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# CANADA MEDICAL RECORD

AUGUST, 1899.

## Original Communications.

### \* EXCISION OF THE LOWER HALF OF THE RECTUM FOR CANCER.

By A. LAPHORN SMITH, B.A., M.D., M.R.S.C.S. Eng.

Surgeon-in-Chief of the Samaritan Hospital for Women, Montreal.

As very few cases of this operation have been reported to this Society during the twenty-two years that I have been a member of it, I thought that it might be interesting to the members to examine this specimen and to hear a brief outline of the operation which so far has been followed by the happiest results. As the patient herself had expressed her willingness to be present, I called upon her yesterday and found her looking the picture of health, but unfortunately she had made all her arrangements to start on a thanksgiving pilgrimage to the shrine of St. Anne, so that her coming before the Society will have to be postponed until our next meeting. The specimen which I now show comprises the lower half of the rectum as well as an enlarged lymphatic gland the size of a pigeon's egg, which was removed from the cellular tissue on the left side and about two inches from the anus. Although a very careful search was made all over the pelvis, no other enlarged gland was found.

The lower quarter of the rectum was so softened by the breaking down of the disease that it came away in pieces, but the upper half of the disease was more solid, and held well. The specimen has been in formalin for several months, and is not in such good condition as it was a few weeks ago, when

\* Read before the Montreal Medico-Chirurgical Society.

the ring of healthy bowel half an inch wide was beautifully seen.

The patient was a Mrs. M., 33 years of age, married at 20, and the mother of four children, and she has had one miscarriage four months ago; her family history is absolutely free from any suspicion of cancer. Since one year she has experienced considerable difficulty in moving the bowels, but during the last four months before seeing me she had been suffering agonizing pains. During all those four months she has had to get up twenty times a day and as many times a night, and she would sit on the chamber straining sometimes for an hour at a time so that she practically spent most of her time on it. No stools came, but sometimes there were casts of the intestine and blood and matter. All this time she was under the impression that she had piles, until she sent for Dr. McNamara, who at once made an examination, and found that there were no piles, but instead a stricture extending from the anus up to as far as he was able to reach with his finger. Recognizing the cancerous nature of the disease, he at once called me in consultation. My finger being longer than his, I was able to just get my index finger a little above the top of the disease. As the patient's health was breaking down from want of sleep and from the use of morphine, which Dr. McNamara found absolutely necessary to relieve the pain, I urged immediate operation, and just as soon as the patient's consent was obtained the operation was performed in the following manner:—

After carefully sterilizing the vagina and rectum, a sponge was pushed up the rectum above the stricture to prevent fæces from coming down. Then the vagina was divided in the middle line from back of the cervix down to the perineum, and the latter was cut through down to and through the sphincter ani. The right and left flaps of the vagina were then dissected away mostly with the finger and handle of the scalpel, until the whole of the rectum could be plainly seen and felt as far up as the promontory of the sacrum. Douglas' cul-de-sac was not opened, but the peritoneum was pushed up. The rectum tube could now be

plainly felt, and the upper limit of the disease was easily detected. On the left side of the rectum, about an inch and a half above the anus, a lymphatic gland was found as large as a small walnut connected with the rectum by lymphatics; this was easily dissected out from the loose cellular tissue in which it was imbedded, but it was left attached to the rectum. It was not at all difficult now to free the rectum all the way round in the pelvis, but at the lower end it was of course, held firmly by its union with the sphincter ani and levator ani. As I was particularly anxious that she should retain control of the fæces I determined to leave the sphincter and levator ani, and therefore ran a sharp knife around the rectum between it and these muscles, thus freeing completely the lowest four inches of the bowel, which was then dragged down by pushing the peritoneum upwards and detaching it from its loose cellular surroundings until all the diseased portion could be brought lower than the level of the anus. It was then clamped an inch higher than the disease extended, and cut off about half an inch above the disease in perfectly healthy tissue. Before removing the clamp eight catgut stitches were passed from the skin of the anus to the margin of the rectum, and when the clamp was removed these were tied, thus bringing the rectum snugly down to the skin. The sphincter ani was then sewed together, and the vagina and perineum also sewed up with running catgut, and when the operation was completed it had exactly the same appearance as if the patient had had an operation for lacerated perineum and hæmorrhoids.

*Result.*—This was very satisfactory. From the day of the operation she has been entirely free from the distressing bearing-down pain, and has gained flesh. She has complete control of her bowels even when they are liquid, and she can also hold wind, and she is not only able to do her house-work but even to assist her husband in the store.

Although some might criticise the course pursued by saying that I should have removed the sphincter ani and levator ani, I feel convinced that it would almost be better to do nothing at all than to leave the woman in such a dis-

gusting and deplorable condition as those I have seen who had no control of their bowels. My patient, on the contrary, is enjoying life, can go to public and private places of amusement or instruction, and can exchange visits with her friends in perfect comfort. If the disease had gone beyond the rectum, then it would probably be also in organs which could not be removed, such as the liver or lungs, and no operation would save her; in which case that one is preferable which gives her relief from pain without disabling her from enjoying life.

250 Bishop street, Montreal.

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## Selected Article.

### SUMMER COMPLAINT IN CHILDREN.

By LOUIS FISCHER, M.D., New York.

This dreaded complaint is caused by malassimilation and improper feeding during the hot weather. Children of all ages are predisposed to these attacks, although an infant at the breast, if properly fed, that is, at regular intervals, usually remains exempt. The greatest number of cases occur in the hand-fed, so-called bottle babies. The most frequent cases is certainly overfeeding of children, and feeding them too often with food that is both improper in quality and quantity. The digestive powers of a child are reduced to a minimum during very hot weather, and thus greater caution must be exercised than in cold weather. If we have been overfeeding, as previously stated, then the first symptom met with is vomiting. This is nature's means of trying to relieve an overloaded stomach. Food that has remained in the stomach for some time, especially when the gastric secretions are diminished, and chiefly when the pepsin and hydrochloric acid are deficient, will permit micro-organisms to develop putrefactive changes terminating in fermentation. Fermentation develops gases, and thus it is that the ultimate result will be eructations or a fermentative diarrhœa, plus considerable flatus or emptying of gas. Such stools usually smell sour and contain large quantities of bile and also undigested particles of food. This is the usual form of summer complaint met with, in which the children will

suddenly get intensely thirsty, lose their appetite, and if they do not have spells of vomiting they will surely have greenish or liquid foul-smelling stools. Whenever the stomach has thus been disordered, nature very properly tries to eliminate the contents by producing either vomiting or diarrhœa.

It is a safe plan to aid nature by giving a large dose of castor oil, and if the same is thrown up to repeat the dose. Another valuable remedy is calomel. This can be given not only with the object of stimulating the flow of bile but also as an intestinal antiseptic, as it is converted into bichloride of mercury, which is a powerful antiseptic, and neutralizes by its presence fermentative action in the bowels. The best reason for giving calomel is that it cleanses the stomach and bowels, and thereby removes the cause of the disease.

*Irrigation.*—Whenever possible, it is wise to have the stomach thoroughly washed by using warm table salt solution, and continuing this until the contents of the stomach flow away clear. This should never be done by any one but a physician, as some of the most serious accidents can happen, as, for example, instead of pushing the rubber catheter through the mouth into the œsophagus and into the stomach, it has happened that the tube has been drawn by inspiration into the trachea or windpipe, and the lungs have been flooded causing instantaneous death. This accident happened to a trained nurse with one of my patients.

So much for cleansing the stomach; in washing the bowel we practically pursue the same method as when we flush the stomach. The process consists in taking a fountain syringe, filling it with warm water, the temperature of which is  $110^{\circ}$  F., and adding a teaspoonful of table-salt to each pint of liquid used. The catheter used should be soft rubber, of the proper size, and should be lubricated with sweet oil, vaseline or glycerin; the point of the catheter should be gradually introduced, and great care taken lest the mucous membrane, which in this disease is already inflamed, should be irritated and bleeding ensue. Undue pressure by having the syringe at too great a height must be avoided by raising it only two feet above the child's body. If carefully carried out, the gradual flushing of the lower bowel will not only cleanse it from fecal matter and wash out fermentative gases, but will also cause a large amount of liquid salt solution to be absorbed into the body through the intestinal glands, and thus add to the volume of the blood. It is understood that a continual looseness of the bowels with

mucous discharges will drain the system to such an extent that liquids are called for, and thus it is that we can supply, by this simple method of washing, some liquid through the rectum. Nature's signal for liquid is usually given by an intense thirst, and one of the wisest things to do is to administer large draughts of sterilized water (boiled), which can be cooled by placing it on ice. Cold tea, very weak, should also be given as a stimulant and to quench thirst. One of the most beneficial and grateful drinks is acidulated water, made thus: To a tumblerful of plain boiled and cooled water add five to ten drops of either dilute hydrochloric or phosphoric acid. The same can be sweetened by adding some glycerin (which is a powerful anti-fermentative) or some saccharin. I do not advocate the addition of sugar in fermentative conditions of the stomach and intestines. The injection, hypodermically, of several pints of warm saline solution having the temperature of the blood, technically known as hypodermoclysis, is one of our most valuable means of restoring the circulation when children suffer from collapse during the course of a severe attack of cholera infantum; it is a safe plan to apply an ice-bag over the top of the head, especially if we are dealing with severe pulsations of the fontanelle; my plan is to insist on giving a very strong mustard foot-bath at or about the time of applying the ice-bag to the head. These would be the usual indications in the ordinary cases of summer complaint requiring immediate treatment.

*Dietetic Treatment.*—This the most important part in the management of a case of summer complaint. And this is really the part which, if faithfully carried out, will do more toward the completion of the cure than almost all medicinal treatment.

The first point to be borne in mind is to discontinue all kinds of food which were given at the time of the attack; so, for example, if milk has been given the same must be discontinued, and in its place a food more easily assimilated, as, for example, barley water, rice water, farina water, sago water, cornstarch water and arrow-root water can best be given. These are simple preparations, and are usually made by adding a tablespoonful of barley, rice or farina to a pint of water, boiling the same, and straining it and warming it immediately before feeding; it should be given in the same quantities as the child has been in the habit of taking prior to this attack, but at longer intervals, thus allowing the stomach much more time for the digestion and absorption of

a lighter article of food, and giving it a little more rest; for example, if a child has been fed on four ounces of cow's milk and two ounces of barley water, and the feeding was continued every three hours, then it is a good plan during an attack of summer complaint to stop the milk and give only the barley water, six ounces, and feed every four hours. During the interval, if the child is very thirsty, it is a good plan to give boiled water plain, or boiled water to which the white of a raw egg (albumen water) and some salt are added, and, if the child is old enough, an occasional few drops of the expressed juice of meat, made by broiling a steak over a fire and expressing the juice in a lemon squeezer or meat press. When the infant's normal condition is again restored and all disease symptoms have passed away, then we can gradually return to nature's remedy—milk feeding. Every mother knows how difficult it is to keep milk fresh and pure during hot weather, and, therefore, greater care must be taken thoroughly to destroy any and every possible source of contamination, namely, germs of all kinds, by steaming the milk in a sterilizer at least forty-five minutes. When milk is to be kept only a short time pasteurization can be resorted to. Pasteurized milk is really milk that is sterilized at a lower temperature, but for all practical purposes the common milk steamer will answer.

