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THE CANADA LANCET.

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Original Communications.

FIBROID TUMORS REMOVED BY LAPAROTOMY AND ECRASEMENT—RECOVERY.

BY J. H, CARSTENS, M.D., DETROIT, MICH.,

Professor of Obstetrics and Clinical Gynecology, Detroit College of Medicine.

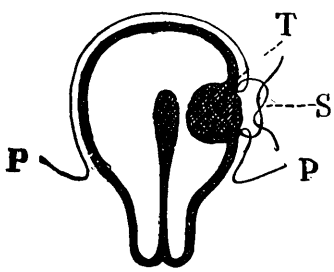
Every physician knows what is meant by fibroid tumors, although the name should probably be myo-fibroma, as it is composed of connective and muscular tissues, but I like the old name and shall say fibroid tumors. These tumors often cause great distress and even death, so that heroic means are often necessary to relieve the persons suffering from them. Two cases have lately come under my care which may be interesting to members of this society.

CASE I.—Mrs. C., seamstress ; aged 40 ; has had no children, but a miscarriage ten years ago. Since then she has had more or less trouble. Menstruation painful and profuse. She first came to my office in September, 1884. Examination revealed an enlarged uterus, the cavity measuring four inches. Tumor in right iliac region, and very hard. No fluctuation could be detected. I diagnosed subperitoneal fibroid. I used ergot in various forms, as also tonics, but the tumor gradually increased in size ; the pain and hemorrhage became more severe so that she insisted on an operation. As nothing could be gained by waiting, and she was failing fast, I sent her to Harper's Hospital. In the hospital a special room is kept for laparotomies which is in the attic, and isolated. This was thoroughly fumigated with sulphur and prepared for the reception of the patient. On June 15, 1885, the operation was performed. In the morning the patient had an antiseptic bath and the hair of the pubes was shaved. Everything being in readiness at 10:30, a.m., the patient was put under the influence of chloroform by Dr. Gailey. I proceeded to operate, kindly assisted by Drs. Longyear, Johnson, Davendorf, Warner and Wean. All the physicians and nurses were required to wash their hands in a corrosive sublimate solution one in one thousand. The instruments were kept in carbolic acid water of two per cent. Steamed sponges were used, in short every possible antiseptic precaution was made use of except the spray. I told those present that I could not tell what operation I would perform. I might remove the ovaries, or the tumor. An incision was made in the linea alba, just above the pubes, and 4½ inches long, down to the peritoneum. When the hemorrhage was stopped, the peritoneum was incised on a grooved director to the same extent. The abdomen could now be explored, and I found that the tumor was imbedded in and surrounded by the right broad ligament. There was another smaller tumor at the anterior fundus of the uterus. The ovaries were adherent, as also the fallopian tubes. The observations of that distinguished English laparomist, Lawson Tait, go to prove that when the fallopian tubes are removed as well as the ovaries, the menopause is always established ; but if the ovaries only are removed menstruation often does not cease. In this case I concluded to remove both tubes and ovaries, but as all were adherent I thought the patient would be subjected to less danger from secondary hemorrhage, septic poison, etc., if I enucleated the tumors, and closed the wound, by folding in the peritoneum and suturing it. I therefore made a longitudinal incision through the peritoneum down to the larger tumor, and then commenced to enucleate it. When I got to its attachment to the uterus the hemorrhage became profuse ; I therefore applied a ligature to the pedicle. The tumor was cut off ; all bleeding vessels ligated with silk ; the peritoneum was folded in, and sewed together with interrupted sutures. The smaller tumor was then attacked by an incision and enucleated.

The wood cut will best illustrate the folding-in of the peritoneum. T the site of the tumor and S the sutures. The abdominal cavity was now thoroughly cleansed ; the external opening closed by five deep and six superficial silk sutures and antiseptic gauze applied, the latter being held in

*A paper read beiore the Canadian Med. Association, '85.

place by an abdominal bandage. About twenty vessels were ligated with silk, and cut short as was also the ligature of the pedicle. All the ligatures and sutures (of different sizes) were of Skene's silk, which was simply corded surgical silk, boiled for some hours in a mixture composed of carbolic and salicylic acid, each one drachm, and white wax one ounce. The patient re-acted well. ½ grain of morphine was given occasionally; catheter used every six hours; temperature taken every two hours. But I need not weary you with a long record of the same. The first few days she vomited often, which the ordinary remedies did not check. Bismuth, soda and carbonic acid water were all used without avail. On the fourth day she asked for lager beer, and as that is principally carbonic acid water containing a small quantity of alcohol and malt extract in solution, I could see no objection to its use, and allowed half an ounce every two hours. The first dose stopped the vomiting. The next day it was alternated and the dose increased to first one and then two ounces.



The stomach caused no more trouble after this. On the eighth day steak and potatoes allowed, as also eggs. On the next day the temperature went up to 102½. It had always been about 100, rising to 103 on the 11th day. Two grains of quinine every two hours were ordered. A small abcess along the course of one of the deep abdominal sutures was the cause of the trouble. It broke on the 16th day and the temperature fell to normal. I now thought that the patient could soon be discharged, when she got a severe chill and pelvic cellulitis developed in the right side. Quinine was used freely, and iodine applied over the seat of the trouble. In the course of ten days the swelling and other symptoms gradually subsided, and five weeks after the operation the patient was discharged—cured. A few days later she was at her usual vocation, dressmaking, running a sewing machine, walking over a mile on a stretch, and so on. The large tumor was 4½ inches in its long diameter and three inches in its short diameter. The small one was 1½ by one inch.

CASE II.—Mrs. S., aged 45; sterile; family history good; never was sick until eight years ago. She noticed that menstruation was profuse. This gradually increased until two years since, when she noticed an enlargement of the abdomen, and then consulted a physician who told her she had a tumor but should let it alone. The hemorrhage became more persistent, continuing for three months. Sometimes it would stop for a few days, and again last for weeks and months. When she consulted me she was very weak and anæmic. Examination revealed the os uteri dilated about one inch, and just within, a tumor could be felt like a child's head. It was a sub-mucous fibroid which had gradually been forced into the uterine cavity. The hemorrhage and severe labor-like pains required prompt attention, and I advised an operation. She consented, and on the 25th of August, assisted by Prof. Webber and Dr. Jones, of Leesville, I operated. She was put under the influence of chloroform, placed in Sims' position and a perineal retractor introduced. Efforts to dilate the os proved unavailing, and then with a pair of dull scissors I snipped the os towards the rectum; grasped the tumor with a vulsellum forceps, and was then able, after considerable work with a spoon saw, to apply the ecraseur and remove the growth, which was about four inches in its long and three inches in its short diameter. I then sewed the cervix with silk. I tried to use perforated shot, but found the latter not large enough to slip over the silk, and so had to make an ordinary knot. I generally use perforated shot to hold the sutures when operating for lacerated cervices, fistulæ, etc., as follows:—I slip on the two ends of the sutures three to six perforated shots and compress the last one only. If I want to remove the sutures I have only to cut the suture between the last two shots, pull off the others and have the long suture to catch hold of and pull out. This plan facilitates the removal of the sutures which is sometimes troublesome. My patient rallied well and rapidly gained strength—she was able to sit up on the sixth day.

