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WINNIPEG, JUNE, 1889.

A CASE OF LARYNGEAL GROWTHS; TRACHEOTOMY; THYROTOMY AND REMOVAL OF GROWTHS; RECOVERY.

The operations which are performed for intra-laryngeal growths are (a) intra-laryngeal removal by means of forceps from the mouth, aided by the laryngoscopic mirror, or (b) extra-laryngeal. (1) After thyrotomy, as in the case which Dr. Whittle records below; (2) supra-thyroid laryngotomy, by means of incision through the thyro-hyoid membrane; or (3) the infra-thyroid laryngotomy, removal through the tracheotomy wound. These methods were carried out in the years 1833, 1853 and 1863 respectively. The first is specially adapted for the removal of the benign growths met with in children, where it is often impossible to employ the laryngoscopic mirror and forceps with success; also where the growths are multiple. It is recommended that tracheotomy be performed for a fortnight at least before the operation, in order that the patient may become used to the tube, and that no operation be performed until the patient is suffering from dyspnoea or dysphagia. The results of the operation, when successful, show 14.58 per cent. of recoveries followed with perfect voice and respiration; Bruns gave the following as the result of his investigations. In eighteen the voice again became normal or nearly so; in twenty instances it was completely lost in six, and reduced to nearly complete aphonia or extreme hoarseness in the others. But in a very

large percentage the operation is followed by obstruction to the respiration, necessitating the use of a cannula. This in many instances appears to depend upon cicatricial contraction and narrowing of the larynx, which hardly any mechanical treatment is able to overcome, few patients possessing sufficient perseverance to attend long enough for its full trial. Oertel and Paul Bruns make three varieties of papillomata, and give the prognosis according to each. In a large majority there will be recurrences, especially in children, and operation at a later date will be again required. Published statistics are very misleading, few failures finding their way into the medical journals. Stoerk says that the best method is that which does not subject the diseased larynx to any great irritation; irritating applications are apt to encourage recurrences. Some of these are due to imperfect removal of the growths. From the description of the growth in this case, it probably belongs to the second of the three varieties mentioned by the authorities quoted, one of the characters of which is its slow recurrence, a variety of the growth usually met with in adults.

A female child, aged three years, was sent to the hospital by Mr. Graham, of Storrington, with the history of laryngeal obstruction, which had existed from early infancy, and had gradually increased; the dyspnoea had, indeed, occasionally been critical. Attempts were made with and without chloroform to view the larynx, but they were unsuccessful. Tracheotomy was performed by Dr. Whittle on Aug. 5th, 1886; thyrotomy was deferred in compliance with the parents' wishes. The child improved in health, but could not dispense with the tube.

On May 17th, 1887, the larynx was opened. An incision was made from the lower border of the hyoid to the upper border of the cricoid cartilage. The incision was deepened till the thyroïd notch above and the crico-thyroid membrane below were exposed. The point of a scalpel was introduced through the membrane and the lower half of the thyroid divided. This not exposing the cavity of the larynx, the section of the thyroid was completed by a probe-pointed bistoury.

A bunch of white fleshy bodies protruded, and were partly removed by forceps. The alæ being separated by retractors, the growths were found attached to the inner wall, laying on and above the vocal cords, which were indistinguishable. Forceps, scissors, and the spoon end of a director were used in their removal, which could not be completely effected without damaging the mucous membrane with which they were intimately connected. The operation was complicated by the violent reflex movements of the larynx, which, in spite of the free use of chloroform, recurred as soon as the growths were touched; also by the rapid oozing of blood which ensued on manipulation. The alæ were united by catgut; the superficial wound was closed by wire and supported by strapping. The upper part united, but the lower, which approached the old tracheotomy wound, gaped on the removal of the sutures. The tube was worn constantly until July 9th (fifty-three days), when it was left out for two hours. On July 14th it was cut all night. After this it was worn irregularly—sometimes being out the whole night, sometimes the whole day. She was sent home without it on June 7th, 1888. In answer to inquiries, the mother wrote on Jan. 11th, 1889: "Dollie talks quite distinctly, but the tone is not quite as an ordinary child; it is rather low and somewhat husky, but very distinct. She never whispers."—*London Lancet*.

THE TITLE OF "DR."

The exact position of Licentiates and Members of the Royal College of Physicians, as to the title of "Dr." appears to be overlooked by several of your correspondents. It is necessary to go back a little to be able to judge. It is, no doubt, well remembered by every elderly practitioner that all L.R.C.P.'s were formerly styled "Dr.," and so addressed by their respective Colleges, and permitted to use the title M.D.; but when the Edinburgh College in 1859 disposed of 1,000 diplomas to its new grade of Licentiates, the title of M.D. was objected to by the University men, and the well-known case

of the Registrar of the General Medical Council addressing a Southampton surgeon as "Dr." was severely criticized, and the man himself for using the prefix to which all recipients were led to believe they had a right by custom and courtesy, more especially as they had been declared legally to be "Physicians." The King and Queen's College of Physicians, previous to 1864, conferred the M.D., of which privilege it was deprived by a legal technicality. At the well-known trial in 1864 in the *Trinity College v. King and Queen's College of Physicians*, an account of which was given in the *Lancet* of April 27th, page 520, and more fully in *Saunders's News Letter* of same date, the Master of the Rolls, in giving judgment, said: "I trust it will be understood that, so far from suggesting that there is any distinction except in name between a physician who has obtained the degree of Doctor and a Licentiate of the College of Physicians, I only express the opinion of the public in stating that a Licentiate of the College of Physicians stands quite as high in their estimation as any gentlemen who may have obtained the degree of M.D. from a university;" and in a letter now before me the Registrar of the King and Queen's College of Physicians in 1866 says that "this College has no power to grant the degree of M.D.," but (the decision) in no way affects the right to the usual prefix of "Dr.," and as one who passed in that year I was addressed as "Dr." by the President on receiving my diploma and signing by-laws, and for years after in the notices of the College in the *Medical Directory* was stated the right of Licentiates to the use of the prefix. The Register of the King and Queen's College of Physicians, published by the College, edited by Dr. Belcher, 1866, at page 18, states that "the College invariably applies the title to its Fellows and Licentiates, whether graduate doctors or not." Does anyone mean to say that they have no right now to use the prefix? As an old practitioner, titles are of no use to me; but as a matter of right it must be upheld, and the resolution referred to by Mr. Owen cannot affect the legality. When "Physicians" see so many M.D.'s keeping shop, retailing

physic at 6d. and 4d. a bottle, selling tooth-brushes, Windsor soap, etc., we, as members of respectable colleges, ought to be thankful that "we are not as other men," for if any one of us would wish to be otherwise his College laws restrain him, but the graduate does as he likes, and assumes too much in ignoring the privileges of members of the Colleges of Physicians, who by their diplomas possess a maximum of professional knowledge with perhaps a minimum of classical, which is exactly reversed with the graduates, most of whom are turned out with little practical knowledge.—*London Lancet.*

REDUCTION OF A STRANGULATED FEMORAL HERNIA AFTER THE USE OF ETHER SPRAY.