*External Applications.*—The choice as to whether a towel wrung out in cold water should be applied if there is excessive heat in the body, or a hot application if the child's body is cold and has a subnormal temperature, should be left to the discretion of the physician.

*The Temperature.*—While in most diseases the thermometer is our guide and should be cautiously watched, we are well aware of the fact that in some diseases, more especially brain affections, the thermometer will show a normal or subnormal temperature; on the other hand, the thermometer will be one of the most valuable guides in detecting the slightest elevation of temperature, and it will be a great comfort if, for example, a temperature which yesterday was 105° F. will gradually come down under proper treatment to within normal in one or two days.

It is not my intention in the course of this brief paper to give any elaborate details of drug treatment; my object is rather to elucidate a few points which occur in the course of this disease, and thus contribute to an understanding of what the treatment really should be. The most important point, and, if I may say, last but not least, is the enforcement of



change of air. It is a well known fact that a child suffering from summer complaint in the midst of a warm city will suddenly become almost constipated on being given a sea voyage. Hence the importance of a change to the seashore at the first appearance of this disease.

*Cold Sponging* with sea-salt water and also cooling the spine by douching with several pitchers of iced water are beneficial and grateful. It is self-understood that cleanliness and change of clothes are of the most vital importance.

*General Management.*—Nothing is so pleasing to an infant as the removal of all unnecessary clothes, and hence it is our duty to make these suffering children comfortable.

The first point after properly cooling the body with bathing, sponging, and using either alcohol and water or some perfumed toilet water, is to check perspiration. To do this effectively we must keep the child in a large, well-ventilated room, the temperature of which should be maintained at about 68° to 72° F. if at all possible. The room should be darkened, and all unnecessary noises and irritations are to be strictly avoided.

Children seem to lie comfortably in hammocks, and as these permit plenty of air to surround the patient they are certainly advantageous. The bad habit of rocking the children should be avoided, as it is uncalled for, and frequently promotes gastric disturbance ending in vomiting.—*New York Medical Record.*

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## Progress of Medical Science.

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### MEDICINE AND NEUROLOGY.

IN CHARGE OF

J. BRADFORD McCONNELL, M.D.

Associate Professor of Medicine and Neurology, and Professor of Clinical Medicine  
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### TREATMENT OF ACUTE RHEUMATISM.

H. B. Favill outlines a routine, but says that no case should be treated by a predetermined plan: 1. Empty the bowels; preferably with a mercurial. 2. Administer salicylate of sodium to its full analgesic effects; if not well borne give oil of wintergreen. If it is contra-indicated by cerebral

conditions, use antipyrin or the coal-tar preparation best adapted. If these are contra-indicated by the condition of the heart or nervous system, use opium; at all events control pain. 3. As the pain is controlled by such means aided by local measures, particularly heat and immobilization, gradually withdraw the salicylate, and saturate the system with an alkali, continued till the active process seems controlled. 4. Finally, while giving the alkali, or after it, administer iron if the conditions of the bowels and liver permit; at all times promote intestinal hygiene by mercurials, cholagogues or salines.—*Four. Am. Med. Assn.*

### THE TREATMENT OF DIABETIC COMA.

An increasing knowledge of the dietetics of this disorder teaches the profession that strict adherence to anti-diabetic food favors the development of coma. While the exclusion of carbo-hydrates lessens the amount of sugar in the urine, and thus overcomes one symptom of the disease, it is doubtful if the diabetes is improved by the lessening of the sugar in the majority of cases. Greater benefit is to be derived from lessening the carbo-hydrates than from their total exclusion. The presence of acetone in the urine should at once direct the attention of the physician to the possibility of the development of coma. Even when this is not noted, the peculiar odor of new-mown hay in the breath or a marked lassitude in the patient should be sufficient to direct the attention to this possibility. These symptoms should be followed by an abrupt change from an antidiabetic diet to a strict milk diet. Saline purgatives should be administered to clear out the intestinal tract, as it is possible that diabetic coma may have its origin in fermentations in the intestinal tube. Bicarbonate of sodium should be administered in large doses to overcome the lessened alkalinity of the blood. If coma develops, the following solution should be injected into the colon:

Chloride of sodium.....	1 dr.
Bicarbonate of sodium.....	2 ½ drs.
Distilled water.....	1 quart.

If this is not followed by some relief, the same solution, properly sterilized, should be given hypodermically; or in cases of great urgency it may be thrown into the veins.—*Medical Review.*

## ALCOHOL AS AN ANTIDOTE FOR CARBOLIC ACID.

Occasional reports of carbolic acid poisoning, which appeared in recent issues of the current medical press, remind us of the success achieved by Phelps in antidoting carbolic acid by the use of alcohol. He states that the hands may be washed with impunity in ninety-five per cent. carbolic acid, and that no escharotic effect will result if they be immediately dipped in alcohol. He has employed injections of pure carbolic acid in suppurating cavities, and has then washed them out with alcohol. The procedure has not been accompanied by carbolic acid intoxication. The method has been found to be very efficient in immediately sterilizing suppurating cavities, and many cases have been followed by a rapid absorption of the walls of the abscess and an obliteration of its cavity. The importance of the discovery in relation to accidents with carbolic acid cannot be over-estimated. The frequency of accidental poisoning with this drug have greatly increased of late years, and the occasional accidental spillings of the contents of a bottle of strong carbolic acid over some portion of the body is by no means infrequent. The application of alcohol to these cases is said to furnish a perfect antidote. Carbolic acid, when swallowed, if followed at once by alcohol is said to be immediately antidoted.—*Med. Review.*

## THE PILLOW CASE METHOD OF ADMINISTERING UNGUENTUM HYDRARGYRI.

Sufficient attention has not been called to Professor Velandér's method of administering unguentum hydrargyri in the treatment of syphilis. In this country the administration of mercury by the skin is neglected, the oral method being employed almost to the exclusion of others. While the oral method is of value in those with a vigorous digestion, and particularly in the early stages of disorder, yet it soon loses its effect, and it is necessary to administer the mercury by inunction, or by subcutaneous injection. Inunctions are applied with difficulty, especially in the lower class of patients and those whose personal habits are uncleanly. The simplicity of Velandér's method commends itself for use in the out-patient departments of our large dispensaries. It is based on the theory that the absorption of mercury is largely by the lungs, even when it is rubbed into the skin. The ointment is applied to the inner surface of a small bag, about

15x20 inches, fastened to the front of the chest by tapes passing over the neck and around the chest. The application is made first to the chest and then to the back, on alternate days. Each night the inside of the bag is smeared with fresh ointment. About three times a week a warm bath is taken, and the skin of the back and chest is carefully cleansed. The method is claimed to be cleanly, efficient and non-irritating; by it the ointment is not brought in direct contact with the skin, and yet sufficient seems to be absorbed to obtain prompt constitutional reaction.—*Medical Review*.

### THE TREATMENT OF HERPES ZOSTER.

J. A. Cantrell says that it is seldom necessary to use extreme measures in the treatment of this affection, as usually a local or constitutional reaction calls for special medication. External measures should be especially directed toward unnecessary friction and the rupture of the vesicles. If this occurs the pain is increased. Internal remedies are called for in those types in which there is extreme constitutional depression, such as is described in the ophthalmic variety. For external application, the author gives the following three formulæ :

R. Bismuth subnitrate.....ʒj.  
 Petrolatum vel. ungt. zinci ox.....ʒviij. M.

Apply directly to affected areas thrice daily.

R. Salol.....ʒiiss.  
 Ether.....ʒj. M.

Apply with brush directly to lesions once, twice or thrice during the day.

R. Morphiæ sulphat..... gr. i-ij.  
 Lanolin..... ʒj. M.

Apply several times daily.

Where there is extreme irritation and where the slightest touch of the clothing causes severe pain, collodion applied directly over the part may give relief. *Maryland Medical Journal*.—*Medical Review*.

### RHEUMATIC TONSILLITIS.

Dr. Bertram Abrahams, in a paper read at the Clinical Society, Jan. 27, gave details of a number of cases illustrating: (1) endocarditis after non-scarlatinal tonsillitis without the intervention of anthritis or chorea; (2) tonsillitis immed-

ately followed by a first attack of chorea; (3) repeated attacks of chorea each preceded by tonsillitis; and (4) the occurrence of sore throats at various points in the rheumatic series.

Clinically 5 varieties of rheumatic throat affection might be distinguished. 1. Faucial erythema, the pharyngeal inflammation described by Trousseau as ushering in an attack of acute rheumatism. 2. Follicular tonsillitis. 3. Quinsy. Between these latter no pathological distinction could at present be drawn, though when a patient had repeated attacks they were almost always solely of one kind or the other, alternation being rarely observed. As in non-rheumatic forms, the follicular variety was commoner in children, quinsy in adults. 4. The abortive form described by Singer, in which the joint and muscle pains were vague. 5. Chronic rheumatic tonsillitis, described by Dr. Max Thorner; this affection was more probably gouty in nature.

In children, where the commencement was insidious, faucial erythema was extremely rare. On the other hand, a large proportion had follicular tonsillitis when first seen, several being brought on this account and either revealing cardiac disease or developing chorea while under observation. In many the tonsils might have been the channel of infection. Bacteriological examination of the tonsils and their exudation in a large number of cases revealed the constant presence of streptococci and staphylococci, the former more frequently, but the latter oftener in pure culture. Similar organisms were found in the urine. Taking these results together with the discovery of the same microbes in the blood and affected joints in acute rheumatism by Sahli and others, the probability of infection through the tonsil became very strong. It was believed by many that the rheumatic patient was poisoned by the attenuated virus of a germ which when fully active leads to pyæmia. The following conclusions were put forward: 1. The more common varieties of rheumatic sore throat fell into two main categories—faucial erythema and tonsillitis proper. 2. Faucial erythema was most common in adults, and rheumatic tonsillitis in children, in whom it usually assumed the follicular type, quinsy being more frequent in older subjects. 3. Faucial erythema was an initial manifestation of acute rheumatism, and tonsillitis might be the actual primary lesion. 4. Many cases were now on record in which endocarditis had followed a non-scarlatinal tonsillitis unaccompanied by joint pain. In numerous other instances the tonsillitis had immediately preceded an attack of arthritis

or of chorea. 5. The presence of the same micro-organisms in the tonsils, joints, blood and urine was evidence in favour of the participation of pyogenic cocci in the etiology of rheumatism. Dr. Kingston Fowler was glad to have Dr. Abraham's confirmation of his own observations first published in 1880. He urged that, if the rheumatic nature of these throats were recognised in good time and anti-rheumatic remedies administered the attacks might be averted.—*The Medical and Surgical Review of Reviews.*

## THE BACTERIOLOGY OF NERVOUS DISEASES.

By J. S. RISEN RUSSELL, M.D., F.R.C.P.

The pathology of many diseases of the nervous system has been revolutionised by bacteriology. The best examples are meningitis and myelitis.