If I should draw any conclusions from these cases and my experience, in abdominal sections in general, I should say it is often impossible to decide

positively what operation is best to perform before the abdomen is opened. The operator should always be willing to modify or change the operation, and be prepared for all emergencies.

BELLADONNA IN THE TREATMENT OF NOCTURNAL INCONTINENCE OF URINE.

BY H. AUBREY HUSBAND, M.B., C.M., B.SC., UNIVERSITY OF EDINBURGH, F.R.C.S.E., ETC.

The frequency and difficulty experienced in the treatment of nocturnal incontinence of urine among children, and occasionally among young adults will be my excuse for publishing an account of the following case, occurring in a lad of nineteen years of age. The cause of this complaint is not always clear, for it has been ascribed to want of care on the part of the mother or those in charge of young children, to worms, to some affection of the bladder or urine, to fright, etc. Be the cause what it may the Draconian method of some parents of punishing their children either by repeated whippings or the deprivation of some harmless pleasure must be condemned without any reservation. The only effect of such a method of treatment that I have ever seen is to make the complaint worse. But as it is not my intention to enter into a discussion of the various methods of treatment, I shall content myself with the details of the case, which has called forth this paper :

T. B.——, æt. 19, the eldest of four sons, all of whom have been troubled with the same complaint from birth. The patient had, at various times, been treated with the tincture of belladonna, but with no apparent benefit, and it was only when it became necessary for him to leave home on business that a cure became a pressing need, and I was asked to do all I could for him. The patient is a fine healthy lad of a somewhat hasty, nervous temperament, which he inherits from his mother. There was no history of worms, but he suffered from chronic constipation, to relieve which the following pill was administered night and morning, and then only at night for some months :

℞ Ext. Aloes Barb. . . . gr. iii.
Ext. Nucis Vom. . . . gr. ½.
Gum. Mastiche . . . . gr. ½.
Fiat. pil.
Sumat unum nocte maneque.

The lower bowel was washed out every night with an enema of warm soap and water, and then a suppository containing one grain of belladonna placed in the rectum. The object of the enema was to clear out any hardened fæces or thread worms, which, by their presence, might by their irritation produce the incontinence. This treatment was rigidly continued for three months with some slight benefit, a week or two passing without a return of the complaint. The amount of belladonna was now increased to a grain and a half. And then a new symptom made its appearance. The nocturnal incontinence ceased, but the patient during the day became troubled with a constant desire to pass water, the annoyance was so great that he had to micturate every five minutes. The suppository was then ordered to be used night and morning, with the entire discontinuance of the nocturnal and diurnal trouble. During the last three months the pupils became permanently dilated, but there was no irritation of the skin, and only occasionally slight dryness of the throat. In six months a complaint which had lasted nineteen years was completely cured, and the patient was enabled to proceed to the continent on his business, taking with him a mixture containing nitro-muriatic acid, strychnia and gentian. The conclusions I have drawn from the above case are these, that of all preparations of belladonna the extract is the best, that the success in treatment, to a great extent, depends on the clearing of the rectum of its contents, and the application of the belladonna as near the bladder as possible, and that partial success at first is no reason to discontinue the treatment in despair. The case is interesting, as occurring in a family of four boys all affected with the same complaint, and from the fact that the second son, who formed a clandestine marriage at 16, was cured without treatment of any kind.

Correspondence.

To the Editor of the CANADA LANCET.

SIR,—I saw an article in the March number of the LANCET contributed by my friend, Dr. Dewar, on his experience with peritonitis.

I, too, have had what seems to me to be an unusual experience with it. I have had 16 cases within a radius of five miles in the last three months. I have had two deaths, both within

twenty-six hours from the onset of the pain. I held a post-mortem on one, a man of 34, and found perforation of the Vermiform Appendix due to the presence of an orange or lemon seed. I was not allowed to hold a p. m. on the other, a young man of 25, but from the history I concluded he had ruptured a blood vessel. He had done some very heavy lifting for two days before he was taken ill, and after his death over a gallon of apparently pure blood poured from his mouth.

I could not trace any cause for the disease in any of the other 14 cases. They were not limited to any particular class, age or sex. They rated as follows :—3 cases, women over 60 years ; 4 cases, men between 55 and 72 years ; 2 cases, married women aged 25 years ; 1 unmarried woman, aged 22 years ; 1 boy, aged 14 years ; 5 cases were from 19 to 31 years of age.

None of the cases I had suffered from epistaxis. One, the young woman, had pleurisy on the right side at the same time. The cases I had, evidently differed from those described by Dr. Dewar, (fortunately for me) as, though some lingered, in every case they improved from the time the system became fully under the influence of opium.

Yours, etc.,

Morpeth, Ont., March 23, '86. A. M. SHAVER.

Reports of Societies.

MEDICO-CHIURURGICAL SOCIETY OF MONTREAL.

Regular meeting, 19th March, President in the chair.

Dr. Roddick shewed a case of excision of the elbow joint, where he removed the articular surfaces of the radius, ulna and humerus. The result was quite successful, as the man was acquiring strength and use of the arm. Dr. R. also exhibited for Dr. Bryson, of Port Arthur, a so-called sarcomatous tumor of the testicle ; also, two tuberculous testicles, one of which he had removed to-day.

Dr. Gardner exhibited a uterine fibroid and uterus removed by the clamp after the manner of Dr. Keith, of Edinburgh. The case is doing well.

Dr. Trenholme said that this case was well suited for the V shaped operation as devised by himself, and carried out with success upon several occasions. The tumor was small, uniform, and the neck distinctly discernible.

Dr. T. J. Alloway gave a report of a case of "Alexander's" operation, where he found great difficulty in finding the round ligament, but being assisted by Dr. Roddick and Gardner, the cord was secured and the operation completed. As the case occurred in a child-bearing woman, and the uterus could be easily replaced in position, Dr. Kingston, Kennedy and Smith questioned the expediency of the operation. The effect of the operation upon those who became pregnant was yet to be seen.

