with very narrow meatuses, cleansing is most conveniently done by syringing with warm water, the return current from the ear being caught in a towel, held beneath the auricle. After syringing, the water must be carefully mopped out of the fundus of the canal by absorbent cotton, in order to gain a view of the diseased parts, otherwise the refraction of the water will give a very

distorted view of the objects seen through it. Cleansing the middle ear is furthered by using some form of inflation of the tympanum. After the first cleansing of the external auditory canal and its fundus, the surgeon should find out whether the perforation is above the so-called folds, of the membrana flaccida or below the folds, in the membrana vibrans. Sometimes a perforation exists in both these portions of the membrana tympani at the same time; but this is not common. It is highly important to determine in which of these parts of the drum membrane the perforation lies, since the treatment must be modified by the position of the perforation.

Let us first consider those cases in which the perforation is large and in the lower part of the membrana, the membrana vibrans. These are the most frequent. Earache from acute inflammation in the tympanic cavity, in such chronic cases of purulent otorrhœa, must be combated by gentle warm-water syringing or irrigation, and in protecting the inflamed mucous membrane with insufflation of powdered boric acid. These insufflations and all others can be done either with the blow-tube, on the principle of the blow-pipe, or by the hand powder-blower. In those cases of acute inflammation in chronic otorrhœa with large perforations in the membrana, the pain can often be allayed by the use of instillations of cocaine, because the perforation in the membrana permits the entrance of the solution into the drum cavity, and its ready contact with the mucous membrane. Cocaine solutions instilled into an ear with imperforate membrana tympani are impotent to quell pain in the ear. They also seem valueless even when the membrana contains a small perforation, because they still seem to fail to reach the inflamed mucous surface. If coryza is present, as it is apt to be, in these acute attacks in chronic otorrhœas, it, of course, must not be disregarded. The prognosis in these cases is favorable as to restoration to a relatively normal or healthy state, if the subject is in ordinary health.

It is in these cases of purulent otorrhœa with large perforations in the membrana tympani, that preference should be given to the so-called dry treatment. In this form of treatment very little water is used for cleansing, and only when the discharge is thick and copious, and hence not easily removed by absorbent cotton. The reason for this preference of dry treatment is that the use of water favors the continuance of the discharge charge in many cases, promotes a tendency to the formation of granulations and polypi. If syringing the ear is to be done, it must be carried out by the surgeon, and not entrusted to the patient. After the ear is cleansed by either of these methods, some form of boric acid, finely powdered, should be employed by insufflation. This enters the tympanic cavity, and hence comes in direct contact

with the inflamed mucous membrane. It remains there more readily than fluid preparations and hence acts longer. The beneficial effects are due to the antiseptic properties of the boric acid, and to the protection the layer of powder gives to the mucous membrane. If this dry treatment does not give entire satisfaction, as it may not or will not if granulations or ulcerations exist beyond the reach of the powder thus blown in, resort may be had to instillations of astringent and antiseptic solutions, as silver nitrate—not less than forty grains to the fluidounce of water; or carbolic acid solutions from three per cent. to five per cent. in strength. These are to be put in the ear after it is cleansed, and followed by a dressing of insufflated boric acid, either in simple or in compound powder.

In cases of chronic purulent discharge from the attic of the tympanic cavity, with perforation only in the membrana flaccida, the dry treatment cannot be relied upon, because of the smallness of such perforations, and the consequent inability of the surgeon to blow the powder into the diseased cavity. In these cases the treatment consists in the application of solutions to the attic, through the perforation, by means of the tympanic syringe. The long slender nozzle, six centimetres long by one millimetre in diameter, must be conveyed, under illumination by the forehead mirror, down the auditory canal to the seat of disease. I have found the best results to follow the use of injections of a three per cent. solution of carbolic acid, by this means, into the attic cavity of the tympanum after thorough cleansing of the attic by injections of hydrogen dioxide, which thoroughly removes all pus. They do not tolerate nitrate of silver. It is well to follow these applications by insufflations of boric acid into the fundus of the auditory canal. For, though they cannot reach the attic unless the perforation be large, they have an antiseptic effect about the perforation and the rest of the outer surface of the membrana tympani and the fundus of the canal.

Cases of chronic purulent disease in the attic are difficult to treat, on account of the bad drainage from those parts above the ossicles, and because of the small perforation usually found in the membrana flaccida. They are also dangerous to the life of the patient, because the disease lies near the tegmen tympani, directly beneath the brain. Natural deficiencies in the bone at this point exist so frequently, that the meninges and the mucous membrane of the roof of the drum cavity are often in apposition.

In order to facilitate better drainage of purulent secretions from the attic in chronic disease, and more efficient medication, especially by the insufflation of powders, Dr. Sexton has suggested, and frequently performed, when the membrana is largely destroyed, an operation for its removal, and then that of the malleus and incus, or their remnants.

The fundus is then treated with a powder of salicylic acid and boric acid, until a dermoid cicatrization ensues. This operation is applicable to chronic attic disease, *without perforation of the membrana flaccida*, but with large destruction of the *membrana vibrans*, in which the diseased malleus and incus interfere with drainage of the attic, downward into the atrium. In any case of chronic purulent otorrhœa, so long as we can detect no lesion beyond impaired vibration in the ossicles, with defective hearing, as a consequence of the chronic disease in the mucous membrane, the cure of the affection may be considered as probable, excepting in tubercular cases far advanced in pulmonary disease. By curing the purulent disease of the mucous membrane, the growth of granulations and polypi, and the occurrence of necrosis and caries of the adjacent bone, are prevented. If, however, the ear has not been treated, or improperly treated, granulations and polypi may be found, with impairment of the hearing. The granulations are best removed by touching them, and only them, with chromic acid, carefully conveyed to their surfaces on a small cotton tuft, not more than two millimetres in diameter, on the cotton holder, under perfect illumination of the canal and fundus by the forehead mirror.

If polypi, with distinct pedicles, have grown from the mucous surface of the middle ear, and extend into or from the perforation in the membrane, they must be extracted with the polypus snare, and their pedicles touched every day or two, until they disappear. These are entirely curable, and the discharge from the ear usually ceases after the removal of the polypus and the destruction of its roots, and the hearing improves. The removal of the polypus, without subsequent treatment and destruction of its pedicle, is useless. Instead of this conservative, hypertrophic action, on the part of the mucous membrane, it may slough, leaving the subjacent bone bare. The latter then dies, either superficially or in its profounder parts, and some of the evils I have sketched are experienced by the patient. In some cases of profound inflammation and ulceration of the mucous membrane of the drum cavity, denuded bone can be felt with a probe, and crumbs of bone are thrown off with the aural discharge. But with the improvement in the condition of the ear, these particles of dead bone cease to appear, and denuded bone can no longer be felt. In such cases the ear should be syringed once daily, by the surgeon, with tepid water, in which salt or potassium permanganate may be placed. Or the ear may be syringed with weak solutions of corrosive sublimate, 1 : 1000, carbolic acid five per cent., or with undiluted hydrogen dioxide. This drug has the great advantage in breaking up and removing all pus, and of informing the surgeon when this is accomplished, by the cessation of foaming, which

ensues as soon as there is no more pus, with which it makes the frothy reaction. Thereafter the ear is to be dressed with the powder of boric acid already named. Cleanliness and antiseptics, with attention to the general condition, form the guiding motives in the treatment. If sequestra form, they should be removed if possible.

In many cases, indeed, I am inclined to say in most cases, necrosis of the temporal bone from chronic aural purulency, operative interference is well-nigh useless. Unless it be the mastoid cortex, all other parts of the auro-temporal surface are extremely difficult to operate upon, and surgical interference becomes a dangerous undertaking. Again, when the surgeon is consulted in cases of intracranial disease, or systemic septicæmia, arising from chronic purulent disease and necrosis in or about the ear, the patient is beyond aid. To trephine for cerebral abscess, which has resulted from chronic aural disease, is to operate on a moribund patient, and to hasten surely the fatal issue. The time to aid such a sufferer was when the chronic purulent otorrhœa could have been checked, and before it had induced necrosis of bone, or embolism. In my opinion, there never is a moment, after the cerebral abscess is formed, that an operation for its relief is justifiable, excepting, perhaps, in those instances in which a sinus can be found leading to it from the mastoid or squama. In regard to mastoid trephining, for so-called mastoiditis and periphlebitis of the lateral sinus, my opinion is much the same.

A chronic purulency in the tympanic cavity may gradually and painlessly affect the mastoid antrum, its cells, and its outer cortical as well as its inner wall, the latter being the outer wall of the lateral sinus. This diseased state in the furrow of the lateral sinus is of the most serious import, but an operation on the mastoid cortex cannot arrest its progress or remedy its effects. Too often, when pain in the region of the mastoid is felt, and other well-known symptoms of so-called mastoiditis arise, the pain is really due to inflammation in the lateral sinus, or deeper parts, from such chronic disease in the bone, and not to matter pent up in the mastoid cells, which a perforation in the mastoid can relieve. I am forced to such conclusions, because fluid matter from the drum cavity and mastoid antrum can escape, in most cases, from the external ear. Also, because in many cases of pain in and about the mastoid, with symptoms which are supposed to justify trephining its outer cortex, the cavity has not been found filled with fluid matter seeking an escape, but with some inspissated pus at most; while periphlebitis in the lateral sinus has been discovered, having its origin from the neglected tympanic disease, which trephining is powerless to cure. Even if the mastoid cortex and cavity are found diseased, an operation upon them will do no

good if the lateral sinus is diseased, and perhaps the seat of a clot. In many cases of tumefaction behind the ear, in painful acute inflammation in chronic cases, Wilde's incision does give great relief. And in some such cases where this incision has been followed by perforation of the bone, and relief and apparent cure have followed, it has been because there was no disease in the inner mastoid wall and the lateral sinus. In such cases the local depletion gave the relief, and the mastoid perforation was purely gratuitous. Hence, in acute cases of otitis media, great care should be taken not to resort precipitately to mastoid trepanation. In chronic cases it is of value in very few instances, and the indications for its employment are not well defined. In many cases the mastoid becomes œdematous, brawny, shining, sensitive to both deep and superficial pressure, and painful to the patient. These are often relieved by poulticing and leeching, without even Wilde's incision. Sometimes, if let alone, they undergo speedy resolution. If the lateral sinus has not been invaded, there is no need of haste. If it has been attacked, mastoid rephining will certainly not check it.

