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THE

Canadian Medical Review.

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Original Communications.

The Treatment of Inebriates.

By A. M. ROSEBRUGH, M.D.

THE Ontario Medical Association will meet in annual session three or four weeks hence. The present would seem an opportune moment for calling the attention of the medical profession of Ontario to the great need of proper provision being made for the scientific treatment of habitual drunkards. Inebriety is a disease, and its victims become the progenitors of epileptics, imbeciles, inebriates and criminals. From a medical standpoint, as well as from the standpoint of humanitarianism and public economy, the question of inebriety has a claim upon the medical profession fully equal to that of epilepsy and tuberculosis, and almost equal, in fact, to that of insanity itself. For the efficient treatment of insanity, tuberculosis and epilepsy, the asylum, the sanitarium and the farm-colony are required respectively; so also for the efficient treatment of inebriety the special hospital and the industrial reformatory are required. The present plan of sending habitual drunkards to gaol is both unphilosophical and bad economy. It is to be hoped that the Medical Association, at the June meeting,

will take up this question vigorously and deal with it effectively. The medical profession is an important factor in the body politic, and it could wield a powerful influence with legislators and municipal councillors if that power were only exerted.

For several years I have been interested in the question of the reformation of drunkards, and a few months ago I was commissioned by the Prisoners' Aid Association of Canada to formulate a scheme to be presented to the Ontario Government with regard to the proper care and treatment of inebriates. In executing this commission I visited inebriate institutions and interviewed specialists in inebriety both in Canada and the United States, and in formulating my recommendations the object I had in view was to secure the maximum of efficiency with the minimum of expense. My recommendations are as follows :

(1) The appointment by the Lieutenant-Governor in Council of an Inspector of Inebriate Institutions. This inspector should be a qualified medical practitioner who has made the medical treatment of inebriety a special study. (2 The inspector should organize in the city of Toronto an hospital for the medical treatment of pauper male inebriates of the more hopeful class. In the other cities of the Province an inebriate department should be established in the existing general hospitals, more especially for pauper male inebriates. 3) An Industrial Reformatory should be established on the farm-colony plan for the custody of the more hopeless or incorrigible class of male drunkards, and where they should be detained on indeterminate sentences. (4 Pending the opening of an Inebriate Hospital in Toronto, it would be both humane and in the interests of prison reform to give special medical treatment to the dipsomaniac inmates of the Central Prison. (5) For the more hopeful class of female inebriates, cottage homes, or the utilizing of existing homes, are recommended for special medical treatment. (6) For the incorrigible class of female drunkards, full two-year sentences to the Mercer Reformatory for Women are recommended. (7) In the adoption of scientific medical treatment the Norman Kerr-Crothers system or general plan of treatment is recommended. In the interests of science and good morals proprietary remedies should not be given. (8) The adoption of the "probation system" for giving a helping hand to patients subsequent to treatment for inebriety.

It is self-evident, it seems to me, that by carrying out the scheme herein formulated with regard to the treatment of male and female inebriates, the cost would be reduced to a minimum, and the number of chronic inebriates remaining to be provided for at the Mercer Reformatory for Women or on the farm-colony for men would be reduced to small proportions.

It will be observed that in my recommendations I make mention of what I call the "Norman Kerr-Crothers" system of medical treatment. By this I mean medical treatment on sound principles of therapeutics, such as is given in Dr. Norman Kerr's treatise on inebriety and as endorsed by Dr. T. D. Crothers in his article on "Alcoholism," in Hare's "Practical Therapeutics." Dr. Crothers is

editor of the *Quarterly Journal of Inebriety*, and is Secretary of the American Association for the Study and Cure of Inebriety. While on my recent visitation tour I had the privilege of calling on Dr. Crothers at Walnut Lodge Sanitarium, Hartford, Conn. His hospital is elaborately fitted up with a Turkish bath and other baths required in an inebriate hospital, and I found that these baths play a most important rôle in the treatment. The doctor has great faith in the principle of *elimination*. He purges and sweats and scrubs his patients most heroically—more especially at the outset of treatment.

In making a presentation of the medical treatment of inebriety to the readers of the MEDICAL REVIEW, I find that I cannot do better than to give an abstract of Dr. Crothers' treatment and in part in his own language:

1. Inebriety in a certain class of cases is preceded by symptoms of melancholia or dementia. "The brain and nerve condition is one of progressive degeneration, and the drink impulse is a physical demand for relief." These cases should be clearly diagnosed, and all advice and treatment based on the facts. They are on the border-line in regard to mental and physical health, and the physician should see that measures are adopted that will make a thorough change in their present habits and non-hygienic rules of living. The causes and breeding grounds of neurotic degeneration should be broken up. These cases should never be sent to gaol or treated as moral delinquents. They require hospital or asylum treatment, and "the alcohol question will never be solved until this is done." Gaol treatment is singularly fatal to this class.

2. In a second class of cases the sudden excessive use of spirits is preceded by a chain of symptoms less pronounced, but the withdrawal of spirits unmasks the mania. They are in a state of irritation and intense activity, and partial delirium and acute delirium follows the removal of spirits requiring restraint.

3. A third class is the periodical drinkers. They drink to excess at certain distinct intervals. In a large proportion of these cases it is found that the parents are either insane, epileptic, or alcoholic inebriates. The question of home treatment in these cases is most important—more especially during the sober intervals which in some cases extends to many months. The diet is of first importance, as also the surroundings of the patients, the work, the climate, and strains and drains on the nervous system. The treatment is largely a question of hygiene and dietetics. Medicinally, the return of the drink-craze may be averted or partially neutralized by anticipating the date of said return and using the bromides freely a few days before the

expected return of the paroxysm. The bromides may be given with impunity in these cases in 100-grain doses. Phosphoric acid or citric acid may be used. Strychnine, gr. 1-40, every four hours before the paroxysm comes on, is also valuable. The Turkish bath is also useful. The bowels should in all cases be acted upon freely on the first symptom of the return of the drink-storm. Rochelle salts with potassa-bitart. every two hours is recommended. Chloral, gr. XV. with fl. ext. gelsemii M.X, may be combined with XL grain-doses of soda bromide to control the paroxysm. It must ever be borne in mind, however, that the control of the paroxysm is only a small part of the treatment. The condition which provokes the paroxysm is the objective point of treatment.

4. In a fourth class of inebriates the treatment is most perplexing, namely, young men—sons of wealthy parents—with bad mental surroundings, bad company, and ignorant. In treating these cases a radical change of life and surroundings is essential. They must go in training under the care of a physician who will regulate all the surroundings and conditions of life. If this cannot be done at home the patient should be removed to a retreat for inebriates. Of tonics either nux vomica, gr. ¼ to 1 grain or arsenic tablets gr. 1-30 three times a day may be used. Quinine or quinine and iron may be used for a couple of weeks with advantage. The diet must be regulated carefully. Lean meat properly cooked and served at regular intervals is useful with or without farinaceous diet and fruits.

In the fifth class of inebriates, the inebriety is caused by over-work and general neglect of healthy living. These inebriates are from circles of business and active professional life. The drinking usually dates from some state of brain and nerve exhaustion. Except where there is an inherited disposition, such cases are largely curable. Prolonged rest of brain and nerves is necessary, however, in addition to abstaining from drink.

In the sixth class of cases the inebriety is due to brain-injury such as shocks or blows on the head. Some obscure injury antedating the inebriety makes the prognosis unfavorable. Iodide of potassium is indicated in these cases as also nux vomica—say 10 grains of the former to 1 of the latter, three times a day. Iodide of arsenic is also a useful remedy. Turkish baths, massage, moderate exercise and quiet surroundings are also indicated. These cases require systematic care quite as much as cases of insanity.