In one class of cases microbes have been found in the cord, where at least some of their effects are caused mechanically by their acting as emboli. In other cases, in which there is every reason to suspect a microbe as the cause of the myelitis, the organism has not been demonstrated at the seat of lesion in the cord, but the evidence of the action of the toxin, instead of the organism, itself is strong.

Among the experiments which support this new doctrine of the pathology of acute myelitis may be cited those of Babinski and Charrin, who produced the disease by the bacillus pyocyaneus; those of Roux and Yersin, by the diphtheria bacillus and the bacillus coli communis; and those of Roger, by the streptococcus of erysipelas. Moreover, Roux and Yersin have proved, with regard to diphtheria, that the effect on the cord may be produced by means of the toxin in the absence of the organism.

The way in which the spinal cord is attacked varies. In rare instances the infective agent may penetrate into the cord, for example, the anthrax and typhoid bacilli. On the other hand, secondary infections, engrafted on the primary, are frequent; thus pus cocci may pass from the part affected into the circulation and so reach the spinal cord, which appears to occur in diphtheria; and staphylococci may act similarly in this disease. The most common mode of attack of the cord, however, is probably by the toxins produced by the primary disease.

Recent literature contains several examples of cases of meningitis and myelitis in which micro-organisms have been found in the cord of its meninges.

Although the relationship which exists between the cerebro-spinal meningitis and the meningo-coccus of Weichselbaum is too well established to require emphasis, a case recorded by Stewart and Martin in the *Montreal Med. Jour.*, 1898, is worthy of notice on account of the careful way in which it has been investigated. It is also of interest in that, according to the writers, it is the first in which acute purulent pericarditis has been met with as a complication. At the necropsy, the diplococci were found in the purulent exudate of the cerebral and spinal meninges and pericardium, and were cultivated. Contrary to the findings of Weichselbaum, Councilman and others, though many of the diplococci were within cells a large number were free.

In an epidemic of cerebro-spinal meningitis which occurred in Athens in November, 1897, Assimis (*Presse Médicale*, May 28, 1898, p. 289) found in three cases a coccus in the blood, which was the same as that in the meningeal exudate, etc.

A small epidemic of suppurative meningitis in Paris came under the observation of Netter (*Bulletin Méd.*, May 15, 1898, p. 471). An organism was isolated which consisted of small cocci and of short chains, and proved to be a variety of pneumococcus capable of being transferred into its original type by a series of cultures.

In a case of acute ascending meningomyelitis Dr. Buzzard and the writer found a diplococcus in the exudate in connection with the meninges, and in the cord. Cultivations were obtained on various media, and the organism proved lethal to guinea-pigs and mice. Though probably allied to the meningo-coccus of Weichselbaum, it presented several points of difference, and had little in common with the diplococcus of pneumonia.

In a case of acute ascending paralysis recorded by Roger and Josué (*Presse Médicale*, July 27, 1898, p. 44), a pneumococcus was isolated from the spinal cord which was slightly virulent to the mouse and rabbit, presenting the characters of the meningo-coccus. The inoculations in three rabbits were followed by paralytic troubles.

Landry's paralysis, at one time supposed to be unattended with any lesions of the nervous system, is now known to be accompanied by minute changes which only more recent methods have made evident. These seem to be the result of the toxins of some organism.—*The Practitioner, the Medical and Surgical Review of Reviews.*

## THE TREATMENT OF DYSPEPSIA.

W. Murrell, M.D., F.R.C.P. (*Med Press*, Jan. 25, p. 82). Three drops of oil of cajeput on a piece of sugar or on a crumb of bread taken frequently is worth all the other anti-fermentatives put together. It is not only antiseptic but agreeable. Glycerine is an excellent remedy; a teaspoonful in a wine-glass of water, flavoured with a few drops of lemon juice will in many cases effect a speedy cure. Very often the writer uses equal parts of glycerine and glycerine of borax. A useful prescription is boroglyceride ʒ s, glycerine ʒ s, spt. chloroformi ʒ xv, syrupi limonis ʒ s, aquæ ad ʒ i. Capsicum is most useful in alcoholic dyspepsia and in the gastritis of drunkards. Minim or two minim doses are ample, but the tincture must never be given in an effervescing mixture or the patient may be blinded. Stimulating the mucous membrane of the stomach by the application of tincture of iodine is a good practice. The writer orders ten minims of tincture of iodine in an ounce of water, with half a drachm of glycerine. It is administered before food, and the patient is directed to roll over from side to side once or twice so as to diffuse it evenly all over the stomach. It produces no pain, but only a pleasant sensation of warmth, and he has never known it to do any harm even when ulceration was suspected. Prof. T. R. Fraser has shown that bichromate of potassium is capable often in a short time of removing all the symptoms of dyspepsia, especially anorexia, pain, nausea, vomiting and gastric tenderness. It should be administered fasting in doses of from one-twelfth grain to one-sixth grain, either in solution or in pill, three times a day. The solution may be flavoured with syrup of tolu or orange, and the pills are best made with kaolin ointment. In gastric ulcer the results are just as favourable as in simple dyspepsia excepting that hæmatemesis is not checked.

Probably the worst fault in the treatment of dyspepsia is prescribing pepsin without explicit directions as to the kind. There are pepsins and pepsins; some are excellent whilst others are practically useless. The estimation of the comparative value of different preparations is by no means easy. It may be done with egg-albumin. The eggs must be fresh, and should be boiled in a uniform manner. The best way is to boil the water first; and then put the eggs in together, and let them boil for ten minutes. If a shorter time is allowed, the white will not separate from the yoke cleanly. The best test is the weight of albumen which one grain of pepsin will



digest in four hours in eight ounces of 1 per cent. hydrochloric acid of sp. gr. 1.150 at a temperature of 38 deg. C. Some time ago the writer tested all the pepsins in the market, and the difference in activity was so startling that now he never prescribes pepsin without indicating the particular make, and previously ascertaining its power. Another mistake commonly made is to give it in too small doses.

### THE THREE LAVAGES IN THE TREATMENT OF URÆMIA.

H. Huchard (*Four. des Praticiens*, Feb. 4, p. 71).—This treatment consists in lavage of the stomach, the intestine and the blood. The object is to diminish the sources of intoxication. Do not delay until the appearance of convulsions, coma and Cheyne Stokes respiration; then it may be too late. Act when the first symptoms—dyspnœa, which resists the milk diet, pallor and muscular weakness—appear. A great number of the toxins of uræmia form in the stomach, the intestine and the blood.

1. LAVAGE OF THE STOMACH.—Possibly the patient has hyperchlorydria, then the stomach sometimes contains very powerful toxins. In such a case, with contraction of the extremities, a toxin has been isolated capable of killing a rabbit in a few minutes. And if the stomach is dilated and retains toxins, is not the indication to evacuate them imperative?

2. LAVAGE OF THE INTESTINE.—Ordinary enemata are not sufficient. Twice or thrice a day introduce by a long soft tube  $3\frac{1}{2}$  pints of boiled water containing 7 per cent. of chloride of sodium. If the fluid is retained it will act as a diuretic and force the renal barrier. If not at any rate intestinal antiseptics is promoted and far better than by any drugs.

3. LAVAGE OF THE BLOOD.—It is not necessary to introduce saline solution directly into the veins—a delicate, difficult; and sometimes dangerous operation. The introduction subcutaneously of 7 to 10 or even 17 ounces twice or thrice a day acts almost as well. The quantity which can be introduced subcutaneously is almost incredible,  $3\frac{1}{2}$  pints have been injected at a time. In a month one patient received 29 pints subcutaneously and 24 by the rectum.

The "three lavages" have given M. Huchard excellent results in the treatment of uræmia. He prefers this treatment to emetics and purgatives which by repetition enfeeble

the patient, to "intestinal antiseptics" which do not render the intestine antiseptic to all the drugs by which patients already sufficiently poisoned are poisoned. He does not altogether renounce purgatives, emetics and above all bleeding—a heroic treatment in certain cases. Sometimes blood-letting in considerable quantity should precede the subcutaneous injection; it will cause more rapid absorption.—*Medical and Surgical Review of Reviews.*

### MEMBRANOUS ENTERITIS.

Dobrovics (*Ungarische Med. Presse*, Jan. 25, 1899, *Medical and Surgical Review of Reviews*) reports two cases of membranous enteritis. The first was a girl, aged 18, who awoke one night in the most violent pain, with abdominal distension, and tenderness to pressure, with cold sweat on the forehead, hands and feet; no flatus passed; micturition painful. An enema and morphine were prescribed. The enema brought away a mass of mucus the size of a fist. Floated on water it appeared to consist of interlacing threads and tubes. Microscopically it was structureless, and chemically nothing but mucin was found. Next day the girl was quite well; no second attack has occurred. The second case was that of a girl, aged 14, who had suffered from digestive disturbances all her life, and was constantly complaining of abdominal pain. Two years ago she had an attack very like that described in the first case, after having been constipated for two days. After morphine, hypodermically and castor oil *per os* the bowels opened, and shortly afterwards a skein of mucus appeared. Up to now she has not ceased to pass these mucous masses. Sometimes a scanty, light-gray, transparent stool like boiled potatoes is passed for several days, and then a quantity of mucus follows, with constant pain in the region of the transverse and descending colon.

The writer considers both these cases to be examples of the same disease, one being acute, the other chronic. In both the macroscopic and microscopic appearances of the secretion were the same, and the objective and subjective symptoms remarkably similar. The disease being of an inflammatory nature, the terms enteritis or colitis are probably correct. The name *colica mucosa* is justifiable, if used only as indicating the acute variety of the disease, and not in Nothnagel's sense as denoting a separate entity.

The treatment of the chronic form is most unsatisfactory. Considering the seriousness of the condition, it is not sur-

prising that such patients often show signs of nervous disturbance. For that reason the writer protests strongly against placing the disease, as some do, among the neuroses, and treating the patients for hysteria instead of for their local complaint.

## THE MODERN TREATMENT OF CROUPOUS PNEUMONIA.

Dr. A. G. Ellis in the *Medical Times* gives the following sensible directions in regard to this subject :

Owing to the modifications produced by previous diseases with which it is associated, that it is frequent in alcoholics, etc., no statistics can be given of the value of different methods of treatment in cases of croupous pneumonia. The seed may be the same, but the soil in which it is placed is of the widest diversity, and the results must be varied. By common consent a vigilant expectancy is recognized as perhaps the best method of treatment.

Bleeding as a rule is not regarded, as good modern therapeutics, but it must be remembered that at times this measure will do good, and is even necessary. This procedure is indicated when there is sudden engorgement of the heart and pulmonary congestion early in the attack, or when there is great difficulty in breathing, accompanied by a full, hard pulse. In these cases no hesitation should be felt in letting sixteen or eighteen ounces of blood. Good results will be obtained where smaller amounts would produce no effect.

The pneumonia will take its ordinary course after this, so the importance of venesection is not so great in influencing the course of the disease as it is in relieving the urgent symptoms. Among the preparations used in the past, and which we name only to mention as useless, are antimony, veratrum viride, and aconite. So long as the disease was regarded only as an inflammation there was some justification for the use of these drugs. In these days they are abandoned by those who recognize the disease as an infectious process, and prefer not to add to its effect by the use of perturbing drugs. In the same way digitalis should never be used as a routine practice, but only when there is a rapid and flagging pulse.

