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Original Communications.

DYSMENORRHŒA.

BY J. ALGERNON TEMPLE, M.D.

(Read before Toronto Medical Society, Oct. 30th, 1884.)

Mr. President and Gentlemen,—I purpose to make a few remarks this evening on a very common disease—I mean dysmenorrhœa—and in selecting this subject for our consideration, I am induced to do so not because I have anything new to offer you, but because it is one of those diseases that we meet with in our every-day practice

It has always seemed to me that this subject should be treated rather as a symptom than as a disease; and I feel satisfied why so many women, the subjects of this complaint, fail to get cured is, simply because one feature in the complaint, viz., pain receives the physician's sole attention, while the cause of the pain is not removed. Such a patient gets a temporary relief, but she does not get cured. The next monthly period returns, and is accompanied again by the same suffering, so that unless the cause which gives rise to the pain is sought for and removed, the woman fails to get permanent relief.

On looking over the literature of this complaint we find it divided into a great many varieties. It is not my intention to follow out this division. Truly, in practice we have three distinct varieties,—the spasmodic, inflammatory, and constitutional.

In a healthy woman, menstruation should be

performed without pain, possibly not altogether without some slight discomfort, such as a sense of fulness in the pelvic region, or aching in the loins, but never sufficient to interfere with the woman's ordinary daily duties, while the woman the subject of dysmenorrhœa may suffer every degree of pain, from a slight pain to the most intense agony, so as to render her life one of continual suffering. Every month she is laid up in bed for several days, quite unable to get about. In the course of time her constitution becomes sadly impaired, and she herself a confirmed invalid.

The chief point of interest in this complaint is as to the cause of the pain. If we can satisfactorily explain this and remove the cause, we can surely hope to cure our patient; while, on the other hand, without removing the cause, and following the too common practice of merely, as each month comes round, prescribing some opiate to relieve the pain, can only be followed by injury to the patient, and most unsatisfactory results to ourselves. It is an established fact that uterine contractions are constantly going on in the unimpregnated uterus, whether healthy or morbid, and especially so during menstruation. Anyone who has watched the growth of a fibroid tumour imbedded in the uterine walls, must have satisfied himself of the existence of these contractions. Apparently these contractions do not cause the female any pain, but an exaggerated condition of these contractions, especially when they occur in a diseased uterus, appears to be truly the cause of the woman's suffering. I do not mean to

assert that in all cases of dysmenorrhœa exaggerated uterine contraction is the sole cause of the pain, for, undoubtedly, in some few cases more or less obstruction exists somewhere about the cervix. Then we have to deal with an obstructive or mechanical cause, which, in time, will lead to a congested or diseased condition of the endometrium and give rise to pain. There are apparently two distinct forms of pain—one is spasmodic or intermittent; precedes the menstrual flow; spreads from the uterus to the bladder and rectum, causing tenesmus, bearing down. The other pain is more persistent, steady, uninterrupted in its character, but equally hard to bear, and which ceases when once the menstrual secretion becomes fairly established. It is particularly this form that is so frequently described as the mechanical or obstructive variety of dysmenorrhœa, and the cause of the pain assigned to some flexion in the cervix, caused by some uterine displacement, as, for instance, an anteflexion, the bend in the cervix preventing the free escape from the uterine cavity, and, consequently, the uterus is thrown into contractions to get rid of the accumulated blood. In practice, however, such is not the case. As has been recently proved, the mere treating of the flexion, though it may in a measure relieve the patient, will not produce a cure or entirely relieve her of pain; indeed, there are many authorities who would totally ignore flexion as a cause of pain, claiming that no matter how acutely flexed the uterus may be, it can never be so much as to prevent the outpouring of the menstrual secretion, arguing that fluid will readily pass through a capillary tube. I am satisfied, however, in my own mind upon this point, that an acutely-flexed uterus will, in the course of time, lead to dysmenorrhœa, though, perhaps, not from obstruction; it will induce chronic disease of the mucous membrane of the interior of the uterus. The flexion interferes with the free circulation throughout the uterus, a stagnation of the circulation is the result; the uterus becomes enlarged and congested. The endometrium participates in this condition. It becomes swollen, tender, and chronically inflamed; and the healthy process of disintegration of the lining membrane of the uterus at the monthly period

is interfered with. This disintegration, in a healthy uterus, is performed free from pain; but in one diseased, the process becomes also a diseased one. This act of disintegration becomes slow; the membrane is but imperfectly cast off, and points, or nuclei, are furnished within the uterus for the formation of clots, which give rise to pain in the efforts the uterus makes to expel them. The flexure in the body of the uterus is more serious than one in the cervical portion, because the former are met with in women whose health is much impaired, and who suffer much from anæmia. This condition of itself predisposes to neuralgia, not only in the uterus but elsewhere, and particularly so in some women at the monthly period; and this condition of the blood will frequently explain the cause of dysmenorrhœa in some patients, the uterus being quite free from disease, and treatment appropriately applied to restore the blood will be followed by the most happy results in effecting a cure of the dysmenorrhœa.

There still is met another class of cases in which the pain is referred chiefly to the ovaries, and described by some as dysmenorrhœa of ovarian origin. I believe such a deduction to be erroneous. A most careful examination in a large proportion of such cases fails to detect any ovarian disease whatever. The pain and tenderness met with in the ovaries at the monthly period is only temporary. It is not inflammatory, but rather congestive, consequent upon the general pelvic engorgement which takes place at the ordinary monthly period, and often met with in women of a neuralgic temperament. To direct your curative efforts towards the ovaries alone will not cure the woman of her painful menstruation.

There is still another set of cases depending apparently on the presence of a fibroid or polypoid growth in the uterus. Or perhaps the woman had at some previous period an attack of cellulitis, which has left her ovaries, uterus, and broad ligaments almost one compact, immovable mass in the pelvis. Or, perhaps again, her cervical canal has become so altered from the repeated applications of strong caustics as to have contracted and twisted and thickened the cervical canal so as to render

it somewhat difficult to recognize that organ. These cases are plain enough; the treatment of them is obvious.

In concluding this subject, I would merely say, that my own opinion, formed entirely from observation, leads me to the conviction that the true cause of pain in dysmenorrhœa is in a large proportion of cases, at least, due to a diseased condition of the mucous membrane of the uterus, producing congestion of the mucous membrane and pressure on the nerves; and whether this condition is the result of a flexion, of a fibroid, of cold, of anæmia, or of any other discoverable cause, I must leave it to be found out by the physician himself in attendance; and until he brings about a more healthy condition of that membrane, I believe he will get little permanent benefit in the way of relief from pain. The recognition of this diseased state of the interior of the uterus is easy enough,—the passage of the sound is all that is necessary. In a healthy uterus this operation causes no pain; while on the contrary, in one diseased, just so soon as the sound touches the os internum the patient cries out with pain, and whatever part of the lining membrane you may touch, even gently, it causes pain, in some, intense. I have had patients faint from this simple procedure. Some one present may naturally ask, is everyone, then, the subject of dysmenorrhœa, married or unmarried, to be at once submitted to a vaginal examination to ascertain and treat this condition? My answer is emphatically, No. All and every reasonable effort is to be first resorted to; and then, in the event of failure, and if the patient's sufferings be such as to render her life almost a burden, or her general health failing, or if she be a married woman and without children, I think then the procedure quite warrantable—after having fully explained to herself or some near friend or lady relative, or perhaps her husband—your intentions. A cure will follow appropriate topical applications, and a barren woman will probably become a joyful mother, and the young woman the subject of this painful disease entirely cured.

Treatment.—There is a very old saying, that prevention is better and easier than a cure, and in this very complaint I believe much might be

done in this direction if mothers were a little more explicit to their daughters and cautioned them more about the risks of exposure to cold and chills at the monthly period. Young persons think nothing of leaving off their warm flannels in the coldest months of the year to go to a dance, and perhaps at this very time they are menstruating. After dancing and becoming over-heated, they go and sit in draughts; the result is a sudden suppression of the secretion, and this lays the foundation of some local uterine complaint. The present style of dress our young ladies wear is not conducive to health. They require so many more yards of material to make a fashionable dress, and this is all hung round the waist, tending to compress the pelvic organs, pressing the uterus down, and favoring some flexion, especially ante-flexion. The uterus is normally anteverted, and if the intestines are constantly being pressed down by heavy clothing suspended from the waist, in time this normal position becomes an abnormal one, or exaggerated one. All female clothing should be carried from the shoulders, and then this objection would become a thing of the past. Again, many young ladies, during the fashionable winter months, live a sort of artificial life, at dancing parties much too frequently, go to bed too late, and a condition of anæmia is the result, with all its accompanying ailments. To my mind, these are two of the chief reasons why, at the present day, so many young persons suffer from deranged menstruation. And the same remarks are applicable to young girls in a more humble walk in life. Look at the factory girl. For ten hours a day she sits in an over-heated, over-crowded, ill-ventilated room, driving or guiding the sewing machine. She returns home in the evening to a frugal meal; boards in a locality not well or properly drained; to keep pace with her friends who put the most of their earnings, in the shape of finery, on their back and head, she does the same. The result is, her under-clothing is deficient, her feet are improperly protected, no flannel petticoat or woollen stockings. She goes out in the evenings—the only time she has for recreation—and she comes home chilled through; anæmia, neuralgia, and allied diseases crop up, and this girl in a short time becomes

the subject of disordered menstruation. I cannot too strongly condemn the too common practice that mothers have of giving to their daughters, when in pain at their monthly periods, alcoholic liquors. Little beginnings often have big endings; and I, and other physicians besides myself, are aware of many cases of intemperance which can be traced back to early life, commencing at the age of 15, to take hot gin and water at every monthly period. Nor do I think the physician is without blame who prescribes opium or morphine without due warning. I myself know of several instances of women who have become regularly habituated to the use of morphine, and especially to its hypodermic use; and they use it not only at the monthly period, but I may almost say daily, to their great injury. I feel strongly on this point, and I think it is wrong for any physician to tell his patient, when in pain, take this morphine pill. It is done so, perhaps, thoughtlessly; but it is time we raised a warning voice against, I fear, this too common practice. I personally know of no remedies that can be prescribed which will with certainty bring about a cure, though undoubtedly, under certain circumstances, they are decidedly beneficial aids. Apioi has been recently recommended as a valuable remedy to relieve pain. I have been disappointed in its use. Perhaps I have not given it a sufficient trial. Cannabis indica and conium, I think, are quite as good as any remedies I have ever used to relieve pain. There are some few cases where positively nothing but opium or morphine seems to relieve. The hot bath is decidedly beneficial; it acts as a sedative, relieves pelvic congestion, and draws the blood to the surface, thus relieving the engorged uterus. Strict attention should in all cases be paid to hygienic rules, exercise, regulation of bowels, proper food and clothing, and everything that will improve the general health brought to our assistance. When the patient is pale and anæmic, most assuredly some one of the many preparations of iron should be prescribed. For my own part, I frequently give the carbonate or sulphate, and it appears to me they act better than others. Having faithfully followed up a judicious course of constitutional treatment without benefit, and

the patient's general health suffering from the constant and frequent recurrence of pain, instead of pursuing further in the dark I think we are justified in suggesting a vaginal examination; and, having obtained the patient's consent, we should commence some local treatment. If any displacement is found, appropriate measures ought to be taken to restore the uterus to position. If the cervical canal is small and contracted, I would strongly recommend the gradual dilation by bougies or graduated metal dilators. The normal cervix ought to admit readily a No. 9 male bougie. In regard to division of the cervix by means of the hysterotome, I have used this plan, but not frequently, and I think equally good results may be obtained by dilating with the bougies. Having, by these means, removed what may be called mechanical causes, our attention should be directed to the interior of the uterus. If a speculum examination reveals a uterus with a large, full congested cervix, the application of leeches or the scarificator, with the daily use of copious hot vaginal douches and the use of the glycerine tampon at night, will be highly beneficial, aided by counter-irritation over the sacrum. And when the passage of the sound within the uterine cavity reveals that sensitive condition of the endometrium, to which I have already alluded, and which I believe to be the true source of the pain in a large proportion of cases, I have found nothing superior to the application of nitrate of silver. It must however be used only fused on the platina probe. It is the only safe and certain method of using this most valuable agent. One or two applications at intervals of 7 to 10 days will give great relief. I may here add that I always use the small cervical speculum, so as to avoid touching the cervical portion of the uterus. Another excellent application is carbolic acid. Churchill's tincture of iodine is likewise beneficial, and, in obstinate cases, the application of strong nitric acid must not be overlooked. Some one of these various plans will in time produce a cure. My experience teaches me, that till we can get a healthy condition of the lining membrane of the uterus the pain will not be relieved. I make no allusion to those cases where fibroids or other tumors exist, nor to the more recent operation

of the removal of the ovaries in very extreme cases. I have not satisfied myself as to the complete justifiability of this operation. I suppose, however, there are some few cases demanding it. As yet I have not met with them.