Dr. Trenholme said that Alexander's operation, though sometime before the profession, had not yet obtained an unquestioned place in gynecological surgery. There is still doubt as to the particular class of cases in which it may reasonably be expected to be useful. Further study is needed as to the anatomy of the round ligament. This line of investigation could be helped forward by those who have charge of the dissecting room. If the ligament is frequently found to be imperfectly developed, we will then have to see in what class of cases this anomaly exists, for upon this fact will depend the election of cases. It is with this end in view that I now give the details of a case lately under my care. The history of the case is as follows :—The young lady is 26 years of age, slight build, but regularly and symmetrically developed, from earliest appearance of the menses has been a sufferer. There are severe pains preceding and following the menstrual flow. Her sufferings are so severe that she is obliged to lie in bed and take sedatives, or have hot fomentations for their relief. The menstrual pains are gradually increasing in severity and duration, so that now they last for 6 or 7 days. During the flow, and for about a week before the premonitory symptoms of the flow, she enjoys comparative comfort. Upon examination the uterus is found retroverted, the fundus is well down into the hollow of the sacrum. The left ovary is dislocated and occupies the pouch of Douglas, it is tender and slightly enlarged. The left fallopian tube and right ovary are normal, but the right fallopian tube is enlarged, probably due to chronic inflammation. The uterus is easily replaced, but the prolapsed ovary on the left side, and the diseased tube on the right side, renders the retention of any form of support, a difficult matter. There are no indications of thickening of

the tissues from pelvic cellulitis. Under these circumstances I proposed Alexander's operation as a substitute for the more serious one of removal of the ovaries and tubes. The operation was undertaken, when I found the left round ligament so extremely attenuated that it afforded no hope of a successful result, and consequently the operation was abandoned. The vein accompanying the cord was very much congested, which I regard as indicating serious congestion of the pelvic viscera. Now, in this case I have no doubt but that this congenital defect of the round ligaments is responsible for all the displacements and suffering of my little patient. I might add that, withdrawing the cord to the extent of two inches, gave no control of the uterus; whether this was due to a superfluous extent of cord, or some internal adhesions I do not know. This case has been an instructive one to me. From it I would gather, that the cases most likely to be benefited by this operation are those of acquired luxations in those who have ceased bearing children, and where we have reasonable ground to expect a normal developement of the round ligament. I submit this case as a small contribution to the literature of this subject, in the hope that other and abler observers may pursue the investigation, and define, with approximate certainty, the class of cases in which it should be performed.

Selected Articles.

CHIENE'S CONTRIBUTIONS TO PRACTICAL SURGERY.

1. When the surgeon is called to a scalp-wound, he has first to satisfy himself as regards its depth. If it does not implicate the pericranium, it may be looked upon as a comparatively trivial accident; but if the pericranium is torn, the bone is exposed, and the probability is that the blow has been a severe one, and that the bone is more or less bruised. To discover the exact condition of the wound, the finger is the best probe, and the finger-nail passed over the exposed bone is the best guide to the exact condition of the bone. The probe is not nearly so certain an instrument in diagnosing the presence of a fissure. When the pericranium is torn and the bone bruised, the injury to the soft parts is of minor importance; the injury to the bone and its pericranial covering is of special importance. In such a case the application of a pad of dry lint, fixed in position by a roller bandage, may result in rapid union; but after such treatment, every now and then disastrous results followed. The rule now is in scalp wounds thoroughly to purify the wound with a 1 to 20 solution of carbolic acid, using, if need be, in cases in which the wound is ingrained with dirt, a nail-brush, by the free use of which a thorough purification can be effected. Any bleeding vessels are secured by ligature; a cat-gut drain is laid along the wound to ensure free drainage, and the edges of the wound are brought together with horse-hair stitches. In the hairy scalp it is necessary to shave the edges of the wound. A piece of protective, covering not only the wound, but the extremities of the cat-gut drain, is applied; then a pad of gauze, the deeper layers of which have been damped with the lotion, or a pad of salicylic wool or Hartmann's wood wool which is impregnated with corrosive sublimate. This must be carefully fixed in position with a bandage, and care must be taken to apply this bandage in such a way that it will not come off, viz., by carrying the bandage round the head under the occipital protuberance above the eyebrows and under the chin, so as to make a complete cap. To ensure the stability of the bandage, it is safest to use a darning needle and darning cotton, with which the edges of the bandage may be carefully stitched together. This dressing, as a rule, may be left on for a week or ten days, when it is removed, and the wound is found dry. The horse-hair stitches can then be removed.

A severe scalp-wound is sometimes complicated with fissured fracture of the vault of the cranium, and, as has been said already, the finger-nail is the best means of diagnosing a fissure. In such cases the treatment is the same as in scalp-wounds without fracture. In a fissured fracture of the base of the cranium, implicating the petrous portion of the temporal bone, the middle ear, and the membrana tympani, the external meatus should be carefully washed out with 1 to 20 carbolic lotion, and the ear stuffed with carbolic gauze. It is in reality a compound fissured fracture, and should be treated with careful antiseptic precautions. Depressed fractures of the cranium are either simple or compound. In simple depressed fracture the surgeon should not trephine until there are well-marked symptoms of compression. In compound depressed fracture there is a tendency in the present day to wait for symptoms before elevating the depressed fragments. For my own part, I am of opinion that the elevation of the depressed fragments does not in itself increase the danger. If the surgeon waits until symptoms have appeared, the accompanying inflammation of the membranes cannot with any certainty be checked by the elevation of the fragments; and therefore I am of opinion that in the adult, at any rate, the fragments should be elevated without delay. In children the resiliency of the bones is such that, in uncomplicated cases of com-

pound depressed fracture, the surgeon may wait for symptoms ; but even in them, in a severe case, it would be well to elevate the fragments at once. In punctured fractures, which are always compound, all are agreed that trephining should be performed at once, because the sharp splinters of the dense inner table will sooner or later cause inflammation of the membranes of the brain.

The experimental reasearches of Hitzig and Ferrier into the localization of the motor areas grouped around the fissure of Rolando have increased the interest of those injuries to the practical surgeon ; and it is of great importance that a careful record of the symptoms in all cases of injury in that region should be kept. In order to do this with facility, the surgeon must be able to localize the exact situation of the fissure of Rolando. Various rules are laid down for this purpose. In the writer's opinion, one of the simplest methods is that described by Mr. A. W. Hare (*Med. Abs.*, p. 51. 1884). As the result of his observations, Mr. Hare found that "the distance from the glabella to the fissure (of Rolando) was on the average 55·7% of the distance from the glabella to the external occipital protuberance." The "general direction of the fissure" was ascertained by "noting the angle which its axis, as represented by the line between its extremities, forms with the mesial line of the head." The average angle in the 11 cases examined was found to be 67°.

2. The tumor of the scalp of most common occurrence is the wen, a thick walled cyst containing sebaceous matter. It is unnecessary in the removal of a wen to cut away the hair over it. All that is required is to make a linear parting with a comb over the tumor, and the tumor is then transfixed with a sharp pointed curved bistoury, the incision being directed towards the vertex, to avoid injury to the bloodvessels. The most superficial part of the cyst wall is often friable; and as it is of importance to remove the cyst wall entirely, the dissecting forceps with which the cyst wall is grasped must not be applied to the superficial friable portion ; but one blade of the forceps should be pushed under the cyst at one extremity of the incision, the other blade grasping the inner surface of the cyst, and then, with a quick jerk, the whole cyst is removed without any laceration.

Thin-walled cysts are frequently met with about the eyebrows. These cysts require to be dissected out, and if any portion of the cyst wall is left, they are apt to return. In the dissection of these thin-walled cysts the wall is very apt to give way, the contents escape, and the cyst collapse ; and if an attempt is made to finish the dissection in the collapsed condition, portions of the cyst wall may be left. The difficulty is overcome in a very simple way. If the cyst bursts during the dissection, squeeze out the contents, and stuff the cavity completely with a strip of lint, so as practically to change the cyst into a solid tumor ; and if this is done, the dissection can be completed without difficulty.

3. In old people soft warty growths are often met with on the face. It is dangerous to apply irritating caustic substances to these growths, because if they are irritated they are apt to take on an epitheliomatous action. They are best treated by excision.