Efforts for antiseptic or germicide treatment are not a success. There is every reason to believe that the germ has done its work when the exudation is poured out sufficiently to be recognized. If this be the case antiseptics are useless

after the recognition. Again, germicidal drugs will not operate when given by inhalation or ingestion, because the host is less resistant to their action than are the germs. Hence, sufficient strength cannot be used to destroy the specific cause of the disease.

In pursuing the expectant plan of treatment, the hygiene of the sick room should be well regarded. It should be well lighted and ventilated. Statistics of army cases, etc., show that better results are obtained when they are treated in the open air or in tents than when in close rooms. The bed clothing should be light, or just sufficient to make the patient comfortable. The common fever foods should be given, sparingly early in the course, freely later; a laxative should be given early, and if a tendency to constipation appears during the attack it should be repeated. The fever is of comparatively short duration, and antipyretic drugs are usually not required. Cold sponging is often efficient in regulating the temperature. This should be done night and morning in all cases. Systematic cold bathing has not given as good results as had been expected of this plan. However, in cases where the patient is soporose or the delirium is great, a five-minute bath occasionally is good treatment, and will be found to give good results.

The ordinary analgesics are only indicated where the patient is greatly disturbed and under much excitement. Even then they should be given in small doses, as they are to be used as much for their sedative effect as for their antipyretic influence, and in view of this should not be used throughout the attack or in large doses. In the same way the use of guaiacol gives results that fail to justify the expectations raised in regard to this drug. Any drug that lowers the temperature several degrees, perhaps leaving the patient with a weak heart and free perspiration, must exercise a profound perturbation upon the processes of the body, and must add to the toxic effect already produced by the disease. I am opposed to such treatment, and as the course of the disease is comparatively short, the temperature may to a great degree be disregarded. In this connection it may be said that pseudo-crises when they occur may be very misleading, and cause an erroneous opinion as to the value of the drugs given for the purpose of reducing the temperature.

Pain in the chest and mental apprehension as to the result of the disease are two very common symptoms; the latter, in my experience, is one of the most important to be looked after. For this reason, as well as for the pain, Dover's

powder is of very great value. It should be given in the dose of three to five grains every three or four hours, or until the patient is relieved of the pain and a light somnolence is induced. Ice bags should be applied to the affected parts, or, as some prefer, turpentine stupes. Cotton jackets should not be worn, but a simple woollen undershirt is better in every way. Blisters should not be applied early in the attack, as they only add to the discomfort of the patient and interfere with examination. When the pain has ceased the Dover's powder is discontinued and aromatic spirits of ammonia or ammonium chloride is given for its stimulating and expectorant influence. Alcohol should be given in small amounts from the beginning, and, if necessary, be used freely. Black coffee is also good as a stimulant. Ether and camphor may be indicated, and also strychnine; the latter may be used in the amount of one-twelfth to one-seventh of a grain in twenty-four hours. It is doubtful if it is wise to go beyond the latter amount. For the relief of sleeplessness chloral is best in the early stages, but later, when there is a tendency to failing circulation, sulphonal is better.

Oxygen inhalations may be practiced. There is a question as to the value of this among practitioners. So often have I seen cyanosis disappear, sleep come to a restless patient, and the respiration fall four, eight or ten to the minute, that I think the oxygen is of value. If resolution be delayed blisters may be applied, and these should be in the form of a number of small ones. Instead of these, light touches of the Paquelin cautery may be substituted. If there is great tendency to collapse or cardiac asthma present a hypodermoclysis of a litre of normal salt solution should be given, introduced in three or four punctures. In conclusion, the amount of fluid taken should be large. Plenty of water, a little at a time, should be supplied the patient, this having a good effect in helping eliminate the toxins from the body.

### THE THERAPY OF NATURE.

In our systems of therapeutics, says the *Charlotte Medical Journal* (*The Medical Times*), too little attention is paid to nature. The average physician endeavours to antagonize the condition he finds in his patient by the use of remedies which are supposed to bring about that result. If the temperature is too high, he endeavours to reduce it. If the heart beats too rapidly, he gives remedies to retard its speed. He forgets that nature has benignly provided for

the elimination of the products of disease. The fever, with its elevation of temperature, the increased action of the heart, and consequent acceleration of the pulse, are the efforts of nature to get rid of the disturbing elements, which instead of being depressed or abolished, should be allowed to do their work. In the case of constipation, a change of diet, using fruits would be infinitely preferable to pills or other purgatives, accomplishing the work more safely, mildly and permanently. When the heart is beating wildly, nearly doubling its usual rate, this increased speed is necessary to carry off with sufficient rapidity the additional waste resulting from the disease, as well as to convey to the diseased organs the materials for repair. If now you retard the action of the heart, thereby producing a slower current, you thwart the efforts of nature to remove the disease, diminish the supply of nutritive material, and may possibly bring about a fatal result. Let the physician avoid interfering with nature; give her full scope, only affording a little assistance when she is weak; but always letting her alone when she is able to do her own work. By pursuing this course he will obtain results that will astonish him, and be most gratifying to his patients and their friends.

### RAPID TREATMENT OF VARICOSE ULCERS OF THE LEG.

W. D. H. Brown, in *Tri-State Medical Journal*, calls attention to the good and rapid effect from the use of antinosine and nosophen in the treatment of chronic ulcers. Antinosine, in fifty per cent. solution, produces the best results, followed by the application of powdered nosophen and nosophen gauze; if the surface of the ulcer becomes too dry and hard, nosophen in an ointment form is of service. The stocking was found of service in all cases, but strapping with plaster is to be avoided. No toxic effect whatever was found, and there was also entire absence of irritation from the use of these remedies.—*Medical Review*.

# SURGERY.

IN CHARGE OF

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## METHOD OF MAINTAINING APPROXIMATION AFTER COLLES' FRACTURE BY SHORT LATERAL SPLINTS WITHOUT PRESSURE ON THE TENDONS OR INTERFERENCE WITH THE CIRCULATION.

By A. E. ROCKEY, M.D, Portland.

Three years ago I had a bad result in the treatment of Colles' fracture in a woman past middle age. I should lack courage to make this confession if the example was unique, but I have seen others. The wrist was stiff, and it required much patience and perseverance with massage to restore it to a fair degree of usefulness. Great care had been taken with the case, and in looking for a cause I concluded that the fault lay in existing methods of treatment. The splint used was an anterior pistol-shaped one. The defect is that it makes pressure on the tendons and interferes with the circulation. The wonder is that bad results are not more frequent. Nothing more inimical to the function of the joint could be devised than anterior or posterior splints, and yet every text-book published gives them the first place in describing the treatment of this fracture.

The injury has already caused extravasation about the vessels and tendons. Then we are told to apply a splint which presses the tendons together in the wounded sheaths with a bandage which, if firm enough to maintain fixation, always interferes in greater or less degree with the circulation.

In discarding this colossal blunder of the past and examining the structures involved, I concluded that the only rational method of maintaining approximation was by lateral splints that would prevent pressure on the flexor and extensor tendons and not interfere with the circulation, and would permit movement of the joint during the healing pro-

cess. The first plan was to use pieces of wood about three inches long, hollowed out to fit approximately the radial and ulnar sides of the wrist. The reduced fracture was to be held in position by an assistant. The splints were to be filled with soft plaster and pressed firmly into place at the sides of the wrist, not extending over the joint far enough to prevent free motion. Position was to be maintained by two adhesive strips. The splints were to be thick enough to raise the retaining adhesive strips above the skin, thus leaving important structures entirely free. I provided myself with some short pine blocks, a gouge and some plaster.

The first patient was a Swiss laborer on a dairy farm. Reduction was effected under anæsthesia. Approximation was easily maintained by the splint described, and the result was perfect. There was very little pain or swelling, and in ten days these had entirely subsided and voluntary motion of the hand was easy and painless. The method was a success, but this was only the first step in the evolution of its adaptation to general practice.

The next case was in a middle-aged woman, first seen at her residence in the evening. There was no plaster of Paris at hand, so I constructed what I then thought would be a temporary splint from the lid of a pasteboard shoe box. The lid was cut into strips one and three-quarter inches wide. Eight pieces two and three-quarter inches long were made, giving splints of four thicknesses each for the radial and ulnar sides of the wrist, and of sufficient height at the edges to protect entirely the tendons and vessels on the palmar and dorsal surfaces from pressure. The fracture was carefully reduced, and was then maintained in position by firm traction upon the hand and elbow by one of the family acting as assistant. The board was moistened with water, and a four-ply splint was pressed firmly on the radial and another on the ulnar side of the reduced fracture, and held in position by two narrow strips of adhesive plaster, the palmar and dorsal surfaces of the wrist being entirely protected from pressure by the thickness of the splint. Over this a bandage was applied like that used in Moore's dressing.

The approximation was so well maintained by this simple device, materials for which are to be found everywhere, that it has been adopted as the best method for general use. A point to be observed is that the splints must be wide enough to curve around the sides of the wrist, but leaving sufficient space between at front and back to protect the flexor and extensor tendons entirely from pressure from



the splints and thick enough to avoid pressure from the bandage. The adhesive strips may touch the skin lightly, but must make no pressure. The bandage may be applied with a moderate degree of firmness, but should be loosened somewhat on the second day after the splints have hardened to relieve the compression of the skin over the bony prominences at the sides of the wrist. In persons of delicate skin or thin tissues it will be well to watch the prominence of the styloid process of the ulna, and if after the second day there are signs of pressure irritation, a depression may be cut with a penknife or small gouge in the under side of the splint over this point. A sling wide enough to support the hand should be used for a week, but after the primary swelling subsides daily movement should be insisted upon, and the use of the hand may be begun at the end of the second week. The splints may be worn four weeks or more, as they do not interfere with motion and insure the safety of the union.