A seventh class are pre-eminently *dipsomaniacs*. In these cases the impulse to procure spirits is literally a mania and becomes so intense as to sacrifice every consideration of sense and judgment. A

strong cathartic and a Turkish bath daily, with massage, will in most cases overcome this mania. Bromides, iron, phosphorus, and cinchona are useful with a change of surroundings. Monobromated camphor in ½ grain-pills every two hours has the same effect. A hot bath with rubbing is a sovereign remedy with Dr. Crothers in these cases. A pill of phosphorus, 1/100 grain, nux vomica, 2 grains, and arsenite of iron, ¼ grain, will build up the system and lessen future attacks. Fowler's solution in five drop-doses three times a day is a standard remedy in these cases. In dipsomania there is a profound brain and nerve lesion, and the victim, for successful treatment, requires the advantages of a well-organized asylum for inebriates.

An eighth form of inebriety is due to the degenerative changes of old age and is to be treated with arsenic mercury, and iodide of potassium. The steady use of baths is useful and is, of course, increased by hygienic changes of life and living.

Pulmonary Tuberculosis.

By Dr. John Hunter, Redlands.

Any attempt at an elaborate description of the disease in an article of this kind is unnecessary since there is easy access to many authors on "Practice of Medicine." However, one cannot live long at a health resort without observing many things not written in text-books, and although few of the communications to medical journals—or editorials either—will stand the test of time, yet these have some value in attracting attention to current phases of medical and surgical work.

One of the first things to obtrude itself on your attention is the great multitude of people affected with phthisis. It is said that some eight thousand have been at one place during this winter. These well-known lines in Heber's missionary hymn—

> "Where every prospect pleases,
> And only man is vile,"

might well be parodied to read—

> "Where all is life and beauty,
> And only man diseased."

The "lungers," as they are facetiously called, confront you everywhere. Here one realizes the terrible ravages this "white plague" is

making on our race. No clime, environment, nationality or age is altogether free from the scourge. Infant and centenarian, pauper and prince, weakling and giant athlete, are trampled upon, or jostle each other in trying to find some elixir or "Eldorado" that may rescue from its remorseless grasp.

The second noticeable feature, and one that sheds a fierce light on the measure of our diagnostic skill, is the varied stages of the disease and physical conditions of these patients. It is hard to understand how the same climatic influences can reasonably meet such diverse requirements. Patients notice these extremes, become incredulous, hence the constant movement, each train bringing or taking away its quota.

Another impression that forces itself very strongly on the physician's attention, is the urgent need of an early recognition of pulmonary tuberculosis. It is a most lamentable as well as a most discreditable fact, that the initial symptoms and conditions in by far the larger percentage of cases, are overlooked or attributed to malaria, protracted cold, neurasthenia, etc. The insidious onset of this disease exposes one of the many vulnerable points in medical practice, viz., the superstitious worship we pay to so-called pathognomonic symptoms. These are largely myths, for it is the exception that any one sign is pathognomonic of a physical condition. How much more rational for the physician and advantageous for the patient, to have it done—to draw his conclusions from the results derived by all the methods of examination—verbal, visual, physical and pathological. Were it not for the number of errors one has committed himself and the number he has seen made by others, the tales patients tell of the varied "diagnoses" made in the early stages of their cases, would be incredible. Five or six eminent physicians diagnosing five or six different diseases in the same patient within three or four weeks. A few months later a gush of blood or the presence of bacilli puts to shame their boasted skill. It would be interesting to hear from some of our college professors of medicine, if they do not think there has been, since the discovery of the tubercle bacilli—using an expressive if not a technical term—a great "slump" in diagnostic skill, in regard to the detection of tuberculosis in the early stages. The disgrace, if it be such, cannot be rolled upon the shoulders of the youthful tyro, for the people who come to these far-distant resorts are mostly wealthy, and bring with them prescriptions bearing the initials of the masters. The contents of these become more mysterious with the light that subsequent events throw on these cases. That professor of medicine must have lived at a health resort, and there acquired much of what

Mr. James L. Hughes calls self-consciousness, when he advised his graduating class to always write ten prescriptions for each case, tear up at least nine of these, and be very sure the tenth contains nothing to injure the patient. Surely we should do better, for tuberculosis, probably of all diseases, offers the richest and most varied morbid aggregation—hereditary taint, obnoxious climate-environments, occupation, habits and dietary; the cough expectoration, fever, wasting of fat and tissues, anæmia, emaciation, flushed face, night sweats, chills, diarrhœa, exhaustion, dyspnœa, clubbed fingers, changes in shape of chest, depressions above and below clavicle, "winged" scapula, irregular rhythm in chest movement; slow or rapid, jerky or pro longed respiration; increased or diminished fremitus; flatness, dulness, impaired resonance, metallic tinkling, tympany; bronchophony, pectoriloquy, ægophony, hæmorrhage, and patient's mental attitude peculiarly and characteristically hopeful—when he gets a little better appetite and some more strength, he is to be quite well again. The macroscopic examination of sputum revealing mucous, pus, blood, shreds of tissue, and microscope detecting blood and pus corpuscles, epithelium, elastic fibres and the tubercle bacilli, whose presence seem to account for nearly all the other morbid conditions. Nature has painted this disease vividly enough, the mystery is why we are so slow in interpreting the signs. There may be some justification for our short comings in the past, but certainly we will deserve severe censure if in the future we do not make far better use of our resources.

In regard to prevention and treatment, the limitations of this article will only allow the mere mention of a few suggestions and principles, besides the text-books are replete with information on these subjects.

The physician should possess a large amount of the astuteness and zeal of the successful financier, who searches out everything that militates against his success and throttles it, but opens up every avenue that can help fill his coffers—so prophylactic measures in tuberculosis mean the keenest scrutiny into every factor that can injure health—heredity, climate, occupation, diet, habits, etc., and, if possible, eradicate every pernicious influence. The treatment fundamentally consists in seeking out, and opening up, every avenue conducive to the restoration of health. In discharging this duty faithfully and efficiently there is no more potent factor than that the physician should do his own thinking, and lots of it. Let him get rid of, as quickly as possible, the flotsam that routine practice has allowed to accumulate in his mental magazines. In the management

of this disease we have a crucial test by which the rational physician can be separated from the irrational one, the medical sheep from the goats. The former recognizes in his patient a man with all his powers and needs, affected with a disease, and does everything to conserve the man, and through him combat the disease with well directed medication, or other means. The latter sees only a disease, turns the man into a chemical laboratory wherein everything is tried, so that it soon becomes a mooted question, which is the more dangerous agency, the doctor or the bacilli.

Drugs are valuable adjuncts in treating consumption, but each case calls for its own special medication.

The question of climatic change is of paramount interest. On the threshold of this subject it can be positively asserted, from the evidence of the varied stages and conditions in which patients are sent, and the places to which they are sent, that 95 per cent. of our doctors know practically nothing about the so-called health resorts. Now, this ignorance is excusable, for a knowledge of these places can only be had from experience. But the most stupid, and, for the patient, the most pernicious thing, is sending a lot of medicine, with instructions to take it, and depend on climate and out-door exercise for all the rest. This advice is interpreted to mean that he is not to seek medical aid. He finds himself under new conditions, when the medicine and exercise are both prejudicial. He gets worse, becomes discouraged, falls an easy prey to quacks, and not until he has been robbed and become helpless that he comes under proper medical care. Now, the remedy for this is, choose as wisely as we can, and then insist upon our patient putting himself at once under the care of a reputable physician. There can easily be found at every health resort medical men who have acquired a large professional experience elsewhere, but, becoming victims of the disease themselves, have also learned a great deal from personal experience. It has been the writer's privilege to meet some twenty or thirty of these physicians at different places, and no more competent and reliable men could be found anywhere.

One great danger at these health resorts is the possibility of infection or re-infection. Rooms with furnishings and utensils that become vacant through death or removal of a hopeless case, are occupied the next day by new-comers, without an attempt at disinfection, unless a physician has been consulted.

The chief characteristics of these southwestern resorts—Colorado, New Mexico, Arizona and California, may be briefly summarized. There are large tracts of desert. These are hot and dry mountainous

districts, with peaks covered with perennial snow down to foot-hills, luxuriant with foliage and fruits. Fertile valleys nestling within these ranges, exuberant with all manner of tropical flowers, fruit, grain, and the hives of busy hamlet, town and city. The local physicians are veritable custodians of health. They direct one to Tuscan, Phœnix, Denver, Redlands, Riverside, Pasadena, Pomona, San Diego, Santa Barbara, Los Angeles or San Francisco, or advise a prompt return home, as wisdom dictates and experience justifies.