4. As the result of cold, acute inflammations sometimes occur in the parotid and submaxillary regions under the strong fascia. Unless tension is relieved by the timely application of leeches or by incision in these cases, suppuration is apt to occur under the fascia. If the incision is made entirely with the knife, important structures may be divided ; and in these situations, as well as in deep-seated inflammations below the sterno-mastoid muscle, in the posterior triangle of the neck, and in the axilla, Hilton's method should always be adopted. A short incision is made through the skin and subcutaneous tissue, and a grooved director is then insinuated through the fascia into the inflammatory area. If no pus appears, then the director is withdrawn ; and the hæmorrhage which results from the puncture, and the escape of the serous effusion through the opening of the fascia, may be followed by the subsidence of the inflammation. If pus appears along the groove in the director, then a pair of dressing forceps is passed along the groove into the abscess ; the director is withdrawn, the forceps remaining in position ; the forceps are then opened and withdrawn, with their blades apart, in order to enlarge the opening in the fascia, allowing of the free escape of the pus and the introduction of a drainage-tube. Thus all deep-seated suppurations can be opened without risk.

5. In the removal of epitheliomatous tumors affecting the lower lip, the subcutaneous injection of a 4% solution of cocaine into the tissues surrounding the tumour enables the surgeon to remove the mass without pain. This drug can also be used in a similar manner in the removal of an epitheliomatous nodule from the tongue.

6. In strumous enlargement of the glands of the neck, cicatricial deformity is common, which necessarily occurs if the suppurating masses are allowed to open of themselves, or if they are simply opened when pointing takes place. The best way to treat such cases is either to excise the enlarged glands in the early stages of the disease, before they have become matted to the surrounding tissues by inflammation ; or in the latter stages of the disease, when suppuration has occurred, the sharp spoon must be freely used, in order to remove entirely the degenerating gland tissue. Rapid healing and less deformity is the result. The danger also

of secondary mischief in the lungs and elsewhere is in this way minimized. Tumors of the neck occurring under the sterno-mastoid muscles are divided into simple and malignant growths. If simple in character, they may be removed, however large they may be, with comparative safety. The great points to be attended to are—free access to the growth, and a dissection down to the tumor. If malignant, they should, as a rule, be left alone.

7. The removal of foreign bodies from the nasal cavity is best effected by the use of a small scoop. The foreign body is best seen by the aid of reflected light from a laryngoscopic mirror. The scoop is introduced horizontally above and beyond the foreign body. The handle of the instrument is then elevated, tilting the foreign body out through the anterior opening. The sensitiveness of the mucous membrane of the nose is greatly diminished by painting the parts with a solution of cocaine.

8. In the treatment of ranula by grasping the cyst wall with a pair of catch-forceps, and removing an elliptical portion with curved scissors, the wound is apt to heal too rapidly before the cyst contracts, and a reaccumulation of the glairy fluid is apt to occur. By seeing the patient daily for a week, in order too introduce a probe into the incision, too rapid healing is prevented.

9. It is not always easy to make a diagnosis between syphyilitic diseases and epithelioma of the tongue. Syphilitic disease is generally central, an epithelioma lateral. Iod. pot. is used to clear up the diagnosis. Care must be taken not to be deceived by a temporary improvement, because this occurs in epithelioma by persistent use of the iodide.

10. In acute tonsillar inflammations in which suppuration is suspected, a Græfe's knife is the best instrument with which to make the diagnostic puncture. This instrument is of the greatest use in all cases of suspected suppuration. After the knife is introduced into the inflammatory area, it is rotated, and if pus is present it escapes at the side of the knife. The incision can then be enlarged, so as to allow of the free escape of matter. If there is no pus present, the knife can be withdrawn. In the case of the inflamed tonsil, the puncture may be repeated at two or three different points, and the resulting hæmorrhage often relieves the inflammation. The knife should always be pushed directly backward, to avoid any risk of wounding the internal carotid trunk. In a large proportion of cases of inflamed tonsil the suppuration occurs at the upper extremity of the tonsil, and the matter can only be properly reached by introducing the knife through the soft palate. Any fulness and inflammatory redness of the palate is an indication for a puncture in this situation. The removal of a portion of a chronically enlarged tonsil should not be performed when there is any acute inflammation present. In performing this operation on the adult, the tonsil should be grasped with a vulsellum, and the projecting portion removed, the surgeon cutting from above downwards in a vertical direction with a probe-pointed bistoury. To avoid injury to the dorsum of the tongue, a piece of lint should be wrappped round the blade of the knife, so as to cover that half of the cutting edge which is nearest the handle. The probe-pointed knife used should cut to the point, and must be very sharp, in order that the operation may be done satisfactorily.

11. In opening a retropharyngeal abscess, the operation cannot be performed with antiseptic precautions if the abscess is opened from the mouth; and in those cases in which there is any suspicion of disease of the vertebræ, the abscess should be opened by Hilton's method, the matter being reached through an incision along the posterior border of the sterno-mastoid muscle, an inch below the apex of the mastoid process of the temporal bone.

12. When a surgeon is called in a hurry to a case of choking, he should not delay in order to obtain œsophageal forceps or probangs, because. if the foreign body has reached the œsophagus, the immediate risk to the patient's life has passed away. If death is imminent, then the foreign body, generally a piece of meat, is in the pharynx and blocking up the rima glottidis, or it has passed into the box of the larynx. If in the first situation, it can be displaced by the finger. If in the second situation, the operation of laryngotomy is called for.

When the obstruction is complete, there is no time to perform the more difficult operation of tracheotomy. If the foreign body has reached the œsophagus, if it is a piece of meat or a piece of bread, or any digestible substance, the simplest way to get rid of it is to push it onwards into the stomach with a probang. If, however, it is a metallic substance, it should, if possible, be removed by the mouth. Before attempting removal, the first point to clear up is its exact situation. This is best done by passing a bulbous-shaped bougie. The bulbous head, measuring about half an inch in transverse diameter, should be made of solid metal, giving the instrument a certain weight. The stem of the instrument should be of whalebone, about the size of a No. 8 catheter. If this instrument is passed along the œsophagus, the foreign body may be felt as the instrument is passed downwards. In some cases, however, the obstructing substance will be best localized as the instrument is being withdrawn, and in the withdrawal of the instrument the foreign body may be brought along with it. Should this not take place an endeavor must be made to grasp the foreign body with forceps. If the metallic substance cannot be removed by the mouth, the operation of œsophagotomy must be performed.

If the foreign body has passed into the trachea, the operation of tracheotomy should be performed before inverting the patient. There is a risk in inverting the patient before performing tracheotomy, because a substance may stick in the box of the larynx and choke the patient. If this occurred, then tracheotomy would be called for, and in the hurry could not be properly performed.