It must not be forgotten that many instances of pain and swelling about the mastoid are due to congestion and swelling in its mucous lining, and in that of the middle ear and mastoid antrum. The circulation both within and without the mastoid is then impeded, and swelling, œdema, and tenderness of its outer surface are the result. Hence, the relief obtained sometimes by spontaneous resolution, or by artificial depletion over the cortex of the mastoid.—Dr. Burnett, in *The Polyclinic*.

#### FEEDING AFTER SURGICAL OPERATIONS.

The experience which I have endeavoured to reduce to practical form, on the subject of nourishing patients after surgical operations, has been derived chiefly, of late years, from what I have done and seen done in abdominal surgery and in the various gynecological operations. I believe, however, that the subject is one of interest, not only to the general surgeon, but also to the general practitioner. The surgeon should not consider his responsibilities at an end with the performance of a given operation, but should extend his care and supervision to all the details of the after-treatment, the first and chief of which is the proper nourishment of the patient until convalescence is established.

After all capital operations, especially those involving wounds of the peritoneum, the question of nourishment is one of vital importance; and by nourishment may here be understood the use of

both stimulants and food. The administration of stimulants in case of shock or collapse, hypodermically or otherwise, need not be considered in this connection. Let us suppose, for example, that the operation of ovariectomy has been performed, and that the patient has rallied from the anæsthetic. The question arises, When shall food and stimulants be given, of what shall they consist and how and when shall they be administered, in what quantity, and with what frequency?

My own opinion is that nothing whatever should be given for the first twenty-four hours, except, perhaps, a very little water, unless the patient is very weak, in which case a little brandy may be added. If there is a tendency to vomiting it is better to give the stomach and the alimentary canal *absolute rest*, and even a teaspoonful of water or a morsel of ice, especially the latter, will sometimes be sufficient to excite peristalsis and disturb that rest. If the retching is persistent, and something must be given to combat it, very hot water in small quantities often answers well. After twenty-four hours, if vomiting continues a little black coffee, strong tea, iced champagne, or koumyss may be cautiously tried. If they are rejected it is best to wait two or even three days. Occasionally a patient's fancy may be indulged as to what will, as the phrase is, "settle the stomach." I have known lager beer to be retained when everything else had been tried in vain. When the stomach will retain food, it is well to begin with koumyss, in half-ounce doses, repeated every two hours. If the patient is thirsty, an equal quantity of water may be given in the intervals. In place of koumyss there may be given peptonized milk, milk and lime-water in equal parts, or milk and Vichy, or clear beef-tea, or water in which the white of an egg has been mixed, or barley-water. Whatever is given should not exceed in bulk half a fluidounce. When the stomach is very irritable only one or two fluidrachms should be given at first. Where none of these things agree, brandy, or whisky, or champagne sometimes answers well. As the stomach bears it, whatever is found to agree best in the way of food is administered at longer intervals and in larger quantity. It is impossible to rule lay down one for all patients. Those who are stout and robust bear abstinence from food much better than those who are weak or anæmic, but even the latter suffer much less than is often supposed from two or three days of fasting.

It will be found, as a rule, that after prolonged anæsthesia the stomach is proportionately longer in recovering its tone. The object aimed at during the first ten days is to sustain the patient's strength with food which will leave the smallest residue in the alimentary canal, which will not cause flatulence, and which will be as far as possible agreeable to the patient. Koumyss or peptonized milk will answer these indications in a larger number

of cases than any other form of food. The German operators, Hegar among others, depend chiefly upon small quantities of water and sour wine for the first three days. Where patients have a marked aversion to milk or any of its preparations, clear, freshly made beef-tea may be substituted for it. The administration of stimulants is generally necessary only until food can be digested, and when that point is reached they may safely be discontinued, unless the patient is very feeble. In private practice, or where the patient is not entirely under the control of trained and obedient nurses, it is very difficult indeed to secure absolute rest for the alimentary canal. As a rule, overfeeding and overstimulation are much more to be dreaded than the reverse.

The method of nourishment described is subject to variation according to the amount of pain, the quantity of morphia administered, and any rise in temperature. After four or five days have passed without any bad symptoms, and the bowels have moved, food may be increased in quantity, great care being exercised until the end of the second week. During the second week stale bread may be given with milk or other nourishment, but no other solid food. Vegetables and fruit are to be especially avoided, and even soup or broth having vegetables cooked in it. Rectal alimentation should be resorted to early if the patient is very weak or the stomach very intractable. Stimulants may be given in this way early, using strong beef-tea as a vehicle. Half an ounce of brandy, two ounces of beef-tea, and ten grains of quinine, given every three or four hours, often proves of great value in extreme debility. Where the stomach continues to reject food, systematic rectal alimentation should be resorted to after the second day. I have not much faith in milk in this form of nourishment, but prefer some preparation of beef. Strong beef-tea peptonized, beef peptonoids, and the preparations of blood, all have their value. In critical cases, where nourishment by the rectum is the chief dependence, I have found nothing so satisfactory as a mixture of the pulp made by scraping raw beef with half of its bulk of pancreatic emulsion (Savory & Moore's). This mixture is allowed to stand in water considerably below the boiling-point until it assumes a homogeneous chocolate-like appearance. It should be prepared freshly each time, and two fluidounces of it administered not oftener than every four or five hours. It should be carried carefully, by means of a small flexible tube, well above the internal sphincter, and injected very slowly with a hard rubber syringe, gentle pressure being maintained for some time after the syringe is withdrawn to prevent its rejection. If quinine or opium is indicated, it may be given in the emulsified beef, but it is better not to add to it alcohol in any form. This method of nourishment, carefully carried out, may be made

to sustain and increase the patient's strength, if necessary, for two weeks or longer, the stomach having in the meantime, absolute rest. The thirst which is often complained of when the stomach is empty may be allayed by throwing into the rectum four or five ounces of tepid water as often as may be required. The points which I have endeavored to emphasize are these :

I. That personal attention should be given, with precise directions, to the nourishment of patients after all surgical operations, and that too much should not be intrusted to nurses who can have no means of knowing the varying requirements of individual cases.

II. That vomiting is to be avoided by every means in our power, even if it require absolute rest for the stomach for several days.

III. That even appropriate food, where it can be borne, should be given only in very small quantities, and at regular intervals.

IV. That systematic nourishment by the rectum should be resorted to promptly if other means fail or are insufficient.

V. That less food and more water should be given if the patient suffers from fever.

VI. That the dangers caused by vomiting, by flatulence, or by food difficult of digestion, are much more to be dreaded than those due to abstinence from food.

VII. That stimulants are of great value where needed to meet special indications, but may be generally discontinued.—Dr. Hunter in *Med. Rec.*

#### MANAGEMENT OF TYPHOID FEVER.

Dr. Porcher describes, in the *New Orleans Med. and Surg. Jour.*, his plan of treating typhoid fever.

In addition to the keeping up of the nutrition of the patient by suitable food, and supporting by stimulants, he regards it as a matter of great importance to control the temperature, which he does by the following means :

1. A soft towel, folded, is soaked in a basin of iced water, then wrung out and applied over the forehead and temples.

2. The palm of one hand and the arm are "sponged off" with another towel, which has been dipped in the cold water and wrung out.

3. The towel which has been left upon the head is turned and re-applied, so as to have the cold surface next the skin.

4. The other hand and arm are treated as was the first.

This process, strictly followed, is continued for fifteen to thirty minutes, or until such time as the surfaces treated have become thoroughly cooled, and should be repeated whenever there is a rise of the surface heat. Sometimes, if it does not cause fatigue, both hands and arms, if hot and dry, are

allowed to be immersed or to be bathed directly in the cold water.

This mode of using cold water, he has found efficient and valuable in the treatment of various forms of fever in which the hyperpyrexia was of such a degree as to be regarded an element of danger.

The next most important auxiliary, and one that he regards as essential in every form of fever, is what he calls the "fever mixture," which is composed as follows, though the different ingredients may be varied to suit the case :

R—Spts. etheris nitrosi, . . . . . ʒss.  
 Potass. acetatis, . . . . . ʒi-ij.  
 Potass. chloratis, . . . . . ʒj.  
 Liq. ammon. acetatis, . . . . . ʒj.  
 Tr. aconiti, . . . . . ʒss.  
 Tr. opii camph., . . . . . ʒij-iii.  
 Aquæ, q. s. ad . . . . . ʒiv.

M. Sig.—Dessertspoonful every two or three hours, as long as there is fever.

Potassium bromide or morphia may be added, if there is great restlessness and insomnia.

Following the recommendation and experience of Dr. L. Kesteven, of Queensland, as recorded in the *Practitioner*, he has in his latest cases given the following formula in alternation with the "fever mixture" already given :

R—Olei eucalypti, . . . . . ʒv.  
 Spts. ammon. arom.,  
 Spts. chloroformi,  
 Glycerini, . . . . . āā ʒij.

M. Sig.—Teaspoonful every four hours.

Dr. Porcher generally gives tonic doses of quinine (two grs. three times a day). This has also an anti-septic influence he thinks. The quinine was generally associated after the first week with aromatic sulphuric or nitro-hydrochloric acid in ten-drop doses, in view of the special applicability of acids in this disease when it has made some progress.

In the later stages, characterized by dry tongue and sordes with low muttering delirium, he says that stimulants should be administered *very freely*, together with the application of revulsives (emplastrum cantharidis) to the back of the neck where cerebral complications, delirium, etc., are marked. *As long as the tongue is dry* he would give almost unlimited discretionary powers to attendants and nurses to continue stimulants. He thinks this positive indication has been too little regarded.

He further refers to some remedial agents which are valuable in the complications which arise in this disease.

Oil of turpentine is applicable to meet four separate morbid conditions.

1. Tympanic distension resulting from perverted conditions of the mucous and secretory surfaces of the intestinal tract.

2. As a special stimulant at the stage of general depression.

3. As an astringent or styptic with opium to prevent or arrest hemorrhages from the intestines, kidneys or bladder.

4. Combined by means of mucilage with the carbonate and chloride of ammonium to relieve the irritation or inflammation of the bronchial tubes when these are affected.

When the later stage of the disease is complicated with severe broncho-pneumonia, the following formula has given him satisfactory results :

R—Vin. ipecac., . . . . . ʒj.  
 Ammonii carb., . . . . . ʒij.  
 Ammonii chloridi, . . . . . ʒiij.  
 Syr. Simplicis, . . . . . ʒj.  
 Aquæ, q. s. ad . . . . . ʒvj.

M. Sig.—Dessertspoonful every two hours in a wineglassful of water.

Cotton batting over the whole chest, covered with an oil-silk jacket, he has found most valuable additional means in treating broncho-pneumonia.