Redlands, California.

Gastro-Duodenal Ulcer.

By DR. H. J. HAMILTON, Toronto.

PRELIMINARY.—The term gastro-duodenal ulcer can hardly be used in referring to the case about to be reported without apology or explanation. There are features in the case which would justify us in diagnosing an ulcerative process involving both stomach and duodenum. Gastro-duodenal ulceration is meant rather than an ulcer involving stomach and duodenum. There may be many ulcers, instead of one. If at the present time there is not active ulceration in the stomach itself, the history indicates that there has been in the past.

Mr. A., railway mail clerk, aged twenty-eight. Seen first, February 19th, 1898; general nutrition good; until five years ago enjoyed good health, having had no disease other than the ordinary diseases of childhood. When twenty-three years of age, while studying very hard for matriculation examination, he began to complain of digestive trouble. He was not taking sufficient exercise, and subjected to considerable worry over the coming ordeal. Neurasthenic symptoms were very marked. His eyes became weak, and it was necessary for him to give up study for a time on this account. At this time he complained of a good deal of nausea and sense of fulness after eating. Pain was not a marked symptom, but there was intense soreness over the stomach. During the next three months he vomited what he describes as black blood three times at intervals of about one month. On each occasion the vomiting was followed by tarry stools. On taking anything hot he felt as if it were passing over a raw surface when it reached the stomach. When he became free from mental worry his symptoms abated, the vomiting ceased and soreness diminished. Although he suffered from what he termed indigestion, he had no

return of vomiting until a year and a half ago, or three years after recovery from his first illness. Since that time he has vomited at intervals of about five or six weeks, more frequently during the past three months. Since July last the character of the vomiting changed. He claims that there has been no blood, but only food and bile; there is severe pain with each attack. He says that he can feel a swelling gradually develop at the right costal margin, or a little below it, to the right of the median line. While this swelling is increasing in size he feels sick, the nausea becomes intense, constipation is marked, and jaundice supervenes. After this condition has persisted for a time, it terminates in vomiting. When the muscular effort becomes forcible he feels that something has given way. He calls it a "breaking of the bile," a term which fairly well describes what occurs at this time. He feels as if something fluid passed from this swelling to the intestine. When the "bile has broken," as he describes it, he feels much relieved, the swelling has disappeared, the constipation gives way to diarrhœa, and this is followed by intense irritation and scalding at the anus. Starches and fats are not easily digested.

On February 20th, made an examination of stomach contents after a test of breakfast, and found the HCl much in excess (90), and starch digestion incomplete; no dilatation of the stomach. He would not consent to give up work at this time, but returned to his home in Hamilton and followed his vocation, which necessitated irregularity in meals and a great deal of shaking about on the trains. It was very difficult to secure rest for the stomach under such conditions. As nearly as possible fluid diet, largely proteid, was ordered, together with large doses of alkalies, frequently repeated after meals.

March 14th—He returned, not much improved. He was induced to give up work and go to bed. Became some better, and was again seen on

April 9th—Since he was seen last, on March 14th, he has had two spells of vomiting. The first was a repetition of what had occurred periodically, since July of 1897, just a distension of the gall bladder, sickness, constipation, jaundice and vomiting of pure bile, without blood, followed by diarrhœa and relief of all symptoms. During the second attack there was an admixture of blood in the vomited matter. I had a chance to determine the presence of both bile and blood, by examination this time. No blood had been vomited or passed by stool to the patient's knowledge since July of last year until this attack early in April. I have not seen the patient since, but he writes to say that he is improving with rest, diet and alkalies, but is so anxious to return to work that we cannot expect very good results.

REMARKS.—There may be no very good reason from the foregoing history for supposing that at the present time there is any active ulceration in the stomach itself; but the duodenum is certainly involved, and at a point at least as far remote from the pylorus as the opening of the common bile duct. It is more than probable that in the beginning, five years ago, the stomach itself was involved. The pain and soreness were then confined to the stomach. The feature in the case worthy of note is the stenosis of the common bile duct, which is opened by the muscular effort in vomiting. In such cases of stenosis due to duodenal ulcer, the diagnosis is not always possible. We do not always have a history which will enable us to make a diagnosis between the form of stenosis due to cicatrization of a duodenal ulcer, and that due to imparted gall-stone.

A case similar to this in every respect was admitted to Manchester Infirmary in 1893 (Julius Dreschfeld-Clifford Allbutt's "System of Medicine"). In this case there was the periodical pain, jaundice and vomiting, followed by disappearance of symptoms. The jaundice never entirely disappeared, and eventually the attacks became less frequent, pain less severe and jaundice not so marked. When last seen he had an attack about once in two or three months. They interfered so little with his general health that he did not give up his usual occupation.

These cases are fairly frequent, but, as a rule, I think the jaundice is persistent and of increasing intensity. I have never before seen a case of the kind in which there was periodical filling and emptying of the gall bladder.

LESSENED CROWDING OF THE MEDICAL PROFESSION IN GREAT BRITAIN.—From data contained in the Medical Students' Register of Great Britain, just issued, it appears that in the year 1897 the medical students registered in England numbered 828, in Scotland 504, and in Ireland 210. There was a decrease as compared with 1896 of 199. The numbers in 1896 again were less than those of 1895 by 97. So low a registration number as that recorded in 1897 has not been noted since 1876, namely, 1879. The numbers have been several times over 2,000, as in 1897, 1880, 1881, 1889 and in 1891, when they reached the number of 2,405. Since 1895, the commencement of students' registration, 50.15 per cent. of the total number of registrations have been in England, 30.5 in Scotland, and 19.5 in Ireland. The diminution last year was proportionately greater in Ireland than in Scotland or in England.—*Ex.*

Society Reports.

The Toronto Medical Society.

THE regular meeting of the Society was held on March 31st.

Dr. Morley Currie was proposed as a member of the Society by Dr. A. A. Small, seconded by Dr. Peters.

Dr. Herbert Bruce presented a patient suffering from carcinoma of the rectum on whom he had done a colotomy. The patient was a man aged 27, and had been complaining for about a year and a half. He suffered considerable pain, and a great deal from constipation. The rectum became pretty well closed. Attempt was made to remove the growth, but owing to the involvement of the urethra, a complete removal could not be effected. Subsequently, however, a left ilio-colotomy was done. The symptoms have disappeared, and the patient is going about at his work, being able to do so with little or no inconvenience. Dr. Bruce showed an ingenious truss-like apparatus which covered the ostium. The technique of the operation was that recommended by Greig Smith. This operation often added a year or so to the patient's life.

Dr. McPhedran said it was rather unusual to see carcinoma in a patient so young. He recalled a similar condition in a young man under his care upon whom Dr. Cameron had done a colotomy. The patient was doing well. He asked if there was any regurgitation of food from the portion of bowel below the opening.

Dr. H. H. Oldright described the operation as done by Senn, who followed the method recommended and described by Dr. Bruce, viz., of bringing out a loop of intestine through the abdominal wall and holding it in position by means of a glass rod passed through the mesentery, and of opening the bowel three days later, an anæsthetic not being required. Dr. Oldright reported a successful operation done by Dr. King for the same condition.

Dr. Peters said the occurrence of cancer in the young was not very unusual. Cancer affected the rectum at an earlier age than it did any other part of the body.

Dr. Bruce said there had during the last few days been a discharge of some inspissated fæces from the opening, and in this connection he called attention to the advantage of a vertical slit in the intestine over the horizontal, in that it allowed for an easier introducton of antiseptic solutions to cleanse out the bowel below.