13. *Hare lip.* This congenital deformity may be single or it may be double. If double, the præmaxillary central projection may, if of any size, after partially dividing its base, be displaced backwards, and utilized to fill up the gap between the superior maxillary bones. As a rule, however, if it is rudimentary, after dissecting off the triangular portion of skin upon its surface, it may be removed. In doing this the hæmorrhage is often profuse, and must be checked by pressure before proceeding with the operation. The malformed upper lip is often tacked down to the maxillary bones, and the mucous membrane must be freely divided so as to allow the edges to come into easy apposition. The edges are to be freely pared, and care is to be taken to avoid a cleft at their point of junction at the edge of the lip.

14. *Tracheotomy.* This operation is called for in cases of laryngeal difficulty of breathing. The trachea is nearest to the surface at its upper part, and the high operation above the isthmus of the thyroid is more easily performed than the low operation below the isthmus of the thyroid. The deep veins are comparatively unimportant above the isthmus, while below the isthmus the inferior thyroid veins are of large size. Care must be taken in the administration of chloroform that the patient be not deeply narcotized, in order that he may be able after the trachea has been opened to cough up the blood which may pass through the tracheal wound into the trachea. In performing the operation the knife should be used until the sterno-hyoid and sterno-thyroid muscles have been separated. When this stage is reached, the upper tracheal rings should be cleared with the director, the best for this purpose being Spence's hernia director. If this director is used, the risk of wounding the deep veins lying on the trachea is lessened. If these veins are wounded they should be ligatured, and all bleeding should have ceased before the trachea is opened. No attempt should be made to open the trachea until the upper rings above the isthmus are fully exposed. The tracheal rings are best divided with a sharp-pointed curved bistoury. A sharp hook is passed into the substance of the cricoid cartilage; and, the back of the knife resting upon the finger-nail, the knife is pushed into the trachea, and the surgeon cuts the uppermost rings between the isthmus and the cricoid cartilage. The handle of the knife is introduced into the slit thus made, and is then turned transversely, so as to separate the edges of the tracheal incision. The tracheal tube is then introduced. At first the tube is held at right angles to the long axis of the tracheal wound, until the extremity, of the tube is fairly within the tracheal cut, when the long axis of the tube is carried to the middle line, and the tube is pushed onwards into the trachea.

The primary object of the operation is to relieve the laryngeal obstruction, and to allow air to reach the lungs. The operation, however, has a secondary value—the inflamed larynx is rested. After this operation the patient may die either of the disease for which the operation has been performed, or he may die from blood which has passed into the trachea during the operation reaching the ultimate bronchi, and giving rise there to septic lobular pneumonia. Hence the importance of preventing as much as possible any blood from passing into the trachea during the operation.

21. In severe cases of suicidal cut throat, a transverse direction of the wound causes great gaping of the edges. The wound is generally close above the box of the larynx, or it may be through the thyroid cartilage. As a general rule, the safest thing for a patient is to perform tracheotomy immediately, and carefully stitch together with catgut the different structures which form the sides of the gap, but the skin and subcutaneous tissues with deep stiches of double horsehair. Prevent tension on these stitches by keeping the head well forward, and introduce a drainage-tube at either corner of the wound. The depressed condition of the patient, and the risk of a persistence of the suicidal tendency, require that he should never be left without an attendant. He must get plenty of nourishment. This is best administered through a large-sized catheter introduced through the mouth or nose, past the wound, into the upper part of the œsophagus.—*Edin. Med. Jour.*, Dec., 1885.

SUTHERLAND ON THE PREMONITORY SYMPTOMS OF INSANITY.

It will be my object, in the time I have at my disposal, to describe as briefly as possible the most important premonitory symptoms of insanity, and to conclude by making a few remarks upon their treatment.

Esquirol recognized three distinct stages of insanity. In the first, there is a change of habits; in the second, perversion of the affections; and the third constitutes true insanity. The first set are usually seen only by the relatives of the patient; the second, by the family-physician; and the third, by the asylum-superintendent, when they are now so far advanced that any attempt at prophylactic treatment is out of the question.

It is almost impossible to say from the premonitory symptoms what form the insanity will assume,

unless, indeed, the patients have suffered from a previous attack. Almost all authors agree, however, that insanity rarely commences with excitement. As an exception, may be mentioned the mania which is produced suddenly, after a moderate amount of alcohol, in a person who has previously sustained an injury to the head, or has had a sunstroke. But the majority of cases are preceded by a stage of depression, which has been called by Guislain the "stadium melancholicum."

To estimate the duration of these premonitory symptoms is, as a rule, impossible, as the relations of the patient, either from deficiency of experience or from a wilful perversion of the truth, only throw obstacles in the way of the practitioner, who is trying his best to get at the real etiology of the case.

From a long experience of such matters, I have no hesitation in saying that, in my opinion, some eccentric act on the part of the patient, done many years before the actual outbreak of the mental disease, can be detected in the majority of cases, if the early history of the patient be only carefully investigated.

Irritability and a tendency to take offence are very common at this stage, sometimes accompanied by moroseness and silence, or again by noisy scolding and fault-finding with servants. There may be an indifference to usual employments, or, on the other hand, a restless pursuit of novel occupations. Delusions of suspicion and jealousy are now developed against those with whom the patient has always lived on good terms. And it must be remembered, in sifting evidence, that there are occasionally good grounds for these delusions.

Sometimes the patient thinks he is ruined, and again he may launch out into endless extravagance, giving orders for carriages and horses which he will never be able to pay for.

Loss of memory is also a very marked symptom. A patient will remain seated in your consulting room much longer than is necessary, and long after you believe the interview is concluded. He will get up in the night, and think it is the morning. He will take three or four hours to dress, owing to his performing parts of the toilet more than once, and forgetting that he has done so. He will eat voraciously, or he will neglect to take his food, simply from loss of memory.

The mental and the bodily symptoms now begin to act and to re-act upon one another. Through forgetfulness, the patient neglects to take exercise, and to attend to his bowels, and through the stagnation and constipation thus produced an increased feeling of malaise and depression comes over him. A general neglect of personal appearance will not escape the eye of the expert practitioner. The expression of the face is also strangely altered, the lines of the features becoming more marked in melancholia, but obliterated and dim in epileptic cases. In acute hysterical mania, and in puerperal insanity, the cornea becomes bright, prominent, and staring. But, on the contrary, in masturbating insanity, the patient seldom looks you in the face, and, when he does so, there is an absence of that expression of the sympathetic eye of De Quincy, which is so eloquently characteristic of a healthy mind. A row of paupers at work on a road can thus be distinguished from a gang of lunatics. In the one case they will all "catch your eye," as you drive past; in the other case they will not.

A word as to bodily symptoms. The posture, and even the gait, of an insane person is abnormal. The skin, as a rule, is harsh and dry, although sometimes perspiring. It emits, in some cases, a peculiar odor, although this has been denied by the highest authorities. Occasionally rigors, feverish heat of skin, and elevation of temperature, are noticed, which, however, are usually due to some accompanying somatic condition, the cuticle being, as a rule, dry or clammy. The tongue is usually white and coated, and the breath offensive, from refusal of food and neglect of the bowels, which are, at this stage, almost invariably confined. The appetite is generally deficient from want of fresh air and exercise, and from constipation. The circulation is commonly feeble at first. The pulse is either slow (50 to 60) or too rapid (120), in delirious cases.