For the albuminuria which sometimes occurs, he gives three times a day two grains each of gallic acid and quinine.

For nausea and vomiting he finds most efficient drop doses of wine of ipecac. frequently repeated, or the following :

R—Acidi carbonici, . . . . . gtt.j.  
 Glycerinæ, . . . . . ʒj.  
 Tr. opii camph.,  
 Ess. menth. pip.,  
 Chloroformi pur., . . . . . āā gtt v.

M. Sig.—In mucilag. acaciæ q. s. and repeat.

Dr. Porcher claims that under this plan of treatment which he has pursued for a number of years, the mortality from typhoid fever in his clientele has been only two to three per cent., a record which is certainly a most emphatic endorsement of his treatment.—*St. Louis Courier of Med.*

### FEEDING INFANTS.

Dr. Taaffe, after condemning the practice of either feeding or nursing infants too frequently, gives the following directions : "No infant at the breast, or who is being brought up by hand, should be fed more than once in *three* hours during the day, and twice in the night ; after five months old every *four* hours in the day and twice in the night. If brought up by hand, the food should consist only of milk and water, to be sucked from a bottle. For the first day or two (after birth) the proportions should be : milk, one-fourth ; water, three-fourths. After the first day or two, and up to two months old, milk, one-third ; water, two-thirds ; from two to four months old, milk and water in equal parts ; from four to seven months old, milk two-thirds,

and water one-third. A dessert-spoonful of sugar-of-milk may be added to each bottle."

We have copied these directions from the otherwise excellent address of Dr. Taaffe, not because they are new, for they are substantially the same as have been given by many writers, and which mothers and nurses have endeavored to execute in their care of infants for half a century at least, but because careful clinical observation over a wide field of practice long since taught us that they contained an error of very great practical importance, namely, the excessive *dilution* of the food of infants. Our attention was attracted to this subject at an early period, and more than thirty years since, in addition to careful clinical observation, we prosecuted investigations, chemical and microscopical, concerning the mother's milk in healthy uncomplicated lactation and also when complicated with menstruation and pregnancy.

Suppose, in applying the rule given by Dr. Taaffe, we commence the day-feeding of a child under two months old at 6 a.m. and end at 9 p.m. and add two feedings for the night, it would allow eight feedings every twenty-four hours. If we allow four ounces for each feeding, which is a large allowance for an infant of less than two months, it would get thirty-two ounces per day of twenty-four hours; four ounces of which would be nutritive matter, and twenty-eight ounces water if it were good mother's milk, and a fraction more if it were good cow's milk. If we may suppose the infant able to appropriate the whole four ounces in the twenty-four hours and lose in the same time by eliminations or waste two ounces, it would grow, or gain in weight, two ounces per day, or at the rate of nearly four pounds per month. But if we comply with the rule and make the milk two parts water to one of milk and still allow the infant four ounces each feeding, or thirty-two ounces per day, instead of four ounces of nutritive material and twenty-eight of water it would have received only  $1\frac{1}{3}$  ounce of nutritive matter to  $30\frac{2}{3}$  ounces of water; and if, as in the former supposition, the infant lost by elimination or waste two ounces per day, instead of gaining an aggregate of near four pounds per month it would actually have lost one pound and a quarter during that time. And such has been the actual tendency of every attempt we have seen made to literally adhere to the rules given by Dr. Taaffe, although many such have come under our observation during the preceding thirty years.

We have seen scores of these little sufferers soon restored to the condition of quiet, cheerful, thriving babies by simply insisting on their being fed with milk containing the full natural proportion of solid elements, and sometimes slightly increasing these by either boiling enough to evaporate some of the water, or by adding a very little wheat-flour and a few grains of salt while the milk was

boiling. The child thus getting enough nutritious material to supply the demands of its tissues in a less bulk of water yet easy of absorption and assimilation, avoiding over-distention of the stomach, takes long, quiet sleeps, and grows fat and happy.—*Jour. Am. Med. Association.*

#### MEDICAL NOTES.

A case of *melanemia* was treated thus: Saturate patient with iron, using the tartrate of iron and potassium, commencing with gr. v and increase to gr. xx ter die. (Prof. Da Costa.)

For *gastralgia* Prof. Da Costa advised an exclusive milk diet and the following:

R Ext. cannabis indicæ, . . . . . gr.  $\frac{1}{8}$   
Sodii arseniatis . . . . . gr.  $\frac{1}{10}$   
Ft. pil.  
Sig—Ter die.

Prof. Da Costa treated *tinea tonsurans* with the following:

R Hydrarg. chlorid. corros. . . . . gr. iv  
Glycerini . . . . . fʒ ij  
Aquæ . . . . . fʒ vj M.  
Sig—Wash parts three or four times daily.

After about three weeks' treatment with ʒss. of ext. ergot. fl., afterward increased to a drachm ter die, a *fibroid of the uterus* was found to have been reduced in size one-half inch, umbilical measurement. The case was shown by Prof. Parvin.

For *constipation*:

R Ext. aloes . . . . . gr. iij  
Ext. belladonnæ . . . . . gr.  $\frac{1}{4}$   
Ext. nucis vom. . . . . gr.  $\frac{1}{4}$   
Ft. pil.  
Sig.—Ter die (Bartholow).

Constipation occurring in those of a hysterical type, Prof. Bartholow often treats with the pil. aloes et assafetidæ.

To promote *diuresis* the following will prove effectual:

R Potassii acetat. . . . . gr. xx  
Tinct. zingiberis . . . . . gtt. x  
Elix. simplicis . . . . . fʒ j  
Aquæ . . . . . q. s. fʒ ij M.  
Sig.—Every three hours (Da Costa.)

Prof. Bartholow states, that it is said that a one to two per cent. solution of carbolic acid hypodermatically will do good in arresting advancing *erysipelas*. Its action, no doubt, is due to the destruction of the organism upon which the disease depends. Do not use in the facial form.

In a recent clinic Prof. Da Costa presented to the class one of those rare cases known as Raymond's disease or vaso-motor spasm. The man had swollen fingers, blue and painful, the same thing

existing in the toes. When parts are moved the pain lessens. Blood had oozed from under the nails—the heart was irregular in rhythm, and also there was found a slight amount of albumen in the urine. Being a disease of the nervous system, the following plan of treatment was advised :

R Tinct. digitalis . . . . . gtt. x  
 Sig.—Ter die. Increase to gtt. xv.

Also—

R Pil. phosphori . . . . . gr. ʒ̄  
 Sig.—Ter die.

If this is not borne well, give the dilute phosphoric acid.

In *cerebral anæmia*, caused by disordered digestion, following a fever, Prof. Da Costa directed the following :

R Acid phosphoric, dil. . . . . gtt. xx  
 Aquæ  
 Syrup. āā q.s. ad ʒ̄j M.  
 Sig.—Ter die.

Also—

R Strychninæ sulph. . . . . gr. ʒ̄  
 Sig.—Ter die.

The following course of treatment was laid down by Prof. Da Costa in a case of pericardial adhesions, *mitral stenosis*, with an accompanying passive congestion of the abdominal viscera :

R Tinct. digitalis . . . . . gtt. x  
 Tinct. cannabis indicæ . . . . . gtt. iij  
 Tinct. cinchonæ comp. . . . . ʒ̄j M.

Sig.—Ter die.

A drachm of Rochelle salts to be taken occasionally ; if ineffectual, resort to *massa hydrarg.*—*Col. & Clin. Record.*

A SURE CURE FOR DIPHTHERIA AGAIN.—We feel that perhaps an apology is due to our readers for bringing to their notice another of the many methods of treating diphtheria, which are always said to be so successful in the hands of their advocates, but which, for some reason or another, often fail to yield satisfactory results when employed by others. But the therapeutic nihilists must not be allowed to have the ascendancy always ; and, indeed, some of the methods recommended in recent years, though not specifics, have proved to be very serviceable, and it was not impossible that others may yet be proposed which may be found to be of even greater value. It is, therefore, worth while to consider any new plan of treatment that may be brought forward, or to note any remarkable series of successes which have followed the employment of old methods.

Dr. A. Brondel writes, in the *Bulletin Général de Thérapeutique* of November 15, 1886, concerning the treatment of diphtheria by benzoate of sodium, and asserts that of two hundred consecu-

tive cases he has not lost a single one. He admits the possibility of a mistaken diagnosis in some instances, but even excluding fifty per cent. on this account he still has one hundred cases without a death. His method is as follows : Every hour the patient takes a teaspoonful of a solution of benzoate of sodium, fifteen grains to the ounce, and at the same time one-sixth of a grain of sulphide of calcium in syrup or granule. In addition to this, the throat is thoroughly sprayed every half-hour with a ten per cent. solution of benzoate of sodium. This is done religiously at the regular intervals, day and night, but no other local treatment is employed ; no attempt is made to dislodge the false membrane, and no pencilling nor painting of the fauces is resorted to. Tonics are given and anti-pyretics are used when occasion calls for them. Nourishment consists of beef-juice, tender rare meat, milk, etc., but bread and all other articles which may cause irritation of the throat are forbidden. The sick room is kept filled with steam from a vessel containing carbolic acid, turpentine, and oil of eucalyptus in water.