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THE NEW LOCAL ANÆSTHETIC, HYDROCHLORATE OF COCAINE—EXPERIMENTS WITH CAFFEINE.

BY R. A. REEVE, B.A., M.D.

Senior Ophthalmic and Aural Surgeon to Toronto General Hospital.

President, Toronto Medical Society, &c.

It is not surprising that the virtues of a drug which is at once absolutely non-irritating and equally anæsthetic to the conjunctiva and urethra, the cornea and drum head, and the mucous membrane of larynx, naso-pharynx and rectum, etc., should be promptly and widely tested and heralded. The various indications it fulfils are so apparent as hardly to need specifying.

The following cases illustrate in part its potency, and one is cited, not without interest, in which it proved useless. The solution used was of four per cent. strength, the two per cent. having been found too weak, as a rule, for operations upon the eye:

Case 1.—J. A., Toronto General Hospital. *Iridectomy*, Nov. 11th. Four applications in fifteen minutes; operation begun twenty minutes after the first one; no pain—"just felt the doctor was doing something."

Case 2.—J. T. T. *Sclerotomy for secondary glaucoma*; Drug useless: six instillations (of several drops) in twenty-five minutes; operation attempted five minutes later, but patient not tolerating the use of forceps or knife, had to be done under chloroform. The patient was a very nervous subject, and there was possibly idiosyncrasy in addition to evident hyperæsthesia.

Case 3.—Mrs. McC. *Operation for secondary cataract*. Solution applied three times in ten minutes; operation, dissection, ten minutes later. The patient, a nervous lady, said she "felt not a bit of pain."

Case 4.—Mrs. T. *Mucocèle*. Bowman's opera-

tion: Three applications on punctum and near inner canthus; canaliculus slit as far as caruncle without pain, and into sac with but little; pupil moderately dilated, but contracting to light and on accommodation.

Case 5.—Mrs. M. *Iridectomy for inflammatory glaucoma*. Five instillations directly upon cornea (upper margin) in fifteen minutes; operation begun five minutes later. Section through sclero-corneal junction not felt; solution dropped upon wound in which a knuckle of iris had engaged; two or three minutes later segment of iris excised. The patient, a delicate, nervous lady, said she "only felt the operation a little."

Case 6.—M. C., aged 3½ years. *Staphyloma of cornea—Incision*. Fifteen minutes after a single instillation the cornea was incised, without complaint.

Case 7.—Mrs. O. The galvano-cautery was applied to several points on the septum and turbinates a few minutes after the use of the solution, without pain. (Some transient neuralgia of superior dental nerves.)

Case 8.—*Ulceration of larynx*. A two per cent. solution gave marked relief of irritability.

Case 9.—*Inflammation of auditory meatus*. Solution dropped into ear. Tenderness and pain sensibly relieved—"a sort of numbness."

Case 10.—E. L., Toronto General Hospital. *Iridectomy*. Five applications in forty minutes; operation ten minutes after the last; section of cornea not felt; traction upon iris gave some pain.

Case 11.—*Pterygium*. T. G. H. Four applications; abscission and suturing practically painless.

Case 12.—N. M. Z., *Strabismus*. Four applications in fifteen minutes; tenotomy done five minutes later; moderate pain caused by traction of hook upon muscle but none by scissors.

Under cocaine, extraction of cataract is not more painful than iridectomy. More frequent applications or stronger solutions than four per cent. may be found to anæsthetize the iris—a safer plan, it would seem, than injecting into anterior chamber. Cocaine may be used to prevent, or mitigate, the after-pain of operations on various parts, and lessen the risk of

secondary inflammation. It will doubtless prove valuable for relief of photophobia, spasm of orbicularis, etc., from corneal irritation, as well as of reflex ills elsewhere of kindred origin. The writer has been disappointed in not finding an eight or ten per cent. solution of the alkaloid in oleic acid anæsthetic to the skin; but the aqueous solution of the salt can be utilized for local anæsthesia, to some extent at least, hypodermically. In solution or unguent of various strengths, it should allay the pain of burns, etc., and the itching, etc., of some skin diseases.

EXPERIMENTS WITH CAFFEINE.

Influenced by the alleged identity of the general physiological, if not therapeutical, effects of caffeine and cocaine, the writer was led to test the former, hoping that it also might prove to possess the properties of a local anæsthetic; but a four per cent. solution failed to appreciably lessen the sensitiveness of his own conjunctiva. Bearing in mind the fact elicited by E. R. Squibb, that caffeine is only one-sixth of the strength of cocaine as regards systemic effects, a much stronger solution of caffeine was next tried, namely, twelve per cent., on the patient, case 1, in whom the anæsthetic effect of a four per cent. solution of cocaine had been quite marked; but the conjunctiva remained sensitive, and grasping it with forceps caused pain. This would seem to show that caffeine* is not a local anæsthetic, a fact to be regretted; because it can be had pure and cheap, and the supply is unailing, while it would seem that good coca leaves are seldom imported.

HYDROCHLORATE OF COCAINE — A NEW LOCAL ANESTHETIC.

BY G. STERLING RYERSON, M.D., L.R.C.P. & S. EDIN.
Surgeon for the Eye, Ear, Throat, and Nasal Passages to the
Toronto General Hospital.

In a communication in the *New York Medical Record* of October 11th, 1884, Dr. Noyes drew attention to certain experiments before the Ophthalmological Congress, in Heidelberg, with a solution of the muriate of cocaine. The re-

* Though bought from a reliable house it may prove on analysis to be impure.

sults were so remarkable and so important that the subject was immediately taken up in America and investigated with characteristic ability and energy by Drs. Knapp, Roosa, C. S. Bull, Agnew, Hepburn, and others. To the experience of these eminent observers I propose to add my humble testimony. But before doing so it would be interesting to make a few remarks on the properties of the somewhat rare and expensive drug. Cocaine is an alkaloid obtained from the leaves of the erythroxyton coca, soluble in 704 parts of water, but easily dissolved in ether, alcohol and dilute acids. The erythroxyton coca is a shrub which is widely diffused over South America, both in a wild and cultivated state, and is used by the natives, especially in Bolivia and Peru, in the place of Chinese tea. The infusion of the leaves is a powerful nervine stimulant, and smells very much like tea. It is stated that the Indians can travel for days and endure great fatigue and hardships, and use but little food, by chewing the leaves as a kind of cud. Although its anæsthetic power has only just been discovered by Mr. Koller, a medical student in Vienna, cocaine has long been known to chemists. It was first isolated from the leaves by Gardeke, in 1855, who called it erythroxyline. Dr. Niemann, of Goslar, investigated it more fully in 1860, and gave it its present name. Its action on lower animals is analogous to that of itecine, titanizing frogs, and, in large doses, paralyzing the sensory nerves and posterior columns of the cord.

The experiments of Dr. Hepburn, of New York, by hypodermic injection, show that local anæsthesia is produced in the skin over a considerable area. After the injection of forty-eight minims of a two per cent. solution at intervals of five minutes, general physiological effects were manifested, viz.: increased frequency of the pulse, increase of one-fourth in the number of respirations in a minute, an agreeable sensation of warmth, moderate mydriasis, slight crossed diplopia, and agreeable hallucinations. The power of locomotion was slightly interfered with. There was impairment of general cutaneous sensibility, a feeling as if walking on cushions, a tendency to walk on the heels, and a sensation on grasping an object as if something spongy were interposed. Applied locally

in four per cent. solution (gr. xx ad. \bar{z} i) to the mucous membrane of various parts its effect is decidedly anesthetic. Dr. Heman Knapp, the well-known oculist, of New York, has experimented on himself very carefully, and I cannot do better than to give his results almost in his own words. Applied to *the tongue*, it produced numbness and loss of the sense of taste. When the *soft palate larynx and pharynx* were sprayed they lost their sensibility to touch. A severe cough, from which the doctor was suffering, was relieved for the time. On spraying *the nose*, common sensation and the sense of smell were abolished. Injected into the urethra, that canal lost its sensitiveness as far as the solution penetrated; a catheter could be passed without any sensation whatever.

Dr. Bcsworth has used the remedy locally to the mucous membrane of the nose, and has removed polypi without pain and with much less bleeding than usual. He has also cauterized the cocainized nasal membrane without discomfort to the patient. Pencilled on the turgescient pituitary membrane in hay fever it has given important relief.

It is chiefly, however, in ophthalmology, the most progressive branch of medical science, that cocaine has been most beneficially used. Its effect on the healthy eye is as follows: When a four per cent. solution is dropped into the eye no pain nor irritation is produced. In from ten to twenty minutes the cornea begins to diminish in sensibility to touch. This increases from ten to twenty minutes and then decreases, and is gone in about half an hour. To produce complete local anesthesia it has to be instilled every five minutes for a quarter of an hour. Normal sensation is restored in about an hour and a half.

The pupil begins to dilate in from ten to twenty minutes, and reaches its maximum in forty-five minutes, remains stationary for about thirty minutes, and then slowly disappears.

The *range of accommodation* is shortened, owing to the partial paralysis of the ciliary muscle, the near point being removed from the eye. The power of accommodation returns in about half an hour.

The practical uses of cocaine are: To dilate the pupil for ophthalmoscopic purposes, to pro-

duce local anesthesia, to facilitate the removal of foreign bodies from the cornea, also to permit of operations being performed on the eye and its appendages without pain and without chloroform or ether. The advantages thus gained can hardly be over-estimated, avoiding as it does the increased risk of loss of the eye by rupture of a vessel, due to the straining in vomiting incident to the administration of a general anesthetic, to say nothing of the diminished risk to life. In the operations for squint and in iridectomy it has been found necessary to instil two or three drops into the wound in order to produce perfect freedom from pain. I am inclined to the opinion that in operations on painful eyes the drug will be found only partially successful in allaying sensibility.

In the nose it can be used to allay pain in operations on that part; to allay the symptoms of, perhaps cure hay fever, and to facilitate the passage of the eustachian catheter.

In the throat it can be used to facilitate examination in very irritable cases; it is also possible that it may enable us to perform the operation of staphylorrhaphy with better success than heretofore.

In the ear growths may be removed without pain.

In the rectum examinations can be conducted painlessly, and perhaps hemorrhoids treated.

In the vagina minor operations have been performed, and even trachelorrhaphy has been done with little inconvenience to the patient.

The catheter can be passed in a sensitive urethra, when cocainized, without discomfort. It is also possible that the drug may be found useful in spinal cord diseases. All these various uses entitle the remedy to be called "a great discovery;" but it must be remembered that our knowledge of it is comparatively limited, and that failures may be reported and personal idiosyncrasies discovered, and I would suggest great caution in the internal administration of so powerful an agent.

I have used cocaine in the following cases since I brought it from New York on November 10th, and without unpleasant after effects:

Miss C., aged 18.—Lamellar cataract. Used the four per cent. solution; no pain or discomfort whatever.

Mrs. J., aged 60.—Cataract. Preliminary iridectomy under cocaine fairly successful; no pain until iris was grasped. It was snipped off without any pain.

Miss H., aged 20.—Shrunken and sensitive stump; sympathetic irritation. Cocaine produced superficial anesthesia, but was obliged to administer chloroform.

Master W., aged 15.—Lamellar cataract. Needling was performed without any unpleasant sensation.

Miss C., aged 19.—Traumatic cataract. An operation with De Wecker's scissors was performed without pain.

Mr. D., aged 62.—Secondary cataract. Desiccation was performed without pain or unpleasantness.

Mr. M.—Wound of cornea by a knife stab. Hypopyon; iridectomy painless.

Mr. W., aged 21.—Foreign body lodged in cornea removed painlessly.

Mr. H. M.—Moderate nasal stenosis; difficulty and pain in passing a eustachian catheter. Passed with ease and little sensation after cocaine solution had been used.

Miss H., aged 18.—Acute catarrh of the middle ear. Auditory canal very sensitive to touch; much allayed by cocaine solution; did not relieve earache entirely. Painless paracentesis.