Generally speaking, the face is pale, but in very rare cases there is great congestion of the head, heat of the scalp, and throbbing of the carotid and temporal arteries. Headache is a very common symptom. This is produced partly by the changes, functional or organic, which are going on in the brain and its membranes, partly by the presence of an excess of bile in the system, due to the neglect of his health on the part of the patient, and also from a condition either of plethora or of anæmia, local or general, in the head and whole system.

Sexual appetite is in abeyance in some cases, as in those of bilious melancholia. It is in excess in others, as in those of general paralysis, and, oddly enough, is conspicuously so in senile dementia. The maid-servant is frequently found to be pregnant by the master, before any mental aberration is discovered by the relations, in this form of mental disorder.

The catamenia are frequently suppressed, although many attacks occur and run their course without any abnormality being observed in this function.

Impairment of some of the special senses, real or imaginary, is sometimes noticed. Deafness is occasionally simulated. Real abnormal sensations of heat and cold, of pricking and electrical shocks, of attempts to shake the bed of the patient, and of irritation, referred to the ends of the fingers and toes, are also frequently noticed.

The voice of the patient is almost always altered, becoming low and almost inaudible in the stadium melancholicum, but high in pitch, should mania be developed. Sometimes the patient talks more rapidly, sometimes more slowly and deliberately, than usual. Sometimes he will raise his voice and shout; in other cases, he will speak only in a whisper, or not at all.

Articulation is rarely affected, excepting in general paralysis. The style of conversation is, however, often changed, oaths and obscene language being uttered by those who were never previously known to be guilty of such conduct. Muttering and talking aloud to the patient's self is frequently noticed.

Not unfrequently the patient will roam about the house, or wander away from home on an objectless journey. One patient, now in my asylum, walked barefooted from London to Portsmouth, before admission, under some religious delusion.

Delusions, illusions, and hallucinations are, however, comparatively rare during the premonitory stage. When they are developed the disease may, as a rule, be pronounced as being insanity, and all prophylactic treatment is now useless. The ship must go before the wind, and you must steer it, as best you can, through the tempestuous course which will lead to recovery, to death, or to hopeless dementia.

A word, if I am not trespassing too long on your valuable time, as to treatment prophylactic, medical, moral, and hygienic.

1. *Prophylactic.* If a patient have been known to have an attack regularly every year, which is not uncommon, send him for a trip with an expert and agreeable medical man, a month before the time of the onset of the mental disorder is expected. This frequently not only staves off one attack, but sometimes even prevents an accession of future attacks. But if the slightest premonitory symptom should exist, keep him at home, as he must undoubtedly undergo the course of the disorder, and it is extremely dangerous that he should do so, if far away from good medical advice.

2. *Medical.* Bromide of potassium, or chloral, or belladonna, may be used where there is heat of head or sexual excitement. Opium and morphia in anæmic cases. Judge by the condition of the pupil whether opium or belladonna be indicated. Antimony is the sheet-anchor in violent cases. Do not add digitalis. Calabar bean is indicated in the early stages of general paralysis. Iodide of potassium and mercury often allay excitement, when the mental symptoms are due to some syphilitic taint.

Hydrocyanic acid, with or without the bromides, is useful in robust cases of mania.

Henbane, in my hands, has proved a disappointing remedy. It is feeble as a sedative, and only valuable as such in large doses, such as half an ounce of the tincture; and even in small doses it often produces headache.

Combinations of drugs are invaluable, such as chloral with bromide of potassium, chloral with the liquor morphiæ bimeconatis, bromide with cannabis Indica, in acute mania; bromide with ergot, in recurrent insanity; morphia with assafœtida, in hysteria.

Conium is useful where there is much motility; quinine in intermittent insanity; and sumbul or chloral in the status epilepticus.

Aperients are almost always required in the early stages. The milder purges are, as a rule, indicated. These are: Æsculap and Hunyadi Jànos waters; granular effervescing citrate of magnesia; stewed prunes, oranges, and similar domestic remedies. In extreme cases, enemata are necessary, which must sometimes be administered daily, and, if there be no obstruction, croton-oil. Avoid pills, as the patient, if suicidal, will hoard them up, and then take a poisonous quantity.

Should medicine be refused, a subcutaneous injection is occasionally useful, but I prefer disguising my remedies. Chloral in beer or port-wine, tincture of opium in coffee, antimony in any liquid (as it is tasteless); and, as regards aperients, calomel between thin slices of bread and butter; syrup of senna in a cup of tea, in lieu of sugar; and other similar harmless modes of deception are now allowable.

3. The *moral treatment* must consist of a mixture of kindness and firmness; and, above all things, we must remember that each case requires different treatment.

4. The *hygienic treatment* is obvious. Let the patient walk out daily till he nearly drops from fatigue, and soon all complaints of loss of sleep and want of appetite will cease; and, although the disease may yet have to run its course, the symptoms will be milder, and the outlook more hopeful, than would have been the case if the patient had been allowed to have his own way.

I must apologize for the concentrated form in which I have been obliged to put these remarks. Let us not think that, by treating the premonitory symptoms of insanity, medical men will want for work. As long as human nature, sexual intercourse, and alcohol exist, so long will there be excess; and, in consequence, plenty of work for our profession—whether we endeavor to sound a note of warning to the foolish, or to alleviate the distress of those who now undeservedly suffer for the sins of their forefathers.—*Br. Med. Jr.*, Jan. 30, 1886.

THE DRY METHOD OF TREATMENT IN UTERINE DISEASE.

Dr. Engelmann said that this was to be merely a preliminary paper, as he had not yet fully per-

fected this method of treatment and was not quite ready to place it in full before the profession, but as the same innovation was often in the minds of several, he wished to make the announcement before the society and claim this method which he had gradually evolved, as his own. As a method, in its outlines, it was satisfactory and practically complete—yet he felt that he had not yet reached all he wished to attain until he had succeeded in devising a sensible method of applying impalpable powders to the uterine mucosa and evenly distributing them over the surface of the membrane. The dry treatment with powders and medicated cotton, acting upon the uterus, the body of the organ, and the surrounding tissues, was the leading feature of his method of treatment.

Dr. Engelmann reviewed the various methods of treatment customary in different countries, and characterized America as the land of nitrate of silver and iodine; the former, once most popular, now gradually yielding to the latter. He had long since given up as injurious, rather than useless, the use of strong intra-uterine applications, generally speaking of course, as in certain cases they were needful, and the only proper remedy; he severely criticised the very common custom of mopping the uterine cavity with strong solutions, especially the altogether too common and indiscriminate use of nitrate of silver and iodine, to which since the days of carbolic acid, iodized phenol had been added—the three fluids, which, in this country generally make up the armamentarium in the treatment of uterine disease.

Dr. Engelmann had at first naturally followed the practice of those about him, but soon gave up the indiscriminate use of strong fluids, using weak solutions, or dilute fluids. Since 1873 he has endeavored to replace fluids, whenever possible, by powders, at first trying tannin, iron, nitrate of silver (in small proportions) in bacilli, but the preparation was expensive and unsatisfactory; nor did Mitchell's gelatine pencils quite answer, but last spring Mr. Mitchell, of Philadelphia, prepared a very delicate gelatine pencil, which answers better than anything yet made for the purpose of intra-uterine treatment. So also the iodoform pencils of Parke, Davis & Co. are very serviceable.