The employment of benzoate of sodium is not a new method in the treatment of diphtheria ; for it has been tried, and is recommended highly by Letzerich, Kien, Ferréol, and others. But this, of course, speaks so much the more strongly in favor of the remedy ; and as Dr. Brondel's results were better than those obtained by others using the same drug, it is to be presumed that his method of employing it is the best.—*Med. Record.*

THE EFFECT OF RETAINED MEMBRANES ON THE PUERPERAL STATE.—Dr. Fischer, of Professor Slavianski's clinic, writing in a recent number of the *Vratch*, gives the result of a number of observations made for the purpose of testing the commonly received view that portions of membrane retained in the uterus after the expulsion of the placenta are liable to produce serious consequences—as hæmorrhage and especially the so-called auto-infection or septicæmia—and that therefore it is of the utmost importance that they should be removed by the hand or by intra-uterine injections. This view is supported by the authority of Winkel, Dohrn, Ahlfeld, and others ; while Olshausen, Credé, Weiss, and Landau consider that there is little harm in the retention of even considerable portions of the chorion. Dr. Fischer's observations extended over 682 labors, in each of which he carefully examined the after-birth. In forty-two of these cases (*i.e.*, 6.2 per cent.) a portion of the chorion was retained. Credé's method of manipulating the fundus uteri gave the best results regarding the percentage of retention. In primiparæ retention was nearly twice as frequent as in multiparæ, the percentage being 9.1 and 4.9 respectively. Some effect appeared to be exerted by the time at which the rupture of the amnion took place, which,

when either too early or too late, seemed to predispose to retention. Premature deliveries also were rather more frequently followed by retention than those at term. As a rule, the retained chorion came away in the course of from four to six days, generally in several small portions, sometimes, however, in fragments of considerable size, and in one case, where three-quarters of the chorion had been retained, it was passed entire on the fifth day without having caused either hæmorrhage or sepsis. Amongst the forty-two cases hæmorrhage occurred only four times, and was always easily arrested either by hot irrigation or by ergot and manipulation of the uterus. When, however, we learn that out of the forty-two cases manual extraction of the fœtus was required seven times, and that a considerable loss of blood occurred during the third stage eleven times, four cases of slight post-partum hæmorrhage does not appear at all excessive. With regard to pyrexia, in twenty cases, or 47.6 per cent., there was none; in twelve, or 28.6 per cent. the thermometer, which was always used thrice a day, once registered a rise above normal; and in ten, or 24.8 per cent., there was more or less pyrexia. In order to compare these with cases in general, Dr. Fischer gives the results of similar observations made on all the cases he has attended for the last two years. These show that there was no pyrexia in 58 per cent., that the temperature was only once above normal in 17.6 per cent., and that there was pyrexia in 24.4 per cent; so that the ratio of appreciable pyrexia was about the same in the cases in which retention occurred as in ordinary cases. A slight amount of endometritis occurred in three out of the forty-two cases. Dr. Fischer concludes from his observations that there is no ground for supposing that retention of fragments of membrane gives rise to "auto-infection," and considers that the commonly received view is fraught with danger, inasmuch as it tempts the accoucheur, when sepsis occurs, to throw the blame, not on himself, as he ought to do, but on some fancied auto-infective process, and thus probably prevents his being as particular as he should be in employing anti-septic methods in the management of the labors he has to attend.—*Compend. Med. Science.*

**DIAGNOSIS OF INFANTILE DISEASAS.** — 1. Congestion of the cheeks, excepting in cases of cachexia and chronic disease, indicates an inflammation or a febrile condition. 2 Congestion of the face, ears, and forehead of short duration, strabismus, with febrile reaction, oscillation of the iris, irregularity of the pupil, with falling of the upper lids, indicates a cerebral affection. 3. A marked degree of emaciation, which progresses gradually, indicates some subacute or chronic affection of a grave character. 4. Bulbar hypertrophy of the fingers and curving of the nails are signs of interference in the

normal functions of the circulatory apparatus. 5. Hypertrophy of the spongy portions of the bones indicates rachitis, 6. The presence between the eyelids of a thick and purulent secretion from the Meibomian glands may indicate great prostration of the general powers. 7 Passive congestion of the conjunctival vessels indicates approaching death. 8. Long-continued lividity, as well as lividity produced by emotion and excitement, the respiration continuing normal, are indicative of a fault in the formation of the heart or the great vessels. 9. A temporary lividity indicates the existence of a grave acute disease, especially of the respiratory organs. 10. The absence of tears in children four months old or more suggests a form of disease which will usually be fatal. 11. Piercing and acute cries indicate a severe cerebro-spinal trouble. 12. Irregular muscular movements, which are partly under control of the will when the patient is awake; indicate the existence of chorea. 13. Contraction of the eye-brows, together with a turning of the head and eyes to avoid the light, is a sign of cephalalgia. 14. When the child holds his hand upon his head, or strives to rest the head upon the bosom of his mother or nurse, he may be suffering from ear disease. 15. When the fingers are carried to the mouth, and there is, besides, great agitation present, there is probably some abnormal condition of the larynx. 16. When the child turns his head constantly from one side to the other, there is a suggestion of some obstruction in the larynx. 17. A hoarse and indistinct voice is suggestive of laryngitis. 18. A feeble and plaintive voice indicates trouble in the abdominal organs. 19. A slow and intermittent respiration, accompanied with sighs, suggests the presence of cerebral disease. 20. If the respiration be intermittent, but accelerated, there is capillary bronchitis. 21. If it be superficial and accelerated, there is some inflammatory trouble of the larynx and trachea. 22. A strong and sonorous cough suggests spasmodic croup. 23. A hoarse and rough cough is an indication of true croup. 24. When the cough is clear and distinct, bronchitis is suggested. 25. When the cough is suppressed and painful, it points towards pneumonia and pleurisy. 26. A convulsive cough indicates whooping-cough. 27. A dry and painless cough is sometimes noticed in the course of typhoid and intermittent fever, in difficult dentition, or where worms are present.—*Dr. Bradley in L'Union Médicale du Canada.*

**TREATMENT OF VARICOSE VEINS.**—In the *Lancet*, Surg.-Major Stevenson draws attention to the very effective manner in which the cure of varicose veins is brought about by the injection of pure carbolic acid. This treatment consists in the injection of one minim of pure carbolic acid at different situations into the enlarged veins, having previously cut off the circulation from the limb by means of

an elastic bandage placed above the highest point of puncture. Before operating, the patient should be directed to stand erect for about two minutes, in order to allow the veins to become distended. An Esmarch tube should then be passed round the thigh one and a half times, sufficiently tight to stop the superficial venous circulation; then in about a minute the remainder of the tube should be applied, so as to cut off all circulation from the limb. Injections of one minim of pure carbolic acid are then made into the veins at about one inch and a half apart, beginning at the upper end of the vein. A little pledget of carbolised cotton-wool is placed over each puncture as the needle is withdrawn, and well soaked with collodion. The elastic bandage should not be removed until fifteen minutes after the last injection, and great care must be taken to remove it very gradually. For at least a week after the operation the patient should not assume the erect position, or put his foot to the ground at all. To military surgeons this simple operation is of the utmost value, and enables many men to perform duties they could not do before.—*London Med. Rec.*

#### BINOXIDE OF MANGANESE IN AMENORRHOEA.—

The effects of manganese in stimulating the menstrual flow, when its suspension is not due to pregnancy, have been fairly established by trials extending over nearly eighteen months. In the articles contributed to the medical journals on the subject, at the beginning of last year, the permanganate and the binoxide were both mentioned as possessing emmenagogue properties, but experiments have so far been made almost exclusively with the permanganate. In consequence, however, of certain disadvantages which are apt to attend the administration of this salt, unless several conditions are complied with, aided, perhaps, by theoretical notions as to the transformation which so unstable a body may undergo immediately after being swallowed, the binoxide, which is equally potent and less irritating, has latterly come into favor. Manganic dioxide, it is true, has been described as possessing no therapeutical value; but it is conceivable that if its effects are limited, even approximately, to the menstrual function, they may have escaped the attention of observers, especially if, as is not improbable, their investigations were confined to men or animals.—*Brit. Med. Jour.*

**BILIOUSNESS.**—What is commonly known as an acute bilious attack is more properly an acute indigestion.

The treatment of biliousness is prophylactic, alimentary, and medicinal. Prophylaxis is concerned with avoidance of all the known causes, whether of a toxic, malarial, or alimentary character. A

plain diet of bread, milk, oatmeal, vegetables, and fruit, with lean meat or fresh fish in moderation; and abstinence from alcoholic stimulants, seem to be the ideal fare for the biliously disposed.

Exercise in the open air is of recognized utility in promoting oxidation, and elimination, enhancing the digestive and assimilative processes, and lightening the burdens of the liver. Moreover, exercise (whether by rowing, horseback riding, gardening, walking) hinders absorption of bile by the hepatic venous radicals, and promotes the passage of that fluid into the duodenum.

The victim of an acute bilious attack will generally get righted in a few days by, first, abstinence from all food, then a diet of porridge and milk, or skimmed milk alone, and a very gradual return to solid food, which for several days should be restricted to toast, a little lean meat or broiled fish, with some succulent vegetables or ripe fruit. As for medicines, saline aperients, such as sulphate of soda, Epsom or Rochelle salts in full doses in the morning, or the now fashionable tumberful of Hunyadi Janos will generally suffice to clear the *primæ viæ*; the latter has especially a reputation for evacuating bile. The striking relief obtained by free bilious evacuation has often been remarked, and the veteran transgressor resorts to his blue pill or podophyllin with every recurrence of his malady. Of late euonymin has come much into use as a cholagogue.

Harley recommends to persons who seem to have a more than usual tendency to biliousness traceable to sluggish biliary secretion, and where there seems also to be defective nerve action, small doses of nux vomica or strychnia after their meals. This may be combined with belladonna and aloes as in the aloin, strychnia, and belladonna pill. The bilious person is generally constipated, hence such a pill has a special utility. Fothergill's pill of ipecac, capsicum, and pil. aloes et myrrh., has done good service in such cases. Nitro-muriatic acid and taraxacum have a reputation which is probably not altogether built on imaginary results. But bilious dyspeptics, while they should be attentive to the functions of eliminations (and doubtless the ancient predilection for purgatives has been justified by modern scientific research which finds in intestinal septicæmias and alkaloids of putrefaction many of the evils formerly attributed to peccant humors and atrabiliary disorders), should aim especially to be good hygienists and learn to live right; but this is counsel which everybody gives and nobody takes.—*Boston Med. and Surg. Jour.*

**COLD APPLICATIONS TO THE PRÆCORDIA IN FEVER.**—Dr. Grigorovich has studied the effects produced by applying cold over the region of the heart in typhoid fever. His observations were made on uncomplicated cases of the disease. Respiration, at first, became somewhat quickened,

and was rendered irregular by reflex action; subsequently it became slower. At the end of the application of the ice, and the next morning, it was deeper and more regular, but somewhat slower than before the ice was applied.

The general conclusions regarding the effect of applying cold to the region of the heart are as follows (*The Therapeutic Gazette*):

1. The cold undoubtedly reaches the heart itself, and thus produces an effect upon its action,

2. This effect is particularly noticeable when the cardiac beats are increased in frequency in consequence of a high temperature quickly attained, and where a certain degree of sensitiveness to a high temperature exists.

3. The effect of cold is not marked at the end of a prolonged attack of fever, pathological changes having by that time probably become established in the cardiac muscle.

4. The local application of cold is only capable of protecting the heart-muscle from the effects of a high temperature when it is applied assiduously from the commencement of the disease.

5. Under its influence the action of the heart improves, the number of beats diminishes, while their force and amplitude increase.

6. Cold applied to the region of the heart diminishes the gravity of the typhoid condition and favorably influences the respiration.