BY H. W. MARETT TIMS, M.B., C.M., EDIN.

As I am not aware of the following plan of treatment ever having been adopted in the reduction of an otherwise irreducible hernia, the following case may be of interest.

Mrs. J. D.—, aged eighty, has for the last three years been troubled with a femoral hernia on the right side, which has frequently come down, but which she has been in the habit of reducing herself. In February last I saw her for the first time, as she was then unable to reduce it. After applying taxis for a short time it went back, and I advised her to wear a truss, but as she felt no further inconvenience for the next five weeks she neglected this precaution. About three weeks ago, being troubled with a cough, the hernia readily came down, and was as easily replaced, but at 9 P.M. on April 15th it came down suddenly while she was sitting at supper, and caused her to feel very faint, and, as she said, it "felt quite different from what it had ever done before," and she was unable to reduce it. I was not sent for till 7.45 the next morning; when I found a hard swelling about the size of a large walnut lying over Poupert's ligament and to the outer side of the pubic spine; there was no impulse on coughing. I applied the taxis, but was

unable to reduce it. I ordered the application of ice, and returned about 11 A.M. The patient was then feeling very ill; vomiting had set in, but was not stercoraceous; the tongue was furred, and she complained of abdominal pain and great thirst; the pulse was quicker, very feeble, and intermittent; the bowels had not been moved, nor had she passed any flatus, though there was constant eructation. I again tried the taxis, and failed. At 1 P.M. I saw her in conjunction with a medical man in the neighborhood, and he, too, was unable to effect a reduction. I considered the advisability of putting her into a warm bath, but decided against it on account of the patient's age and condition. The alternate application of heat and cold was then tried, and I saw her again about 6 P.M., by which time the vomiting had become incessant and stercoraceous, and the abdominal pain and tenderness great. I advised an operation, but she would not hear of it. On seeing her again about 9 P.M., it occurred to me as a last resource, as the application of ice was often of great advantage, to try the ether spray, which I did, spraying the hernial humor till there was no tenderness on manipulation, and, to my great relief, I found I was then able to turn the mass quite easily. The patient passed a good night, and is now quite recovered. I might also add that for the last thirty years the patient has had a femoral hernia on the left side, but has always worn a truss, and has had no inconvenience from it. I should be interested to know if any of my readers have tried the above plan, and with what success.

HYDATID CYST IN SCARPA'S TRIANGLE.

In February, 1887, a man, aged 28, was admitted into the Hotel Dieu, under the care of M. Reclus. For two years he had noticed a swelling in Scarpa's triangle. It was hour-glass shaped, and measured over two inches in its vertical and one and a half in its transverse diameter. The two segments were of equal size; they superficially resembled enlarged lymphatic glands. The swelling fluctuated, was

not pulsatile or reducible, and no aneurysmal souffle could be detected. On palpation, crepitation, like the sensation imparted to the fingers when rubbed over a bag containing starch or snow, was detected. This "sensation amidonée ou nei-geuse" is also familiar in cases of bursæ containing melon-seed bodies. At first, hygroma of the bursa of the psoas and iliacus tendon, dropsy of an empty and closed hernia sac, and suppurating tubercular adenitis were diagnosed. Pus was removed by aid of a Pravaz's syringe, so that the third of the above-mentioned diagnosis appeared correct. On incision, however, hydatids escaped freely from amidst the pus. The proper wall of the hydatid cyst was surrounded by a thick capsule of sclerosed tissue. This capsule was partly dissected away, partly scraped with a Volkmann's spoon. Free suppuration retarded convalescence. On December 4th, 1888, the patient came once more under the care of M. Reclus. Another swelling had developed, rather larger than the first and external to the cicatrix of the operation. It lay immediately outside the femoral vessels; no pulsation was communicated to it. This swelling was soft and fluctuating, but the characteristic starch-bag feeling on pressure did not exist. It was dissected away entire, not without difficulty, as it adhered to the femoral artery. Verneuil has collected records of nine cases of hydatids in the groin. Dupuytren nearly took a cyst of this kind for a femoral hernia. Gosselin has described two cases. An irreducible, fluctuating, non-inflammatory tumor in Scarpa's triangle may be reasonably suspected to be hydatid. Puncture does not always prove its nature, as it may contain pus. The starch-bag sensation on pressure is not constant, as this case proved in a remarkable manner. The recurrence in M. Reclus's case was due either to imperfect scraping of the adventitious capsule at the first operation, or (more probably) some minute independent cyst or diverticulum of the main cyst which was overlooked.

THE RUSH AFTER NEW REMEDIES.

The roseate hues which commonly tint accounts of the marvellous actions of new remedies in the early dawn of their discovery are not unfrequently disappointing when more closely criticised. They have too often an unpleasant fashion of fading away when robbed of the glamour and dragged into the prosaic daylight of routine. The natural tendency of those who have been tempted with delusive hopes is to keep a discrete silence over their failures, or to attribute their lack of success to an imperfect selection of appropriate test cases, or to some mysterious difference in the composition of the remedy employed when the original statements were made. It is so hopeless, as a rule, to attempt to prove a negative, that the failures of new remedies are to be gauged by silence rather than by direct statements. It is very rarely that comparative results of treatment are steadily accumulated and published to show the inefficacy of some much-vaunted system. Hence it is extremely difficult to arrive at satisfactory conclusions about many new drugs, of which the most that can be said is that they have been lauded, as was remarked in an article upon "Phenol in Enteric Fever" in our last issue, as "the greatest discovery of modern therapeutics." It is much to be desired that those who on good grounds have arrived at definite negative conclusions should collect and publish their observations to remove false impressions, and to save others from going through the same tedious and disappointing process. An old story represents a professor advising his pupils to be eager in their use of new remedies "while they still possess curative powers," and it is to be feared that there is but too much truth in the sarcasm. The tendency of modern therapeutics is to seek restlessly and continuously for some new thing, discarding as useless much that has stood the test of time. And for this the medical profession is not solely to blame. The craze for domestic medicine has been such that people who read their prescriptions frequently express lack of confidence in the skill of

their adviser on finding that simple well-known remedies have been ordered. The science of therapeutics necessarily knows no bounds, but as a science it certainly suffers from an accumulation of hasty observations and imperfectly digested facts.—*Lancet.*

A NEW SPECIFIC FEVER: PLEURO-PNEUMONIC FEVER.