These he uses in case he deems it necessary to treat the mucosa directly, in certain cases, however, resorting to fluids. In the majority of cases he relies on medication applied to the cervix by means of cotton and the powder blower. He deems it wrong to treat a diseased uterus through its smallest and most delicate part, the mucosa, but would rather rely on treating that sensitive membrane through the uterus, hence the use of powders and medicated c tton.

Dr. E. mainly uses iodoform, borax, bismuth, oxide of zinc, alum, tannin, calomel, and sulphate of zinc, which are dusted over the cervix and vaginal walls. Iodized, carbolized, borated, tannated, salicylated and iron cotton, and corrosive sublimate jute he considers the most delicate means of applying a remedy, as it is kept in contact with the parts, until gradually absorbed; the cotton at the same time, must be judiciously placed, so as to rectify such malposition as almost always exists more or less in a diseased uterus.

This method is a most happy combination, as it combines the best and least irritating way of ameliorating displacement with a delicate and effective method of treating the co-existing pathological condition. Moreover, a support, such as is afforded by the properly placed cotton or jute tampon, is an aid of treatment and a relief to the patient, in morbid conditions not directly complicated with displacement; the sensitive afflicted parts are supported; a strain is removed.

The glycerine tampon, once so popular, Dr. E. uses but little, but admits that under certain distinctly marked conditions, it renders admirable service; but even there it is not necessary, other means can be substituted, and he prefers them to this filthy remedy.

The dry method, the treatment of the uterine mucosa through the muscular and surrounding cellular tissue has beyond the advantage of greater certainty, that of comfort and cleanliness; it is not painful, the patient does not suffer in the office, is not in agony during the treatment, nor does she go home to be reminded of her suffering by hours and hours of cramps and pain. She leaves the office comforted, feeling better.

Dr. E. does not cast aside intra-uterine applications, but claims that they should no longer be resorted to as a routine method of treatment, and when called for, should usually be of milder character than now commonly applied.

Many a victim to pessaries will be spared when the dry powder and cotton treatment is adopted, as the gradual replacing of the diseased organ is far better accomplished by medicated tampons, whilst the morbid condition is at the same time done away with, than by the irritating and dangerous pessary. Not that the doctor desires to interfere with the pessary in its proper place as a support to the movable and healthy, but displaced uterus.

The pessary, the intra-uterine application, the glycerine tampon, all find certain indications, but have done great harm by the indiscriminate abuse to which they have been put. More generally serviceable, more reliable as a method of treatment, and less dangerous is the dry method, the treatment of the entire organ, or the mucosa through the corpus and cervix with powders and medicated cotton. Dr. E. soon hopes to devise a method of successfully distributing impalpable powders over the surface of the mucosa, and will then consider his method complete.

Such gentlemen as have witnessed Dr. E.'s treatment have never failed to appreciate its advantages, and the powder blower, which could not be obtained in the city previous to its use by Dr. E., is now to be had at most of the instrument makers.

Dr. E. has already demonstrated the advantages of this method in his department of the "Polyclinic" and cited a number of cases of disease of the mucosa with profuse discharge, previously treated by others by the intra-uterine method, which had been treated in the "Polyclinic" exclusively by the dry method, with the most rapid and surprising results, and promised soon to publish a number of case histories, carefully kept by the staff, which will demonstrate more clearly the method and its advantage.

Dr. E. closed his remarks with the wish that his colleagues would test the method which he had found so efficacious. The doctor was aware that dry cotton and powders had been used of old, but never in such combination and as the mainstay of the gynecologist, and no such method had ever been advocated or published; hence he lays claim to this method at the perfection of which he has so long labored, and claims it as his own.—*Am. Med. Digest.*

FOTHERGILL ON HEPATIC DISORDERS.

The functions of the liver and kidneys are closely linked together; and in those derangements where the urine has a thick sediment and the bowels are disordered, the old-fashioned doctor who shook his head and oracularly uttered, "Liver!" was not such a fool as it has recently been the rule to regard him. First cut down the amount of albuminoids eaten or drank, in order to reduce the demand upon the liver; then sweep away the waste from the blood by a pill at bedtime:

Pulv. pip. nig.	grs. ij.
Pil. col. comp.	grs. iij.

and in the morning:

Sodæ pot. tart.	℥ j.
Sodæ sulphatis	ʒ ss.
Tinct. zingiberis	℥ ss.
Inf. gentian	℥ j.

with an equal quantity of boiling water so as to make the draught as hot as can comfortably be borne. Let this be done twice or thrice a week, till the tongue is clean. When that is done, give the

Sodæ sulphat.	℥ j.
Sod. et pot. tart.	ʒ ss.
Tinct. nuc. vom.	gtt. vj.
Inf. cascarillæ	ʒ j.

Ter in die before meals, and the pill twice a week.

If there be general asthenia, do not proceed to give iron until the tongue is thoroughly clean, the water clear, and the appetite good; and then commence with two or three drops of the dialyzed iron once a day, after food. In other cases, where there is only slight constipation, with deposits in the urine, especially after meals, give the old-fashioned dinner pill:

Pulv. ipecac.	grs. j.
Pulv. capsici.	grs. ss.
Ext. cinchonæ	grs. iij.
Pil al. et myrrh	grs. j.

every day after dinner. It will be found very efficacious. If this dinner pill does not act sufficiently, give the morning laxative twice or thrice a week, so long as the bowels require it. Then as to the union of laxatives with tonics, it is well often to combine these two agents. In convalescence, tonics never act genially, if there be not at the same time regular and sufficient action of the bowels; so, add sulphate of magnesia or sulphate of soda to the tonic.—

Mag. sulphat.	grs. xx.
vel sod. sulphat.	℥ j.
Quin. sulph.	grs. j.
Ac. phos., dil.	m. xv.
Inf. gentian	ʒ j.

Ter in die before meals, and ten minims of dialyzed iron after dinner, daily, will usually give good results; or,

Mag. sulphat.	℥ j.
Tinct. fer. mur.	m. x.
Liq. strychniae	m. iv.
Morphiae sulphatis	gr. ss.
Inf. quass.	ʒ j.

Ter in die: forms a less expensive tonic, of much utility.

But in this use of laxatives, with occasional mercurials, avoid the pitfall of letting the patient eat with unlicensed abandon.

Now, in conclusion, let me tell the student to strive to see what are the indications for treatment what in this case, calls most imperiously for attention. He is taught too exclusively, at present, to look at disease from a deadhouse point of view. To make a diagnosis which would be corroborated in the deadhouse in the great matter! Yes, so it is at a medical school; but in practice for yourself, remember that a living, grateful patient, who has got well under your care, is worth far, far more to you than any amount of accurate diagnosis—which, so far as other persons and their opinions are concerned, is as voiceless to further your interests as the tombstones in the churchyard which mark your failures.—*Indian Med. Jour.*

The British Gynæcological Society numbered four hundred before the close of its first year.

HAMAMELIS IN VARICOSE VEINS.