Perfect reduction of the fracture is of the first importance. General anæsthesia should be used as a rule. It is true that reduction may be made without it, but its more frequent adoption will lead to better results. An assistant should make firm traction upon the hand and counter-traction upon the forearm, and the operator should manipulate the fragments directly into position, and then place the lateral splints and hold them by a circular clasp of the left hand while the first strip of adhesive plaster is applied around the carpal end of the splints. One more strip of plaster and the circular bandage complete the dressing. I have used this method in about twenty-five cases with great satisfaction, and have also described it to some of my colleagues in the profession who have adopted it with success.—*Medical Record.*

### FRACTURE OF THE PATELLA.

For a bone of its size, the patella certainly gets its share of discussion. When it is fractured, the outcome of whatever method of treatment that is employed is to some extent doubtful, and bad results are not easily overlooked by the patient or his friends. The non-operative treatment seems already to have been placed in its proper niche, but the different aspects of the operative treatment of the condition continue to excite discussion of varying degrees of acuteness. We are speaking only of cases seen within seven or eight

days from the time of the injury. The operative treatment of the typical case of fracture of the patella may be divided into two classes : first, treatment by those methods which aim to interfere with the joint as little as possible ; and, second, the method of free opening and cleansing of the joint with salt solution previous to suture of the fragments. Advocates of the first plan claim simplicity, safety and convenience for the methods they employ, and say that in case of infection the results of their methods are not so disastrous as when the same accident occurs after free opening of the joint. We should, for the purpose of discussing this question from the theoretical point of view, be able to disregard the occurrence of infection. Infection ought never to occur when a simple fracture of the patella is operated upon, and what we ought to think about most is the final result and the means which lead toward perfection in that particular. All the methods of working through a small skin incision leave much to be desired in mere operative detail. We are always working more or less in the dark. We cannot be sure of the condition of the interior of the joint, the exact contour of the fragments, or the disposition of shreds of periosteum and synovial membrane, and by most of the methods we are introducing a long thread of foreign material, with a very distinct fluid-conducting power if it is silk, a long distance under the skin, very close to an important serous cavity. The objection urged against more extensive operative work is always against this very extensiveness and the opportunities for infection which may thus be afforded to the elusive bacteria. But, as we have said, infection should not occur, and the corollary of this statement is that only those accustomed to performing all kinds of surgical operations should undertake this particular one. The question of suture material is of great importance, and several materials have been recommended. Here, as elsewhere in the body, an absorbable suture is much the most desirable if there are no mechanical objections to its use. It has long seemed to be the idea of many surgeons that the fragments of a fractured patella were subjected to a great deal of tension, and consequently that suture material must have considerable strength and permanence in order to be useful. The result of this reasoning showed itself in the use of silver wire and thick silk in operations upon the fractured patella. There are, however, several very serious objections to the use of silver wire, which also hold good in the case of silk, but to a lesser degree.

Great tension is not needed to hold the fragments in

position after the operation we are considering ; in fact, great tension is almost as injurious in bone as it is in soft tissues. The wire is non-absorbable, and is thus sure to cause irritation, and perhaps necrosis if left any length of time, not in every case, but in a proportion large enough to be very noticeable. The function of the suture in fracture of the patella is to hold the fragments in opposition long enough for the rigid dressing or splint to be put in place, and to continue acting long enough for the danger of spasmodic or convulsive movements of muscles to pass off. The importance of the correct application of the dressing is exceedingly great. We do not put silver-wire sutures into a torn or cut quadriceps tendon, and we do not use them in the patella. Reasonably strong and above all things sterile catgut answers all purposes, and it need not be subjected to any special hardening process. If we are going to perform the extensive operation upon a fractured patella, we cannot do better than suture the fragments with catgut through drill holes not involving the articular surface of the bone, and use extreme care in applying the plaster-of-Paris dressing. The joint ought to be washed out with a hot decinormal salt solution to remove the clots.

Recently a compromise operation has been suggested, and excellent results are reported. This operation is done through a transverse incision, and the fragments are tilted up by means of sharp retractors, so as to allow the joint to be washed out as much as possible without having the fingers touch any part of its interior. The suturing is done with catgut, and includes only the periosteum. We may be certain that success in suturing the patella will depend upon two things—asepsis and suture material.—*N. Y. Medical Record*, June 24, '99.

### A NEW METHOD OF ANÆSTHESIA.

The *New York Medical Record* of June 24, 1899, says : “The manifest disadvantages of ether and chloroform at times, and the marked limitations to the use of local anæsthetics, have caused no end of anxiety to the surgeon when confronted by unusual conditions. That a way of relief has been ingeniously contrived would seem to be found in the device recently advocated by Bier, of Kiel, in the *Deutsche Zeitschrift für Chirurgie*, April, 1899. He adopts Quincke's method of lumbar puncture after preliminary local anæsthesia by Schleich's infiltration, and injects into the sac of the spinal cord small quantities of a dilute solution of cocaine, using from one-tenth to one-sixth of a grain. This seems to influence the spinal ganglia and the root zones and the medul-

lated fibres before they emerge from the cord, and produces a complete analgesia below the line of injection, which comes on from eight to ten minutes after the injection. By using this method he has been enabled to do major operations without pain, and yet the patient does not lose the sensations of touch and of temperature. Osteoplastic operations on the knee and ankle and hip joint, resection of the femur, necrotomy of the tibia and resection for osteomyelitis of the femur were performed without pain and with entirely satisfactory results. The author has experimented upon himself and a colleague, and reports that thus far the only untoward results obtained have been those due to a loss of the cerebro spinal fluid. This happened in his own case by self-experimentation, and he was confined to bed for some days, suffering from dizziness, headache, nausea and vomiting when he attempted to assume the upright posture. Since the experiments along the line of lumbar puncture have been so numerous, it is by no means improbable that a method can be devised to overcome this disadvantage, and the device after further experimentation and perfecting will undoubtedly open up new fields in surgery.

### CONTRIBUTION ON THE SURGERY OF THE EMPYEMA OF THE THORAX IN CHILDREN.

Upon the basis of observations upon twenty-three cases, the author offers the following conclusions:

1. Empyema is more often met with in children who are subject to bronchitis.
2. Males are more frequently affected than females, and the left side more commonly than the right.
3. Empyema in children generally follows pneumonia, the interval varying from a few days to a few weeks.
4. In all cases of delayed or interrupted convalescence from pneumonia in children empyema should be suspected.
5. If not previously relieved by operation, spontaneous evacuation may in the majority of cases be anticipated in from two to three months after the onset of pulmonary symptoms.
6. Spontaneous evacuation, whether external or internal (through a bronchus), rarely results in cure of the disease.
7. The usual symptoms of empyema in children are fever, cough, dyspnoea, anemia, emaciation and night-sweats; the usual physical signs, diminished expansion, or bulging, or both, of the affected side, displacement of the cardiac im-

pulse, when the empyema is left-sided, and flatness, with absent, distant, diminished, or bronchial voice and respiratory murmur below the level of the fluid.

8. Because of its insidious development, as well as the diversity of the symptoms and physical signs which characterize its occurrence as a complication or sequel of a great variety of other affections, it is not infrequently overlooked or its manifestations misinterpreted, errors which would generally be avoided by the earlier and more frequent use of the aspirating needle for diagnostic purposes.

9. By its earlier recognition and the prompt institution of appropriate surgical treatment the duration of the disease may be materially curtailed and the death rate considerably lowered.

10. As in abscesses in other portions of the body, incision and drainage, under appropriate antiseptic or aseptic precautions, in the majority of cases yield the most satisfactory results.

11. In ordinary cases, resection of a portion of a single rib, preferably the ninth in the posterior axillary line, should precede incision of the pleura.

12. Where the collection of fluid is large, a preliminary aspiration should be done twenty-four or forty-eight hours before rib resection.

13. The condition of the patient frequently contra-indicates the use of a general anæsthetic.

14. The drainage-tube should be large and not too long, and should not be removed until the cavity has been obliterated by the expansion of the lung and the discharge has ceased.

15. Primary irrigation, curettage and multiple rib resection are contra-indicated in children, but either or all may contribute to the close or obliteration of a persistent sinus or cavity.

16. Patients should not be considered cured as long as a sinus remains.

17. In uncomplicated cases the greatest danger to be apprehended after operation is the development of pneumonia in the opposite lung.

18. The temperature in uncomplicated cases is not high before operation, and generally falls and remains normal afterwards. A rise in temperature after operation usually indicates imperfect drainage or the onset of pneumonia.

19. In average cases the drainage-tube may generally be

removed in from three to four weeks, and a cure expected in from one to two months.

20. In cases in which appropriate surgical treatment follows prompt recognition of the disease, speedy recovery without appreciable deformity, and with but slight modification of the physical signs over the affected area, may be confidently anticipated, while neglected cases not only present grave immediate dangers, but frequently result in palpable physical defects.—Dr. Bogart in *Ann. of Surg.*

### STERILE OR ANTISEPTIC LIGATURE MATERIAL.

Dr. Haegler (*Centralbl. f. Chir.*, 1899, No. 5), reports the results of his study of this question. The numerous cases in which ligatures are discharged from wounds sometimes after an apparent aseptic healing led him to make a careful study of the sero-purulent discharge found with them, and of the ligatures themselves. Cultures showed that the discharge was free from bacteria, but microscopic sections of the knots of silk ligatures showed numerous bacteria in the substance of the ligatures.

The ligature material had been carefully tested before it was used, but still the bacteria were found. The author then made the observation that a perfectly sterile ligature drawn through the hand, sterilized so far as possible, would yet become infected from the skin. If, however, the hand was recently dipped in a sublimate solution the infection did not occur. As a consequence, he determined to employ sublimated silk ligatures. No further discharge of ligatures has been noted since this plan was adopted, some three months previous to the author's report.

It is not necessary to leave the ligatures in the sublimate solution for a long time, as the same result can be attained by boiling them in the solution.—N. Y. *Post-Graduate*.

### THE DIAGNOSIS AND SURGICAL TREATMENT OF RENAL CALCULUS.

Dr. N. Jacobson (*N. Y. Med. News*), briefly summarizing the surgical aspect of renal calculus, says the author, it can be said that with the diagnosis positively established with the futility of medical treatment conceded, invasion of the kidney is not only justified but demanded. The earlier this fact can be recognized the better the result. If nephro-lithotomy

can be performed before the kidney has undergone marked destructive change, not only can a useful organ still be preserved, but the fatality attending such operation is ordinarily not more than ten per cent. On the other hand, with marked enlargement of the kidney, because of the accumulation of water or pus in what has become a renal sac, with a fair amount of tissue still remaining which can perform its function normally, nephrotomy is to be performed. If there has been extensive destruction of the organ or numerous calculi invade widely the kidney, and if the surgeon is assured of the presence and activity of its fellow, the better course, if the adhesions are not too great, is the removal of the organ. The mortality attending these latter procedures is enormously greater than that of nephro-lithotomy, reaching in skillful hands as high a rate as fifty per cent. There can be no longer a question as to the safety and accessibility of the lumbar over the abdominal route.—N. Y. *Post-Graduate*.

### PLASTIC SURGERY OF THE BLADDER..

A most ingenious procedure is described by Mr. Rutkowski (*Lancet*, April, 1899) in supplying a congenital defect on the anterior wall of the urinary bladder. He resected a short piece of small intestine and left its mesenteric attachment intact, while he sewed the proximal and distal remainder of the intestinal tract together. The resected segment was now opened longitudinally on its convexity, and sewn into the defect in the bladder wall with its mucous membrane inward. The patient made a complete recovery. Subsequent experiments on dogs showed that the mesenteric vessels in these cases gradually atrophy, as does the intestinal mucous membrane. Nutrition of the flap remains good, and function of bladder unimpaired.—*Med. Review*.