Mr. A. L. M., aged 51.—Severe laryngitis. Superficial ulceration; astringents and caustics badly borne. After pencilling the larynx with cocaine, a thirty-grain solution of nitrate of silver could be painted on with little unpleasantness.

Mr. F., aged 24.—Hypertrophic and erectile catarrh. Swelling was notably diminished and mucous membrane paled by a free application of cocaine.

ADDRESS TO THE KING OF DENMARK.—The members of the International Medical Congress recently held in Copenhagen, living in England, Ireland and Scotland, have presented an address to the King of Denmark, expressing their regret for his loss in the burning of the Christiansborg palace when he entertained the members of the Congress.

THE NEW ANÆSTHETIC.

BY A. M. ROSEBRUGH, M.D.,
Surgeon Eye and Ear Dispensary.

Since the announcement was made at the Ophthalmological Congress held in Heidelberg in September last, that the muriate of cocaine causes anæsthesia of the conjunctiva and cornea, the anæsthetic properties of cocaine have been very thoroughly tested, and with the most gratifying and astonishing results. No discovery since the introduction of general anæsthesia by the use of ether or chloroform can equal it in importance. It is found to be an anæsthetic not only for the conjunctiva and subconjunctival tissues, but for the drum membrane, the mucous lining of the nares, pharynx and larynx, as well as for the urethra and vagina; and when used hypodermically it causes anæsthesia of the skin and hypodermic tissues.

Its great value in eye and ear surgery can hardly be overestimated. On the ground of its perfect immunity from danger alone it would necessarily supersede ether or chloroform; but in certain important operations, such as iridectomy or extraction of cataract, the operation is greatly facilitated by the co-operation of the patient, which is rendered possible by the use of a local anæsthetic. Moreover, when a general anæsthetic is used, the operation is liable to be marred either at the time of, or subsequent to, the operation by either the retching or the struggling of the patient.

I have given cocaine a fair trial, and I find that, unlike most new remedies, it appears to be all that is claimed for it. I have found it of great service in relieving persistent photophobia and in facilitating a thorough examination. It is especially useful in dealing with children and timid patients: they will allow the eye to be handled without shrinking when they find that manipulation does not cause pain.

The only drawback that has appeared thus far in using cocaine is the very transitory nature of its effects. Prolonged anæsthesia can only be maintained by renewing the application frequently. This will be a serious obstacle to its use as a therapeutic agent. It is also very expensive. A four per cent. solution (the usual strength) costs at the present time \$10 an ounce.

That price will probably be maintained for some time, as the demand for it is very great.

Cocaine hydrochlorate may be prepared from leaves (coca erythroxyton) or from the fluid extract. Dr. Squibb prefers the latter. His formula is as follows: Mix fluid extract of coca with one-fourth its weight of calcined magnesia and evaporate on a sand bath to dryness. Powder the powder and exhaust carefully with ether. Evaporate the ethereal solution to dryness. The remains will be cocaine alkaloid with a small quantity of greenish oil, from which it may be separated by water: Very dilute hydrochloric acid is carefully added until the solution is neutral. The salt may be crystalized or water may be added to make a four per cent. solution.

It is claimed that the new anæsthetic is a sure cure for acute nasal catarrh. Should this claim hold good, it alone will be sufficient to immortalize the fortunate discoverer, Dr. Koller, of Vienna.

Selections.

DIET IN DYSPEPSIA OF LIQUIDS.

BY HENRI HUCHARD,

Physician to the Hospital Bichat.

(From the *Bulletin General de Therapeutique.*)

In a paper read before the Therapeutic Society of Paris, Huchard, while admitting the advantages of the milk treatment of certain stomachal troubles, such as cancer, ulcer, gastritis, dyspepsia due to alcohol and strongly spiced food, points out that in certain conditions of the stomach the milk treatment is not merely not beneficial but often is positively injurious. Gubler pointed out in his *Commentaires* that milk was contraindicated in torpid dyspepsia, and in patients predisposed to catarrhal or serous diarrhœa. M. Debove, in a communication to the Hospital Medical Society, on the treatment of simple ulcer of the stomach, drew attention to the production or augmentation of dilations of the stomach by the ingestion of large quantities of milk. M. Noël Gueneau de Mussy, in his recent treatise on typhoid fever, insisted particularly that one of the causes of indigestibility of this liquid was that the patients partook of it in too large quantities at a time,

neglecting the caution of M. Clémenceau, to take it in divided doses. "I now make public my insuccess and my therapeutic errors, and in citing very briefly some of the cases in which the ingestion, not only of milk, but also of any kind of fluid produced increase of gastric trouble, I wish to refer with eulogy to a treatment long ago proposed under the name of *dry diet* in the dyspepsia of liquids, so well described by Chomel."

A patient, aged 48, arthritic, suffered more than ten years from various painful gastric troubles. From time to time, without apparent cause, he is attacked paroxysmally with acute pains in the epigastric region, with coated tongue, nausea, bilious vomiting, obstinate constipation, and almost absolute impossibility of taking proper nourishment. Aids to digestion of all kinds, bitters, milk diet prescribed by several physicians consulted, had no other effect than to aggravate the troubles, which were in no way due, as was at first supposed, to the presence of biliary calculi. After three months of various treatments without benefit, when I observed that the ingestion of a few spoonfuls of any fluid, broth, soup, or milk brought on attacks of pain with oppression and tendency to syncope, I thought of cutting off almost all fluid diet, and quickly at the end of a week all the obstinate symptoms disappeared, to return only after infraction even in the slightest degree of the dietary rigorously prescribed. Some time after a patient, also arthritic and subject to gravel, who formerly had slightly suffered from flatulent dyspepsia and dilated stomach, returned from Contrexéville, where he had been obliged to swallow large quantities of fluid with very marked aggravation of his gastric troubles. I wrongly put him on milk diet, but it was not well borne, not because it determined diarrhœa, but because the ingestion of any fluid brought on uneasiness and fulness of the stomach and frequent eructations. The patient could not bear any fluid food, he grew thinner and weaker day by day, but when placed on dry regimen the dyspeptic troubles in a few weeks rapidly vanished.

A young woman, three months pregnant, with very frequent vomiting, presented rather serious symptoms, characterized after each meal

by sudden suffocation, production of large quantities of gas, enormous dilation of the stomach, and painful attacks resembling those of false angina pectoris. The milk diet prescribed seemed to exaggerate the symptoms when abstinence from fluids were resolved upon. From this state, although occasionally there were some reflex vomiting; all symptoms of a dyspeptic nature vanished.

Finally, just a year ago, a patient, impressionable and nervous, who had already consulted me several times for gastric trouble due to slight dilatation of the stomach, returned from South America, where, owing to the high temperature, he had taken fluids in large quantities and had suffered so severely from aggravation of the dyspepsia that all alimentation had become impossible. A physician had prescribed the milk diet, which I continued with, I acknowledge, complete failure to relieve. It was only on abandoning the use of liquids that, at the end of about two months, I succeeded in obtaining a positive amelioration.

These are some cases that left a profound impression on my mind, when quite recently I observed two other very remarkable facts. The first relates to a lady, 36 years old, manifestly arthritic, who consulted me for an incessant cough which had tormented her for six months, with symptoms of angina and sudden oppression coming on especially one or two hours after meals. The diagnosis was the more difficult as the patient had slight but decided dulness over the tracheo-bronchial retro-sternal glands of the right side, and the family physician, on account of the symptoms of pseudo-angina, had diagnosed aneurism of the aorta. I was soon convinced that the trouble was dyspeptic, and I prescribed milk diet with bitter tonics. Fifteen days after the symptoms had lost none of their severity, the cough was even more frequent, and with a view of relieving the bronchial and stomach troubles, I prescribed a wineglassful of sulphurous water in the morning, and during the day almost exclusively milk diet. I committed a therapeutic error, for fluids were badly borne, the milk caused syncope lasting three-quarters of an hour. On consultation with M. Bouchard the patient was put on dry diet with all its rigour. At the end of ten days the cough dis-

appeared, the attacks of oppression and the gastric and cardiac troubles which had persisted more than six months, disappeared.

A woman, aged 35 years, having suffered for four years from rather frequent attacks of hepatic colic, for which she had been sent several times to Vichy, suffered from time to time during a year from dyspepsia. Last year at Pougues, a few minutes after a meal, she was suddenly attacked with syncope, thought to be hysterical, though she had never presented signs of a nervous temperament. This year, May 10th, without known cause, very intense gastric troubles began—coated tongue, violent epigastric pain, gaseous eructations, dilatation of the stomach. But the chief symptom was attacks of suffocation coming on after the ingestion of a few spoonfuls of liquid. For more than twenty days alimentation was impossible; solid food was ill borne, but liquids, especially milk, soup and broths, brought on such malaise that the patient preferred to go without nourishment. As she had obstinate constipation I gave her a glass of purgative water; but on the first swallow such suffocation came on that she had to desist. After consultation with M. Bouchard dry diet was ordered exclusively. Gradually the symptoms abated and the patient was at length able to take some broths, bean soup, boiled meats, and to-day, owing to this treatment, nourishment has become possible.

The use of baths slightly warm and lavements of water should be directed to supplement the dry diet, the patient being allowed only a small glass of his accustomed drink during a repast. The interval between the morning and evening meal should be at least eight hours. This regimen permits the use of all kinds of soups, provided they are made very thick. A small quantity of bread, roast, grilled and boiled meats hot and cold, fish, eggs and legumes without much sauce or gravies may be taken as fancied by the patient. Fruits except those of a watery nature, such as grapes, prunes, peaches, strawberries, melons are likewise permitted. Meat extracts and powders are also suitable for this form of dyspepsia. Medicines should be given in solid form, and amongst the purgative mineral waters, those like the Rubinat

water, containing much active principle in small volume should be preferred.

This diet is also applicable to affections characterized by *excess of arterial tension*, to cases of atheroma, interstitial nephritis, aortic diseases, to cases of angina pectoris with considerable increase of vascular pressure, to patients predisposed to hæmorrhage, cerebral congestions, hæmorrhage epistaxis, etc. Thus after having employed perhaps to excess the milk diet, we here return to the dry diet. But each answers precise indications. Each will produce the best results in different cases. We must be guided by definite indications in the use of dry or milk diet if we would avoid the reproach, sometimes too well deserved, that medical science is a perpetual recommencement. R. Z.

AID TO DIAGNOSIS OF CANCER OF STOMACH

—A new aid to diagnosis of cancer of the stomach is founded on the fact (?) that in this disease hydrochloric acid is at all times absent from the viscus. The test is applied as follows: The patient is made to swallow a gelatine capsule, containing a piece of clean sponge with a strong silk thread tied around it, the thread being brought through the end of the capsule. The sponge is allowed to remain in the stomach half an hour, and then the doctor hauls it up by means of the silk thread hanging from the patient's mouth. The sponge is then tested for hydrochloric acid by means of a solution of tropeolin.—*Atlanta Med. and Surg. Journal.*

THE TREATMENT OF LUPUS.—Schwimmer

(*Wien. Med. Wochenschrift*) strongly advocates the employment of pyrogallic acid and mercurial plaster for the treatment of lupus, and he gives a series of cases in which these remedies were followed by excellent results. The peculiarity of his plan is that the remedies are used in sequence, the action of one being supplemented by that of the other. He first applies vaseline to the diseased part till all crusts are removed, after which a 10 per cent. ointment of pyrogallic acid and vaseline is applied, the dressing being changed two or three times a day, and continued for from four to eight days,

according to the activity of the process and the effect produced. Vaseline is then again used for a few days until the irritant effect of the acid is moderated, and then the mercurial plaster is applied and worn for from ten to fourteen days, the plaster being changed two or three times a day if there is much discharge, otherwise only once a day. After two weeks, if any nodules are seen in the cicatrix, the same cyclus of treatment is repeated, beginning with the vaseline as before, but using the pyrogallic acid this time for only three or four days. Generally, the writer states, two courses will be enough to cure the disease, though in some cases a third may be required. The duration of the treatment by this method is said to be from three to four months.—*N. Y. Medical Journal.*

A NEW SYMPTOM AND A NEW THEORY OF

LOCOMOTOR ATAXY.—In addition to these tests, I will now describe another symptom, which I have not seen mentioned in any previous treatise on this disease, and which is, that the patient has a considerable difficulty in walking backwards. This faculty, which is chiefly practised and valued by courtiers, is nevertheless possessed by all ordinary mortals as long as they are in good health. For the tabid patient, however, it is mostly very difficult to walk backwards, at a time when he may have very little or no trouble in walking forward. His heels seem to catch the ground; he dare not move, for fear of falling; and, if he succeed at all in walking backwards, it is in a peculiarly halting and odd fashion, which at once attracts attention.—*British Medical Journal.*

INTERNAL ADMINISTRATION OF AMYL NITRITE.