Dr. McPhedran presented a case of dilatation of the stomach with gastroptosis, enteroptosis, and movable kidney. The position of the stomach and colon had been ascertained by inflating them. The patient was a young girl who had not been the victim of tight lacing. These cases, it was averred, were generally caused from this habit. His experience led him to think this was not so. He was unable to give a satisfactory explanation of the cause of the symptoms. She complained of excessive gurgling in the abdomen. This was due to the passage of food and gas through the pylorus from the dilated stomach. Anæmia, emaciation and insomnia were marked symptoms as a result. The stomach was emptied by the tube at bedtime for the insomnia; and nutrient enemata were given at first until the stomach began to improve; medicinal treatment consisted of strychnia and antiseptics. The gurgling had nearly disappeared and the patient was improving generally.

Dr. McPhedran presented a man aged 53, with thoracic aneurism. The patient gave a history of soft chancre. The most important point in the case was the presence of a marked diastolic shock. There was absence of bruit, no tracheal tugging, no cough, no disturbance in the pulse.

Dr. MacMahon said on examining the case at a previous time he detected a bruit and thought one radial pulse was more compressible than the other.

Dr. H. T. Machell read a paper on "Circumcision." He holds that the operation is done unnecessarily often, that it is often done for trifling causes or no cause at all, other than that there is a long prepuce; that even cases calling for interference would be better treated by some other method, such as dilatation, slitting, etc. Among the symptoms in these cases were irritation, eczema, restlessness, sleeplessness, scanty discharge of urine, nocturnal incontinence, adhesions, contraction or ballooning of the prepuce, phimosis, balanitis, and reflex nervous disturbances. Prophylaxis was important. All newborn infants should be examined during the after attendance on the mother. The treatment depended on the condition found and on the mental bias of the physician. The nearer the end of the penis is kept to the normal—a covered glans—the better. The evils of uncovering the glans by circumcision were dilated on by the essayist and Masten quoted in support of his views, all of which went to show that the practice of circumcision was heathenish, irrational and unscientific; that it is only chimerical to suppose that it prevented any of the ills it is reputed to prevent or cure. Dr. Machell holds that in ninety-nine out of one hundred cases the operation is not necessary. He has done

it hardly once in ten years. He advises dilating the prepuce slowly and separating any adhesions gently; or making a dorsal incision if retraction of the prepuce cannot be done without it. The doctor explained the technique of these procedures.

Dr. Oakley thought there was a tendency to do too much cleansing of the penis and removal of the natural secretion.

Dr. Webster thought the leaving of the secretion, leading to the formation of smegma, was one of the causes of the trouble associated with an elongated or adherent prepuce.

Dr. W. J. Wilson thought that the formation of smegma tended to separate the adhesions and to bring about spontaneous cure.

Dr. H. Oldright recalled a case he had seen of a man, who, owing to a pin-point opening through his prepuce, required ten minutes to empty his bladder.

Dr. G. Gordon said he thought it was a mistake to examine the penis of a baby boy during the first ten days of life. It should be left off for two or three months.

Dr. MacMahon agreed with the essayist. He liked the dorsal incision best.

Dr. C. R. Dickson reported a case where a hard concretion had formed under the prepuce.

Dr. Machell closed the discussion.

The Society then adjourned.

Toronto Clinical Society.

A MEETING was held on April 13th. Dr. Albert A. Macdonald, President of the Society, was the chairman. The minutes of the March meeting were read and adopted.

The following fellows were present: Dr. Nichol of Baden, George Elliot, William Thistle, W. H. B. Aikins, Charles Trow, Graham Chambers, Elliot Brown, Geoffrey Boyd, Herbert Hamilton, Frederick Fenton, William Oldright, J. Algernon Temple, Herbert Bruce, William Pepler, F. LeM. Grasett, Albert A. Macdonald, George Bingham.

Dr. Bruce read a paper on "The Surgical Treatment of Osseous Ankylosis of the Temporo-Maxillary Articulation."

Four years ago the patient fell down stairs striking her chin forcibly on the lower step. Dr. Stevenson, who saw her immediately afterward, says there was no dislocation of the jaw, but that the alveolar process of the upper and the lower jaw in part was broken,

causing part of the teeth of both jaws to be loosened. Some of the teeth penetrated the lower lip, the scars of which remain. She could move the jaw freely after the injury, and continued to do so for about a year. Then movement gradually diminished, until one and a half years after the injury the jaw became fixed. Then a wedge-shaped screw gag was used on eight or nine occasions under chloroform. This was followed by temporary movement. Soon, however, all movement was lost and the jaw became absolutely fixed. On examination, August 9th, 1897, the jaw was quite fixed, neither lateral or up and down movements being possible, and was said to have been in this condition for two and a half years. The jaw was displaced laterally to the right side about 1/16 of an inch, indicated by noting the relation of the middle line of the two jaws as shown by the incisor teeth. From this I concluded that the disease involved the right joint, and advised excision of the condyle.

On September 9th a transverse incision was made—¾ of an inch long—¼ of an inch below the zygoma, beginning just in front of the ear. The parotid fascia was divided along the zygoma. The parotid gland displaced downwards, the joint exposed, the neck of the condyle was chiselled through and an attempt made to separate the jaws. This was found impossible. The coronoid process seemed to be held firmly to the skull. As the patient was taking the chloroform badly it was thought wise to postpone division of the coronoid until a future time. Subsequent to this operation there was slight paresis of the orbicularis palpebrarum. November 12th the jaws could be separated to a slight extent, probably 1/16 of an inch. November 16th an incision was made through the cicatrix of the former wound and extended forward about ½ an inch. The neck of the condyle was exposed and a copper spatula placed beneath it to protect the internal maxillary artery. Entered the saw in the groove made at the first operation, and went through the periosteum on the external surface which had not been completely divided. Now it was found impossible to open the jaw, so the saw cut was extended partly through the base of the coronoid process, completing the division by means of the chisel. The jaws could not be separated until the chisel broke completely through the coronoid process. Then the jaw was easily opened to the extent of an inch.

The temporal muscle was separated from the coronoid process and the latter removed with a small section of the ascending ramus. Then the condyle was chiselled from the glenoid cavity to which it was united by bone. The ascending ramus was trimmed with bone forceps. Then the index finger could be placed between the ascend-

ing ramus and the skull. On account of some oozing from the divided bones the cavity was packed with iodoform gauze. The wound was closed with horse-hair, except at the posterior part where the gauze was brought out. Gauze was removed the next day and wound healed by first intention. There was considerable swelling of the cheek for some weeks, which seemed to be due to obstruction of Stenon's duct. There was also some paresis of the orbicularis palpebrarum, but this he now entirely recovered. The teeth can now be separated in front to the extent of ⅜ of an inch. I think the inability to open the mouth wider is due to shortening of the masseter and temporal muscles of the other side—for the jaws can be separated an inch under chloroform. The patient is able to eat meat and other solids, and seems to masticate well. The operation was in the main after that of Bottini, done originally in 1872. This is, I think, the best operation of those cases of bony ankylosis of the temporo-maxillary joint without involvement of the soft parts. When the jaws are fixed by cicatricial contraction in the soft parts due to noma, lupoid ulceration or burn, the section of one must be in front of the cicatrix, and for these cases Esmarch's operation—that is, the removal of a wedge near the body of the jaw—should be done.

It is not always easy to discover on which side the ankylosis exists. The history may help. Then the jaw should be examined, and there may be lateral displacement, as there was in this case, due to loss of cartilage in the process which destroys the jaw. Cabot mentions another method of determining this. If the fingers are pressed in on the teeth on each side, and at the same time the patient makes a vigorous attempt at mastication, a spring of the bone on the free side will be noticed in quite distinct contrast to the fixity on the ankylosed side.

In looking over the literature of the subject, sixty-seven operations on cases of bony ankylosis of the temporo-maxillary articulation have been reported. Of these, forty-seven were done by Bottini's method, and this would seem to indicate that surgical opinion favored the operation being done close to the zygoma.

Dr. Bruce then presented the patient for examination.

Dr. Grasett said that this was the first case of the sort he had ever seen. He thought the result was very satisfactory.

Dr. Peters said that he had seen the case at both operations, at which time there was very little movement. His recollection was that the coronoid was not ankylosed by bone to the skull. The first week after the second operation the patient would voluntarily open the mouth so that there was a distance of an inch between the jaws.