7. With regard to the effect of cold applied to the region of the heart on the course of the general temperature, the author cannot at present express a decided opinion, as he did not investigate the question; but in the results which he obtained indications may be found of the possibility of its causing some diminution of the temperature.—*Med. Record*.

**TREATMENT OF BLENORRHAGIC CYSTITIS.**—Desnos has arrived at the following conclusions after trying different modes of treatment:

1. Blenorrhagic cystitis attacks the neck of the bladder; it is always connected with an inflammation of the deep portion of the urethra, but such urethritis alone cannot give rise to all the symptoms of cystitis.

2. The frequent micturition which occurs in the beginning of blenorrhœa is of too short duration to be mistaken for a positive symptom of cystitis, especially in the absence of other symptoms.

3. In chronic cases the differential diagnosis between blenorrhagic and tuberculous cystitis is generally impossible when the former follows an old blenorrhœa.

4. A number of cases known as cystalgia, or neuralgia of the neck of the bladder, are simply partly cured cases of blenorrhagic cystitis; a painful sensation commonly persists in such cases.

5. The treatment of acute cystitis by emollients is generally fruitless; the injection of solution of

nitrate of silver (one in fifty to one in ten) produces a sharp reaction at first, but rapid improvement follows.

6. In chronic cases irrigation of the bladder is of little benefit and can excite fresh inflammation; general treatment is useful, but local treatment applied to the neck of the bladder is indispensable.

7. Bichloride of mercury solution, one in two hundred and fifty to one in five hundred, gives sharp and prolonged pain, and its beneficial effects are less prompt than those of nitrate of silver.

8. Iodoform in oil, or in suspension in glycerine is not painful; its effects, although good, are slow and uncertain.

9. Hydrochlorate of cocaine relieves pain in the bladder for a very short time; applied to the neck of the bladder just before the introduction of a caustic, it lessens greatly the painful effects of cauterization.

10. Nitrate of silver, in solutions of one-fiftieth to one-tenth, in injections of from ten drops to twenty-five or thirty, the author considers the most efficient, safe, and rapid means of treatment.—*Bulletin Général de Thérapeutique*.

**PEPSIN IN PHARYNGEAL CATARRH.**—Dr. J. Fisher, in the *Berl. Kl. Woch.*, 49-86, reports a case of pharyngeal catarrh, in which the various local and internal remedies were tried in vain, until finally, the patient complaining of some transient gastric disturbance, caused by too luxurious a meal, the doctor advised him to take five grains of Jensen's pepsin, which by the way is also recognized in Germany as the best pepsin in the market, immediately after each meal. The patient, who from the frequent medication had become averse to medicine, took the pepsin pure, half a grain of aromatic powder being added to five grains of Jensen's pepsin simply to preserve the latter in its dry state. The effect was remarkable. Not only the stomach improved, but after three days' use the pharyngeal catarrh also showed decided amelioration. Dr. F. then administered the pepsin in still larger doses, ten grains each, and two weeks later the catarrh had disappeared. The same remedy was afterwards tried in four more cases and with the same result, but other pepsin preparations failed.

There is one symptom, that seems always to yield readily to Jensen's pepsin, viz., the peculiar dryness, of which patients suffering from chronic pharyngeal catarrh are so apt to complain. The remedy ought to be taken in its pure state, only a moderate dose of aromatic powder being added to keep it dry, and it should be allowed slowly to dissolve in the mouth.

There is a complaint intimately connected with the catarrh in question, viz., circular ulceration of the posterior nares. Patients suffering from this trouble usually have to hawk a great deal every

morning, sometimes also in daytime, to their own disgust and that of others, until finally they expectorate a round piece of hard muco-pus, with the scab from the ulcer. The hawking is often so great that it leads to vomiting, and the symptom itself is a very annoying one. In a similar accidental manner as Dr. F., Dr. Hugo Engel discovered that Jensen's pepsin, if regularly used in divided doses (10 to 15 grains 3 to 4 times daily), especially if combined with muriate of ammonia (20 grains 3 to 4 times per diem), and with powdered extract of liquorice (same dose as the muriate), to improve the taste, is almost a specific in the complaint spoken of. Only one must be careful to obtain the genuine Jensen's pepsin, there being many similar but worthless preparations in the market, and they are substituted but too often for the genuine article on account of their great cheapness. The tablets of Jensen's pepsin are well adapted for the purpose indicated, and may be taken separately from the sal ammoniac. In that case the aromatic powder may be omitted.

**SUBSTITUTION OF DRUGS.**—It is a well-known fact that there are druggists in every large city who are not to be trusted with the filling of a prescription that calls for any expensive drug. They come and go, so that at last physicians are compelled to designate certain of the drug fraternity as trustworthy, and insist upon their patients going to these alone for their medical supplies. If they fail to do this, their work is thrown away and their reputations go with the failure of their remedies in critical cases.

A few cases from actual observation and experience will illustrate this better than a volume of argument.

1. Thirty grains of quinine, in three doses, to be taken at hourly intervals, were prescribed for a young man suffering from ordinary intermittent fever. The doses were taken as directed, but no signs of cinchonism were induced, and the disease progressed without change. The same doses, in "Warner's sugar-coated pills" were ordered, with the effect of inducing well-marked cinchonism with cure of the disease.

2. In a case of profuse menorrhagia, one ounce of fluid extract of ergot was ordered, with directions to take one fluid drachm every hour until the hemorrhage ceased. The entire amount was taken without result. An ounce of "Squibb's fluid extract of ergot" was ordered—same directions, and the flooding ceased after the second dose.

3. Four ounces of a mixture of bromide of potassium and chloral, each an ounce, with tincture of hyoscyamus and fluid extract of cannabis indica, in appropriate doses, were ordered, with directions to take one teaspoonful every hour until sleep should be induced. An ugly, muddy mixture was

received, which produced nausea and headache, but no sleep.

A similar prescription instead of the above extemporaneous official combination, was ordered, only "Battle's BROMIDIA" was designated, which induced refreshing sleep after a few doses of from twenty to thirty drops had been taken.—William B. Hazard, Prof. of Medicine, Coll. Phys. and Surgs., St. Louis, in *Med. Brief.*

**DON'T'S FOR A SICK-ROOM.**—Don't appear anxious, however great your anxiety. Don't let stale flowers remain in a sick chamber. Don't jar the bed by leaning or sitting upon it. This is unpleasant to one ill and nervous. Don't have the temperature of a sick-room much over sixty degrees; seventy degrees are allowable, but not advisable. Don't neglect during the day to attend to necessities for the night, that the rest of the patient and family may not be disturbed. Don't ask a convalescent if he would like this or that to eat or drink, but prepare the delicacies and present them in a tempting way. Don't throw coal upon the fire; place it in brown paper bags and lay them upon the fire, thus avoiding the noise, which is shocking to the sick and sensitive. Don't be unmindful of yourself if you are in the responsible position of nurse. To do faithful work you must have proper food and stated hours of rest. Don't permit currents of air to blow upon the patient. An open fire-place is an excellent means of ventilation. The current may be tested by burning a piece of paper in front. Don't give the patient a full glass of water to drink from, unless he is allowed all he desires. If he can drain the glass he will be satisfied; so regulate the quantity before handing it to him.—*American Druggist.*

**AN AUTOPSY EXTRAORDINARY.**—The following report of an autopsy is by a physician, who is said to be doing a lucrative practice in Delta, O. It goes to show that success in gaining the confidence of the community is not necessarily conditioned on such an appreciation of anatomy, physiology, and pathology as the modern school holds to be correct. "E. C. C.—, opened on September 25, 1885, for post-mortem examination. We find that sickness first started in the kidney No. 18, and from there to the hip bone, No. 15, from there to the spine No. 1, from that to the blood, cancer or abscess, blue cancer, etc. From large artery in the 6th rib affected and to the muscles of the hip, where started the ulcer on the left side, and thence to the urine, from thence to large intestine which was affected fifteen yards, and from there to a milky deposit in the bladder, and thence back again to the kidneys, from thence to the hair veins, from thence to the back, and thence to the stomach, and thence to the bladder, and thence to a fever through all the system, No. 18, the liver's weight

was 4 lbs., which was badly affected and mortified; from thence to the largest nerve which was connected with the brain which affected them. Weight of the kidney, one half pound. The doctor's statement before opening the corpse was consumption of the liver and kidney."—*The Medical Age*.

**GUY'S HOSPITAL IN NEED.**—Perhaps the worst sign of the agricultural depression in England yet recorded, is that Guy's Hospital is asking the public for subscriptions. "Guy's" has hitherto been a very proud hospital, and has kept house magnificently, in the interest of the suffering poor, on an income of over £41,000 a year, derived from estates in land. But the annual yield of these estates has been diminishing steadily since 1879, until, at the present time of asking, it has come so low as £26,000, with every prospect of further decrease. The total of 650 beds of the old prosperous times has been reduced to 500, and then to 400, and it is believed that the worst has yet to come. At one time, when money meant money, and land was land, Guy's lived in great charitable state on its fortune of £220,000 from Mr. Alderman Guy, and its £180,000 added by Mr. William Hunt, a century later, to make the round £400,000, and never asked the public for a penny.—*Med. Record*.

**INTERNAL AND LOCAL MEDICATION IN THE TREATMENT OF HERPES ZOSTER.**—During the past year and a half there have come to my notice, at various stages of the disease, a number of cases of herpes zoster, and as the following method of treatment has given very gratifying results, it occurred to me that it might be of interest to your readers. The treatment consists briefly in the administration of a blue pill (two or three grains) twice or three times during the day, and the local application of zinc ointment carbolized (two per cent.), the parts being also protected from irritation of the clothes and other external influences. In every case so treated the pain ceased and the eruption was controlled in the course of a day or two, or after the purgative effects of the drugs had disappeared, the vesicles drying up, leaving brownish crusts, the latter dropping off in the course of a few days.—*Med. News*.

**ACCOUCHEMENT DURING HYPNOTIC SLEEP.**—In the *Wiener Med. Wochenschrift* a case is mentioned of a woman whom Dr. C. Braun succeeded in rendering unconscious during labor by throwing her into a condition of hypnotic sleep; the uterine contractions were particularly painful. They were equally violent during the period of unconsciousness, but the intervals were somewhat longer; dilation of the passages took place in the most

satisfactory manner, and delivery was speedily accomplished. The placenta was expelled into the vagina, and was easily withdrawn with the hand. On awakening, the patient did not complain of pain, and afterwards slept naturally for several hours. One of the most interesting features of the case was that the uterine contractions induced contraction of the abdominal muscles without awakening the patient. Hæmorrhage was very slight.—*British Medical Journal*.