—W. B. Richardson in the *Asclepiad* gives the following:

R.—Amyl nitrite, - - - -	℥ 36
Ethylic alcohol, sp. gr. 830, -	36
Glycerine, - - - - ad.	31½

Dose—3i every two or three hours in a wine-glassful of warm water. The relaxation produced is often longer continued than when the same dose is inhaled.

Dr. Duhring recommends the following prescriptions for parasitic diseases of the skin :

For Tinea favosa :

R.—Ol. cadini, - - - - ℥iss.
Sulphuris sublimati, - - - ℥ii.
Ung. petrolei, - - - - ℥i.—℥.
Sig.—Apply twice daily.

For Tinea circinata, or ringworm :

R.—Hydrargyri chloridi corrosivi, - gr. iii.
Alcoholis, - - - - āā ℥iv.—℥.
Aqua, - - - - āā ℥iv.—℥.
Sig.—Apply twice daily.

Also,

R.—Chrysarobini, - - - - gr. x-xl.
Ol. cadini, - - - - ℥i.
Adipis, - - - - ℥i.—℥.
Sig.—Apply twice daily.

Or,

R.—Chrysarobini, - - - - gr. x-xl.
Liq. guttæ perchæ, - - - ℥i.—℥.
Sig.—Apply with a brush.

The following ointments are also recommended :

R.—Ung. sulphuris,
Ung. picis, - - - - ℥iv.
Ol. Olivæ, - - - - ℥iss.—℥.
Sig.—Apply.

For scabies he uses sulphur in the following combinations :

R.—Sulphuris sublimati, - - - ℥ii.
Balsami Peruviani, - - - ℥i.
Adipis, - - - - ℥i.—℥.
Sig.—Apply twice daily.

R.—Sulphuris sublimati,
Styracis liquidi, - - - āā ℥ii.
Cretæ albæ, - - - - ℥ss.
Adipis, - - - - ℥i.—℥.
Sig.—Apply.

EARACHE.—Put a few drops of chloroform on a little cotton wool in the bowl of a clay pipe, then blow the vapor through the stem into the ear.—*Med. Record.*

SUBLINGUAL ULCERATIONS IN WHOOPING COUGH.—M. Delthil considers these ulcerations to be caused not by friction against the teeth ; for they are sometimes situated on the floor of the mouth, in the vestibule and on the lower lip, and their apparition precedes by many days the severe kinks. According to M. Delthil, they are of parasitic origin, caused by the microbe of whooping cough. He remarks that the ulceration is manifested twelve or fifteen days after contact, that it coincides with the fever and vomiting, and that the fever disappears when the wound is cicatrised. The puriform expectorations observed at this period of the disease are produced by analogous ulcerations in the pharynx, trachea and bronchi ; that the cicatrices found at autopsies are the remains of these ulcerations, and that the engorgement of the bronchial glands is due to the same cause. The disappearance of the purulent expectoration and the buccal lesions would announce the disappearance of the infectious element.—*L'Union Médicale.* R. B. N.

ABSENCE OF TENDON REFLEXES IN DIABETES.—Professor Bouchard considers this phenomenon of great importance in the prognosis of saccharine diabetes. In forty-seven cases of diabetes in which the tendon reflex persisted, there were only two deaths, or one in twenty-three ; in nineteen cases with absence of the reflex there were six deaths, or one in three.—*L'Union Médicale.* R. B. N.

SUBLIMATE INJECTIONS IN JOINT DISEASES.—Professor Vogt has obtained good results in three cases of so-called gonorrhœal rheumatism of the knee, by intra-articular injection of corrosive sublimate. He employed a solution of bichloride of mercury. 1½ grain ; chloride of sodium, 15 grains ; distilled water, 12 drachms. Of this solution, 45 to 75 minims were injected into different parts of the joint. The injections were repeated every four days, but how long the treatment was continued the author does not state. At the time when these cases were reported he stated that the cure could be regarded as established, massage and passive motions being all that was necessary to restore

the functions of the joint. In other non-specific bone and joint diseases a somewhat extensive employment of this mode of treatment leads the author to believe that "in certain cases much can be accomplished by intra-articular injections of corrosive sublimate."—*New York Medical Record*.

DEATHS FROM ANÆSTHETICS.—The *British Medical Journal* for October 25th reports two deaths from administration of anæsthetics—one from chloroform in the Western Infirmary of Glasgow, the other from methylene in the South Devon and East Cornwall Hospital of Plymouth. In both cases the patients were supposed to be healthy young men, and in neither case could any definite cause be assigned.

FRACTURE OF THE LEG, FOLLOWED BY GANGRENE.

P. F.—, aged 21, wine merchant, was admitted Feb. 8th, 1884, into the Cochin Hospital, under Drs. Duret and Auger. While getting down from the seat of a cab he fell with his left leg under him, and could not get up. On admission we found fracture of both bones of the leg lower 3rd, considerable extravasation of blood. One the inner side at the level of the fracture, a small blackish spot the size of a two franc piece; no wound. The fragments moved over each other with the greatest freedom, and the leg bent in every direction with marked crepitus. The bandage of Scultetus was immediately applied, reached to the middle 3rd of the thigh. Very little pain during the application, and the patient felt better after the leg was immobilized.

Feb. 9.—Insomnia. Except some darting pains at the point of fracture the patient stated that he had suffered nothing either in the leg or foot. Nevertheless, we found the foot to be of a reddish color, cold and insensible. The lower part of the leg, when uncovered, showed the same appearance. The apparatus of Scultetus was removed and a plaster splint applied. In the evening the reddish color extended over the foot and lower 3rd of the leg, up to the seat of fracture, marked on the inner surface of the limb by a blackish patch with diffuse edges,

which are covered with sero-sanguinolent phlyctenulae. In the same area coldness and insensibility to pain (a pin thrust deeply into the tissues caused no sensation); no œdema. The pulsations in the dorsalis pedis and posterior tibial arteries are no longer felt. Some movement of the toes still possible. Apart from this no spontaneous pain; no general disturbance.

The patient was of tuberculous antecedents (he had lost a mother and sister from lung disease, and a brother from Potts' disease). He himself, save some cervical adenitis in infancy, had never had hæmoptysis, and does not cough; auscultation and percussion negative. No rheumatism. No venereal. At the age of 15 was confined to bed a month with some ill-defined fever. No other acute disease. No sugar or albumen in urine. Well marked alcoholism. For five years has followed the occupation of wine merchant, which he says obliges him to drink freely every day. Catarrh, trembling of the hands, some cerebral trouble.

Feb. 10.—Gangrenous parts in *statu quo*; the skin of foot and lower 3rd of leg is pale and flaccid. It is a true gangrene by *cadaverisation*. At the upper part the calf is hard, stretched, and rather tender. Temp. a.m. 37°; p.m. 38°.

Feb. 11.—The sphacelus does not pass the seat of fracture, but higher up the tension increases; a bronzed redness extends on the inner side two fingers' length above the knee. Temp. a.m. 37.8°; p.m. 38.4°. In the evening extensive scarifications in the mortified parts. A little black blood flowed by. The cellular tissue is hardly infiltrated.

Feb. 12.—M. Duret made an incision on the inner side of the leg to seek for the posterior tibial vessels. They were found flattened and empty; no extravasation of blood at the bottom of the wound, in which one of the angular fragments could be felt.

Feb. 13.—Amputation of the thigh at lower 3rd without accident worthy of note. Temp. a.m. 39.4°; p.m. 38.4°; p.m. 38.6°.

Examination of the leg showed nothing in the saphenous veins. The state of the soft parts differ completely at the level of the fracture and below. At the point of fracture extending above and below three fingers' breadth, the muscles

are reduced to a putrid mush. At the ankle and in the foot, save a little paleness, they are normal, like the muscles of a fresh corpse. Both bones are broken at the lower 3rd. The line of fracture of the tibia is oblique, downwards, forwards, and inwards. A fragment is detached on the outer side and surrounded by splinters. The fracture of the fibula is 2 centimetres ($\frac{1}{2}$ inch) higher up. Its upper fragment is flattened and bifid. The interosseous ligament and the deep muscles, greatly torn, allowed the fragments to move in every direction. It is very difficult to re-establish their primary relations to the vessels. However, we find the peroneal caught in the angle of the upper fragment of the fibula; but in it, as well as in the posterior and anterior tibial, no trace of tear. Followed from the popliteal to the plantar and dorsalis pedis, the arteries of the leg show no clot in any part. As to the deep veins of the three groups, they are thrombosed for about 5 centimetres (2 inches) in the neighborhood of the fracture. The nerves are healthy.

Is this septic gangrene? The anatomical characters, and the course of the disease, the absence of general reaction, give little support to this theory.

On the other hand, can we believe that a leg bandage, however tight, could produce in the leg of a patient very muscular sufficient ischæmia to cause in so short a time gangrene of the whole thickness of the leg. Besides, in this hypothesis the localisation of the sphacelus below the seat of fracture, the absence of œdema and pain remain unexplained. A tear of the arteries at the seat of fracture would perfectly explain the symptoms. But the arteries were healthy. Still, one of them was found stretched over the fragment, and we may suppose that, owing to the extreme mobility, they could be pinched and compressed between the bones in the efforts to reduce the fracture and apply the dressings.

Finally, besides these mechanical agencies we must consider the state of alcoholism of the patient.—*Progres Medical.* R. Z.

A novel called "Gaythorne Hall" has recently been published by a well-known London physician.

BURNS AND SCALDS.—In the *Asclepiad* of April, 1884, B. W. Richardson warmly advocates the application of crushed ice and lard to burns and scalds. Ice is well crushed or scraped as dry as possible, and mixed with lard till a rough paste is formed. The mass is then put in a thin cambric bag and applied. The pain is rapidly eased; its return is a call for the repetition of the remedy.

PROFESSOR SCHWENINGER.

Considerable excitement was recently created in Berlin medical circles by the appointment of Dr. Schweningen, by Prince Bismarck, to the position of Ordinary Professor of Diseases of the Skin. It appears that Dr. Schweningen has succeeded in curing some of the ailments of Prince Bismarck and his son, which had resisted the efforts of distinguished members of the Berlin Faculty. The chief objection to the *protege* of the Chancellor is that there is nothing in his history which promises to confer any honour on the Faculty. Originally a Privat-Docent in Munich, he was, for reasons not stated, excluded from the Munich Faculty, and finding success in practice impossible in that city he went to Berlin, where he ingratiated himself into the Bismarck family.

This, as it appears, unwarranted action on the part of the Chancellor, has called forth a protest from the Berlin Faculty, which, however, has not been noticed by the Berlin journals; probably because they deem it inadvisable in view of the position of the appointer. But it seems that the professorship to which Schweningen was appointed was not sufficient honour and he has also been made a member of the Imperial Sanitary Board, without any qualification for the position, and against the protest of the Director, Dr. Struck, also formerly a medical attendant on Prince Bismarck. Dr. Struck accordingly resigned his post, and Dr. Koch, in consequence of some unpleasant circumstances connected with the affair, has also given up his seat, after declining to be nominated as Struck's successor.

A cable despatch, dated Berlin, November 2nd, states that Professor Schweningen, having taken offence at some remarks of Professor

DuBois-Reymond, regarding his appointment to the chair of dermatology, has challenged him to fight a duel, which he has declined.—*Medical News*.

ANDERSON ON PYELALITHOTOMY.—Mr. Anderson read a paper at the Clinical Society (*Med. Times*, 1884. Vol. 1, p. 744), in which he described a successful operation for renal calculus. The patient had hæmaturia and pain in the left loin; the urine contained uric acid but no pus. The kidney was reached by an oblique incision in the loin and the calculus removed, a drainage tube was inserted, and the patient made a good recovery. Urine was not passed through the wound after the first 12 or 18 hours. The calculus weighed 60 grammes, and consisted chiefly of calcium oxalate. The incision to extract the stone was made through the membranous wall of the pelvis, not through the kidney substance, as less likely to cause hæmorrhage.—*Birmingham Medical Review*.

A NEW MEANS OF DIAGNOSIS OF PREGNANCY IN ITS EARLIER MONTHS.