Probably a larger portion of the bone might have been removed, but if a great deal more had been removed the chin would have been drawn too much to the one side of the mid-line of the face. Rather than have this he thought it preferable to sacrifice ¼ of an inch in the distance the jaws could be separated. He considered the result a very good one.

Dr. William Oldright drew attention to the comparative smallness of the teeth in the lower jaw. He had seen one case similar to the one presented in which an attempt was made at breaking down the ankylosis by means of gags.

Dr. Pepler thought more of the bone might have been removed.

Dr. Boyd briefly discussed the case.

Dr. Bruce closed the discussion.

Dr. J. A. Temple presented (1) two ovaries in a state of cystic degeneration which he had removed from a woman who had a fibroid of the uterus. (2) A non-adhesive pus tube which he had removed from a farmer's wife. There had been no symptoms. (3) A cystic ovary from a woman who had suffered from retroflexion of the uterus and prolapse of the ovary. (4) A fibroid tumor of the uterus which was causing great pain.

Dr. Grasett referred to the second case which he had seen.

Dr. Fenton discussed the last, which had been under his care.

Dr. Pepler discussed the diagnosis of pus tubes.

Dr. Wm. Oldright reminded the Society of a pair of pus tubes he had removed intact and presented at the Society last year.

Dr. Macdonald reported a case of amputation of the cervix uteri for carcinoma. The patient was a delicate woman, aged 45, who had had a number of children and had miscarried several times. When he saw her first, two weeks ago, the question was whether he should remove the whole uterus, in which the mortality by the vaginal route is about 15 to 20 per cent.; the mortality of amputating the cervix only being 2 per cent., and the results about as good as the more serious procedure. He decided to amputate the cervix. He thought it would add two or three years to the patient's life.

Dr. W. H. B. Aikins discussed the case.

The nominations for the ensuing year resulted as follows: President, Dr. F. LeM. Grasett; vice-presidents. Dr. Geo. Bingham and Dr. W. H. B. Aikins: corresponding secretary, Dr. Herbert Bruce; recording secretary, Dr. J. N. E. Brown; treasurer, Dr. W. H. Pepler; council, W. B. Thistle, G. Boyd, H. Hamilton, G. Chambers and F. Fenton.

The Society then adjourned for luncheon.

Editorials.

The Treatment of Inebriates.

AMONG the many questions that may come before the Ontario Medical Association at the approaching meeting next month, we know of none more worthy of careful consideration than the question of the treatment of chronic alcoholism, or rather the duty of the profession *re* the question of the proper care and treatment of habitual drunkards. Inasmuch as inebriety is now admitted by scientists to be a disease, it follows that the victims have a claim upon the medical profession the same as the victims of other diseases have, as, for instance, in the case of insanity, tuberculosis and epilepsy. The insane require asylums, the victims of tuberculosis require sanitariums and the victims of epilepsy require the farm-colony, and the profession favors these necessary remedial measures. So likewise the inebriate, for his successful treatment, requires the hospital and the industrial reformatory, and the profession should require our legislators to make the necessary provision. We have influence; we have votes; the profession is an important factor in the body politic, and this influence should be brought to bear on the legislation of the country, more especially, of course, in matters relating to public health. We certainly require a farm-colony for epileptics and a hospital or reformatory for inebriates. Whether the two can be advantageously combined under one management on the same or on adjoining colonies, as suggested by Dr. Rosebrugh, is a question on which we are not, at present, prepared to speak. It would at least have the advantage of economy in its favor.

As will be seen by reference to Dr. Rosebrugh's article in this number of the REVIEW, he recommends in addition to the farm-colony, an hospital in Toronto for the treatment of the more hopeful cases of pauper inebriates, and in the other cities of the Province, an inebriate department in the existing general hospitals, with a Government specialist as inspector or superintendent who would effect the organization and have charge of the supervision. Although this is a novel and somewhat startling proposition we must confess that it does not strike us at all unfavorably. If it can be carried out practically we certainly agree with the doctor that it will secure maximum efficiency with minimum of expense. If local hospitals can be utilized in the treatment of inebriety instead of sending the unfortunate victims to

gaol, and if only 20 % of the cases can be reformed—and we see no reason why a larger percentage might not be attained—the result will more than justify the necessary expenditure, including the salary of the superintendent or inspector.

Digitalis in Heart Disease.

SIR DOUGLAS POWELL, in his Lumbian Lecture, discusses this subject, and lays the foundation for the following remarks: There is no difference of opinion that in organic heart disease digitalis may be potent for good or evil, according to the care with which the indications for its administration are noted and properly interpreted. No one rule can be formulated to cover this important question in therapeutics. Take, for example, aortic regurgitation. Digitalis should never be administered in this form of valvular disease until the left ventricle shows signs of failure. This failure, too, must be due to the regurgitation, and not to some other coincident derangement of health. In this form of cardiac disease, should there be good evidence of excessive struggle on the part of the heart, the indications are rather for some treatment to lessen the arterial resistance and lower the work the heart has to do. If, however, there be signs of heart failure, as indicated by irregularity in the beat, displacement of the apex to the left, irregular small beats, systolic bruit showing failure at the mitral opening, enlargement of cardiac dulness, increase in the frequency of the heart's action with small pulse, the case is clearly one for the judicious employment of digitalis. As soon as there appears to be the commencement of mitral valvular disease in addition to the aortic trouble, with the small pulse of the former rather than the strong, slow, collapsing pulse of the latter, digitalis will fulfil one of its best indications.

In such a combination of valvular trouble there is a tendency to congestion of the lungs, œdema, enlargement of the abdominal viscera, and scantiness of urine. In many such cases the drug acts well. The action of the heart is slowed and strengthened, the ventricles are more thoroughly emptied, the pulse is fuller and stronger, the mitral valves close more perfectly, the blood passes through the extremities in a better stream, and the volume of the urine increases. It appears that in such cases digitalis affects the heart before it does the arteries. In severe cases, while the drug is being pushed to 60 or 90 minims daily, strict rest in the recumbent position must be main-

tained. This treatment, aided by a purge, will greatly relieve the circulation and afford the patient much comfort.

In aortic stenosis, as soon as the slow, small, regular pulse of the disease gives way to the irregular one of failing left ventricle, digitalis may be given with advantage.

Turning now to the condition of the mitral valves as an indication for the use of digitalis, let us note first the effects of stenosis. In this case, the stress is on the pulmonary circulation and the right ventricle. This ventricle is overworked, while the left ventricle has not enough to do. The tendency is to congestion of the lungs and anæmia in the systemic circulation. So long as the right ventricle is equal to its extra work, digitalis would only do harm. When, however, the right ventricle gives out, an occasional purge and the tonic use of digitalis is often of signal service by relieving the pulmonary circulation and emptying the right side of the heart.

In mitral regurgitation, the great field for digitalis is found. It must be remembered, however, that the drug is contraindicated in the regurgitation of the senile heart, that of acute cardiac disease, and when it occurs in connection with arterio-sclerosis, as in gout and renal cases.

In those cases of mitral disease other than the above, with quick small pulse, or some beats large and turbulent and others small and irregular, when the pulse no longer corresponds with the cardiac contractions, and when hypertrophy is passing into dilatation, with backward venous pulsation in the veins of the neck, digitalis is of eminent utility.

As mitral regurgitation increases, the backward pressure of the blood leads to pulmonary congestion and systemic anæmia, as in the case of mitral stenosis.

With regard to dosage, it must be remarked that frequently too large quantities are ordered. This tends to cause arterial contraction before the heart has responded to the drug. This is a most serious mistake. If ten minims of the tincture be given every four hours, or fifteen every eight hours, or five every waking hour, the desired result will be obtained. When thus administered, it takes about three days before the pulse comes under control and the urine begins to increase. The effort should be steadily maintained. With care there need be no fear. If the pulse begins to exhibit small intermediate beats, or to run in couples, the dose should be omitted for a few hours, or reduced in amount.