### EUDOXINE IN PEDIATRIC PRACTICE.

~~Dr. J. J.~~ G. M. Blecher has obtained excellent results from the use of this remedy in diarrheal diseases of children; he has used it in sixty-three cases, with only two deaths, of ileocolitis, acute dysentery, chronic dysentery, diarrhea accompanying miliary tuberculosis and catarrhal enteritis. It contains fifty per cent. of iodine and nineteen per cent. of bismuth, so there is no danger of intoxication from the latter constituent in very small children, even if eudoxine is

administered in large doses. It is a reddish-yellow powder, tasteless and odorless, insoluble in water. On reaching the acid stomach the bismuth becomes separated, and stable bismuth compounds are formed, which exert a favorable action in diseased conditions of the stomach; the nosophen contained in eudoxine passes into the intestine, where it becomes changed into the sodium salt, antinosine, and acts as a disinfectant in the intestinal tract.—*New York Medical Journal; Medical Review.*

### PROTARGOL IN GONORRHOEA.

In *Medicine*, July, 1899, W. L. Baum, reports a series of fifty cases in which he used protargol according to the method advocated by Neisser. In fifteen cases of first infection, in which no complication occurred, the discharge disappeared in a little less than thirteen days, while the gonococci were found as late as the seventeenth. The results have been better than in any similar number of cases treated by Janet's irrigation method; and were attended with less complications. From his experience with the drug, he has come to the conclusion that the protargol solution, when used in the manner suggested by Neisser, is a distinct advance in the treatment of gonorrhœa.—*Medical Review.*

### TO PREVENT SURGICAL SHOCK.

If you expect to get much shock from an operation, remember that here again prevention is better than cure. Use a little morphine before operating to quiet the nervous system; keep the patient very warm before and during the operation, as well as after operation. Small doses of strychnine before the operation are also indicated.—*North Carolina Medical Journal, March; Medical Record.*

### LARGINE IN THE TREATMENT OF GONORRHOEA.

This substance is the most recent of all the new preparations of silver. It is described as a light grey powder, easily soluble in water, feebly alkaline, and may be kept indefinitely in colored bottles. Its action closely resembles protargol, but it is said to be much more energetic. Virulent cultures of the



gonococcus are said to be destroyed after ten minutes in one to four thousand solution. The usual strength of urethral injections is from one to two hundred, gradually increased as tolerance is established. It has been employed in endometritis, cervical metritis, and the inflammations of the urethra and bladder due to gonococcus.—*Med. Review.*

## THE AMBULATORY TREATMENT OF FRACTURES.

Some confusion exists in the minds of many as to the value of this method, and even when its worth is admitted many doubt its practicability. A wise conservatism is thought necessary by many in the management of all fractures. The result is that good methods are often neglected from the fear that any departure from time-honored methods, if followed by untoward results, would reflect unfavorably on the surgeon and might form the basis of a mal-practice suit. In the minds of the laity, a bone must be "set" and retained immovably by splints. These time-honored tenets have been followed by the profession, and while the surgeon has exhibited a riotous fancy to material for splints, the essential idea of immobilization of the fractured limb has been strictly carried out. The evils attending a strict enforcement of the recumbent position in fractures of the lower extremities have been fully recognized, but they have been thought necessary; if a patient's leg was properly "set" and he was not allowed to get about, and then the leg did not heal, it was the patient's and not the physician's fault. This view is no longer possible, as the results achieved by the ambulatory treatment of fractures in the lower extremities are so striking and satisfactory and from such worthy sources that one cannot doubt the value of the method. Such a splint, if correctly constructed, brings the weight of the body upon the apparatus. This may be constructed of any material which will conform accurately to the shape of the leg, and in applying the splints the physician must have in mind the thought that the leg is a truncated cone with the apex downward; that the weight of the leg must be carried not upon the bottom of the foot, but must bear equally upon all parts of the internal surface of the splint. Of course, the bottom of the foot should be carefully padded as well as the heel and all bony protruberances. With the splint applied in this way, it is possible for a patient who has a fracture of the tibia or of both tibia and fibula to move

about with considerable freedom and without the slightest danger of injury or displacement of the injured bone. The effect upon the general nutrition of the patient and upon the healing power is very favorable, and in cases so far reported results are much more favorable than those obtained by absolute rest in bed and fixation of the fragments. In a large majority this treatment avoids the wasting of muscle, fixation of joints and the prolonged convalescence incident to older methods.—*Med. Review.*

### DISINFECTION OF THE HANDS.

Dr. A. W. Tschirkow (*Wratch*) claims that disinfection of the hands by means of formalin, potassium permanganate or sublimate is very incomplete and unsatisfactory. Absolute asepsis can be obtained by submerging and mechanically rubbing the hands for three minutes, and for three minutes more scrubbing them, in ninety-five per cent. alcohol. The weakest solution that will still give a good result is fifty per cent. spirits. Methyl alcohol, ninety-two per cent. is also a good disinfectant. The sterilized gauze gloves recommended by Mikulicz are of no value, since they are easily permeated by fluids.—*Medical Record.*

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## OBSTETRICS.

IN CHARGE OF

H. L. REDDY, M.D., L. R. C. P., London,

Professor of Obstetrics, University of Bishop's College; Physician Accoucheur Women's Hospital; Physician to the Western Hospital.

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### CARDIAC DISEASE IN PREGNANCY AND LABOR.

W. R. Wilson advises for the general treatment of acute pericarditis rest, ice applications over the precordia and measures to combat the primary condition underlying the pericarditis. Digitalis is especially contra-indicated, as the heart hampered in its action by the pericarditis has already reached the limit of its energy in overcoming the increased resistance to the circulation in gestation. Paracentesis, if indicated, is to be practiced without considering the condition of pregnancy. The obstetric treatment should be directed to the postponement of labor as long as possible, avoiding the inevitable overstrain of the heart during labor.

Where labor occurs speedy delivery should be accomplished. Ether narcosis may be used. In chronic adhesive pericarditis the relief of strain both during the pregnancy and labor is indicated.

For functional derangements he gives tonics, diversions, regular walks in the fresh air, massage, and where nausea exists a diet arranged so that the gravida is never without food for a longer period than two hours. For acute endocarditis accompanying pregnancy there are no special indications for treatment than complete rest. In chronic diseases where compensation is present there exists no indications against marriage. The conditions in advanced cardiac disease would likely prohibit the idea of marriage in the mind of the patient herself. Considering heart disease in its early development as it occurs in pregnancy, the first axiom of treatment is the avoidance of drugs where the heart's action remains regular. In the later stages cardiac stimulants to equalize the circulation and overcome pulmonary stasis are necessary. The use of digitalis or strophanthus and nitroglycerin, together with laxatives and the employment of strychnine, is essential in this connection. The administration of potassium iodide or veratrum viride in simple hypertrophy with over-action may be indicated. Milk taken with the meals and between them is of great benefit. The patient should lie down one hour a day in cases where the cardiac disturbance is slight; in advanced cases the patient should be confined in bed for at least the earlier half of the day. Lactation is contra-indicated as is the Nauheim method of cardiac exercise. In the stage of asystole the energetic use of heart stimulants together with venesection is indicated, although interference from an obstetric point of view in these cases often becomes imperative. Such interference is also indicated in these cases where the circulatory disturbance is not great enough to point to a fatal outcome, and yet where serious aggravation of the heart symptoms may arise from the presence of uncontrollable vomiting.

As to the obstetric treatment, abortion is not to be advised, and the induction of premature labor should be reserved for these cases in which further progress means the death of the patient. When sudden death threatens the patient celio-hysterotomy is to be performed. Ether is the best anesthetic to use. The indications are against the use of ergot.

## NURSING DURING PREGNANCY.

Dr. S. Capart takes occasion to contradict the prevalent idea that nursing during pregnancy is hurtful to the mother and child. He believes it to be a mistaken doctrine that ratchitis, gastro-enteritis and even the death of the infant can result from continued nursing at this time. On the other hand, he shows that in an animal the milk is usually increased in amount or remains about the same up to a very short time before parturition. He also quotes the analysis of Boudin and Capart to show that the chemical composition of the milk undergoes no appreciable change. He concludes that, contrary to the prevalent idea, nursing should not be discontinued when pregnancy occurs. The colostrum stage does not return with the advent of a new baby, and, further, if the older child does not seem to get enough nourishment it is well to add some food by means of the bottle.—*Medical Times*.

## PUERPERAL SEPTICEMIA.

Mace has been led to try the treatment of puerperal septicemia by cold baths on account of the successful result obtained by this method in a very severe case. He believes that it is contra-indicated by peritonitis, phlegmasia alba dolens, cardiac asthenia and myocarditis. He employs baths every time, or three hours at a temperature not below 77° F. Fichier<sup>15</sup>, on the contrary, uses this treatment only when the heart becomes weak and the urine is diminished, and he does not allow the temperature of the bath to be less than 72° F. Charles also states that the chief use of the cold bath is to stimulate the heart, nervous system and the organism as a whole. He calls attention to the fact that anti-streptococcic serum may be inefficient, as several varieties of the germ exist. Demys has differentiated sixteen of these, and gives a dose of one hundred cubic centimetres of their mixed serums. Hubert has obtained four cures of severe cases by this method.

## LOCAL TREATMENT OF INTRA-UTERINE SEPSIS.

A. Groves advises the following treatment for intra-uterine sepsis. First, remove all fragments of placenta with the finger nail—never curette. Next pass a cylindrical glass or

hard rubber tube into the uterus and wash it out thoroughly with warm water. When the water comes away clear, inject tinctura ferri perchloridi into the uterus. This makes the uterus contract, and expels the fluid through the tube without it having come in contact with the vagina. The uterine cavity is again washed to remove the iron. This treatment should be repeated every thirty hours. The objects of the iron are, first, it is antiseptic, second, all absorbents are sealed up so that septic matter, if present, cannot be absorbed, and thirdly, the uterus is stimulated to contract. He reports four cases treated as above which all recovered.

### PUERPERAL FEVER.

Eberhart recommends 0.9 per cent. saline solutions in the treatment of puerperal fever, especially in the septic variety. The author found the injections of great benefit in patients who could not retain any fluid, and when the body seemed to suffer from deficiency of fluids. Experimentally, it has been proved that infusion of large quantities (one litre) of saline solutions has a marked diuretic action, and by augmenting the circulation lessens poisonous action upon the kidneys. This method already favorably commented on by Sahli is certainly simple and harmless, and should be tried in these almost hopeless cases.

### PREGNANCY WITH HYDRORRHEA.

I. E. Dubé describes a case of hydrorrhea beginning at the fifth month of pregnancy and lasting for sixty days, during which time from two to six ounces of amniotic fluid were lost daily. Premature labor occurred at the seventh month, the child dying soon after the birth.

### UNCONTROLLABLE VOMITING OF PREGNANCY.

Audebert reports two cases of uncontrollable vomiting of pregnancy which were cured immediately by the replacement of the retroverted gravid uterus.

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## Editorial.

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### APPENDICITIS.