Prof. Hegar, of Fribourg (*Prager Med. Wochenschrift*), recognises a peculiar softening, suppleness, and thinning of the inferior segment of the uterus, that is to say, the portion immediately superior to the insertion of the sacro-uterine ligaments, as a constant and positive sign of pregnancy. It can be easily recognized not only when the uterus is resisting, as ordinarily, but when it is elastic and soft. Even then it is possible, by depressing the inferior portion of the uterus, to distinguish the superior portions and the rigid neck. The softness of the part is such as to cause the question whether the neck be not simply in contact with a pelvic or abdominal tumor. He knows of no pathological condition of the uterus which could give this symptom, hydrometritis and hæmatometritis become in this way easy of diagnosis.

The cause of this remarkable sign is from the fact that the inferior segment of the uterus becomes the thinnest, softest, and most elastic portion. It results, consequently, that in prac-

tising the rectal touch with abdominal palpation, it is possible to feel this portion between the fingers, with the characteristics which it presents. It is evident, however, that the absence of this sign is by no means an evidence of the absence of pregnancy, which may exist without producing these modifications in so marked a degree.—*Journal American Medical Association*.

GENERAL PRURITUS OF THE MENO-PAUSE.

Dr. J. Chéron prescribes an ointment composed of

Veratrine 15 grammes.
Lard 30 grammes.

Apply a portion the size of a pea morning and evening with gentle friction, when the pruritus is limited to the groins, axillæ, the abdominal parietes, etc. When the pruritus is general, veratrine internally is preferable in the following doses:

Veratrine 2 centigrammes.
Liquorice Powder q. s.

Divide into forty pills. Sig. 2 to 6 pills daily, half an hour or three hours after eating. But one pill is to be taken at a dose, and the number is increased by one daily up to a maximum of eight pills—that is, three milligrammes.—*Lyon Médicale*.

For pruritus vulvæ, unaccompanied by local lesions, I have found the following application very efficient:

R Chloroform ʒss.
Ol. Amygdala dulcis . . . ʒi ss.

The bottle should be kept well corked and in a dark place. R. Z.

POST PARTUM AVULSION OF UTERUS.—At a meeting of the Obstetrical Society of London on October 8th, Mr. J. Hopkins Walters reported a case: A patient, aged twenty-two, in her third confinement, attended by a midwife, who, in attempting to remove the placenta, introduced her hand and tore away the whole of the uterus, with right ovary and fallopian tube, portions of the round ligaments, and the left fallopian tube. The woman was treated with opium, quinine, and antiseptic washings, and made a good recovery.

Dr. Herman, of the Middlesex Hospital, London, concludes an article in the *London Lancet* on the pathological importance of flexions of the uterus as follows:—Anteflexion is one of the natural shapes which the uterus may have. It is present in the majority of nulliparous women. It is present most often in early life, but tends to disappear as the uterus takes on functional activity. For this reason, in cases in which deficient development is associated with imperfect performance of function, anteflexion is especially often found. There is no evidence that the anteflexed condition in itself causes any hindrance to the performance of function. It is possible that anteflexion may produce symptoms, but it has never been proved, and if it be so, it is certain that such cases are exceedingly rare, and we have at present no means of identifying them. In a healthy state of the pelvic organs it is rare for the uterus to be retroflexed, but this occasionally happens, and causes no symptoms. When the supports of the uterus become weakened and prolapse begins, it is common for the uterus as it sinks, to become retroflexed. Retroflexion is in such cases found accompanied with the usual symptoms of slight prolapsus, which are not modified by it. These cases form the majority of those in which retroflexion, because it is removed by the treatment—viz., the giving of the needed support—which removes the flexion, appears to be the cause of symptoms. But the relief to symptoms follows equally from the treatment whether the flexion is removed or not. The disposition of the musculo-peritoneal bands behind the uterus (utero-sacral ligaments—sometimes called the *musculi retractores uteri*) is in a few cases such that when the body of the uterus sinks between them, the veins which return the blood from the uterus are pressed upon, the return of blood obstructed, and congestion of the uterus is the result. In such cases striking relief quickly follows the raising of the uterus, so that its veins are no longer pressed on; and this relief is most striking when the uterus is so much raised that it falls into a position of so-called anteversion. It is probable that many symptoms have been attributed to flexions which depend simply on the general health of the patient, and would have been cured by the treatment adopted if the shape of the uterus had been quite ignored.

THE MIDWIFERY FEE.—With regard to the midwifery fee, I should like to see it expunged altogether. What is there peculiar about a midwifery case that should take it out of our ordinary services? You attend the wife of an artisan; you arrive there when all is over, stay a quarter of an hour, pay two or three subsequent visits, and charge a guinea; that is unfair to the patient. For the same fee you attend another case, perhaps in the night, stay some hours, and pay two or three subsequent visits; that is unfair to the medical man. I think the midwifery fee should be abolished, and our charges made as for ordinary attendance, charging extra for special services and for detention, and charging for each subsequent visit. It may be said that this would increase the temptation in some men to pay unnecessary visits. This should not be. We ought always to bear in mind the patient's welfare, and that alone.—*Dr. Alfred Sheen, in Brit. Med. Journal.*

UNIVERSITY INTELLIGENCE—Cambridge, Oct. 11th.—The examiners in State Medicine, Drs. Airy, DeChamoul, and Carpenter have issued the following list of those examined and approved for Diploma in Sanitary Science:—A. Allan, M.D. Edin.; T. S. Covernton, M.D. Toronto University, L.R.C.P. Edin.; John Eyre, L.K.Q.C.P. Ireland; D. A. Greswell, M.B. Oxford; K. P. Gupta, F.R.C.S. Edin.; H. Handford, M.D. Edin.; J. B. Hurry, M.B. Cantab.; J. J. Macan, M.A., F.R.C.S., T. J. McGann, F.R.C.S. Edin.; F. Marsh, F.R.C.S., F. Welsh, F.R.C.S., W. C. Wise, M.D. St. Andrews.—*Times Newspaper, Oct. 13th, 1884.*

STILL THEY COME.—In the Medical Section of the French Association for the Advancement of Science (*Session de Blois*), M. Delore advocated the bacterian origin of eclampsia (1) because there is often nephritis and albumenuria. (2) There is *post mortem* elevation of temperature. (3) Though the contagiousness of eclampsia is not actually proved, there are circumstances pointing that way, such as in hospitals simultaneous cases and epidemics of eclampsia. (4) Because in scarlatina, measles, etc., convulsions frequently occur. (5) Because death often occurs in eclampsia. (Alienists may soon have to add to the nosology of insanity a new disease—*Bacteromania*).—R. Z.

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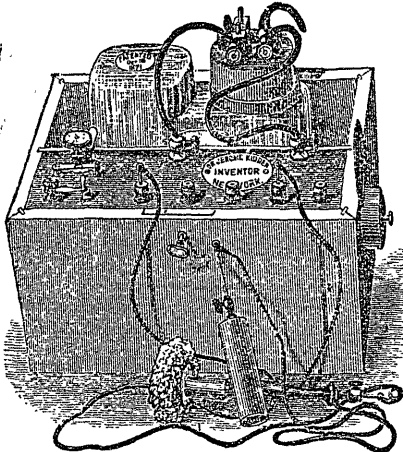
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To SUBSCRIBERS.—*Those in arrears are requested to send dues to Dr. W. H. B. Aikins, 40 Queen St. East.*

We regret to learn that, from some cause unknown to us, copies of the Journal have lately gone astray. Any of our subscribers who have not received it regularly, may obtain the missing numbers on application to Dr. Aikins, by post-card or otherwise.

TORONTO, DECEMBER, 1884.

SIR JOSEPH LISTER ON CORROSIVE
SUBLIMATE AS A SURGICAL
DRESSING.

Sir Joseph Lister delivered an address at the opening meeting of the Medical Society of London on October 20th on the above-subject. He stated that his results for some weeks had not been uniformly good—in fact, he had one death from septicæmia. Upon investigation, he found that the eucalyptus gauze, which he had been using for some time instead of the carbolic gauze, was at fault from some carelessness on the part of the manufacturers. The carbolic gauze, when properly prepared, is the most reliable we have, but as it is volatile its virtues are limited in duration.

During the summer he made some experiments with corrosive sublimate, which yield very satisfactory results. It has been noticed that corrosive sublimate dressings were, under ordinary circumstances, rather irritating, and this has been a great objection to their use; but Sir Joseph has found that under certain conditions this difficulty may be removed. In one case in which he used a 1 to 500 solution of the sublimate for cleansing the protective, the skin was much irritated; but he discovered that when mixed with the albumen of serum or blood it was more innocuous. The sublimate combines with the albumen to form, not an albuminate property so called, but a simple mixture of the two, which is less irritating than

the watery solution. He therefore takes serum, which can be best obtained from the blood of the horse, and after adding the sublimate in the proportion of one per cent., soaks the gauze in this and uses it for his ordinary dressings. We will look with considerable interest for further reports of this plan of treatment.

PROFESSIONAL ADVERTISING.

In the *Toronto Mail* of November 3rd there appeared an account of an interview between a reporter and a physician of Montreal, which occupied two columns. The doctor kindly gave a little information about the Longue Point Asylum, and a great deal about himself, from which we gather the following important points: The doctor is a leading medical writer, a prominent practitioner, and an associate editor of the *Canada Medical Review*, whatever that may be. There appeared in the journal a comprehensive article of his dealing with this question, which was actually written by himself, and which exhibited force, power, courage, and manliness.

The doctor assured the reporter with a modesty which is positively charming that he did not profess to be an expert in insanity, but from his examinations and cross-examinations in the higher courts by the most eminent and critical lawyers, he had proved incontestably his knowledge of the science from profound study of the subject. He also considered he was a good authority on certain subjects because he had been a Medical Superintendent of an important hospital. He referred in a touching manner to the fact that his independent, clear, and comprehensible evidence given during his five or six hours' examination was garbled in the newspaper reports; but, with rare generosity, added that he did not complain, but rather pleaded for the press men under the circumstances.

In Toronto we claim that we can beat the world, even Montreal, in doctors' signs; but in the matter of newspaper puffing we have never touched anything half so magnificent as this.

The next annual meeting of the American Laryngological Association will be held in Detroit in June, 1885.

THE CHOLERA BACILLUS.

Dr. Austin Flint, sen., read a very exhaustive paper before the New York County Medical Society on the parasitic doctrine of epidemic cholera. This paper, together with Dr. Koch's report at the Medical Congress in Berlin, will form the materials from which we will give our readers, in a condensed form, the history and present state of our knowledge with regard to this very interesting subject.

In 1883, Dr. Koch was sent to Egypt by the German Government to make investigation in the disease which was raging in and around Alexandria. Subsequently, he went to Calcutta with the same object, and continued his work in Toulon during the past summer.

The results of his labours he gave in a number of reports to his Government. They may be summarized as follows:—

1. The discovery of a form of bacteria, named by him the comma bacillus, which he constantly found in the walls of the intestines, and in the discharges of those who had died of cholera. He also successfully cultivated this bacillus.

There is no doubt, therefore, but that the comma bacillus is a veritable organism, and that it is found in great numbers in the intestines of those who die from cholera. It has yet to be proved, however,—

1. That this organism is constantly present in cholera patients. Dr. Koch found it in all the cases he examined. The number, however, was necessarily limited.

2. That it is never present in any other form of disease.

A very similar, if not identical, growth has already been discovered in cholera nostras—a growth which Dr. Koch himself admits to be very similar indeed to the cholera bacillus.

3. If the bacillus were constantly found in true epidemic cholera and in no other disease, the most difficult question of all still remains unsettled, viz., Is the bacillus the cause of Asiatic cholera, or is it simply a product of diseased action? The only reliable method of proving this point is the cultivation of the bacteria, and the successful inoculation of animals by them.

Koch had reported failure in securing this proof, and the French Commission had met with the same results in their experiments. Two Swiss physicians, Rietsch and Nicati, had successfully inoculated a number of guinea pigs, dogs and rats with the cholera microbes. The guinea pigs all died at a minimum interval of forty hours, after symptoms of diarrhoea and cramp, the same as with human beings, while the dogs died four days after inoculation. The choleraic secretions were injected directly into the duodenum, after ligation of the common bile duct.

The conclusions which they drew from their experiments were,—

1. That in doubtful cases a diagnosis could be made by injecting a portion of the discharges into the duodenum of a guinea pig, when, if cholera were present, the symptoms would be at once manifest.

2. That the gastric juice and bile digest microbes very thoroughly. These juices are poured out in large quantities during digestion, and thus infected water can be taken with greater impunity during than between meals.