Abuse of Medical Charities.

THE REVIEW has frequently referred to the above subject, but as it is one of such vital interest to the medical profession it will bear further discussion. It goes without contradiction that hospitals and charities are being multiplied at a fearful rate. It also is equally true that a great many are going to these institutions for treatment, and receiving the same for nothing, or a very small fee, who are abundantly able to pay for medical attendance. In the *Philadelphia Medical Journal* for April 23rd, Dr. F. H. Wiggin has an article on this abuse of charity. He shows that in the State of New York 350,000 more persons applied for and obtained such charity, or gratuitous medical attendance in the year 1897 than the year 1895.

For this tremendous evil he suggests a remedy. In the first place, the profession should give the laity to understand that medical services have a pecuniary value, and that those who can pay something for such services should not receive the same wholly free. The next point is that every institution granting medical charity should be placed under some sort of inspection as would control the indiscriminate granting of treatment.

Then in the *British Medical Journal* for April 16th, there appears a lengthy and strong editorial along the same lines. The *British Medical Journal* points out the fact that many hospitals charge patients a small fee. This makes matters worse than where no charge is made, as it has the effect of making the patients feel that they are really paying for their treatment. When a powerful hospital will treat a patient in its out-door department for threepence, the unfortunate doctor is driven to the necessity of making a visit for the same fee, and the *British Medical Journal* states that doctors in London do make visits for such a fee.

But there is another phase of the question. Many hospitals and charities are receiving a regular grant or income from working-men's clubs and unions. The members of these unions claim cheap attendance, and receive it as a matter of fact. In this way these institutions have gone into the club practice, and is waging a winning warfare against the poor doctor who has also been doing this very same lodge practice. One can see at a glance why the institution with all its influence and prestige is bound to come out first in such a competition for patients and favors. At the central London Ophthalmic Hospital out-patients are charged twopence a visit, while no special inquiry is made as to whether they could pay a proper fee.

Take a large hospital with an income, from patients, private donations and municipal or government grants of $20,000; not one copper of this goes to the doctors or the staff who really do the work. The patients may have contributed a large portion of this sum, but it goes to the institution.

Medical men must join hands to defend themselves against these evils. Let the outside world cry "trades union" if it will. The medical profession has now suffered much, and that, too, patiently. The time has come when the battle-cry must be "To arms." A powerful defence must be formed to wait on the Government and on the various municipalities to have this abuse of charity stopped. A millionaire can go to a hospital and obtain board, bed, nursing, medicine and medical attendance for $2.80 a week!

There are, and always will be, some destitute poor who need assistance, but a little care can always find out these. But this need be no reason why an honest effort should not be made to chase away those who wish to obtain something for nothing, and who at the same time are well-to-do people, as mechanics or in some business, or have houses and lands or a long bank account. Just think of the person who went to a New York dispensary some time ago with $50 in his pocket-book!

Who will be the hero of the campaign? When civil and religious liberties have been threatened, such men as Luther, Knox, Cromwell, Garibaldi, Gustavus Adolphus came to the rescue. Here the very existence and rights of the profession are being invaded and undermined. We have had Sydenhams, Jenners, Hunters, etc., in discovery; let us now have a Bruce, or a Pym, or a Washington, or a Kosciusko in the cause of our rights for a change. F.

The Ontario Medical Association.

THE yearly meeting of the above Association is announced for the first two days in June. We publish the list of papers so far received by Dr. Brown, the Secretary.

It is proposed at this meeting to have fewer papers on the programme, and thus allow more time for discussions thereon. This is a wise proposition, as in former years a number of valuable papers went undiscussed, and, indeed, for lack of time, some of the papers went unread.

It is now eighteen years since the Ontario Medical Association was organized and its membership now numbers about one thousand.

The aims of the Association are the cultivation of medicine and surgery; the advancement of the character and honor of the profession; the elevation of the standard of medical education; the promotion of public health; and the furtherance of unity and harmony among its members.

Every application for membership which may be made at the meeting (and is granted to every man in good professional standing) must be signed by two members of the Association. Such application is referred to the Committee on Credentials. Forms may be obtained now or at the meeting from the General Secretary.

If the cheap railroad rates continue, it is expected that the coming meeting will be very largely attended. At any rate, excursion rates will be secured.

The annual fee is two dollars.

The Committee of Arrangements, under the chairmanship of Dr. G. S. Ryerson, has already made plans for the entertainment of their confreres from outside places.

The following is the list of papers already promised for the coming meeting of the Ontario Medical Association which meets in Toronto, June 1st and 2nd:

"Syphilitic Cirrhosis of the Liver," Professor J. G. Adami, Montreal. ——— Dr. James Bell, Montreal. The subject to be discussed in Medicine is "The Relation of Excretion to Disease," led by Prof. H. A. Macallum, London, followed by Dr. H. B. Anderson and others. The discussion in Surgery will be "The Treatment of Fractures of the Skull," led by Dr. G. A. Peters, Toronto. Two or three other gentlemen have been asked to follow in the discussion. The discussion in Gynæcology will be "Carcinoma of the Uterus," to be led by ———, followed by H. S. Griffin, of Hamilton, and J. W. McCullough, Alliston.

The discussion in diseases of children will be on the subject of "Enterocolitis," led by W. B. Thistle, Toronto, followed by R. J. Dwyer, A. Primrose, Albert A. Macdonald. "The Injurious Effects of our Over-wrought School System on the Health of Public and High School Pupils," R. Ferguson, London; "Immunity," J. J. Mackenzie, Toronto; "The Effect of the Climate of our Canadian North-West on Tuberculous Patients." ——— "Endometritis with Erosions of the Os," J. F. W. Ross; "The Early Removal of Tubercular or Necrotic Areas," H. H. Oldright, Toronto; "The Traumatism of Labor," C. B. Oliver, Merlin; "When should we Operate," illustrated by cases and specimens, Wm. Oldright, Toronto; "My Experience with Diphtheria during the Fall of 1897," Wm. Doan, Harrietsville;

"Hyper-resonance of the Chest a Premonitory Symptom of Tuberculosis of the Lung," W. C. Heggie, Toronto; "The Medical and Surgical Treameant of the Insane," A. T. Hobbs, London; "Cretinism in Ontario," A. McPhedran, Toronto; "Some Details in Antiseptic Surgery," N. A. Powell, Toronto; "Location of Brain Lesions," report of a case, H. D. Livingstone, Rockwood; "Experiences with New Remedies," G. S. Ryerson, Toronto; "Vicarious Urination," A. T. Rice, Woodstock; "A Brief Sketch of the Nervous System, of its Liability to Injury, and of Some of its Diseases," I. Byron Newman, Detroit; "The various Operative Methods of Dealing with Eyes lost through Injury or Disease," G. H. Burnham, Toronto. Papers have also been promised by Drs. Hastings, Toronto; A. McKinnon, Guelph, and others.

MONCTON (NEW BRUNSWICK) MEDICAL SOCIETY.—Officers were elected as follows: President, Dr. T. C. Purdy; vice-president, Dr. G. T. Smith: secretary, Dr. R. L. Botsford; and treasurer, Dr. F. J. White.

WESTMORELAND COUNTY (NEW BRUNSWICK) MEDICAL ASSOCIATION.—Officers have been elected as follows: President, Dr. C. A. Black, of Baie Verte; vice-presidents, Dr. Fleming, of Petitcodiac, Dr. Calkin, of Sackville, and Dr. Belliveau, of Shediac; secretary, Dr. Botsford, of Moncton; and treasurer, Dr. McCully, of Moncton.

HIGH TEMPERATURE OF ACUTE RHEUMATISM.—Drs. J. S. Withers and O. Withers, in the *British Medical Journal* for April 9th, report a case of inflammatory rheumatism where the temperature in the axilla rose as high as 110° F. The patient was placed in a cold bath, cold water being added as the water became warmed. He was kept in the bath quarter of an hour. When replaced in bed he was given ether hypodermically and had hot bottles to his feet. He regained consciousness. Early next morning the temperature rose to 105° F., when he was again placed in the bath. He was quite comfortable for some time after the bath. During the day the temperature again went up and he became delirious; but the fever was controlled by cold packs. The day following an ice bag was applied to his head to control a fresh rise of temperature. For several days the wet pack had to be resorted to, but the patient made a good recovery.