An "interim" report by Dr. E. Ballard, has just been issued by the Local Government Board on an inquiry as to the epidemic of so-called "pneumonia," which prevailed from January to July, 1888, at Middlesbrough and its neighborhood. The inquiry has not yet been completed, but so far as it has gone it has established some important facts, which will be of great interest to the medical profession generally, and deserve special study.

The clinical features of the disease observed in adults are thus described by Dr. Ballard:—

Most frequently the attack was sudden, the patient being, so far as he knew, in his usual health at time of seizure. In other cases he may have felt a little out of health for a day or two previously, or even longer. Rigors, now and then passing into an actual convulsion, were the invariable commencement. Pain in the side quickly followed, and the bodily temperature very rapidly rose so as sometimes to reach 104° in a few hours, with rapid pulse and quick respiration. Vomiting or diarrhoea, or both together, but mostly vomiting, usually occurred as an early symptom, sometimes, however, not until the second or third day, or both might be absent throughout the case. Delirium, sometimes active and violent, occurred often early in the attack, and in one remarkable case it accompanied the initial rigor in a sudden seizure. It was very rarely absent after the second or third day. The amount of cough was usually trifling, and the expectoration, at first tenacious and rusty, became after a few days of the "prune juice" character. Hæmorrhages

—most frequently epistaxis—were occasionally observed, and in more than one case I have on record there was severe hæmatemesis shortly before death. With all this there was usually prostration, sometimes great prostration, even in cases destined to recover. The physical signs of pleuro-pneumonia were usually quickly, but sometimes tardily, developed, dullness on percussion with tubular breathing and friction-sounds being observable. The pleuro-pneumonia was either single or double; or it was first observable on one side, and then relapse occurred, and the pleuro-pneumonia affected the other side or both sides; but relapses occurred also in cases of double "pneumonia." In a good many fatal cases death occurred on the third to the fifth day of illness; not many of them were of much more than a week's duration. In cases destined to recover a crisis was observed on the seventh to the tenth day, when the temperature rapidly fell to about normal, and convalescence set in. Various sequelæ were observed in a proportion of the cases, some of them being apparently due to the occurrence of embolisms; sometimes these were fatal.

The *post-mortem* appearances were of a fairly uniform character. The lungs gave evidence of lobar pneumonia, rarely, however, advanced to the stage of grey hepatization. The pleura invariably had lymph effused upon both the costal and pulmonary surfaces, and contained more or less turbid liquid effusion in addition. The heart contained a coagulum, always on the right side, but usually on both sides, in which the fibrin had more or less separated. In the left side especially the fibrinous character of the clot when it occurred was remarkable, and the mass of fibrin was separable with difficulty from the trabeculæ, among which it was entangled; on both sides the fibrinous coagula now and then extended from the heart into the large vessels arising from it. This separation of fibrin was apparently an *ante-mortem* condition. In one case there was a patch of recently-effused lymph found upon the pericardium, and in another case there was endocarditis with a soft fibrinous vegetation on one of the aortic valves, and a small ulcer in the pouch behind it. The spleen was almost invariably nearly

pulpy; at any rate, it was so soft that a clean section of the organ could not be made. There were morbid conditions observed also in the liver and kidneys. In all cases there were more or less of ecchymoses in the mucous membrane of the stomach, and in one case a quantity of what looked like partially-digested blood.

Dr. Klein, who has been assisting in the microscopical and experimental part of the pathological investigation, found in the fresh lung-juice a hitherto undescribed bacillus, which he regards as specific, and which will be fully described in a further and more detailed report. The same bacillus was found in fresh sputum—*British Medical Association Journal*.

RECOVERY AFTER APPARENT PERFORATION IN TYPHOID.

Senor Thomas de Souza Martins has reported, to the Medical Society of Lisbon two cases of typhoid fever in which, after perforation of the intestine had apparently occurred, recovery had fortunately taken place. He also mentioned a third and somewhat similar case occurring in the practice of his friend Senor Ferras de Macodo, these being the only instances in Portugal in which, as far as he knew, patients had recovered after perforation had taken place. It is worthy of note that all the three patients were foreigners. The first patient was an Austrian of the age of seventeen; the disease ran a somewhat ordinary course—complicated, however, with epistaxis—until the eighteenth day, when, on going to stool after a dose of sulphate of magnesia (the third or fourth which had been given during the course of the fever), the patient experienced a very severe pain in the left side of the abdomen at the level of the umbilicus, which was followed by peritonitis, and which was evidently due to the occurrence of perforation. The treatment ordered was one-fourteenth of a grain of hydrochlorate of morphia every hour, with ice to the abdomen and iced milk to drink. Ten of the doses of morphia were taken that day, and the next day similar doses were given at intervals of two hours.

Subsequently the frequency of the doses was still further diminished, and after a few days laudanum was substituted for the morphia. Under this treatment the patient gradually improved, and in a short time was convalescent. The other patient of Senor de Souza Martins was a girl of twenty, of mixed Italian and French parents, in whom perforation, or what was believed to be such, did not occur before the thirty-fifth day of the fever. The symptoms were sudden, and violent pain in the neighborhood of the caecum was followed by peritonitis. Treatment similar to that adopted in the other case was ordered—viz, morphia internally, ice to the abdomen, and iced milk and champagne to drink.

PROGRESS OF CREMATION.

Public attention has been drawn this week to the progress in public opinion amongst the educated classes in favor of cremation of the dead, as an element in sanitary progress, by the ceremonial cremation of the Marquis of Ely at the Crematorium of the British Cremation Society at Woking, on which occasion the newly erected chapel on the Society's premises were used. Towards the erection of this chapel, and the adjoining mausoleum, considerable contributions have been made by the Duke of Bedford, and a further contribution of £500 has this week been forwarded to Sir Henry Thompson by Sir Henry Nasmyth, the eminent engineer. In all, about £4,500 have been sent to Sir Henry Thompson (since the publication of his paper in the *Nineteenth Century*) by munificent donors to complete the necessary erections at Woking of chapel, mausoleum, and suitable appurtenances to the Gorini Crematory of the Society, which was some time since erected there, and since been in frequent operation. Dr. Cameron, M. P. has given the following notice: "That he will move for the appointment of a Select Committee to inquire into the efficiency of the existing law as to the disposal of the dead, for securing a record of the true causes of death, and detecting deaths attributable to poison, violence, and crim-

inal neglect;" and it is anticipated that many learned and sanitary bodies will exert their influence to obtain an early consideration of the matter. The Rev. Mr Hawsis preached a sermon on Sunday last on the subject of cremation, vigorously urging his congregation to accept the practice as one of great advantage to the community, and urging that even those who have been unable to effect much good during their lives might do some good to the community in death, by requiring that their ashes shall be cremated, instead of their bodies being disposed of by interment, of which the disadvantages have repeatedly been pointed out by eminent authorities.—*British Medical Association Journal*.