It will therefore be seen that, although Dr. Koch has not yet given absolute proof of the truth of his discovery, it is probable that it will yet be confirmed and established by future experiments.

If the parasitic origin of the disease were established, what bearing would it have on its prevention? A very important one. The complete destruction of the parasite, directly as it leaves the body, would have a decided influence in checking the spread of the disease. The disinfection of clothing and merchandise would also claim attention. It is evident that the parasite thrives in dirt and filth, hence cleanliness is of the greatest importance.

The effect of the parasitic origin of cholera will also influence our methods of treatment. So far as known, there is no agent sufficiently powerful to destroy the parasite in the intestine which will not prove hurtful to the general system. It is, however, possible that one may be discovered.

Dr. Flint recommends, as the result of experience, opium and complete rest, as the remedies *par excellence*; and states that if these

agents are employed soon enough, they will almost certainly check the disease.

"What the *modus operandi* of the opium was in this affection he was not prepared to say. Its unquestionable efficacy was one of those instances, which were not rare in practical medicine, of a therapeutical truth which could not be satisfactorily explained in the present state of our knowledge."

PROPOSED AMENDMENTS TO THE ONTARIO MEDICAL ACT.

Pursuant to a resolution passed by the Medical Council last June the members of the Legislative Committee of that body, consisting of the President and Vice-President, and Drs. Logan, Edwards, Burns, Douglass, Cranston and Lavell, together with Drs. Bull, Oldright, H. H. Wright, Cassidy, and other city medical men, waited upon the Attorney-General, on the 4th instant, in order to lay before the Government the following proposed amendments to the Medical Act.

The various clauses were explained to the Premier by the President and Dr. H. H. Wright. Mr. Mowat promised that they should receive his careful consideration.

Regarding the action of the Council we may say that our feeling has all along been that the Act is a good one as it stands, yet we must, for the main part, admit the propriety of the amendments. There is, however, always a danger in approaching a body like the Legislature with a request for changes in certain bills, lest when the pruning knife is once applied it may be wielded by the hand of the destroyer.

The following are the proposed amendments :

Firstly. In section VI. add, "And provided that said Colleges, not mentioned in this clause, must establish a Medical Faculty, and give lectures in each department for such a time as may be specified by regulations of the Council."

Secondly. That all actions brought against medical practitioners for malpractice must be instituted not later than one year from the date of such so-called malpractice.

Thirdly. In regard to proper payment of medical witnesses when summoned to give medi-

cal evidence before any court of law or equity, recommend that they should be properly paid.

Fourthly. That we recommend the appointment of a medical man in each Division to act as taxing officer for all medical accounts in dispute, when so required, with similar powers to those of the taxing officers of the Law Society.

Fifthly. That section XXVII. of the "Ontario Medical Act" be expunged, and that the following be substituted : "Each member of the College shall pay to the Registrar, or any person deputed by the Registrar to receive it, an annual fee of five dollars, with the privilege of at any time commuting for life by a cash payment of twenty dollars—or such as added to what he has already paid will make twenty dollars—and such fee shall be deemed to be a debt due by the member to the College, and be recoverable with costs of suit in the name of the College of Physicians and Surgeons of Ontario, in the Division Court in the City of Toronto, and in default of payment that his name be erased from the Register of the College. Sub-sec. 1. Provided that said member may be reinstated by payment of all dues and costs incurred to the date of re-registration."

Sixthly. That the Council shall have power to establish a code of ethics, and in the event of any violation of the code, to punish the offender by suspension or erasure of his name from the Register of the College—such action to be proceeded with by examination by the Council—the same to have power to examine witnesses on oath.

Sevently. Security for costs in suits for damages for alleged malpractice. The plaintiff's and defendant's private examination might be placed before a judge of one of the superior or High Courts, and, if the judge thought it doubtful that a conviction would be obtained against the defendant, he might order the plaintiff to give security for costs, so that if the judge at the trial dismissed the suit, or if the jury found for the defendant, the defendant would not in fact be saddled with damages—the damages here, of course, being his own costs, which too often the plaintiff cannot pay.

The first three clauses will at once enlist the sympathy of the profession.

The fourth would appear to be unnecessary if each Territorial Division had a properly defined Tariff of Fees, which may be legalized by the Act as at present existing.

The fifth clause has already provoked hostile criticism, although evidently based upon misapprehension by the critics. We cannot say that it entirely meets with our approbation. The Act limits the yearly assessment to "not less than one, nor more than two dollars." Custom seems to have established the yearly tax of one dollar. We learn that even this small sum in many cases is not paid, and that it is difficult to collect it by process of law. If this clause were limited to that portion relating to recovery of fees in the Toronto Division Court, the Council would get over the difficulty and receive funds enough for carrying on its work, and the practitioner would have no cause for complaint. We may point out, in this connection, the fact that in many cities and states of the neighboring republic a yearly assessment of ten dollars for revenue tax is made upon every medical practitioner.

The sixth clause is of the utmost importance, and, if passed, will enable the Council to proceed against offenders who are now beyond its power to punish. And, lastly, instances could be multiplied of the hardship experienced by established practitioners, who having successfully resisted an onslaught upon their personal character or professional skill, are mulcted in heavy costs because of the poverty of the plaintiffs. The law now marks the surgeon as fair game for every crippled pauper who, by bringing a suit against the man who may perhaps have saved his life, has everything to gain, and nothing to lose.

The objection to this clause has been offered that it comes under the heading of class legislation. Doubtless it does; but is any class in the community so exposed to malicious prosecutions (which is the fact in ninety-nine of every hundred of such suits) as members of the medical profession?

Our sympathy is with the Council in this matter, and we trust the Government may grant the required amendments, with some very slight alterations, which in themselves are comparatively trivial.

MEDICAL COLLEGE LITERARY SOCIETIES.

The first open meeting for the session of the Trinity Medical College took place on the 25th ult. Dr. Sheard, the popular president, gave the inaugural address. A number of songs and recitations were given by the students, much to the delight of the large audience present.

The Literary Society of the Toronto School of Medicine commenced the session under the most favourable auspices. Dr. W. H. B. Aikins, the president-elect, delivered his inaugural address, which was followed by readings and music. The Society received fifty dollars from Mr. George Sears, of New York, to be devoted to the literary fund. Dr. Winstanley, of Toronto, also gave some valuable books and journals.

THE ANÆSTHETIC PROPERTIES OF COCAINE.

Observations have recently been made of the anæsthetic effects of cocaine, which promise to be of great importance to the profession. Dr. Koller, of Germany, first wrote of its effect in diminishing the sensibility of the conjunctiva, and it has since been successfully used by several American ophthalmic surgeons. It was previously known that cocaine had the power of lowering, even destroying, the sensibility of the sensory nerves, but the honor of introducing it as a practical anæsthetic agent belongs to Dr. Koller.

Cocaine is also a mydriatic. "The dilatation of the pupil begins in from ten to twenty minutes after this solution is instilled into the eye, and reaches its maximum in from thirty to forty minutes, remains stationary for half a hour and then slowly declines, disappearing wholly within twenty-four hours."

It does not irritate the eye, and no pain or discomfort is caused by it. Three, four, or five drops of a four per cent. solution should be dropped into the eye every four minutes for twenty minutes previous to the time of proposed operation.

Cocaine has also been used successfully as a local anæsthetic for operations on the ear and larynx. It is probable that small growths can

be removed from the skin, without causing pain, when this agent is used.

Cocaine is an alkaloid obtained from the erythroxyton coca. It is a strong base, uniting with acids to form salts.*

DR. WORKMAN.

We are pleased to notice that our esteemed friend Dr. Workman was made an honorary member of the Phreniatric Society of Italy, in September, 1883, also an honorary member of the British Medico-Psychological Association, in July, 1884.

Dr. Workman is acknowledged by all to be the leading Alienist of Canada. We take it that he honours those foreign societies by his membership as much as they honour him in conferring this distinction.

It is pleasing to see one who has always been such a true friend to the profession, such a straightforward and conscientious worker in his specialty, receiving, although late in life, the highest distinctions which can be conferred upon him.

MR. LAWSON TAIT AND SIR SPENCER WELLS.

It was thought by some that Mr. Tait, in his address on Abdominal Surgery, which first appeared in this journal, was rather severe in his criticisms of Sir Spencer Wells' statements and methods. The *Boston Medical and Surgical Journal* went so far as to say that Tait's chief aim was to castigate Spencer Wells. Mr. Tait has kindly forwarded to us a copy of his reply, which we publish with pleasure in this issue. To those who have been in London it is well known that Sir Spencer and his friends have for years been saying very harsh things about both Mr. Tait's methods and his private character. While we regret the tone which each adopts towards the other, we think it is hardly to be wondered at that Mr. Tait should show some bitterness towards the distinguished surgeon who has so frequently treated him in a very contemptuous manner.

MEDICAL SCHOOL DINNERS IN TORONTO.

The annual dinners, as is well known, have become an established institution in connection with the medical schools in Toronto, and this year were exceedingly successful in all respects.

The Toronto School dinner was held in the Rossin House on the 12th Nov. Dr. Bascom occupied the important position of chairman, and won golden opinions from all by the grace and ability he exhibited. The vice-chairmen were Messrs. Forster and Thistle. Mr. H. J. Hamilton was secretary of the committee. Dr. Martin responded for the graduates, Mr. Hutton for the graduating class, Mr. McCassey for the freshmen, and Mr. Mullock for the ladies. The students' speeches were excellent. Among those which were received with great enthusiasm were the addresses of representative students of Trinity, Queen's, and the London Schools. It is always a matter of regret that these toasts come on so late in the evening. Would it not be well to reduce the number of toasts proposed?

The speeches, on the whole, were above the average for after-dinner speeches. Drs. W. T. Aikins and Richardson responded for the Toronto Faculty, Dr. Grasett for the Trinity Faculty, Dr. O'Reilly for the Toronto General Hospital, and Dr. Barrett for the Woman's Medical College.

Among the invited guests who spoke were: His Honor the Lieut.-Governor of Ontario; His Worship the Mayor; Professor Ramsay Wright; Mr. Buchan; Mr. Clark, M.P.P.; Rev. Father Teefy; Rev. Dr. McVicar; Dr. Eccles, of London; Rev. Dr. Stone, and others. While the speeches were all good, there were too many of them, if it be possible to have too many of such *good things*. Among the spectators were many ladies, who appeared to enjoy the proceedings very much.

It was remarked by several that this was the most successful dinner ever given by the Toronto School of Medicine.

The Trinity School dinner was held in the Rossin House on the 20th of November, there being a large number present. Mr. P. A. Dewar

* See communications from Drs. Reeve, Ryerson, and Rosebrugh.

acted as chairman, and acquitted himself very creditably. His opening address was well received. The vice-chairmen were Messrs. Gilbert Gordon, J. E. Hoover, and Elias Clouse.

His Honour the Lieutenant-Governor made a very happy speech, in which he expressed the great pleasure he had derived from his attendance at both medical dinners of this year, and his admiration for the ability displayed by the students of both schools.

Hon. Edward Blake spoke kindly of the medical profession, and as an instance of the great influence which its members wielded, referred to the fact that there was no stronger candidate for Parliament than the country doctor. It was the duty of the medical profession to use the influence thus indicated with the highest and loftiest purposes.

Among the other guests who responded to the different toasts were the Hon. John O'Donohoe, Dr. Widdifield, His Worship the Mayor, Hon. G. W. Allan, Dr. W. T. Aikins, Dr. Barrett, Rev. Provost Body, Mr. Buchan, and others.

The interest was well sustained during the whole of the rather long evening, and the entertainment was highly successful in every respect. The only drawback was, as in the case of the Toronto dinner, the undue length of the programme.

PROF. STRUTHERS ON MEDICAL EDUCATION IN CANADA AND THE UNITED STATES.

At the opening of the winter session of the Aberdeen University, Prof. Struthers delivered an address on "Medical Systems in Canada and America, and that of Great Britain." It will be remembered that the Professor visited Montreal as a member of the British Association, and afterwards spent a few days in Toronto on his way to the Niagara Falls. He stated that he never heard better speaking than at the dinner of the Canadian Medical Association, or more evidence of culture in the profession of any country.

He is pleased with the satisfactory manner in which the preliminary and professional examinations are conducted. He spoke of McGill University as maintaining an excellent standard

in its teachings and examinations, but is of opinion that it needs larger endowments for its scientific chairs.