**THE DIETARY IN CATARRH OF THE STOMACH.**—  
I. Milk, cold or warm; bouillon; beef tea prepared cold. To one pound of beef cut up in pieces the size of dice, add one pint of distilled water and 10 drops of dilute muriatic acid. Let stand in refrigerator 24 hours; strain and season to taste, and if desired, warm, but not enough to make cloudy.

Peptonized milk; zwiebach not sweetened, crackers, rusk, toast; natural Seltzer and Vichy waters, carbonated distilled water.

II.—Soft boiled or raw eggs; rice or sago boiled soft in milk; clear soups; purée of potato; vermicelli or "noodle" soups; raw oysters.

Boiled, roasted, stewed, or broiled calves' brains, sweetbreads, pigeons, chicken, calves' feet (?)

No vegetables, except those mentioned to be allowed with soups.

No "wheaten grits," hominy, barley, oatmeal.

III.—"Minced" or finely cut boiled ham, and rare beefsteak.

Coffee and tea. Articles under I. and II. as advised.

IV. Rare roasted beef and veal, especially cold; roasted chicken, and pigeons without sauces, especially cold; venison; partridges, woodcock and snipe, not too fresh; boiled fish; white bread (stale); macaroni; baked apples; fruit jellies; a very small amount of butter, otherwise no fats at any time; only dry wine; no beer; no ale or porter. Rye whiskey or brandy diluted with the waters mentioned may be used with lunch and dinner when pronounced necessary.

**TREATMENT OF LARYNGO-PHARYNGITIS.**—The following are Coupard's formulæ:

By atomization five minutes night and morning:

Acid, carbolic, . . . . .	grs. xv.
Potass. bromid., . . . . .	3 jss.
Aquæ, . . . . .	O j.

And as a gargle:

Acid, carbolic,	
Zinc, chlorid., . . . . .	āā grs. xv.
Syrup, morph. hydrochl., . . . . .	3 iv.
Inf. cocæ fol., . . . . .	3 viiss.

—*Rev. de Thérap.*

# THE CANADA LANCET.

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## TREATMENT OF PLACENTA PRÆVIA.

Fortunately this abnormal position of the placenta is of rare occurrence. Statistics vary greatly as to its relative proportion to all other labors, but judging from the records published, one case in about five hundred is a fair approximation. It is evident, therefore, that no one in private practice can possibly acquire sufficient experience, to enable him to form an opinion of any great value regarding the various methods of treatment advised or adopted. It is only from hospitals and maternities in populous centres, that we can derive sufficient information to guide us in private cases. Yet infrequent as placenta prævia is, it is very important that we should be individually prepared to meet it at any time, and have clear conceptions regarding its management.

Many learned disquisitions, and innumerable discussions have been published regarding the source of the hemorrhage. The most plausible view in our opinion, is that of Schröder, namely: That the uterine contractions impel the blood from the place whence the placenta has been separated, and that from the separated portion, blood circulating through the chorion and villi, becomes lost. Unguarded examination may also lacerate the placental tissue, and so cause foetal hemorrhage. But to close the source and prevent the flow is the all-important consideration. Successful treatment should be our chief object, and is the one great desideratum

Formerly the accoucheur's choice was limited, in the early stage before the os was much dilated, to plugging the vagina; forcible dilatation, version, and immediate extraction, manually, or by instruments if necessary, or separation of the entire placenta; all of which have been advocated and endorsed by eminent authorities, and still obtain among many of the prominent obstetricians of the present day.

Recently, some considerable variations to these established methods have been admitted and practised, with apparently better results, which briefly are as follows: Rupture of the membranes, if the presentation be normal. This acts, by allowing the placenta to retract from within the lower segment, and causing the presenting portion of the fetus to act as a plug. It is claimed that this alone has proved sufficient in a large number of cases. Where necessary and possible, perform the intero-external version; bring down a leg to act as a plug, and wait for expulsion by the natural forces, or aid them very cautiously after the os has been sufficiently dilated. The advantages claimed are: That it abolishes the use of the tampon, and lessens the risk of sepsis; it allows early operation, before much blood has been lost; it arrests hemorrhage; it enables the patient to rally, gives the os time to dilate, and lessens the risk of post partem hemorrhage from laceration of the cervix or vaginal soft parts. In some cases, when everything favors extraction—such as a well-dilated os, and head low down—forceps are sometimes used, and occasionally it is found necessary to perforate and extract rapidly.

It is obvious that no one rule, or set of rules, can meet all cases; consequently the accoucheur should be thoroughly familiar with all, and in a position to select and adopt the method of delivery best adapted to his particular case. Another important question arises, when moderate hemorrhage occurs prior to full term, and placenta prævia is discovered; whether we should immediately bring on labor, or try to allay the hemorrhage and prevent its return as far as possible; pursuing the expectant plan, with the object of arriving at full term, or the nearest possible approach thereto before delivery.

Many advocate immediate delivery, considering the risk to the mother too great to permit delay; while others, equally prominent and of no less

experience, believe the expectant plan to be the proper one, not only in the interest of the fœtus, but of the mother as well, when the premature hemorrhage can be controlled.

This question came up at the Ontario Medical Association meeting last June. Of those who discussed the point then, the majority thought the expectant plan under favorable circumstances the better one, although some condemned it as incurring too much risk under any circumstances. Consequently the obstetrician is at liberty to decide upon which course he shall pursue, as his judgment may dictate, guided by the circumstances attendant on his particular case.

If we might be permitted to express an opinion, from our comparatively limited experience, we would advise the adoption of the expectant plan, when the patient is convenient to a physician, the hemorrhage controllable, and all other circumstances are favorable.

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#### NEW TREATMENT OF PHTHISIS.

Dr. Bergeon's treatment of phthisis by injection of sulphuretted hydrogen into the rectum, has been carefully investigated by Dr. Bennett, and the result, with observations communicated to the *British Medical Journal*. Dr. Bergeon, of Lyons, has been experimenting for years, on the action of certain gases when introduced into the large intestine. He found that carbonic acid gas was absorbed by the intestines, and exhaled in a few moments by the mouth, without any toxic effects whatever. While however the carbonic acid gas proved innocuous, he found it was entirely without therapeutic value as to the cure of the pulmonary troubles. After having tried various medicinal agents, he settled upon sulphuretted hydrogen as a powerful microbicide. Knowing then, that he had a medium in carbonic acid gas, he medicated it by passing it through a bottle containing water charged with sulphuretted hydrogen, and found this mixture well borne by the intestines. Within two or three minutes after the injection, the patient's breath is tainted with sulphuretted hydrogen, being absorbed by the veins of the intestines and exhaled by the mouth through the lungs. He injects four litres (quarts), twice a day, about twenty minutes being required for each injection. During this time the intes-

tines distend, but without any pain or discomfort, unless atmospheric air is allowed to enter along with the medicated gas. In that case tormina come on, the air acting as an irritant. The gas is entirely absorbed and exhaled in about half an hour after ceasing the injection. Dr. Bergeon finds that chemically prepared sulphuretted hydrogen produces irritation and colic, and uses the natural gas from the water of Eaux Bonnes in the Pyrenees. The medication must be made with most scrupulous care as to details, non-success always following careless treatment or bad quality of gas. The carbonic acid gas must be generated fresh on each occasion, and at first the enemata must be given by the medical attendant, care being taken to see what quantity each patient can bear.

Dr. Bergeon claims marvellous results from this treatment. In 200 cases of chronic pulmonary and throat diseases, treated at Lyons, where the climate is against such diseases, he says, "the results have been successful to a degree that surprised and astonished him." He says that, "in early phthisis, even in acute general phthisis, a form of disease nearly always rapidly fatal, in two or three weeks there is generally an arrest, and in a few months a cure." When the disease is so advanced as to be incurable, an amelioration is always obtained.

Dr. Bennett seems forced to admit, while having the usual amount of skepticism regarding new remedies, that there is much in what Dr. Bergeon has brought forward, and cannot deny the facts as placed before him by Dr. Bergeon, and by other physicians at Geneva. He mentions the case of an Englishman, known to himself, who has been apparently cured of severe idiopathic asthma, by a short course of the sulphur gas treatment.

This is certainly a new departure in therapeutics, and though the method has its drawbacks, if it prove curative of phthisis and asthma, it must soon be widely adopted, though at present such adoption cannot be general. The cost of the apparatus necessary, is not great, being about fourteen dollars.

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BROOKLYN has been suffering from an outbreak of small pox. Efforts are being made to check its spread. A large corps of special vaccinators being at work.

## LOCAL HYPERIDROSIS.

Pathologically, excessive sweating may occur as a symptom of some acute disease as ague, rheumatism or pneumonia, or as a result of anæmia of the skin as in phthisis; or idiopathically, and then may be regarded as an anomaly of function. Rindfleisch teaches that the only uncomplicated change which occurs in the sweat glands is simple hypertrophy, but whether such hypertrophy occurs in hyperidrosis is open to question. Sangster gives the pathology of the disease as a "functional disturbance of the sweat glands increasing the quantity of sweat secreted, but not altering its quality." This seems in accord with the teaching of modern physiology, that the secretory activity of the sweat glands, as of other secretory organs is under the influence of two sets of nervous fibres, the one ganglionic, and regulating the vascular supply, the other belonging to the spinal system, and having to do with the activity of the epithelial elements of the gland.

Local hyperidrosis occurs most frequently in the perineum, the axillæ, the palms and soles, though other forms, such as hyperidrosis of one side of the face or head are not uncommon, occurring under the influence of some local neurotic disturbance. In the axillæ it is frequently a source of great annoyance, and especially to young ladies, who are greatly worried by the injury done to their clothing, and more, by the knowledge that the decomposition of the secretion produces a rank odor, often extremely disagreeable to persons in their immediate neighborhood. That form which most frequently calls for treatment is sweating of the soles of the feet. This is usually accompanied by a horrible fetor, and it occurs more frequently in young adult females, frequently interfering with either the occupation or with the social duties of the patient.