Book Notices.

Text-Book of the Diseases of Women. By HENRY J. GARRIGUES, A.M., M.D., Professor of Gynæcology and Obstetrics in the New York School of Clinical Medicine; Gynæcologist to St. Mark's Hospital in New York City; Gynæcologist to the German Dispensary in New York City, etc. Contains 335 engravings and colored plates. Second edition, thoroughly revised. 1897. Philadelphia: W. B. Saunders, 925 Walnut Street; Canadian agents: J. A. Carveth & Co., Toronto, Ont.

The first edition of this work appeared in 1894. The present edition is a very thorough revision. It has evidently been the author's object to render this work abreast of the times. In this effort we think he has succeeded to an extent that renders criticism almost unnecessary.

Diseases of women have been investigated by many distinguished physicians and surgeons, and marked advances have been made. Within the last few years new works and new editions have followed each other in rapid succession. Under these circumstances it is by no means an easy task for a writer to incorporate in his work the most that is good and useful, and sift out the less successful and tried methods.

The present edition of Dr. Garrigues' work manifests the author's rare skill in selecting that which is good and eliminating that which is less likely to prove satisfactory. The work embodies the two great merits of being thoroughly up to date on the one hand, and safely conservative on the other. The author is certainly very familiar with the best literature on the subject. Nothing that is worth notice has escaped his attention. This, we think, is one of the great features of an authoritative work on any subject, that the writer collects whatever is good for his reader.

In another matter the work is very pleasing. The descriptions of operations are so plain and simple, and in most cases very brief. We all know how painfully lengthy and obscure the descriptions of many operations are. It is really a relief to read these details in the present work.

Turning to the illustrations, one is struck with the fact that they are there, for a purpose, namely, to explain the text. Many illustrations appear in books that it would be difficult to find a reason for their presence. Not so in this work. The numerous illustrations are of the utmost assistance to the student of the letterpress.

No review of the work would be complete without special reference to the judicious use made of introducing the pages on which the same subject is mentioned or treated of in some other way. To give an example: in speaking of coccygodynia, on page 323, when the coccygeal gland is mentioned, we have the reference "(Page 103)." On turning to page 103 a description of this gland is found. This is such a constant practice with the author that the saving of time to the reader is immense.

Whether viewed from the standpoint of diagnosis, prognosis or treatment, the practical character of the work at once becomes apparent. The whole work is the careful effort of a scholar in this branch of the healing art, who, at the same time, is eminently practical in the midst of his erudition. The high reputation already secured by the author in the field of gynæcology has been fully maintained by this edition of his work.

The subdivisions found in the work are scientific and well taken, such as development, anatomy, physiology, examination in general, treatment in general, abnormal menstruation, and the diseases of special parts, as those of the vulva, vagina, perineum, uterus, tubes, ovaries and pelvis, under such headings as Malformations, Inflammations, Displacements, Neoplasms, Injuries, etc.

The work is a handsome octavo of over 700 pp., in fine binding, paper and type.

Selections.

HEMORRHOIDS.—

℞ Ferri subsulph	gr. iij.	
Plumb. acet	gr. i.	
Mass hydrarg	gr. ss.	
Ol. theobrom	q. s.	

Ft. suppos. i. Introduce one morning and evening.—ORVILLE HORWITZ, *Polyclinic.*

RHEUMATISM LINIMENT.—

℞ Chloroform	5	fluidrachms.
Tincture of opium	4	"
Salicylic acid	4	"
Alcohol	4	fluidounces.
Sweet oil, to make	12	"

Externally. Rub into the parts thoroughly.—*American Medico-Surgical Bulletin.*

THE TREATMENT OF TAPEWORM.—The *Gazette hebdomadaire de médecine et de chirurgie*, for March 6th, credits the following to E. Chamberlin:

℞ Alcohol containing ten per cent. of chloroform . 8 parts;
Rectified oil of turpentine, } each ..... 4 "
Ethereal extract of male fern, }
Glycerin ..... 15 "

M. Half a teaspoonful to be taken every hour. Before beginning the use of this mixture the patient should take castor oil or magnesium sulphate, and as soon as the purgative effect is produced the mixture may be taken. For very young subjects, for example, children two years old, the formula may be modified as follows:

℞ Alcohol containing ten per cent. of chloroform, } each ..... 2 parts;
Rectified oil of turpentine, }
Extract of male fern, }
Glycerin ..... 15 "

M. S.: A teaspoonful every hour.—*New York Medical Journal.*

NOTES ON THE TREATMENT OF SYPHILIS.—By Dr. Leslie Phillips (*British Journal of Derm.*). The author recommends the following mixture in secondary syphilis with marked debility:

℞ Potass. iodid., grs. v.
Liq Hydrarg. bichor., m. xxx.
Syr. hypophosphite. (Fellows') ℥ i.
Aq. ad ℥ i.
M. Sig: T. D. S.

In the event of mercurialism supervening, he employs hazeltine as a mouth wash. He claims that secondary eruptions may be quickly removed by the use of the following ointment:

℞ Pusol, ℥ iii.
Ungt. Hydrarg. Ammon.
Adipis ad ℥ ss.
M. Ft. ungt.—Apply with friction.

Tertiary syphilidis of the palms and sole with hyperkeratosis should be treated with

℞ Resorcin, grs. x.
Ungt. Hydrarg. Oleat. (10 per cent.), ℥ i.
M. To be used with friction.

He has found iodide of lead of value in old syphilitic ulcers of the leg.—*The Post-Graduate.*

ACUTE GONORRHŒA.—Horwitz reports favorable results from the appended formula:

℞ Methylene-blue ..... 2 grains.
Oil of sandal-wood ..... 3 "
Oleo-resin of copaiba ..... 3 "
M. Oil of cinnamon ..... 1 drop.

Dispense in capsule. One dose. When this combination was administered, the purulent discharge, together with all inflammatory symptoms, usually disappeared within four or five days. One capsule was given three times daily.—*Philadelphia Polyclinic.*

GUAIACOL AND IODOFORM IN THE TREATMENT OF CHRONIC CYSTITIS.—Gabriel Colin, according to the *Journal de médicine de Paris*, recommends the following (Picot's) formula:

℞. Guaiacol ..... 5 parts.
Iodoform ..... 1 part.
Sterilized olive oil ..... 100 parts.

M. From ten to twenty drops are injected into the bladder once or twice a day.—*N. Y. Medical Journal.*

AN OINTMENT FOR THE PRURITUS OF CILIARY BLEPHARITIS.—Landolt's formula, as given in the *Gazette hebdomadaire de médecine et de chirurgie* for February 27th, is as follows:

℞ Neutral lead acetate ..... 3 grains;
Cocaine hydrochloride ..... 4½ "
White vaseline ..... 90 "

M. S.: To be smeared on the border of the lid.—*New York Medical Journal.*

THE Rontgen ray burn and its treatment are assuming prominent places in surgery. This lesion, though called a "burn," seems in no sense like what is usually understood by this term. The amputation of the thigh recently in the Polyclinic Hospital, by Professor James P. Tuttle, because of a Rontgen ray burn in a patient referred to him, and the fact that these injuries under the most favorable circumstances rarely heal within a year, seem to emphasize their importance. Injury is supposed to be much more liable to occur from an induction apparatus than from a static machine. A thin sheet aluminum is considered protective and at the same time permits the passage of the rays. Of course the proximity of the tube to the part to be photographed, the strength of the current, and the length of the exposure are highly important.—*N. Y. Polyclinic.*