We are glad that Prof. Struthers has referred to this matter of endowment. Sooner or later the public must learn that in this age a Medical School cannot be properly conducted without a large endowment.

He believes that upon the whole the medical profession in Canada deserves the best sympathy and support from Great Britain in its efforts to maintain a good standard in the face of the depressing tendencies of the system of the neighbouring States of America.

UNIVERSITY CONFEDERATION.

Meetings of the representatives of the different colleges in the province were held in the office of the Minister of Education, on the 19th, 20th, and 21st of November to consider the basis on which to form a united Provincial University. After several prolonged sessions, an understanding was arrived at which may lead to the formation of such a basis. The Committee will meet again in four weeks, when we may hope to hear of more definite results.

THE DANGERS OF THE ASPIRATOR-NEEDLE.

The use of the aspirator-needle has generally been considered a safe procedure, but it is certainly not perfectly so. Dr. A. Reeves Jackson, of Chicago, reports, in the *Chicago Medical Journal and Examiner*, a case of fatal hæmorrhage following its use in the case of suspected pelvic abscess. The patient was 25 years of age; had one living child, aged 3 years. In August, 1884, had a miscarriage, which was followed by signs of pelvic inflammation. In a few days a soft spot was discovered to the right of and one inch from uterus. The aspirator-needle was introduced under antiseptic precautions. Bleeding from vagina followed, and a tampon was introduced, but, notwithstanding this, the hæmorrhage continued, and about two quarts of bright blood escaped. Death ensued in less than an hour after the operation.

HYDROCHLORATE OF COCAINE IN GYNOCOLGY.

Dr. Polk, of New York, reports in the *Medical Record* two cases of trachelorrhaphy in which he tried the application of hydrochlorate of cocaine as a local anæsthetic. After douching the vagina, soaping its upper portion, washing this off, and then thoroughly drying, he applied a four per cent. solution over the cervix, in the canal, and over the adjacent vaginal wall with a camel's hair brush. Three applications were made at intervals of two or three minutes, and the operation was commenced within three minutes of the last application. No pain was felt for thirty minutes in the first case, and twenty in the second. In the latter a fresh application was made during the operation directly to the cut surfaces. The results were satisfactory.

The doctor is also testing its value in obstetric practice by a series of observations in the Emergency Hospital. The same solution is being applied to the cervix and upper part of the vagina during the severe pains of the first stage of labour. He will report results hereafter.

DR. CARL JENSEN'S PEPSIN.

Dr. Jos. H. Richardson, Professor of Hygiene in the University of Pennsylvania, after having made a series of investigations with Jensen's pepsin, certified that its solvent power was not less than twelve times as great as that of the "pepsinum saccharatum" (U. S. Pharm. 1880), and that this method of preparing pepsin unquestionably placed within the reach of physicians a vastly improved means for aiding the stomach digestion of nitrogenous food.

BELLEVUE HOSPITAL MEDICAL COLLEGE.—

Dr. Paul Grawitz, assistant to Prof. Virchow, has just been appointed Professor of Pathological Anatomy in Bellevue Hospital Medical College, and Director of the Carnegie Laboratories. Dr. Grawitz was in this country during the past summer. We learn that, as the result of the informal understanding which was then had with him, no doubt is felt as to his accepting the position.—*Medical News*.

Correspondence.

COPY OF A LETTER ADDRESSED TO EDITOR OF "BOSTON MEDICAL AND SURGICAL JOURNAL."

SIR,—I have had very much pleasure in perusing a large number of notices, in the American medical press, of the address which I was privileged to deliver to the Canada Medical Association in August last. The compliments paid to me in these notices have been far greater than I deserved, but the pleasure derived from all of them is more than counterbalanced by the pain I have felt at an editorial comment in your paper. Therein you express your opinion that my address was intended more for the castigation of Sir Spencer Wells than for the purpose of laying before the profession the results of my own experience and observation.

I am truly grieved that it should be possible in any way to put such an interpretation upon anything that I have said, for certainly nothing was further from my purpose. That I detailed my differences from Sir Spencer Wells, in words which were strongly expressed, is true, for when I feel strongly I am in the habit of fully expressing my meaning. That I strongly condemned language which was used rashly and indiscriminately by Sir Spencer Wells is equally true, but that I had any intention of castigating that gentleman is an impression which I desire to remove; and if any word or phrase throughout my address can be legitimately understood in that direction, I hereby freely and unreservedly withdraw it, and express my regret for it.

But let it be clearly understood that mere strength of language in the expression of my opinion is neither to be retracted nor to be regretted. I do therefore trust that you will allow me, in order that I may not appear in an unfair position in the eyes of the numerous readers of your influential journal, briefly to narrate the relation which Sir Spencer Wells has adopted towards me during the past few years. Until the month of August, 1881, I was on terms of intimate, almost close friendship with him, and I have discussed with him in private freely, and without the slightest difficulty, all the

points upon which we have since been publicly at variance. I could never discover that by reason of difference of opinion there was anything likely to destroy our friendship. But at a meeting of the Obstetrical Section of the International Medical Congress, in London, in a public discussion of the question of the removal of diseased uterine appendages, Mr. Spencer Wells uttered this sentence: "That he had only seen one case which justified such an operation, and it was a very remarkable thing that so many were reported; he supposed that they must all go to Birmingham." My reply to him was that there was probably more truth in his suggestion, that the cases went to Birmingham, than he had any idea of, and from that time, and apparently from that reply of mine, all association between us has ended. It has been repeated frequently to me that insinuations have been made in London concerning my practice of an extremely objectionable kind, and these I have traced in several instances to the lips of Mr. Spencer Wells.

During the past three years, as in many instances before that time, it has been considered advisable by patients and their friends that they should have the opinion of Mr. Wells as well as mine, or that they should have my opinion in addition to that of Mr. Wells; and in all such cases I have acted upon the rule of my profession, and have communicated by letter or by telegram with Mr. Wells. On his part, he has persistently subjected me to the most humiliating treatment which one practitioner can apply to another—that of entirely ignoring my communications—and in public he has deliberately turned his back upon me. Under such circumstances as these it will not be a difficult matter for your readers to understand that I am not much inclined to modify language which in any case would be strong, nor to pick and choose my expressions in order to couch them with greater delicacy. I have received at the hands of Sir Spencer Wells treatment which I think anyone would resent; but, in spite of that, I had no intention of saying one word which could be regarded as being intended for purposes of castigation. I would further point out that what I have said has been chiefly in defence of another whose positions have been assailed,

whose accuracy and honesty have been called in question—I mean Dr. Keith, and I have said very little indeed on my own behalf. I also think I am justified in saying that what little I have said for myself was in reply to repeated attempts at castigation which have been made upon me by Sir Spencer Wells.

In conclusion, I can only say concerning Sir Spencer's conduct towards myself, that it is not what we expect from an English gentleman; still less is it in harmony with the position to which, by the grace of his Sovereign, he has been recently raised.

I am, Sir,

Your obedient servant,

LAWSON TAIT.

Birmingham, Oct. 5th, 1884.

To the Editors of the PRACTITIONER.

DEAR SIR,—Would you kindly allow me space in your columns to say a few words about post-graduate medical instruction in this city. I need not mention what can be found in the announcements of the colleges, but would speak of one leading idea, of practitioners being able to gain a thorough practical knowledge of "specialties." I am attending the Polyclinic, in which the sessions are divided into terms of six weeks each, the different branches being taught by a large staff of professors and assistants, with an abundant supply of clinical material. For instance, in diseases of women, in the school building numerous cases are brought before the class, and examinations, digitally and by means of instruments, fitting of pessaries, and minor operations are taught by demonstration. For major operations the members of the class have tickets to the Women's and other hospitals. In the diseases of the eye, cases are presented for examination and treatment, fitting of glasses—each member of the class, with his ophthalmoscope, being also given cases to examine and so to learn the use of the ophthalmoscope. Surgery, orthopædic surgery, diseases of nervous system, throat and nose are taught similarly by clinical demonstration. The professors are among the most eminent in the city. In this plan of instruction and division of the sessions a physician can, without leaving

for a long term and so injuring his practice, be absent from home for the short term mentioned and study one particular branch. At the end of a year or so he can leave home again to more fully perfect himself in that branch, or take up other branches. In the coming struggle for professional existence, owing to the rapid increase in numbers of medical men, those who avail themselves of these splendid opportunities, and go from home to brush the rust off occasionally, will be the "fittest to survive," and to surpass their more stay-at-home neighbours. We have in the school men from Canada and Maine, California and Texas, professors of colleges and recent graduates, and all seem delighted with the course.

Yours truly,

W. E. MACKLIN, M.B.

Thirty-second St., New York, Oct. 31.

Obituary.

DR. GEORGE WILLCOCK

Was one of the most promising young physicians in Toronto, and his death, on the 18th of November, was both a shock and a surprise to many of his friends who had not heard of his illness. After going through the regular course in the Toronto School of Medicine he graduated in Toronto and Victoria Universities in 1881, and the same year he took the double qualification in Edinburgh. He commenced practice in Toronto the same year, and was remarkably successful. His last illness was very short, the prominent symptoms being those of uræmia. He left a wife and one child.

DR. A. MACLEOD.

Many of the readers of the *Practitioner*, especially those in Montreal, will be sorry to hear of the death of Dr. Archibald MacLeod, of New Westminster, B.C., which took place on the 15th of October, from inflammation of the bowels, after a short but painful illness.

Dr. MacLeod was born on the 16th of February, 1859, at Orwell, Prince Edward Island. He was the fifth son of Capt. Alexander MacLeod, of H.M. Surveying Steamer *Gulnare*.

He studied at Prince of Wales College, Charlottetown, and McGill University, Montreal, where he graduated in March, 1883, completing his studies at the New York Polyclinic. He came to this Province in July of last year, and commenced the practice of his profession. He was a brilliant student, and entered active practice with that earnestness and diligence which would have placed him, in time, at the head of his profession.

During his short residence in the Province he made many friends by his kind and genial manner.

Victoria, B.C., Oct. 23, 1884. G. L. M.

Book Notices.

Monthly Health Bulletin of Ontario for month of September.

Jequirity: Its Uses in Diseases of the Skin. By JOHN V. SHOEMAKER, A.M., M.D., Philadelphia.

Club-Foot—Is Excision of the Tarsus Necessary in Children? By DEFOREST WILLARD, M.D., Philadelphia.

One Aspect of the Subject of Medical Examination as set forth in the Work of the North Carolina Board of Medical Examiners.

Statutes of Massachusetts Relative to the Adulteration of Food and Drugs. Published by the State Board of Health, Boston, 1884.

Oxygen as a Remedial Agent. By S. S. WILLIAMS, M.D. Reprinted from the *Medical Record*, New York, 1884.

Jewish Hygiene and Diet: The Talmud and Various other Jewish Writings, heretofore untranslated. By CARL H. VONKLEIN, A.M., M.D., Drayton, Ohio.

A System of Human Anatomy. By HARRISON ALLEN, M.D. Section VI. Philadelphia: Henry C. Lea's Son & Co. Toronto: Piddington & Co.

The Science and Art of Surgery. By JOHN ERIC ERICHSEN, F.R.S., LL.D., F.R.C.S. Eighth edition. Philadelphia: Henry C. Lea's Son & Co., 1884.

Forty-second Report of the Legislature of Massachusetts, relating to the registry and return of births, marriages and deaths, with editorial remarks by Frank Wells, M.D. Boston: 18 Post-Office Square, 1884.

The Physician's Pocket Day-book. By C. HENRI LEONARD, M.A., M.D. Illustrated Medical Journal Company, Detroit, Mich.

As this is the season for purchasing new visiting lists, we do not think that physicians could do better than invest in Dr. Leonard's pocket day-book. It is of a convenient shape and size, and answers well the purposes for which it is published.

The Medical Record Visiting-List or Physician's Diary for 1885. New York: WILLIAM WOOD & Co.; Toronto:

This Visiting-List combines many good qualities, which for some time have made it a favourite with physicians. It is convenient in size, well arranged, well bound, and contains good paper. For those who like the weekly plan it is all that can be desired.

A Brief Treatise on Therapeutics. By J. MILLNER FOTHERGILL, M.D., M.R.C.P. Edited for the U.S. Pharmacopœia by W. H. ROUSE, M.D. Detroit: The Illustrated Medical Journal Company.

This little work of 140 pages is written for the student and young practitioner, to whom the practical points which Fothergill makes will be most useful. It contains numerous formulæ, and concludes with a chapter on diet for the sick, by Mrs. Drant, matron of the hospital of the Michigan College of Medicine, Detroit.