"LUNATICS AS PATIENTS, NOT PRISONERS."

The current number of the *Nineteenth Century* contains an article under the above heading by Dr. Batty Tuke, of Edinburgh. He argues powerfully for a recasting of our public lunacy system, and for the augmentation and reconstruction of the General Board of Lunacy in England. As regards the former object, he favors the treatment of recent cases of lunacy in lunatic hospitals, to which a sufficient and efficient medical staff should be supplied—a staff which, relieved of purely managerial and clerical duties, should devote itself entirely to the treatment of the insane and the study of insanity. "The great fault of our lunacy system is that our asylums are not hospitals, and that their physicians are not allowed to fulfil the proper duties of their office. . . . What every case of insanity demands as the primary condition for recovery is separate and individual treatment and consideration." Therefore, it is argued, each asylum should have a hospital, separate and distinct from the main establishment, to which each patient should be sent at first, a hospital with an ample medical staff, whose duties should be solely the observation and treatment of the new cases, and with properly trained nurses, and every scientific appliance for the diagnosis and treatment of disease. One result, he believes, would be an

increased number of recoveries, and a lessened number of registered lunatics; another, and more remote, result would be the building up of a true pathology of insanity and a rational therapeutics. Dr. Batty Tuke would also do away with asylum visitation by legal Commissioners, whose only place should be the board-room. In stating that the present Lunacy Bill would perpetuate the existing private asylums, it may be doubted whether he sufficiently takes into view its provisions for the supply of accommodation for private patients by public asylums, which will apparently lead in time to the closure of most private asylums, except a few in which patients of the wealthy class are received.

HERNIA OF THE UTERUS—A remarkable case is described by Dr. Charles E. Hagner of Washington (*Journal of the American Medical Association*, March 2nd) of hernia of the "parturient uterus" through the linea alba. Labour had been in progress for about three hours, when the patient, after a very violent pain, cried out that she "could no longer bear down"; and on examination Dr. Hagner was "startled to find that the uterus had left the abdominal cavity, and was covered only by the skin, which was very tightly stretched, and seemed as thin as tissue paper. The uterine vessels were clearly seen; also the contractions when a pain came on." The head was already in the vagina, so that delivery by forceps was soon effected, the uterus being supported in the middle line by the nurse. After the extraction of the placenta the uterus contracted well, and was readily replaced within the abdomen. It should be said that this was the patient's third child, and that since the birth of the second a small umbilical hernia had developed. Cases were mentioned at the Medical Society of the District of Columbia, where the notes of this case were read, in which Cesarean section had been practised for this condition. Dr. S. S. Adams said that he had only found one case on record like Dr. Hagner's, but that he had found seven cases of inguinal, one of crural, five of umbilical, and six of ventral hernia of the pregnant uterus.

**MANITOBA, NORTHWEST AND BRITISH
COLUMBIA LANCET.**

WE announce to our subscribers that the MANITOBA, NORTHWEST AND BRITISH COLUMBIA LANCET will henceforward appear on the 15th of each month as the "NORTHERN LANCET." The business management of the journal will be conducted at the printing office of *The Commercial*, 4 and 6 James Street East, Winnipeg, where all business communications should in the future be addressed. The editorial department will remain as heretofore. Our endeavour in the past has been to cull the various medical journals of all that is of interest in medical and surgical science, and thus present to our readers in a condensed form the scientific advances in all portions of the globe. Our earnest desire has also been to encourage local men in recording cases of interest, which must necessarily from time to time come under the notice of medical practitioners scattered over such a vast area of country, but we regret to say hitherto, with signal unsuccess. We trust that the third anniversary of this journal will not call forth a repetition of this remark. It is the duty of every professional man to contribute to the advancement of his calling. Sir Morell McKenzie in his address at the first meeting of the Laryngological Society says: "No man with the opportunity of making even the most trivial original observation has the right to keep it to himself, it must be added to the common store and quoting Carlyle he says: *'Be no longer a chaos, but a world or even a world's kin. Produce, produce, even it be but the pity-fullest infinitesimal fraction of a product. Produce it in God's name. 'Tis the utmost thou hast in thee. Out with it then.'* There are men, aye men who practice our

profession who boast that they never open a journal, to such sapless branches, monuments of sterility, the wisdom of Solomon proclaimed by the mouth of Demosthenes would be but as the droppings of rain on a rock of adamant; But there are others who from habits of slothfulness, jealousy of disposition, timidity of criticism, refrain from adding their quota of knowledge. Though pityful and infinitesimal as Carlyle says it may be like unto the man who in the parable of the talents buried his in the earth as was his so will be their reward." Let us as a profession, residing in this Great Northwest, in a country capable of limitless development, with inhabitants who even now bid fair to stand in line if not in advance of the most intelligent of the world's peoples. Let us shake off all lethargy, promote the education of others, though it be but in an infinitesimal way, store up our grains of knowledge and give them to the world through the columns of professional journals, which are ever open and through which they will not alone be given broadcast to those who are but will be also embalmed and conserved for the benefit of posterity.

**INSECURITY OF LIFE IN
MANITOBA.**

Daily almost do we see this exemplified in what may be termed the total abrogation of the Coroners' Act. As it is carried out in Manitoba it is worse than a farce, inasmuch as people believe themselves to be living under its protection while it is practically treated by those in authority as a dead letter. A flagrant instance of this has lately come before the notice of the Editor of this journal. Sent for hurriedly to see a woman who was reported as very ill, on arriving at the house he found laying on the floor a fine, well nourished young female quite dead. On enquiry there was no history

of any previous illness or serious complaint of any kind. She had spent the evening before with her friends and was seen the morning of her death, about two hours before it occurred, at work at her sewing machine. Searching enquiry, examination of all the bottles in the house, as well as the corpse externally, threw no light on the cause of death. The woman had two children, her husband living in British Columbia. He left the house intending to communicate the matter to the police, and when driving there met the Coroner, to whom was reported the occurrence, with a strong suggestion that it was a case in which an inquest should be held. A condition of things as regards the holding of inquests then came to light, which when generally known will prove as startling to the public as it did to the Editor, and as it is of interest to medical men as well as the general public, we give it, viz: That if the Coroner does not "make oath and say that in his opinion there is a suspicion of foul play," he would have to pay the expenses of the inquest." Coroners paid by a yearly salary are not likely to err in this direction, and on a cursory examination, probably of only one person, acute indeed must be the mind that can truly pronounce as to the possibility or non-possibility of foul play having led to the death. If this condition of affairs goes on Manitoba will become the El Dorado of the abortionist, and its tracks in that direction are becoming broad and well trodden. It needs but to generally herald the facilities which the laws of the Province provide for putting out of sight the mortal body without certificate or enquiry as to the cause of death to tempt not only the professional abortionist to pitch his or her tent in a soil so favorable for their nefarious process, but to open up a new field for the insurers who may fatten on those whose death money they are anxious to handle, and who find a country where coroners' proceedings are so well calculated to further their desires in helping on those whose death will benefit them to shuffle off the mortal coil. In the case above mentioned the Editor was applied to for a certificate, which he refused to give, but the woman was never-