ANGER A DISEASE.—An English journal thus comments on the injurious effects of anger: "Anger serves the unhappy mortal who indulges in it much the same as intoxicants constantly taken do the inebriate. It grows into a sort of disease which has various and terrible results. Sir Richard Quain said, not long ago: 'He is a man indeed very rich in physical power who can afford to be angry.' This is true. Every time a man becomes 'white' or red with anger, he is in danger of his life. The heart and brain are the organs mostly affected when fits of passion are indulged in. Not only does the anger cause partial paralysis of the small blood-vessels, but the heart's action becomes intermittent: that is, every now and then it drops a beat—much the same as is experienced by excessive smokers."—*Medical Record.*

ADHESION OF THE FEMALE PREPUCE.—Bacon (*Am. Gyn. and Obst. Jour.*) concludes from his observations and experience that preputial adhesions in the female may produce two different effects (*a*) an irritation leading to masturbation and various neuroses: and (*b*) prevention of development of the glans clitoridis resulting in an eroticism. The reflex nervous centers of the child being less under the control of the inhibitory impulses than in the adult, peripheral irritation gives rise to nervous manifestations in the former which in the latter would have no effect. As preputial adhesions in the female are capable of setting up as grave nervous symptoms as the like condition in the male, Bacon is of the opinion that every female child should be examined and the clitoris liberated at the same period that this or circumcision is undertaken in the male—that is, some time immediately following the separation of the navel.—*Medical Age.*

THE PHYSICIAN'S INCOME.—Knowledge and skill in general practice have also increased, but the general practitioner's fee schedule is just what it was about fifteen or twenty years ago, and some places what it was thirty or fifty years ago, and he is about as slow and careless in collecting it. The specialist is more apt to get a cash fee, to get prompt pay, as well as bigger pay. The general practitioner should revise his fee bill and reform his business methods to meet the changed conditions. With the close competition and the constant demands upon the purse in the high-pressure civilization in which we are living there is scarcely a commercial enterprise or a professional practice which would prosper under the loose methods and indifferent management which characterize the business side of many a doctor's work.—*Cleveland Medical Gazette.*

INSANITY.—As well try to describe the hues of the chameleon as to describe the phenomena of insanity. They are as various as the different cases and changing every hour. It is impossible to draw the line between soundness and unsoundness of mind. Eccentricity so strongly marks the conduct of some individuals that actions natural to them would be marks of insanity in others. The best and easiest test to decide the question in any individual case is to inquire whether there has been any strongly marked change of character or departure from the ordinary habits of thinking, feeling and acting without any adequate external cause. In short, a man should be compared with himself, and not with others, to decide whether he is insane or not. If there has been no departure from his ordinary conduct and character he may safely be declared sane; if there has been a marked change in these respects such a judgment would hardly be safe.—*Massachusetts Medical Journal.*

AS TO TOBACCO SMOKING.—The many questions concerning the good and bad effects of smoking seem incapable of scientific settlement. The pros and cons are ever at war, and in the meantime the world goes on smoking more than ever. No one can estimate how great has been the influence of tobacco in deciding the Cuban and other questions of war and international politics. Looked at in a large way it is significant that the whole world, in a remarkably short time, has accepted the good (or the evil) of smoke and of the American tobacco-plant. *Ex oriente lux* has one most noteworthy exception. Smoke, at least, is from the West. There is probably no instance in the history of the world in which an occidental custom has attained vogue throughout the nations of the globe with hardly an exception even among the most savage and exclusive peoples. The fact itself must argue for some physiologic or psychologic need that as yet may be incapable of statement and analysis, but which is in accord with some subtle fact of nutrition whose logic is irresistible. Physicians with the evil consequences of tobacco used to excess constantly before them are not prone to forget these results, and yet there are few of us who do not smoke, or who advise absolute prohibition in our patients. This being true the affair resolved itself into questions of discrimination and judgment. In tobacco-using the argument *ad hominem* is peculiarly apropos. We cannot enter upon the *questio vexata* of the physiologic action of nicotine and of smoking. There is a deal of mystery here that the scientific have not cleared up. So far as we know no one has been able to decide as to the action and use of moderate smoking on the human economy. Probably the first distinction to arise in mind is that relating to age, and few observant

persons would deny that in the young smoking is not only not beneficial but is positively the reverse. No boy should be allowed to smoke under any circumstaces whatever. More than this, we believe that in young men it is indeed of very doubtful use. The qualification of personal peculiarity, of mental and physical make-up, rises just here. Certain it is that tobacco is more surely of good service in the elder man,—in proportion as one approaches or has passed what might be called the psychologic menopause The next most important consideration is as to amount. Moderation is the first condition of the benefit to be gained from any good thing. The man who permits use to grow into abuse finds the most innocent thing may become the most pernicious. It is surely so as to smoking. To smoke all the time is to lose the good and the pleasure of smoking a little, and quickly changes the benefit into harm. We believe no fairly normal person of mature years was ever hurt in mind or body by the equivalent of three cigars a day smoked at the proper time. Six cigars or pipefuls a day we should say would be excessive or immoderate use. Questions of when and how to smoke are quite as certainly to be decided judiciously, and our own opinion, confirmed by experience and observation, is that the only proper time for smoking is directly after meals. One should never smoke during active exercise of any kind, physical or mental, nor, as a rule, in the open air. One should never smoke for several hours before eating or sleeping, and under no circumstances just immediately preceding. The slow smoker is the wise one. Rolling forth a big cloud of smoke is to waste both the smoke and the pleasure; it is banal, and is proof of slavery to habit *per se*. The genuine tobacco esthete is jealous of the air, gives his nose its due share of delight—the greater part, perhaps—neither poisoning the lungs by gluttonous inhalation, nor the atmosphere by rivalry with a factory chimney. The good Dr. Boteler said that doubtless God could have made a better berry than the strawberry, but also, doubtless God never did. As to the kind of tobacco and method of use we are inclined to paraphrasis by saying that doubtless there may, in the future, be "a better smoke" than a good Havana cigar, but just as doubtless there is none better now. The Cubans deserve independence beyond all doubt! The cigar should be smaller and thinner than usually made, and not so tightly wrapped, thus permitting it to be lit more easily, and permitting a more leisure usage. The pipe may be an instrument of civilization, but it distinctly tends to dirt and dogmatism unless controlled by a cleanly and alert mind. But how about the cigaret, do you ask? Our subject for this time was tobacco and tobacco-smoking.—*Philadelphia Medical Journal.*

Miscellaneous.

KOLISKO has succeeded Hoffman in the chair of legal medicine in the University of Vienna. Kolisko and Paltauf were in charge of the pathological laboratory at Vienna.—*Maryland Medical Journal.*

THE *Lancet* announces that Sir William Turner, of Edinburgh, has been elected president of the General Medical Council of Great Britain and Ireland, in the place of the late Sir Richard Quain, M.D.

TWINS BORN IN DIFFERENT YEARS.—The *Deutsche Medizinal-Zeitung*, for March 28th, cites from the *Progres medical* the case of a Jersey woman who gave birth to a daughter at ten o'clock in the evening of December 31st, 1897, and to another one about two o'clock in the morning of January 1st, 1898. The one born last was better developed than the first one.—*New York Medical Journal.*

WOMEN SMOKING.—The physician in so-called high life may wink at the smoking set seen in my lady's boudoir, but it will not relieve him of the responsibility of at least a warning to the victim of this growing form of intemperance among those members of the "smart set," whose health conservator he is presumed to be. Fortunate it is that the pernicious fad is limited to the class it is, for, as Sam Jones says, "Turn from the error of your ways, and quit your cussedness, or the devil will get you sure; but, thank God for one thing, he won't get much."—*Chicago Clinic.*

DEGENERATE DOCTORS.—The medical profession is not degenerating; its progress is onward and upward; it is on the eve of a great revolution. A grander, nobler era is opening, and its devotees worthy of the name of doctor will carry on the good work, cheered by the knowledge of the fact that since much money cannot fall to their lot, they will accustom themselves to less than other men need, and feel full compensation in the good they do. All of the good and true men in the ranks of medicine will, like the great Agazzis, be too busy to make money, but leave that ambition to the really "degenerate doctors," who pessimistically depreciate and undignify the noble profession of medicine into which they have by cruel mistake been permitted to escape.—*Medical Mirror.*