Materia Medica and Therapeutics. An introduction to *The Rational Treatment of Disease.* By J. MITCHELL BRUCE, M.D. Lond., F.R.C.P., Lecturer on Materia Medica and Therapeutics, Charring Cross Hospital. Published by Henry C. Lea's Son & Co., Philadelphia, 1884.

This book is mainly therapeutic in its aim, and is intended to be a rational guide to the

student and practitioner of medicine in the treatment of disease. It is already recommended to the English medical students as a text book, and is worthy of a place among the text-books recommended by the Ontario Medical Council.

A Case of Absence of the Lower End of the Rectum with Passage of Fæces through the Penis: Successful Operation for Relief. Reprinted from *Edinburgh Medical Journal.*

A Case of Sarcoma of the Skin and Cellular Tissue about the Ankle-Joint. Extracted from the *Medical News.*

Clinical Lecture on the Antiseptic Treatment of Wounds by Dry and Infrequent Dressings. Reprinted from *Canada Medical and Surgical Journal.*

All these by FRANCIS L. SHEPHERD, M.D., C.M., M.R.C.S. Eng., Professor of Anatomy in McGill University, Surgeon to the Montreal General Hospital.

The Field of Disease: a Book of Preventive Medicine. By BENJAMIN WARD RICHARDSON, M.D., LL.D., F.R.S., F.R.C.P., etc. Philadelphia: Henry C. Lea's Son & Co.; Toronto: Vannevar & Co.

This book was intended by the author especially for the intelligent reading public. He makes no attempt to teach them how to cure disease, but rather to trace it to its origin or cause. He wishes them to investigate carefully such a cause and endeavour to remove or avoid it. The work is written in a thoroughly scientific spirit, and will, we are certain, be highly appreciated for the professional public, for whom it is particularly intended by the American publishers.

The Popular Science Monthly for December. New York: D. Appleton & Co.

This number is *bristling* with attractive articles, amongst which we notice no less than four from medical men. As we are like all editors, just going to press, we have no time for further comment. Messrs. Youmans show admirable judgment as to the fitness of things, in placing the article, "Starvation: Its Moral and Physical Effects," by Nathaniel E. Davies, L.R.C.P., immediately after an article on "Cannibalism as a Custom," by A. St. Johnston.

A continuation of "Mattieu Williams'" paper on "The Chemistry of Cookery" naturally follows these.

Medical Rhymes. A collection of rhymes of ye ancient time, and rhymes of ye modern day. To interest, amuse, and edify all sorts of followers of Asculapius. By HUGO ERICHSEN, M.D., with an introduction by Prof. W. P. King, M.D. Chicago, Ill., and St. Louis, Mo.: J. H. Chambers & Co., 1884.

This is the first compilation of medical poems which has appeared in the English tongue, and must be looked upon as something of a novelty. The purpose of the book is to amuse the busy doctor in his leisure hours. Some of the serious poems will no doubt furnish food for reflection. There are some excellent poems by well known physicians. We find among the contributors Drs. Oliver Wendell Holmes, T. W. Poole, Burnett, James L. Little, W. T. Helmuth, Browson, Davis, Weir, Mitchell, Ward, Duffield, and Battles. It is certain to interest and entertain its readers.

Henke's Atlas of Surgical Anatomy. A series of plates illustrating the application of anatomy to medicine and surgery. Translated and edited by W. A. ROTHAKER, M.D., Pathologist to Cincinnati Hospital, Lecturer on Pathological Anatomy, Maine Medical College. Cincinnati: A. E. Wilde & Co., 1884.

This fine volume reflects credit on the enterprise of the publishers. It contains eighty-one plates, which have been executed with great skill. These plates may be regarded as a supplement to any text-book of anatomy or any atlas of descriptive anatomy, filling the niche which they have left vacant. This work will be valuable to students of medicine and practitioners: to the former, as a means of fixing in their minds the lessons learned in dissection; to the latter, accurate pictures are presented of the connection and relations of the viscera, as well as of the appearance of parts just as they are exposed by the surgeon during operations. The price at which it is offered is very low (\$10). This work ought to command a large sale.

A Practical Treatise on Disease in Children. By EUSTACE SMITH, M.D., F.R.C.P., Physician to the East London Children's Hospital, etc. New York: William Wood & Co. Toronto:

Much was expected in a book coming from the author of the "Wasting Diseases of Infants

and Children," and in reading the new work on disease in children one is apt to compare it with the old one which has so long been a favorite. We soon find a difference, as the writing of this book is more concise, and perhaps not so pleasing on that account, but at the same time there appears throughout that thorough and practical knowledge of the ailments of children which was so conspicuous in the former treatise.

With so many excellent works of this kind now available, we can scarcely say that there was any urgent necessity for a new one. However, we have it, and are bound to say that it will rank among the best of those published. It is, in fact, in some respects more thorough and exhaustive than any of the others. More diseases are included than usual in such treatises and the classification is very good. We predict a large sale for this work, and feel confident that none of its purchasers will in any sense be disappointed.

A Manual of Dermatology. By A. R. ROBINSON, M.B., L.R.C.P. & S. Edin. New York: Beningham & Co.

It is with great pleasure we give a review of this the most recent work on skin diseases. The author, Dr. Robinson, we are proud to say is an old graduate of the Toronto University, and a fellow-student throughout his whole course with one of our editorial staff. The work which Dr. Robinson has already given to the world is of the most solid character, many of his short articles having been the result of enormous labour.

It is gratifying also to know that the views of no pathologist in skin diseases in America are received with more respect in Europe than those of Dr. Robinson.

The work before us is about the proper size for a student's text-book. As might be expected, the pathology of the various diseases is dealt with in a clear and exhaustive manner. The woodcuts are from original preparation and are of excellent character. The treatment is necessarily curtailed by the size of the book.

If our readers wish a useful book for reference, and one which gives, in reasonable compass, the very latest views in dermatology, they could not do better than purchase this manual.

Lectures on the Principles and Practice of Medicine. By N. S. DAVIS, A.M., M.D., LL.D. Chicago: Jansen, McClung & Co.

This new treatise on medicine presents many commendable features. The clinical histories of the various diseases are very fully presented, and give evidence of the power of observation and great experience of the author. The treatment of disease is also dealt with in an exhaustive manner, and many remedies and modes of treatment adopted are peculiar to the writer. In our opinion the principal defects of the book are want of accuracy and clearness in classifying the symptoms of many of the diseases, and a want of recognition of recent pathological and clinical observations. The latter is most prominently shown in the chapter on diseases of the spinal cord. Very little is said of the important discoveries of Charcot, Erb, and other modern neurologists. The recent investigations in bacteriology have been either passed over or spoken of from a biased standpoint. The large number of prescriptions distributed throughout the work are of doubtful utility. The quantities are given according to the metrical system, the equivalents in ordinary apothecaries' measure being given in brackets.

Personal.

Dr. Chisolm, of Arthur, has removed to Erin. Dr. Campbell has removed from Paisley to Florence.

Dr. Brouse, of Brockville, was married to Miss Allen, of Hamilton, October 15th.

Dr. Atherton, of Fredericton, N.B., has removed to Toronto.

Dr. Austin Flint, jun., after having devoted himself exclusively to Physiology for several years, has resumed the practice of his profession.

Prof. Huxley is in poor health. He will probably leave England for a few months. He may spend the time in Venice.

Dr. J. H. McCollum, of Toronto, has been appointed a medical examiner under the Civil Service Act.

Dr. E. M. Hewish (Toronto, 1883) passed the final of the Royal College of Surgeons, England, on October 23rd.

Dr. W. G. Anglin, of Kingston, Ont., has been appointed resident physician to the Hospital for Sick Children at Edinburgh.

Drs. J. L. Davison and Eduard Furrer (Trinity, 1884,) passed the primary examination before the Royal College of Surgeons, England, in October.

Mr. G. S. Shaver, a student of the Toronto School of Medicine, received a compound fracture of both bones of leg while playing football at Weston on Thanksgiving day.

Sir Lyon Playfair, the representative of Edinburgh and St. Andrews Universities, will be opposed by Mr. Macdonald, Dean of Faculty, at the next election.

A Berlin medical says one of the specialists of New York has made five millions of dollars by his practice. The *Medical Record* asks if this paragraph is a scheme to flood New York with Berlin specialists.

Dr. Osler, of Philadelphia, will deliver the Gulstonian Lectures for 1885 at the College of Physicians; Dr. Herman Weber will deliver the Croonian; and Sir Andrew Clark, the Lumleian Lectures.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.—The officers recently elected are: President, Dr. Roddick; Vice-Presidents, Drs. Alloway and Trenholme; Treasurer, Dr. Molson; Secretary, Dr. Gurd; Librarian, Dr. Reed.

Dr. Winstanley expects to leave Toronto during this month (December) for California, and will be accompanied by his family. He may remain in California. He will carry with him the best wishes of his friends, including every member of the profession of Toronto. Last month he presented a number of valuable books to the Toronto School of Medicine Medical Society for the library.

SERIOUS MORTALITY AMONG DOCTORS FROM CHOLERA.—Twenty medical practitioners have died in Naples, out of one hundred and thirty-nine engaged in attending cholera patients, under the White Cross Society, during the recent epidemic.

Miscellaneous.

Mr. Henry J. Rose, the well-known druggist of this city, leaves shortly for California. Mr. R. R. Martin will control the business.

Dr. Heinrich Neumann, Professor of Psychology at the University of Breslau, died recently in his 71st year.

Prof. Pacini's manuscripts have been purchased by the Italian Minister of Public Instruction.

The Therapeutic Gazette, of Detroit, is to be transferred to Philadelphia—Prof. Wood and Dr. R. M. Smith to become its editors.

MR. KNOWSLEY THORNTON'S OVARIOTOMIES.—Among Mr. Thornton's last one hundred ovariectomies, performed in the Samaritan Free Hospital, there were three deaths.

A DARK DAY.—Of twenty-four candidates for the primary examinations in the Royal College of Surgeons, England, on October 16th, sixteen were rejected. Some of our Canadian universities would scarcely pluck so many in a century.

DEATHS FROM CHOLERA.—The *New York Record* gives the following estimate of the number of deaths from cholera between June 14th and October 15th: France, 6,741; Corsica, 100; Algiers, 200; Italy, 12,283; Spain, 436. Total, 19,760, out of about 50,000 cases.

SCIENTIFIC ABERRATION.—Dr. Klein, of London, to show his disregard for and lack of faith in Koch's comma-bacillus, has made a meal on them recently. The *British Medical Journal*, fully appreciating how ridiculous the affair is, states that everybody in London laughs at the experiment.

Common salt in solution is an old treatment for pulmonary hemorrhage. It has been given in France with success in cases of severe uterine hemorrhage when there was danger of syncope. A solution is made with water and given in

small quantities, frequently repeated, so as to avoid vomiting. The solution is rapidly taken up by the vascular system, and danger is tided over.

Dr. A. Hughes Bennett says that according to the respect with which the physician treats his own calling, and the courtesy and forbearance he exercises towards his colleagues, so will he raise his profession in the eyes of the world. Just as his relations with the public are dignified and honourable, so will he elevate himself above the adventurer and the charlatan.

DEATH FROM SUCKING A TRACHEOTOMY TUBE.—Dr. Samuel Rabbeth, senior resident medical officer of the Royal Free Hospital, of London, England, performed tracheotomy on a child, aged four, suffering from diphtheritic croup, October 10th. Air did not enter in a satisfactory manner, and Dr. Rabbeth sucked the tube to clear the trachea. Four days later the doctor began to suffer from sore throat, which passed into diphtheria, and died on October 20th.

THE AMERICAN SYSTEM OF PRACTICAL MEDICINE.—This work is now in active preparation and is likely to prove one of great value. It will be edited by Dr. Pepper, of Philadelphia, and will consist of five volumes, the first of which will appear in February next. The names of the authors, who are all Americans, and are specially chosen on account of their intimate knowledge of the subject they will treat, will certainly inspire confidence among the members of the Profession in Canada. The publishers are Henry C. Lea's Son & Co., of Philadelphia.

AN INTERESTING CASE.—Three medical celebrities meet together to consult at the sick bed of General X. After they go, the General rings for his man-servant. "Well, John, you showed those gentlemen out; what did they say?" "Ah, General, they seem to differ with each other. The big, fat one said that they must have a little patience, and at the autopsy—whatever that may be—they would find out what the matter was."

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