theless buried without any further enquiry or examination. This is a subject of such vital interest to the public that every newspaper in the Province should draw their readers' attention to it. It is a temptation to do wrong, and while this lax condition exists the lives of none are safe, except it be from the open murderer, who in comparison with the poisoner is the least obnoxious. Language too strong to condemn the present administration of the Coroners' Act in this Province we cannot use. It is fraught with evil, and we will unceasingly call attention to its maladministration in our columns until it is administered in a manner calculated to protect the lives of our fellow-subjects.

CANADIAN MEDICAL ASSOCIATION.

TWENTY-SECOND ANNUAL MEETING—RAILWAY FACILITIES—EXCURSIONS.

The Canadian Pacific Railway Company has agreed to carry members and delegates, with their wives or members of their families, at the following rates: From points in Ontario or Quebec to Banff and return, at \$95 each, including a double berth in sleeping car for each person, and meals in the dining cars on the way west from Montreal or Toronto and back, and four days living at the Banff hotel.

The passage tickets will be made good from and to any points on the Canadian Pacific Railway, in either Ontario or Quebec, to Montreal or Toronto, but berths and meals will begin at these two places only.

From other points in the Dominion the rates will be as follows: From Halifax to Banff and return, \$110; from St. John, N. B., to Banff and return, \$100, but the tickets from these points will not include sleeping car accommodations nor meals east of Montreal in either direction.

From Port Arthur to Banff and return, the rate will be \$60; from Winnipeg or Brandon, \$50; from Regina, \$35, including meals and berths from all these points.

From Calgary the rates will be \$4.50, without meals or berth. From Victoria or Vancouver to Banff and return, including meals in dining car and double berth

in both directions, \$30, exclusive of hotel accommodation at Banff, or \$40, including four days' hotel accommodation at Banff.

Owing to the provisions of the Interstate Commerce Law, it will be impossible to get reduced rates from points in the United States, with the exception of St. Paul, Minnesota, from which the following rate is offered: \$60 to Banff and return, including meals and sleeping car accommodation between Winnipeg and Banff only. Delegates from the United States are therefore requested to make their own arrangements between their homes and Montreal, Toronto, St. Thomas, or other points on the C. P. R. An effort is also being made to secure special rates from Liverpool to Montreal by the Canadian steamship lines for Transatlantic delegates.

It is intended that the party shall leave Montreal on the evening of August 6th, by the regular Pacific express, and arrive at Winnipeg on the 9th, and stop over one day there; leaving Winnipeg August 10th, they will arrive at Banff early on the morning of Monday, August 12th. The meetings of the Association will then be held in the hotel, (accommodation being provided by the Canadian Pacific Railway Company) on the 12th, 13th and 14th, after which the members of the party can either return at their convenience or take a trip to the coast, leaving early the following morning, August 16th, for which special terms have been arranged as follows: From Banff to Victoria and return, not including meals or berths \$20, or \$30 including meals in the dining car and berths. The tickets for this excursion will be on sale at Banff to members and delegates, and their families only.

The special tickets issued by the Canadian Pacific Railway to Banff and return will be good for sixty days, and the holders will be allowed to stop over privileges on the Canadian Pacific Line, in either direction at pleasure. They will also be exchangeable at Fort Arthur and Owen Sound, so as to enable members to travel in either direction by steamer between these points. Meal and berth coupons will be issued in connection with these tickets, and will be available as part pay-

ment of expense of any who wish to make additional stops and spend longer time on the line. It is considered desirable, however, by the Executive Officers of the Association, that as far as possible, the party should travel together by the all-rail route as far as Banff, so that all may be present at the opening of the meeting.

DREWRY'S PORTER.

This is the third time we have been asked as to the value of the Redwood Porter as compared with Guinness's which had been recommended medicinally. We have no hesitation in saying both from experience and hearsay that Drewry's Porter as a wholesome, palatable beverage is quite equal to Guinness's Stout, and further, that its properties as a tonic and nutritious stimulant are not exceeded by the celebrated Dublin brewing. While its price is very much lower. We recommend our correspondent to try it.

MISCELLANEOUS.

We are requested to call attention to the Summer Carnival and Electric Light Exhibition which will be held at St. John, New Brunswick, on July 22nd, to celebrate the opening of the Canadian Pacific short line to St. John's, and the union of the cities of St. John's and Portland. A very attractive programme is put forth covering ten days, and we have little doubt that those able to attend will enjoy a great treat. Halifax follows suit the ensuing week, the leading features being naval and military demonstrations. The thoughts of the former to the inland-bound Manitoban, with the thermometer 90 in the shade, suggestive as it is of fresh sea breezes, crested green waves and the never-ceasing music of the ocean's roll, will call up longings which we hope many will be able to gratify, and while gazing at the manifold attractions provided by our Eastern friends will drink in the health-restoring breezes of the ocean.

THE *Bristol Medico-Chirurgical Review* quotes the following: "The physicians of our vicinity have combined for pro-

tection against delinquent debtors. The plan adopted is as follows: The physicians make out and exchange lists of patients who are delinquent debtors. All agree to refuse medical aid to such delinquents except for cash. The plan has worked like a charm, and many old debts are being paid."

WANTS RECHRISTENING.—*Montreal Gazette*: Canadian old rye is not all that it seems. A good deal of it is neither old nor rye. The statistics of the inland revenue department show that during the year 1887-8 of the 94,243,866 pounds of grain used in the manufacture of spirits (which is whiskey) only 11,622,004 pounds were of the kind that gives the name to the greatest part of the production. No one buys corn whiskey, yet 74,285,000 pounds of Indian corn was consumed in the process of distillation. The other material used was 4,606,000 pounds of malt, 2,256,000 pounds of wheat, 92,000 pounds of barley, and 1,380,000 pounds of oats. Oat whiskey must be something truly terrible in its effect upon human constitution.