The question of operative interference, and when to operate in Appendicitis, still continues to meet with discussion by papers and editorials in the various medical periodicals of this continent. It is evident, from papers which we have read, that among many in the profession there is a feeling that some surgeons are a little too anxious to use the knife. This feeling is also gaining a foothold among the laity, which is a fact much to be regretted, as it is sure to react injuriously. Somewhat recently it was pointedly emphasised by a gentleman, who forty years ago was a leading physician in this city, but who, while keeping in touch with Medical progress, has worked in another calling. Meeting the writer, lately he enquired if he had had many cases of Appendicitis, and, on being told that a few had come his way, he further asked if it was true that a fee of from three to five hundred dollars was charged for an operation. Being informed that such was the case, he solemnly added "No wonder there is lots of it." This is but a sample of many remarks we have heard, and it warns the profession that it is time something like definite rules were laid down, for the experience of the profession has say within the last five years been very great. Our individual experience has

been entirely on the medical side, and fairly large. We have seen cases pronounced hopeless without operation, and cases said to be too late for operation get well under comparatively simple treatment. This has not made us believe that operative interference is not at times a necessity, but it has convinced us that so far surgeons have not been able to lay down a platform sufficiently broad and firm to be a sure and safe guide for them. We have been lead to these reflections by an article in the August number of the *Medical Brief* which draws attention to the prevalence of appendicitis, during the summer months, caused by the large consumption of vegetables and fruits. In persons, with deficient peristaltic energy there is very apt to be a collection of seeds at the cœcum, because at this point the fœces turn at an abrupt angle, and begin to ascend the colon against gravity. Unless the peristaltic movement of the bowel is strong enough to vigorously propel the fecal mass, portions adhere to the cœcal wall which are put on the stretch. The retained feces generate combating gases, and this is followed by congestion and inflammation extending into the appendix. The slightest pain in the right illiac fossæ demands the prompt attention of the physician. If seen early, these cases in a very large number of cases will yield to treatment. Hot enemata, given with the patient on his knees with body well bent forward, repeated doses of saline cathartics, hot fomentations over the diseased part with the internal administration of Aconite, ipecac, Belladonna will be found to be most serviceable. If there are symptoms of shock Strychnia given hypodermically and heroically acts well. Alcohol is advised to be avoided. The great measure of precaution lies in regular daily evacuation of the bowels. If this does not come naturally on the second morning, no further delay must occur, and a dose of either Apenta, Hunyadi Janos, or Rubnat Condol water, should be taken. Young children have given many fatal victims to this disease, and in all or nearly all it will be found that persistent constipation was a factor in the attack. It is therefore a wise precaution for physicians to instruct mothers in the hygiene of the bowels.

**A HEALTH RESORT.**

Las Vegas Hot Springs, New Mexico, is situated among the foot hills of the Rocky Mountains, in what is known as the Dry Belt, and is easily reached by the Santa Fe Railroad. It is a health resort, and is especially intended for those who desire a change of environment or for those who seek a climate which has an excess of sunshine, a dry atmosphere and a medium altitude, with no extremes of heat or cold. Extracts from the report of the Weather Bureau located at this place has been sent us, and it certainly bears out the claims made for it by Dr. Bailey, the Medical Director. The average absolute humidity for the last ten months was 1.855. Total precipitation, including melted snow for the entire year, was 15.87 inches. Of this amount, 9 inches fell in June and July, which is the rainy season. The temperature is recorded as follows: Mean temperature for the year, 49.11; mean temperature May to October inclusive, 61.31; mean temperature November to April inclusive, 35.09; mean temperature of three summer months, 66.64; for three winter months, 29.99. The number of clear days during the entire year was 261, and the actual number of days during which the sun shone some time during the day was 361. The prevailing winds for the year were from the southwest, or from a portion of the country which is driest and partly desert.

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**UNIVERSITY OF BISHOP'S COLLEGE  
FACULTY OF MEDICINE.**

We have received the announcement of the Faculty of Medicine of the University of Bishop's College for the year 1899-1900, the 29th year of its existence. When the unpretentious character of the first announcement is compared with the present issue, the difference is very striking. It has grown in bulk and in elegance as the faculty has grown in strength and vigor. We gather from its pages that, since its establishment, two hundred and twenty have graduated and are scattered all over the continent in the prac-



tice of their profession. Death has of course entered their ranks—but on the whole the mortality list is not a large one. Those who may contemplate coming to Montreal to study medicine should procure a copy of this announcement from Dr. G. T. Ross, 945 Dorchester street.

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### SUDDEN BLANCHING OF THE HAIR.

The New York *Medical Journal* for 5th August says:—"The subject of sudden changes in the hair occurring soon after a violent emotion, and apparently in consequence of it," is perhaps all the more interesting from the paucity of well authenticated cases. An instance reported by Dr. F. Boissier, in the *Progress Medical* for June 17th, seems particularly noteworthy in some of its features. A healthy and vigorous peasant witnessed the horrible sight of his own child being apparently trampled to death by a mule. It turned out that the little fellow was only bruised, but of this the father was not aware, and he hastened to get assistance. While he was yet running he experienced, besides his terrible fright and anguish, a trembling sensation—palpitation, and a feeling of cold and tension in the face and on the head. The next day the hair of his head, his beard and his eyebrows were shed in great masses; at the end of a week he was totally devoid of hair. He had been of a very dark complexion and much sun-burned, but his face became much paler. The hair began at once to grow again, at first in the form of colorless down—but soon with the ordinary qualities of hair—save that it was more silky than the original hair and perfectly white. The hairy parts below the neck were not affected.

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Surgeon-Lieut. Bertram, of the 77th "Wentworth Battalion of Canadian Militia," with head quarters at Dundas, Ontario, was a member of this year's Bisley Team, and made consistently good shooting throughout. In fact, he is said to have been the best all-round shot at the meeting. Lieut. Bertram won the grand aggregate, which is awarded on the

scores made with the service rifle, and brought back with him the prizes for this. They are the Dominion of Canada Challenge Trophy and the National Rifle Association Gold Medal and £20. These he won against all comers. He also brought back the Corporation of the City of London Prize, for which the competition is of a more limited and colonial character. He also took the Volunteer Aggregate and other prizes. We are informed that Surgeon-Lieut. Bertram was exceedingly popular in the camp, as indeed was the whole Canadian team. Our congratulations to this soldier Doctor.

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The St. Louis *Medical Review* informs us that "Dr. William Russell, of the class of 1826, and the oldest Harvard graduate, died last week, aged 99. He was a practicing physician who had never worn an overcoat." This last sentence in the foregoing attracts our attention, and shows the increasing difficulty of obtaining a livelihood in the profession. A man who had been practicing since 1826 and who has never worn an overcoat, will doubtless soon be followed by accounts of others who have been practicing even longer periods and have never been enabled to wear waist-coats and perhaps trousers. Especially will this be the case if dispensaries, hospitals and medical clubs continue increasing in numbers as they have for the last few years.

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In answer to an enquiry from a subscriber as to what can be done to induce sexual desire in married women who are entirely destitute of it, the *Philadelphia Medical World* for August replies as follows: "Dr. Bernardy, of this city, a few years ago read a paper before the Philadelphia County Medical Society, in which he gave as a reason for lack of this passion in women a condition analagous to phymosis in the male. He has established normal passion in a number of cases by uncovering the glandclitoris and making it entirely free, so that it will come in contact with the male organ. The operation is simple, but very painful; hence cocaine anesthesia is necessary.

## MAKING WORK FOR THE HEART SPECIALISTS.

The New York *Medical Record* says: A foolish woman in Brooklyn recently took a three-hundred-mile bicycle ride in twenty-nine hours. She is a member of the Century Road Club, and has ridden in many century runs, but her last performance is a record for a woman. She has announced her intention to ride four hundred miles in forty-eight hours.

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The *Medical Age* says that in Mexico the doctor gets his fee before the patient is buried; otherwise the deceased is believed to dwell in purgatory until the fee is paid. Would that such a belief existed in Canada.

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## Personal.

Professor A. Rousseau, of Laval Medical Faculty, Quebec, has arrived home after an absence in Europe of six months.

Dr. William Opzoomer (M.D. Bishop's, 1897) has just passed and received the diploma of the Royal College of Surgeons, England, and Royal College of Physicians, London.

Dr. A. Harry (M.D. Bishop's, 1894), of Kingston, Jamaica, was in Montreal in July, and paid a visit to his old professors, who were glad to hear of his success.

Dr. Bruere, Professor of Physiology in Bishop's College, has returned from his visit to Trinidad.

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## Book Reviews.

**The International Medical Annual and Practitioners' Index.** A work of reference for medical practitioners, 1899, seventeenth year, New York. E. B. Treat, 5 Cooper Union.

This volume is handy in shape, not being very large in size, and is one of the very best books of its kind that is issued from

the medical press. It should be found in the library of every medical practitioner who makes any pretence to keep himself abreast of the rapid onward march of the science and art of medicine. The information to be found within its pages is of the most practical kind, and one can turn to it with confidence for the most recent information upon every subject. It has drawn its material from every quarter of the world, for medical science has no geographical limits. Many of the articles require for their full elucidation the aid of illustrations in color, or black or white, and these illustrations are given in a very highly creditable manner, adding much to the value of the book.

**The Anatomy of the Central Nervous System of Man and of Vertebrates in General.** By Prof. Ludwig Edinger, M.D. Translated from the Fifth German Edition. Illustrated with 258 Engravings. Philadelphia: The F. A. Davis Co., 1914-16 Cherry street, 1899.

This is an excellent work, and one which every physician interested in nervous diseases should have in his possession. The present reviewer of this new edition of Edinger has for years used the old (second) edition in instructing his college class in the Anatomy of the Central Nervous System, and although the book was then smaller, yet it was eminently practical, and written in an easy, graceful style, making the work seem almost indispensable for a clear understanding of what presented in the tissues of the Central Nervous System. Edinger's book occupies such a permanent place in neurological literature that little need be said concerning its excellence. The translation as a whole has been carefully and conscientiously made, and the italicising of German terms, that are well nigh untranslatable, is especially praiseworthy. The free translation is first given and then the original German word is added. It is now fourteen years since the first appearance of Edinger's lectures on the Structure of the Central and Nervous Organs, and this little treatise has now grown into a full sized book of 450 pages. Its illustrations have increased in number and grown better, while its text, to accommodate a review of the many recently discovered facts in neuro-histology, has been multiplied in size. A special word of praise is due the index, which in every way is a model and adds materially to the usefulness of the book. All in all the work is a complete one.

**Materia Medica and Therapeutics.** An introduction to the rational treatment of disease. By J. Mitchell Bruce, M.A. Aberdeen; M.D. London; Fellow of the Royal College of Physicians of London; Physician and Lecturer on Medicine, Charing Cross Hospital; Consulting Physician to the Hospital for Consumption, Brompton; Examiner in Medicine, University of Cambridge; Formerly Examiner in Medicine in the University of London and in Victoria University, and Examiner in Medicine on the Examining Board in England. Lea Bros. & Co., Philadelphia.

This forms a small, neat volume of some six hundred pages, which can easily be carried in the pocket, and which treats in a very

thorough manner of the subject of *materia medica*. The preparations given are throughout those of the new British Pharmacopœia. The author divides his subject into three parts: I. The Inorganic *Materia Medica*. II. The Organic *Materia Medica*, and III. General Therapeutics. The comprehensiveness of each of these divisions, considering the smallness of the volume, is remarkable, and, indeed, no medical man can want more in their respective lines than parts I. and II. present, and part III. has proved very valuable to students. The author in his preface says that in this edition he has introduced greater detail in regard to the chemical and pharmaceutical relations of individual drugs. Another noticeable thing about the work is that to the important drugs much space is given, and slight notice is given to the least important ones. On the whole, it is a book which can be very highly recommended for students of medicine.