In excessive sweating of the axillæ or perineum astringents are useful, especially alum and tannin; thus, a lotion of one drachm of tannin to six ounces of spirits of wine frequently applied will be found useful, as it will also in mild cases of hyperidrosis of the feet. The local application of belladonna is especially useful in sweating palms. Hilton Fagge mentions a case of a young lady cured by this means after other treatment had failed. Care will however be necessary to avoid

toxic effects. The treatment of the affection in the feet is not so simple. It is stated that the decomposition and accompanying fetor is due to a bacterium which has been cultivated, and has produced the same specific (?) odor outside the human body. This bacterium has been described by Dr. Thin. The question naturally presents itself, whether this micro-organism, may not stand in some causative relation to the disease, rather than being simply causative of the odor due to the decomposition of the secreted sweat. At any rate, whether to cure the disease is to lessen one of its most unpleasant symptoms, some anti-parasitic application is indicated. Thus we have seen a case of well marked bromidrosis with sodden, white soles, tending to desquamation, with red, tender skin left underneath, and most offensive odor noticeable before removal of the shoes and stockings, which succumbed speedily and entirely to the application of equal parts of citrine and simple ointments, after other treatment fairly tried had failed. Hebra's plan is said never to fail if properly carried out. It was to apply a mixture of equal parts of emp. plumbi and linseed oil to the foot, previously well washed and dried. Bandages to be applied, clean stockings and new boots to be worn. The toes to be separated by pledgets of lint smeared with the ointment. This dressing remains twelve hours, the foot is then to be wiped (not washed) and dusted with starch. The dressing is again applied and this is repeated twice a day for ten or twelve days, after which desquamation takes place and the patient is cured. Living says this is the only way he knows of curing this troublesome malady.

Another remedy which finds favor is boracic acid lotion, at the same time dusting the finely powdered acid into the socks, or soaking the socks in a saturated solution of the acid.

MOTION OF CONDOLENCE.—At the late meeting of the Huron Medical Association, the following resolution was unanimously adopted, and a copy sent to the bereaved family. "Moved by Dr. Smith, of Seaforth, seconded by Dr. Graham, of Brussels, and Resolved,—That as members of the Huron Medical Association, we desire to avail ourselves of this opportunity of extending to Dr. William Sloan, of Blyth, an expression of our sympathy in the irreparable loss he has been called

upon to sustain in the untimely decease of his son, Dr. A. W. Sloan, of Listowel. The deceased, though naturally of a retiring disposition, had a most genial manner, and was thoroughly devoted to the interests of the profession of which he was a bright and promising ornament. This Association, while extending sympathy and condolence to the family of the deceased, desires to place on record the high estimate that had been formed of the gentlemanly character and professional attainments of him whose memory will be long and pleasantly cherished."

**SNUFF FOR ACUTE AND CHRONIC NASAL CATARRH.**—The following is given (*Therap. Gaz.*) as an excellent snuff for acute or chronic catarrh, and acute coryza, especially when accompanied with pain of the nasal nerve. It can be used as a snuff by the patient himself or in a powder-blower.

R. Cocaine hydrochl. gr. x ;  
Ol. eucalyptis, gr. iii ;  
Iodoform, ʒi ;  
Sacch. last., ad ʒi. M.  
Ft. triturate (snuff.)

Sig.—Use every two or three hours. When relieved use two or three times a day.

"Another formula which I have found of service is a modification of that recommended by Beverly Robinson, which is as follows :

R Pulv. fol. belladonnæ, gr. xx ;  
Cocaine muriate, gr. v ;  
Ol. rosæ, gtt. i ;  
Pulv. gum acaciæ, ad ʒss. M.  
Ft. triturate (snuff.)

Sig.—Use with the powder-blower for anterior and posterior nares."

**SANTAL OIL IN BLENNORRAGIA.** — Dr. Litzel (*Allg. Med. Zeit.*) gives the following as the result of his observation in the efficacy of the above remedy in blennorrhagia :—1. Given in an early stage, the secretion diminished rapidly, and the pain on micturition ceased. This result happened in thirty-seven out of forty-two cases. 2. If, after ten or twelve days, the oil be discontinued, the old symptoms reappear. 3. The best results were obtained when the oil was commenced in the third or fourth week of the gonorrhœa, together with the use of weak astringent injections. 4. Cystitis and gonorrhœal prostatitis were always greatly benefited by

the oil. 5. Cases of gleet did best under local treatment.

**HISTORY OF THE MEDICAL PROFESSION.** — Dr. Canniff, author of "The Settlement of Upper Canada" is engaged in collecting information relative to the beginning, rise and development of the medical profession in Upper Canada, with the view of publishing a history of the profession of the Province of Ontario. Any facts respecting the first medical men in the different sections of the Province will be thankfully received ; and he respectfully asks the assistance of the profession. The items desired relate to the name, nationality, time of arrival in the Province, place of medical education, professional qualifications, how and when licensed, place of practice, incidents in practice and experience, and any official position held.

**IMMEDIATE CURE OF WHOOPING COUGH.**—Dr. Mohn reports seven cases of whooping cough cured by the simple process of fumigating the patient's room, bedding, etc., with sulphurous acid. The following (*Med. Rec.*) is the plan :—"In the morning the patient is clothed only in linen and taken out of the bedroom. In the bedroom are left the bedding, linen, clothes, playthings, and everything that cannot be washed. Then sulphur is burned in the proportion of twenty-five grammes to every cubic metre of space in the apartment. After five hours the room is aired. In the evening the patient sleeps in a perfectly pure atmosphere, and in the morning he is cured."

**THE "BACTERIUM TERMO" SPRAY IN PHTHISIS.** —Mr. A. Primrose Wells (*Brit. Med. Jour.*) draws the following conclusions regarding the use of the "bacterium termo spray" in pthisis :—The forced deep inspirations necessary are very beneficial in some conditions of the chest. When diarrhœa is present it checks it, improving the appetite as a rule. It has a tendency to diminish expectoration, and an influence for good in cases not too far gone, but in rapid forms of the disease, and where much excavation exists, it is useless.

**ORCHITIS AND EPIDIDYMITIS.** — Dr. Lowndes (*Lancet*) treats the above according to the method of Fourneaux Jordan, which consists in painting the testicle with a solution of nitrate of silver, two drachms to the ounce ; at the same time strict rest

is enforced. The pain is soon subdued and the testicle returns to its normal size in a few days. Sometimes a second painting may be necessary. Dr. Lowndes has treated 269 cases in this manner.

**MEDICAL ETIQUETTE.**—It may be interesting to some of our readers to know that it is considered (*Brit. Med. Jour.*) obligatory, for the recently arrived practitioner to call at as early a date as possible upon "every duly qualified, legitimate medical practitioner resident within a reasonable distance of his own selected place of abode, and courteously announce his intention to practice in the locality."

**DISINFECTANT MIXTURE FOR THE SICK ROOM.**

—*L'Union Médicale* gives the following:

- Camphor . . . . . 20 parts;
- Calcium hypochlorite . . . . . 50 "
- Alcohol . . . . . 50 "
- Water . . . . . 50 "
- Oil of eucalyptus . . . . . 1 part;
- Oil of cloves . . . . . 1 "

Mix in a large vessel kept cold. A few drops, on a napkin, are enough to disinfect a room.

**SYPHILITIC CONDYLOMATA.**—Dr. Parsons (*Med. Rec.*) says he has never known the following to fail in speedily curing syphilitic growths around the anus and on the scrotum:

- R. Morph. sulph . . . . . gr. ij.
- Pulv. camphor . . . . . gr. xx.
- Bismuthi subnitrat.,
- Hydrarg. chlor. mitis . . . . . āā ʒ iss.
- Cosmolin . . . . . ʒ j.

Sig.—Wash with soap and water, and then rub the ointment in thoroughly twice a day.

**PILLS FOR AMENORRHŒA.**—De Mussy recommends (*Nouv. Remed.*) the following formulæ:

- Salicicp . . . . . 1.00 (gr. xv);
- Pulv. rhei . . . . . 0.50 (gr. viiss);
- Confect. rosæ . . . . . q. s.

M. Ft. pil. No. x. Sig: One to three daily.

**GASTRALGIA—**

- R. Tinct. stramonii . . . . . ʒ ss.
- Tinct. hydrastis . . . . . ʒ iv.
- Aqua laurorcerasi . . . . . ʒ ijss.

M. Sig.—One teaspoonful in water every four hours.

**COLLEGE PHYSICIANS AND SURGEONS, ONT.**—The corner-stone of the new Medical Council Hall of the College of Physicians and Surgeons of Ontario was laid on Tuesday, the 26th ult. The ceremony was an informal one, the Building Committee and a few friends being the only persons present. The stone was laid by the President of the Council, Dr. H. H. Wright, in the name of Galen, Hippocrates, Harvey and John Hunter.

**THE RESULT OF PASTEUR'S WORK.**—Pasteur reported to the Academy de Médecine, Nov. 2nd, that he had inoculated 2490 persons, of whom 1750 were from France and Algiers. Of this 1750 there were 10 deaths or one in 175. One death only of an inoculated person occurred in Paris last year, and three in all, though the annual average is twelve. He reports that when the face is bitten it is necessary to inoculate more rapidly and with more powerful virus.

**DRUMINE.**—The London *Lancet* gives some particulars as to the new anæsthetic, *drumine*, the alkaloid prepared from the juice of *Euphorbia Drummondii* of South Australia. It differs from cocaine in paralyzing only the sensory nerves. The pupil is not affected by it, nor does it produce any constitutional symptoms in small doses. It has been successfully used as a subcutaneous injection in sciatica.

**GYNECOLOGY IN SOUTH AFRICA.**—The ladies of South Africa are so delicate that vaginal examinations (*South African Med. Jour.*) will rarely be submitted to. Even the chest is sacred ground, the editor of the above journal having been refused permission to use his stethoscope thereon.

**OINTMENT FOR STRUMOUS GLANDS.**—Dr. Kaemmerer says the following will if used early, prevent suppuration, and gradually reduce the enlargement of strumous and syphilitic affections, and bring about a normal action of the gland involved.

- R Ext. belladonnæ ʒi
- Ung. hydrarg. ʒiv M.

**BRITISH LICENTIATES.**—The following gentlemen have recently obtained the license to practice medicine and midwifery, King and Queen's College of Physicians Dublin. T. D. Ambrose, Montreal; Dr. Hastings, Victoria, Toronto; Dr. Midgley, Trin., St. Thomas, Dr. Pattullo, Victoria, Toronto.

**LEPROSY AND SYPHILIS.**—The answers received from medical men whose practice has brought them into contact with leprosy, by the Royal College of Physicians as to the relationship existing between leprosy and syphilis, are not such as will settle the question. Twelve regard the two diseases as intimately connected, while twenty-one think there is no relationship between them. The question as to the contagiousness of leprosy, is also left open, thirteen being certain it is contagious, and thirty-four being equally certain that it is not at all contagious.