TAPPING THE CEREBRAL VENTRICLES.—At a recent meeting of the Philadelphia County Medical Society (*Medical News*, 9th), Dr. Keen, the president, read a preliminary report on a case of tapping and irrigation of the ventricles, a procedure which he had advocated last autumn, and which he had since learnt had been suggested by Wernicke in 1881. The case in question was one of marked double choked disc, with complete blindness, dating from Christmas. He tapped the ventricle five weeks before reporting the case, reaching it by the "lateral route," at a depth of an inch and three-quarters from the *Jura mater*. From two to four ounces of fluid escaped daily at first, but the discharge became freer when a rubber tube was substituted for the horsehair drain at first employed. He explored the left occipital lobe with a probe, and also the cerebellum, but could find no tumor; and subsequently he tapped the opposite ventricle and washed both ventricles out with boracic solution. The sequel of the case is to come, as indeed are the full details of the symptoms and treatment of

the case. The publication of these will be awaited with interest.

TOOTHACHE DROPS.—Morphine acetate, $\frac{1}{2}$ -1 grain; oil of peppermint, 5 drops; phenol, 20 drops; collodion, 1 drachm. Apply with cotton.—*Jour. de Med.*

TEAR BLANKET TREE AND STENOCARPINE.—During the past month or two many of the medical journals gave accounts of experiments made with a substance claimed to be an alkaloid and to possess properties closely analogous to those of cocaine. The history of this substance is given as follows: "During the past fall, Mr. M. Goodman, veterinary surgeon, in traveling through West Feliciana Parish, La., had occasion to apply a poultice to the fetlock of one of his horses. Having none of the customary means at hand with which to make it, he raked together a number of leaves from the ground, and having saturated them with hot water, applied the mass as a poultice to the inflamed part. After the swelling had arrived at a proper condition, he made a free incision into the part without the horse giving any evidence of pain. It occurred to him that the leaves might have anæsthetic properties; and a few weeks after, having occasion to open an inflamed bursa on the elbow of another horse, he made a similar poultice, applied it as before, and again made the incision without any pain to the animal. Mr. Goodman states that the tree is known in the locality mentioned as the *Tear Blanket Tree*. It grows to the height of 35 to 40 feet, with a diameter to the bole of about 18 inches, and a spread of foliage of about 30 to 35 feet. The leaves resemble those of an acacia. The bark is smooth. From the ground up, the tree is furnished with clumps of forked spines or thorns, the parent spine springing at right angles from the bough or trunk. Though Mr. Goodman is a native of the region, he has never seen the tree blossom. As fruit it bears pods 8 or 10 inches in length, flat and slightly curved, containing seeds and a viscid juice. The spines are very tough and highly polished, and the wood is extremely tough. It grows in clumps and singly, and is abundant in Louisiana.

ANTIPYRIN is stated by Dr. Herbert Snow (*Brit. Med. Jour.*) to relieve the pain of incurable cancer, and to act best when given with morphine, the analgesic effect of which it greatly enhances.

COLCHICINE is recommended by Dr. Darier in certain eye affections, and is administered in pill form, each pill containing $\frac{1}{64}$ grain of the drug of which from 1 to 2 or 4, or even 6 pills, can be taken daily. Care must be taken to instruct patients to reduce the dose as soon as intestinal derangements manifest themselves. Some patients have taken as many as 200 pills, without complaining of unfavorable symptoms.—*Med. News*, March 3, 1889.

IODOFORM POISONING IN CHILDREN.—Dr. Cazin reports two cases of children who had toxic symptoms after applications of iodoform dressings following surgical operations. In one of them "the symptoms took a comatose and in the other a meningitic form." After a modification of the dressings the symptoms disappeared. Dr. Cazin thinks that iodoform should be used with the greatest caution in dressing open wounds in children.—*Repert. de phar.*, April 1.

A NEW ANTISEPTIC POWDER DRESSING.—The author proposes to employ infusorial earth, sterilized by being subjected to a heat sufficient to cause it to glow. It may be used pure or treated by the use of disinfectants. Infusorial earth is an easily friable grayish or whitish mass, occurring at times as a solid, chalk-like deposit and sometimes as a meal-like substance. It will absorb from five to seven times its own weight in water. Mixtures of equal parts of this infusorial earth and salicylic acid, salol, and iodoform, as well as a 1—2000 trituration of corrosive sublimate, proved useful. The easy solubility of the latter in the wound secretions renders the application especially useful in infected wounds. The value of this preparation of infusorial earth as a provisional occlusive dressing in gun-shot wounds, during transportation from the battle-field to the field hospital, is especially commented upon.—*J. HABART Wiener Med. Presse*, No. 9, 1888.

LACTIC ACID IN TUBERCULOUS DIARRHŒA.—Segary and Aune recommend lactic acid, 2, 6, or 8 grams in twenty-four hours, in the treatment of diarrhœa of phthisis. They report 9 successful cases.—*Jour. Amr. Med. Assoc.*, March 2, 1889.

CONSTIPATION.—DR. O. P. REX, in *Col. and Clin. Record*.—For the constipation of children where the stools are clay colored and hard, for a child one year old:

R. Podophyllin gr. $\frac{1}{2}$
 Spirit. vini rectificat. ℥ ixxx
 Syrup f $\bar{5}$ j
 M. Sig.—f $\bar{5}$ j ter die.

CREASOTE IN PHTHISIS.—In the clinic of Dr. Verstracten (*Rev. gen. Clin. et Thera.*), creasote has been found of service in phthisis. It may be given in the following ways:—

(1) One part may be mixed with 20 of cod liver oil. Of this mixture 3 to 6 teaspoonfuls must be administered daily.

(2) It may be combined with an equal part of almond oil, and five or ten drops of the compound given three times daily in two tablespoonfuls of warm milk or broth.—*American Jour. of Phar.*

VIBURNUM—Trifolium.—DR. A. LUTAUD, in *Jour. de Med.*, adds to the testimony which is accumulating as to the value of viburnum trifolium in obstetrical cases. He has found viburnum above all a uterine sedative, its use being especially efficacious in preventing abortion and reducing the pains in dysmenorrhœa. In such cases he believes it to be decidedly preferable to opiates, as it is free from the secondary effects of the latter; and it may be given to pregnant women in whom opium is contraindicated. He refers to the case of a woman in whom the membranes were prematurely ruptured, and in whom the employment of viburnum so delayed the occurrence of labor as to permit the patient to make a railway journey and be delivered at her own home. His experience further warrants him in recommending the employment of viburnum in all forms of dysmenorrhœa, and when the uterine contraction leads to abortion or premature delivery.