**An Epitome of the History of Medicine.** By Roswell Park, A.M., M.D., Professor of Surgery in the Medical Department of the University of Buffalo, etc. Based upon a course of lectures delivered in the University of Buffalo. Second Edition. Illustrated with Portraits and other Engravings.  $6\frac{1}{2} \times 9\frac{1}{2}$  inches. Pages xiv-370. Extra Cloth, \$2.00 net. The F. A. Davis Co., Publishers, 1914-16 Cherry St., Philadelphia.

No mental exercise is more calculated to impress the mind of the physician with the proud position the profession occupies to-day, than a review of the conditions which prevailed in the early periods of the History of Medicine and its evolution from the most primitive methods to the present comparative state of perfection.

Dr. Park has in this interesting and attractive volume served us with a mental treat which is as fascinating as any of the most popular works of fiction, and withal exceedingly instructive.

He has tried as far as possible to indicate the relationship which has ever existed between Medicine, Philosophy, Natural Science, Theology and even *Belles-Lettres*.

The book begins with a brief history of Medicine among the Hebrews, the Egyptians, the Orientals, the Chinese and the early Greeks.

Medicine originated contemporaneously with the origin of civilization, and among the earliest records of probable authenticity are the Scriptures, especially in the writings of Moses. From the reference to the history of Medicine during antiquity as furnished by Grecian history, one learns of Melampus Chiron and Aesculapius, the latter the most eminent and leading character of all the ancients, and the part taken by the Asclepiadæ down to the time of Hippocrates.

The classification of Rinouard which followed the past is divided into three ages: age of foundation, the age of transition and the age of renovation. The first has four periods: the primitive period or that of instinct, beginning with myth and ending with the destruction of Troy 1184 B.C. The sacred or mystic period ending

with the dispersion of the Pythagorean society, 500 years B.C. The philosophic period terminating with the foundation of the Alexandrian library 320 years B.C., and the anatomic period ending with the death of Galen 200 A.D.

The second age, or that of Transition, is divided into the Greek period, ending with the burning of the Alexandrian Library A.D. 640, and the Arabic period ending with the revival of letters A.D. 1400. The Third age, or that of Renovation, includes the Erudite period during the fifteenth and sixteenth centuries and the eighth, or Reform period including the seventeenth, eighteenth and nineteenth centuries. Besides these interesting chapters are others on the history of Medicine in America; the history of Anæsthesia; the history of Antisepsis; an epitome of the history of Dentistry and on Iatrotheurgic Symbolism. The most important characters in Medicine in the different periods are referred to although briefly, and a number of illustrations and woodcuts of leading figures in Medicine are given.

This second edition which followed the first within a year is free from some of the inaccuracies of the first, and is one of the most readable, interesting and instructive books issued during the present year, and one that should be read by every student and practitioner of Medicine.

**Clinical Lectures on Mental Diseases.** By Thomas S. Clouston, M.D., Lecturer on Mental Diseases in the University of Edinburgh. New (5th) edition. Crown 8vo., 750 pages, with 19 full-page colored plates. Cloth, \$4.25 *net.* Lea Brothers & Co., Publishers, Philadelphia and New York.

It seems but a short time since it was our privilege to review the last edition of this popular work, which we then recommended so highly as an authoritative presentation of the most modern aspect of diseases of the mind. The present edition is mostly a reprint of the fourth, embodying the few advances that have taken place in the knowledge of this affection during the past two years. Mention is specially made of the use of thyroid extract in appropriate mental diseases. Dr. Clouston states in the preface that he has taken advantage of the original pathological work done in the Royal Edinburgh Asylum for the insane and in the Scottish Asylum pathological laboratory in that time by Dr. W. F. Robertson, under whose direction plates sixteen to nineteen have been prepared, and which illustrate the recently discovered facts about chromatolysis, atrophies and hypertrophies in the neurons. All the various forms of insanity and their management are considered in detail, and in the twentieth and last chapter a summary of the general treatment and management of insanity looked at as a whole is given, and on the use of hypnotics, sedatives and motor depressants in which one gets the results of the ripe experience of the author. There are nineteen beautiful plates illustrating various pathological conditions, and some of them beautifully colored. Among them are the appearance of the vertex of one hemisphere in general paresis, fac-similes

of a letter written by a maniacal patient, drawings of cortex in general paresis, chronic mania and epilepsy, sections of palates in adolescent insanity, microscopic drawings showing normal nissl bodies, and others of equal interest. This fifth edition with its valuable additions forms one of the best extant representations of psychiatry suitable for student, general practitioner and specialist, and as such we heartily recommend it.

**An American Text-Book of Diseases of the Eye, Ear, Nose and Throat.** Edited by G. E. DeSchweinitz, Am. M.D., Professor of Ophthalmology in the Jefferson Medical College, Philadelphia, Consulting Ophthalmologist to the Philadelphia Polyclinic, Ophthalmic Surgeon to the Philadelphia Hospital, and B. Alex. Randall, M.A., M.D., Ph.D., Clinical Professor of Diseases of the Ear in the University of Pennsylvania, Professor of Diseases of the Ear in the Philadelphia Polyclinic, etc. Illustrated with 766 engravings, 59 of them in colors. Price: cloth, \$7, sheep or half-morocco, \$8. W. B. Saunders, 925 Walnut St., Philadelphia, 1899. J. A. Carveth & Co., Canadian agents, Toronto, Ont.

This is one of the most important and meritorious of the magnificent series of American text-books issued by Wm. Saunders. It represents the work of sixty authors, each writing on the subject he is regarded as most proficient in. It includes names of the leading specialists in the United States and Canada.

Of the twelve hundred and thirteen pages in the volume, six hundred and seventeen are devoted to diseases of the eye. There are interesting, instructive and exhaustive chapters on the Embryology, Anatomy and Histology of the eye, general physiology of vision; general optical principles Katoptrics, Dioptrics, Physiological Optics. Examination of the patient and external examination of the eye, functional testing. The ophthalmoscope and its use, the normal eye ground. Methods of determining the refraction of the eye, ophthalmometry, ophthalmoscopy, skiascopy, optometry, the use of mydriatics. Normal and abnormal refractions, Emmetropia, Ametropia, Hyperopia, Myopia, Astigmatism Presbyopia. Spectacles and their adjustment. Then the various diseases of the eye and eyelids are considered; injuries to the eye orbit, and finally a number of chapters on the operations on the eye, eyelids, lachrymal apparatus and orbit. An important appendix is given on the methods of detecting color-blindness with special reference to the examination of railroad employees. The Röntgen Rays in Ophthalmic surgery; the most important micro-organism having etiological relationship to ocular diseases, etc.

As already indicated, each subject is discussed by those recognized as most capable for the work, and each subject is fully illustrated, making it possible to grasp the explanations given completely by either student or practitioner, and the specialist will find here all that is authoritative in every branch of the subject.

The other departments of ear, nose and throat are treated in a

similar manner, being brought up to date in every department by those most competent to deal with the special aspect of the diseases of these important parts, and the articles are equally as well illustrated. Comprising the four specialties in one volume makes a most desirable book for the general practitioner, giving him an exhaustive and authoritative presentation of everything essential relating to these affections.

This magnificent volume is worthy of a place on the shelf of every practitioner who wishes to be *au fait* with the treatment of diseases of the eye, ear, nose and throat, and its study will enable him to be to a large extent capable of attending to the majority of cases brought to his attention.

**Progressive Medicine.** A quarterly Digest of Advances, Discourses and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amery Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College, of Philadelphia, Physician to the Jefferson Medical College Hospital. Vol II, June, 1899—Surgery of the Abdomen, including Hernia, Gynecology, Diseases of the Blood, Diathetic and Metabolic Disorders, Diseases of the Spleen, Thyroid Gland and Lymphatic System, Ophthalmology. Lea Brothers & Co., Philadelphia and New York, 1899.

The contributors to this volume are four in number, viz., Drs, W. B. Coley, John G. Clarke, Alfred Stengel and Edward Jackson, who have each brought their department up to date. The work is one which should be found on the table of every practitioner who desires to keep himself posted on the rapid progress which medical science is making at this time. We have found the selections on the Surgery of the Stomach and intestines of especial interest, bringing the subjects up to date in a remarkably clear and lucid manner. The article on appendicitis is of great value, giving as it does the views held by Richardson and Brewster (*Boston Medical and Surgical Journal*) on the all-important question of immediate operation in acute cases, or preferably operating in the quiescent stage. As their opinion is based on 756 cases, it must carry great weight, and is a valuable contribution to the literature of appendicitis.

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## PUBLISHERS DEPARTMENT.

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### LITERARY NOTES.

Dr. Arabella Kenealy's "Rejoinder" to Mrs. Ormiston Chant in the discussion of "Woman as an Athlete" in *The Living Age* for July 22 is not only interesting as a bit of keen writing, but it communicates important physiological facts, which, if generally understood, are at least very widely ignored.



Mr. Bagot's discussion of the question: "Will England become Catholic?" which *The Living Age* of July 29, translates from the Italian review, the *Nuova Antologia*, is noteworthy for the emphasis with which it answers in the negative the question which it puts, and the facts which it presents in support of that view. Mr. Bagot is an English Catholic, but he wrote this article in Italian, and it is here done back into English of unusual force and lucidity.

One of the cleverest of recent stories of life in India is "The Gospel of the Air Ball" in *The Living Age* for July 29, which describes the unexpected consequences which followed the introduction of football among Indian native troops.

Madame Darmesteter's recent essay on "The Social Novel in France" will be found in full in *The Living Age* for Aug. 5.

"Neera's" romance, "The Old House," now in course of publication in *The Living Age*, will be followed, early in September, by a story entitled "Dame Fast and Petter Nord, which Dr. Hasket Derby has translated from the Swedish of Selma Lagerlöf, the young writer whose "Gosta Berling" and "Miracles of Antichrist" have attracted so much attention.

#### RENDER UNTO CAESAR THE THINGS WHICH ARE CAESARS.

It gives me pleasure at all times to render unto Caesar the things which are Caesar's. Although I am opposed to giving certificates relative to proprietary medicines, in this case I overlook my objections, as I consider Sanmetto one of the greatest vitalizers of the reproductive organs now in use.

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KANSAS CITY, MO.

#### SANMETTO IN PROSTATITIS, CYSTITIS, CHRONIC GONORRHOEA AND VESICAL IRRITATION.

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ORAN E. BRULEY, M.D.

ANDERSON, IND.

#### SANMETTO IN ENURESIS NOCTURNA.

While visiting my nephew in Illinois last Christmas, he told me his little girl, six years of age, had always "wet the bed" at night, and asked me: "What shall I do for it?" I procured three ounces of Sanmetto—all the druggist had at the time; the second night she missed, and has had but three nightly omissions in two weeks. He wrote me last week: "We consider her cured, but shall keep an original bottle on hand and use if necessary." I have uniformly good results from prescribing Sanmetto in kidney and bladder complaints.

T. T. HUBBARD, M.D.

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