**MORE COUGHING THAN IS NECESSARY.**—Dr. Rumbold (*Maryland Med. Jour.*) says that many patients cough more often than they need do, and that the number of coughs may be greatly lessened by asking that a record shall be kept, as by marking on a card, of the number of coughs in the 24 hours. He has known patients to reduce the number of efforts 75 per cent., and always with advantage to the cough and the patient.

**PERSISTENT DIARRHŒA.**—The following formula is a favorite one (*L'Union Med.*) with Trosseau for diarrhœa, which has resisted other treatment :—

R.—Powdered ipecac. . . . . gr. viij.  
 Extract of opium,  
 Calomel, . . . . . āā gr. iss.

To make twenty pills.

The dose, one to three pills daily, is continued for a week or longer.

**ANTISEPTIC PAPER DRESSING.**—Dr. Perez recommends, says the *Lancet*, a simplified antiseptic dressing, made of bibulous paper, soaked in a solution of carbolic acid, boracic acid, or corrosive sublimate. This is placed over the wound in about eight layers, covered with Mackintosh, and the whole secured by a rubber bandage. The writer claims for this dressing the advantages of cheapness and portability, and thinks it would be useful in field and small hospitals.

**STERILITY FROM TEA-DRINKING.**—Dr. Davies (*Therap. Gaz.*) says that tea-drinking undoubtedly acts in the direction of producing sterility in females. He calls attention to the fact that the Druidic College, of the 12th century, considered tannin the most potent of all the products of nature in producing this condition.

**SUPRA-PUBIC LITHOTOMY.**—Mr. Thomas Smith reports a case of supra-pubic lithotomy, in which the stone which had an oxalate nucleus, coated with phosphate, weighed 24½ ounces, and measured 13 inches in its largest, and 9½ inches in its smallest circumference. The patient, a soldier, æt. 43, made a good recovery.

**TEMPERATURE IN CHILDREN.**—Ringer states that in healthy children the temperature falls at midnight to about 97° F, or even 96°. Some robust adults have a similar course of temperature during the 24 hours, to children, while others have a smaller cycle, the highest and lowest temperature being less.

**SEVERED DIGITS.**—We have noticed several reports of the perfect reunion of fingers and toes after complete severance by sharp cutting instruments. The experiment should be tried in suitable cases, though it must of course more often fail than succeed.

**NÆVUS.**—Dr. Beatty, (*Brit. Med. Jour.*) reports eight cases of nævus cured, painlessly and entirely, in from three to five weeks, by painting the affected spot twice a day with liquor arsenicalis, until ulceration occurred.

**PHOSPHATES IN PHTHISIS.**—Dujardin-Beaumetz recommends the following to improve the nutrition in phthisis :—R. Sodii phosphat., ꝓjss.; potassa phosphat., ꝓj.; syr. auranti cort., ꝓij.; vini (claret), fl. ꝓvij. M. A wineglassful taken after each meal.

**PHTHENSIS PUBIS.**—One thorough application of ether is said (*N. Y. Med. Jour.*) to be successful in the treatment of the above disease. It is more advisable than chloroform, being less irritating to the skin.

**PATENT MEDICINES IN RUSSIA.**—The Russian government has prohibited the importation of patent medicines; the list of articles published containing about 800 items.

The London *Lancet* defines "moderate drinking" as that which is indulged in to the extent that the individual has a clean tongue, a good appetite, a slow pulse, a cool skin, a clear head, a steady hand, good walking power, and light, refreshing sleep and asserts that "odd glasses of beer and spirits

in a forenoon do not come within the range of moderate drinking."

Erlenmeyer calls cocaine the third scourge of humanity; alcohol and morphia being the other two.

In Boston they do not say stomach-ache, but gastric neuralgia; but it "gets there all the same."  
—*Life*.

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### Books and Pamphlets.

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GENERAL PARALYSIS OF THE INSANE. By Wm. Julius Mickle, M.D., M.R.C.P., London, Medical Supt. Grove Hall Asylum, London, England. London: H. K. Lewis.

This is a second edition of Dr. Mickle's treatise which was published in 1880. All who know Dr. Mickle will feel assured that the time which has elapsed since the appearance of his first edition has not passed unimproved. Dr. Mickle has always been known, both in his native Canada and since he became a settled resident of England, as an indefatigable and unceasing worker in whatever branch of medical science he was engaged. His career as a student in our University was one of signal honour, and the promise of future distinction then given has been most amply realized. The position held by him in England, as Medical Chief of an asylum for the insane, has presented to him superior opportunities for observing the peculiar malady which he has chosen as a subject of his treatise; and, certainly, every reader of his book will feel convinced that, alike in the department of minute and intelligent clinical observance and anatomo-pathological research, he has well cultivated the advantages so opportunely presented to him. His first edition covered 246 pages; it was the first treatise solely devoted, in England, to general paralysis of the insane. The present edition, which has been "wholly re-written," covers no less than 466 pages, and it contains more than double the quantity of matter of the first.

It might well go without saying that the entire literature of the subject has been explored and judiciously laid under contribution by Dr. Mickle, for it is evident he still continues to "distil the midnight lamp," and his youthful bibliophilism

has but grown with his growth and strengthened with his strength. Most earnest is our hope that the pace has been equal, for no animal machine can be worked with safety beyond its inherent strength, and the aggregate strength of every machine must be measured by that of its weakest part. The science of alienism cannot spare so valuable a worker, but in order that he may work well and long, he must learn to spare himself. England rejoices in his well-earned fame; Canada is proud of it, and humanity and science are grateful for the toil and devotion by which it has been attained. The book should be in the hands of every member of the medical profession. The disease of which it treats is, in all highly-civilized countries, becoming constantly more frequent, and in past years it was the rather unpleasant experience of the writer of these lines, that the diagnosis, at least in the early stage of the affection, was too seldom correctly understood. It is only in this stage that any favorable result from treatment can be expected.

DISEASES OF THE NERVES, MUSCLES AND SKIN, being Vol. III. of Dr. Hermann Eichhorst's Handbook of Practical Medicine, and Vol. X. of Wood's Library of Standard Medical Authors, 1886. New York: W. Wood & Co.

Also Vol. 2nd, by the same author, previously received, on "Diseases of the Digestion, Urinary and Sexual Apparatus."

The courage evinced by the enterprising house of Wm. Wood & Co., in issuing so comprehensive a series of volumes (no less than 12), from the pen of a foreign Professor, is deserving of applause, considering the fact that the field is already so densely filled with able, and we had almost hoped, exhaustive works on practical medicine. In truth these treatises now come so closely on each other's heels, as hardly to leave the reader time to bid good bye to one before a successor claims his attention; but in a country so fond of new things as the United States of America, there is always room, and some to spare, for more; and it is pleasant to see the Swiss republican so friendly taken by the hand by his trans-Atlantic brothers. The reader who desires to acquire a knowledge of the latest achievements in the science and practice of medicine, will find in Professor Eichhorst's volumes an abundant supply; and all who are pleased

with well executed pictorial illustrations, will award their admiration to the multitude of plates, no less than 263, which adorn these two volumes.

WORKS OF HIPPOCRATES, translated from the Greek by F. Adams, LL.D., in two volumes. New York: W. Wood & Co.

We welcome the second volume of this most interesting, and may we not add, instructive production? for we venture to believe, and to say, that our ancestors knew more, even of medicine, than their descendants give them credit for. It is now 2247 years since the great physician of *Cos*—we dare not say, *died*—for true greatness and true goodness never die—and as long as medicine continues to be cultivated as a true science and practised as a noble and beneficent art, the name and fame of *Hippocrates* must continue to inspire its votaries. The aged will read his works with that gratification which their veneration of antiquity and their sage experience never fail to evoke; and the young, who are lovers of classic lore, and admirers of brave and deep thinking, will be inspired with an elevating emulation, which, if duly cherished, will raise them above the meretricious devices of modern charlatanism. Surely that was a great country which gave to the world a Homer and a Hippocrates; and great too must have been its people. Great thinkers were they, and great doers also, and much do we owe to them.

OUTLINES OF THE PATHOLOGY AND TREATMENT OF SYPHILIS and Allied Venereal Diseases. By Hermann von Zeissl, M.D. Second Edition. Revised by his son, and translated by Dr. H. Raphael, M.D. Cloth; pp. 402. New York: D. Appleton & Co. 1886. Toronto: Hart & Co.

The author, from the experience afforded by more than 30 years of careful observation and research, has deservedly a high reputation as a syphilographer. His observations have included more than 30,000 cases, treated by him both in private and hospital practice. Much attention is given to the pathology of the diseases dealt with, as the author believes it to be the proper means whereby to understand the diagnosis and treatment of the various venereal affections; but, at the same time, the therapeutics receives sufficient consideration to make the work thoroughly practical. A large number of useful formulæ are in-

troduced, which will prove especially useful to the young practitioner. The translation is exceedingly well done, and we can heartily recommend the book to those wishing a comprehensive view of the latest ideas regarding venereal diseases.

THE PHYSICIANS' HAND-BOOK FOR 1887. By H. & A. D. Elmer, M.D. New York: W. A. Townsend.

This well known hand-book is now in its thirtieth year of publication. While always valuable, it has recently been thoroughly revised, and is now presented to the profession as the most complete ready-reference and diary combined in the market. It contains a fund of useful information in regard to diseases, remedies, doses, poisons and their antidotes, etc., besides a record for daily practice, all within the smallest compass.

SHARPENING HYPODERMIC NEEDLES.—A fruitful cause of abscesses in hypodermic medication is dull and rusty needles. The rust may be avoided by wiping the needles from time to time with rouge or crocus cloth, purchasable from any cutlery or hardware establishment. The finest emery cloth is too coarse for this use. Every physician ought to be able to sharpen his needles himself. The best hone for the purpose is that known as the Hot Springs or Washita razor hone. Thrust the needle with the wire in it, through a bit of soft velvet cork long enough to come within a quarter of an inch of the commencement of the bevel point of the instrument. The cork will serve as a handle for the fingers and at the same time holds the needle stiff and taut. It is also a guide in preserving the proper bevel of the point. A few light rubs upon the hone will put a keen point on the dulllest needle.—*St. Louis Med. and Surg. Jour.*

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### Births, Marriages and Deaths.

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On the 19th ult. Dr. E. A. Nealon, of Campbellford, aged 30 years.

On the 30th of Dec., A. M. Sloan, M.D., son of Dr. W. Sloan, of Blyth, aged 27 years.

On the 26th of Dec., J. M. Drake, M.D., of Abbotsford, Que., aged 59 years.

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