THE ETHER SPRAY IN STRANGULATED HERNIA.—On Saturday, May 4th, I was called at 10:30 A.M. by Mrs. R—, aged forty-seven. I found a hard swelling about the size of an orange in the right groin. No impulse was caused by coughing. There was constant vomiting, which had not, however, become stercoraceous. During December last I attended this patient for a similar condition, and I was then able to reduce the hernia by taxis. On the present occasion I found this to be impossible. I prescribed the usual treatment, and returned at half-past twelve, when I again tried taxis unsuccessfully. Having read of the use of the ether spray in THE LANCET of May 4th, I determined to test its merits. I sprayed the hernia for about twenty seconds, using less than two drachms, and was much gratified to find that I was able to return the intestine with the greatest ease. The patient rapidly recovered, and has been up and attending to her domestic duties. The successful result I believe to be caused by the sudden application of cold relieving the congestion at the point of stricture.—W. E. LLOYD.

GLYCERINE—to Os Uteri for Vomiting of Pregnancy.—A writer in the *Lancet* says that vesication over the fourth and fifth dorsal vertebrae will put an end to the vomiting of pregnancy. A patient pregnant six or eight weeks, sick continually, put on a small blister as above recommended, and in a few hours a copious flow of water passed from the vaginal outlet, and immediately patient said she felt relieved and expressed surprise on feeling so well. She felt well for several days, then she was sick as before, and asked to be blistered, which was done; in a few hours water passed as it did before and immediately sickness ceased, but in a few days was sick again, but not so bad as at the beginning. I reasoned that the flow of water gave the relief, and if so, glycerine was the remedy. Knowing its good effect as a laxative when injected into the bowels, and also when applied to os uteri on tampon it causes water to flow, I had patient to saturate a ball of absorbent cotton with string attached and apply to the os, and

in a short time water flowed freely and the same relief was obtained. On second application, a week later, relief again, and has continued to remain well.—S. B. KIRKPATRICK, M.D., in *Texas Courier-Record*.

PICROTOXIN is recommended as an antidote for morphine by Prof. A. Bokai (*Internat. Klin. Rundsch. Jan., 1889*). It is a powerful stimulant to the vaso-motor centre, and may reduce the danger of asphyxia in chloroform narcosis if a small dose be previously administered.

MEDICAL WOMEN IN RUSSIA.—It is announced in the daily press that the Russian Government has found it necessary to issue a regulation forbidding female medical practitioners to attend adults of the male sex. What has led to this order has not as yet transpired, but it is not improbable that some case of scandal may have occurred.

DOSES OF SULPHONAL.—In a long study of sulphonal, *Bul. gen. de Therap.*, March 15, M. Egasse gives the doses as follows: For children, 12 to 25 cgm., two hours before bed-time. For women, 1 to 2 gm.; and for men, 2 to 5 gm., daily, either fractionally, or, as seems preferable, in massive doses, given during a meal, or two hours before the hour for sleep. It is best given finely pulverized, in capsules, but may be held for some time in suspension in dense mucilaginous mixtures. It may also be given in wine or milk.

IGNIPUNCTURE OF THE TONSILS.—Dr. Wilhelm Roth, of Muntzen, finds that in order to reduce the size of the tonsils without risk of troublesome hemorrhage, which is not uncommon, especially in young subjects, the best plan is to employ ignipuncture, as has been recommended by Kriehaber, and more recently by Verneuil. The tonsils and neighboring parts are first brushed over with a 10 to 20 per cent. solution of cocaine. The finest point of the thermo-cautery, heated to redness, is then inserted to a depth of about five millimetres in three or four spots a few millimetres apart from one another on the tonsils. The instrument is not allowed to remain more than one or two seconds in the tissue. The whole

operation, including both tonsils, can be performed in a very few minutes without any bleeding, and with scarcely any pain. It must be repeated four or five times at intervals of two or three days, and this is usually sufficient to cause the tonsils to return to their ordinary condition.

A READY AND EFFECTUAL METHOD OF APPLYING THE PRINCIPLES OF MANIPULATION IN THE REDUCTION OF RECENT DISLOCATIONS OF THE SHOULDER-JOINT.—As a ready and simple method of reducing dislocations of the humerus, I can recommend the following manoeuvre, which I have successfully put in practice in three cases of recent luxation of the humerus (subcoracoid) coming under my personal care: The patient—suppose the right humerus is dislocated—is placed on the floor on his left side, and the surgeon stoops or kneels beside him, and, taking the patient's right arm, places it with the forearm lying over the operator's neck, whilst the patient is directed to grasp the wrist of the injured arm with his left hand, or lock his fingers together. The surgeon is thus hugged by the arms of the patient. Now, in order to effect reduction, traction should be made "in the axis of the bone perpendicular to the glenoid fossa," as this allows relaxing of the muscles (the main obstacles of reduction), and is the best method of overcoming the mechanical difficulties preventing reduction. By gently raising him-elf into a more erect position, the surgeon makes traction on the extremity in a gradual, continuous, steady pull, and the weight of the patient's body as the counter-extending force, whilst the right hand of the operator, placed in the axilla, feels the head of the bone, and with a gentle touch of his fingers the bone slips into its place. The hands of the operator are entirely free to guide the head of the bone, the right one in the axilla, the left one placed on the shaft of the humerus steadying it, and both helping the mind to change the direction of traction into the line of least resistance by the swaying motion the surgeon can impart to his body in the "hunkering" position in which he acts. The principles are simple and easily understood. By humour-

ing the muscles and their various degrees of tension, spasm, and resistance the bone can be easily restored to its natural relation with the scapula. No extraordinary effort on the part of the surgeon is required; all movements can be done, as they should, in the gentlest manner possible, persevered in slowly and steadily, without jerking, and it is found that by moderate extension, and without any assistant's help, the surgeon, with surprising ease, in less than two minutes, feels the bone go into its place with a slight snap
GEORGE S. THOMSON, M.B., M.Ch., M.A. O., R.U.I., etc., Surgeon, I.M.S., Bombay Army.

THE INFLUENCE OF JABORANDI ON THE COLOR OF THE HAIR.—Dr. D. N. Prentiss has met with two cases where the use of jaborandi or its active principle pilocarpine was followed by an entire change in the color of the hair. The first case occurred in 1880. The subject, a lady, suffered from severe anuria for several days. The resulting uremia being unrelieved by hot baths and packs, one-eighth of a grain of the hydrochlorate of pilocarpine was injected subcutaneously. The effect was so prompt and satisfactory that it was repeated at intervals until convalescence was established; twenty-two doses being given. In a few months the light blonde hair of the patient was perceptibly darker and in a year the color was almost a pure black. This case is known to scores of people in Washington, D. C., and is entirely beyond question. The second case is a lady aged 72, suffering from Bright's disease. Her hair and eye-brows have been white for twenty years. She suffered greatly from pruritis of uramic origin. Jaborandi was exhibited in doses from 20 to 30 drops several times a day and was used from October 1886 to February 1888. During the fall of 1887 it was noticed by the nurse that the eye-brows were growing darker, and that the hair of the head was darker in patches. These patches and the eyebrows continued to become darker, until at the time of her death they were quite black, the black tufts on the head presenting a very curious appearance among the silver-white hair surrounding them.—*Ther. Gaz.*, April, 1889.

TO REMOVE SUMMER FRECKLES.—

R.—White precipitate, } aa ʒ i.
 Subnitrate of bismuth }
 Glycerine of starch, ʒ iv.—M.

Every second day apply a coating of this preparation to the freckles. Washing the affected parts with the following lotion mornings and evenings will also suffice to remove them.

R.—Sulpho-carbolate of zinc ʒ i.
 Glycerine ii.
 Alcohol i.
 Orange-flower water i.iss.
 Rose water, q. s. ad. ʒ viii.
 —M.

THE TREATMENT OF RICKETS should be by food rather than by drugs. Raw meat is of more value than iron, and cream or fresh milk than cod-liver oil. The diet must be carefully examined to see that it contains a due proportion of fat, proteids and salts. A sufficiently close estimate is easily made, since the composition of milk and of all foods used for children is accurately known. The amount of animal fat in a rickety child's food must equal at least one-fourth of the total solids taken; proteids and carbohydrates about one-third, and salts about one-tenth. Such a diet will cure rickets without drugs. Iron is often a useful adjunct. The salts may be added in the form of lacto-phosphate. Potent aids are sunlight, fresh air, and warm clothing.—*Lancet.*

DIAGNOSIS OF BRAIN CYSTS.—Professor Edmond Souchon, of New Orleans, has suggested that in cases in which the diagnosis of cyst or abscess of the brain is doubtful, the brain may be explored with a fine aspirating needle introduced through a small hole made in the skull with a watchmaker's drill, furnished with a gauge and screw so adjusted as to prevent the "bit" from penetrating too deeply after working through the bone. He has performed the operation several times on dogs, and these animals, after recovering from the chloroform, did not seem to have been in any way affected by the operation, and remained afterwards in perfect health. In an animal

killed before recovering from the chloroform there were seen only small extravasations under the scalp and under the pia mater. Professor Souchon thinks that the "bit" used should be large enough to make a hole in the skull to admit a needle twice the size of an ordinary hypodermic needle.

DIPHTHERIA FROM DOMESTIC ANIMALS.

—Dr. Robinson, in his report to the sanitary authorities of the East Kent Joint Committee, writing on the communicability of diphtheria, says: "At one isolated farmhouse the disease was concurrent with disease amongst the farm stock, with this further coincidence that, on the occasion of a prior outbreak of the disease at the same house, the cattle were also concurrently affected. The first case in another out-of-the-way hamlet was that of a boy who had been feeding dogs with the carcase of a diseased cow. In one outbreak there was a sudden explosion of the disease confined almost, if not entirely, to the consumers of milk from a particular dairy; and, on inquiry at this dairy, it was found that three cows had been ill, two of which had been disposed of by slaughter. At another locality where the outbreak was limited to two children in the same family, the father of the children had previously had care of a horse suffering from ulceration of the nostrils. Experiment has demonstrated that diphtheria can be communicated to the lower animals, and, if conveyance from the lower animal to man occasionally takes place, some of the isolated outbreaks, hitherto unaccounted for, may have risen in this way."

TREATMENT OF BUBO BY PUNCTURE AND PRESSURE.—In the year 1857 the hospital at Hong Kong was crowded with cases of bubo, which were treated in orthodox fashion: diligently poulticed, opened, and sinuses slit up. In consequence, of the length of time it took to get these cases well, it occurred to me that a simpler treatment at the outset would obviate this wholesale cutting, and shorten duration in hospital. I therefore made a

single lancet puncture at the bottom of the gland, letting out pus, if any, or a few drops of inspissated blood; pressure was at once applied and the patient allowed to walk about—in sitting to keep the thigh straight with the body. This plan was efficacious and popular, for it kept off the sick list persons who must otherwise have gone on it. On one occasion, in England, a married woman, with a family, who had a bubo in each groin (not specific), was treated in this way, to her great advantage. I can therefore strongly recommend Surgeon-Major Curran's method, though somewhat different to that mentioned above.—C. M. JESSOP.

COMPOUND SULPHUR CANDLES.—Medical practitioners frequently find it difficult to secure the adequate disinfection of a room without actual personal supervision of the process throughout. The compound sulphur candles submitted to us by Messrs. Seabury & Johnson, of 46, Jewin Street, are intended to simplify and render safe the disinfection of rooms, etc., by sulphurous acid gas obtained from burning sulphur. The so-called candle really consists of a circular, shallow metal box, containing one pound of sulphur. In this are inserted several wicks, by means of which the mass of sulphur can be ignited. The box should be placed in a bowl containing a little water. By this means, all danger of charring or actually igniting woodwork, etc., is avoided. One candle will burn for two hours, and, if the room be too large to be properly disinfected by the product of the combustion of one pound of sulphur, any number of candles can, of course, be employed, in accordance with the requirements of the case. These "compound sulphur candles" afford a very safe and convenient method of disinfection by means of sulphurous acid gas, and are in every respect a marked improvement on the popular method of burning roll sulphur on an iron tray placed in the room on bricks.

A WARNING TO INSURANCE COMPANIES.
—Insurance companies will need to revise their form of application for intend-

ing insurers, if the recent decision in the case of *Jarvis v. the Marine General Mutual Life Insurance Company* should be upheld. The wife of the plaintiff had died from cirrhosis of the liver four months after effecting an insurance on her life. In her declaration she had denied any intemperate habits, and had given the name of a doctor who had attended her, as she stated, for a confinement eighteen months previously. This gentleman was called by the company, and proved that he had attended the deceased for cirrhosis of the liver and alcoholic paralysis, and not for a confinement or a miscarriage; and it was proved by the midwife that the miscarriage had been about three years previously. The company refused to pay the policy, on the ground of fraudulent answers and misrepresentation, and the husband brought an action. The jury found a verdict for him, thereby affirming that the answers of the woman were true. The company appealed, and the case was argued before Justices Matthew and Grantham with the result that they differed, the former thinking that the verdict ought to be upheld, the latter that it should be reversed. Leave was given to appeal; and it is obvious that, if the verdict should finally go against the company, more stringent steps must be taken in future to obtain a reliable statement from the candidate for insurance, for it cannot be supposed for a moment that any office would accept an insurance on the life of a person who had been under treatment for cirrhosis of the liver and alcoholic paralysis. This is not the first insurance case, however, in which overwhelming medical testimony has been entirely ignored by the jury.

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