BY B. F. NICHOLLS, M. D.

In April, 1883, I read in the *Philadelphia Medical Times*, No. 402, an article by Dr. J. H. Musser on "The Treatment of Varicose Veins with Hamamelis." A few days after I read this article, Mrs. W., a married woman, age 35, called at my office on account of swelling and varicose veins of the left leg. On examination, I found the left leg considerably swollen, with here and there large dark spots, which on pressure were quite soft and somewhat tender. These spots were as large as eggs, and situated on the inner aspect of the calf. The right leg was all right. Mrs. W. was three and a half months pregnant with her fourth child. She had always experienced trouble with the veins of her left leg while pregnant, beginning about the third month of pregnancy, and continuing till delivery. In her former pregnancies her leg had been treated by bandaging, which afforded some relief, but her distress was so great that at times she was compelled to seek relief by lying down. I concluded to try the hamamelis and ordered her to take one teaspoonful ext. hamamelis four times a day in a wineglassful of water. She began to improve at once, and continued to take the drug till delivered. Her leg gave her no trouble, the swelling and varicose veins disappearing altogether. Mrs. W. is again pregnant, and the varicose veins appeared again at the usual time. She is now taking hamamelis with success.

The second case is a young colored man, age 30; has had varicose veins for two years. He got some relief from bandaging, but relief was only temporary. Last November he came to my office with a ruptured vein, considerable oozing of blood. Put on a compress and ordered hamamelis, teaspoonful every three hours. Saw him next day, took off compress, no bleeding. Continued hamamelis. Did not see him again for two months, when he reported at my office well. Have seen him several times since, and he has no return of his varicose veins.

The third case was a woman, age 50 years; was a washerwoman; had had varicose veins for a long time; did not remember when they first came; was treated by adhesive strips and bandage, but always returned after the bandages were left off for a short time. I gave her hamamelis, two teaspoonfuls three times a day in water. She got entirely well in two months, and has remained so ever since.

The fourth case, a woman, age 47 years, sent for me May 10, 1883. I found her sitting in a chair, bent forward till her face was between her knees, her hands clasped firmly together, her legs stuck out in front, covered with wet cloths. I do not think I ever saw in my life such a picture of utter hopelessness as this patient. When I approached her, she looked up, and in the most piteous voice exclaimed, "For God's sake, can you do anything for me?" On examining her legs, I found the cause of all her troubles: both legs were a mass of ulcers from the knees to the ankles. From the ulcers was oozing a clear fluid, which soon turned the cloths black. Situated a little behind the knee were several bunches of varicose veins. I thought I had found the original trouble. On inquiry, she said at first, some five years ago, her leg was full of large veins and considerably swelled, and the ulcers came afterwards. I put her on extract of hamamelis, a teaspoonful every three hours, and told her to keep cloths wet with hamamelis applied to the leg. She recovered in two months and all she has left to remind her of her former trouble is considerable discoloration on the anterior aspect of her legs. She walks all about the city, experiencing no trouble whatever.

In conclusion, I would say that I consider hamamelis almost a specific in varicose veins from almost any cause. I did not find it disagree in any way with my patients. It is not at all unpleasant to the taste.—*Philadelphia Medical Times.*

PERMANGANATE OF POTASSIUM IN AMENORRHŒA.

Dr. Billington recently read a paper in which he first showed the importance of the subject by a reference to the sixty-nine cases reported by Ringer and Murrell, and quoted their conclusions regarding the class of cases in which the drug was useful. Since Ringer and Murrell's article appeared, the remedy had been employed by many other physicians, both abroad and in America, and the results had been tolerably uniform. The author's experience had been limited to four cases, but these, taken in connection with those reported by Ringer and other authors, possessed some significance. In the first case the patient was eighteen years old, chlorotic, and suffering from malarial poisoning. For the nine months that she was under observation she menstruated only once, and then just after the administration of permanganate of potassium. She positively refused, however, to continue the medicine, because of the gastric disturbance which it caused. The second case was that of a girl of seventeen, who had menstruated regularly until a certain exposure to the rain, when the flow became scanty and almost colorless; her health then declined, and she suffered from headache, coldness of the extremities, pallor, etc. Besides other remedies, she was given permanganate of potassium in two-grain capsules, three times a day, but they were discontinued for a time on ac-

count of gastric irritability. Before the next period, the condition of the stomach having been improved, she was able to resume the capsules, when she menstruated normally, and rapidly regained perfect health. The third case was that of a girl about eighteen, who had menstruated regularly, but, without known cause, had ceased to menstruate, and became chlorotic and feeble. Other remedies having failed to restore the menses, permanganate of potassium succeeded. On one or two occasions, however, while the remedy was being continued, a period passed without any flow, probably because such large doses were not given as were said to be necessary in some cases. In the fourth case the patient, who was sixteen years old, had begun to menstruate a year before. The flow had appeared only four or five times, and she had palpitation and shortness of breath. She began with two-grain capsules of permanganate of potassium three times a day, and during the night of the first day, when she had taken three capsules, the flow came on. This patient also complained, after taking the medicine, of an unnatural sensation under the upper part of the sternum.

With regard to the manner in which the remedy acted, different views were held. The author agreed with those who did not believe the beneficial effect was due to its improving the blood and anæmic state; some patients so benefited were not anæmic, but, on the contrary, were plethoric. There were also conflicting views as to whether permanganate of potassium or other forms of manganese acted as general blood restoratives. Ringer denied it; others held an affirmative view. Regarding the question whether binoxide of manganese was equally efficient as an emmenagogue as permanganate of potassium, the published testimony was not abundant, but Ringer and Murrell thought it was, while Dr. T. Gaillard Thomas considered it equally efficient and much better tolerated by the stomach.

Regarding the method of administration, it had been seen that permanganate of potassium often produced severe gastric disturbance, and some preparations were more likely to produce this result than others. The author preferred to give it in capsules. Its use should be begun a week before the expected menstruation, and, if it acted favorably, might be continued during the interval, or be suspended and resumed at a corresponding period the next month.—*N. Y. Med. Jour.*

NEW PROCEDURE FOR REMOVAL OF SMALL CALCULI, Thomas Annandale, F.R.C.S. Ed,—Although lateral lithotomy is a most successful operation in male children, it must, I think, be acknowledged that in the case of small calculi, this operation is a severe one, considering the small size of the irritating body to be removed. Erichsen remarks, "Very many boys are cut for stone every year, and recover; but I scarcely recollect to have met with a middle-aged adult who had been operated on in childhood." Case—A boy, aged $4\frac{1}{2}$, stone in the bladder which had existed for about a year. The usual symptoms were present and well marked, and, upon sounding him, I detected a small and light stone. Dec. 10, under chloroform; dilated his urethra, by passing Nos. 6, 7, 8 and 9 silver catheters in succession. The first three passed readily, but No. 9 was slightly grasped in its passage. Before removing this last catheter, four ounces of antiseptic fluid (corrosive sublimate 1 to 4000) were injected through it into the bladder. This catheter being withdrawn, a small lithotrite, having a diameter about equal to a No. 8 bougie, was introduced along the urethra into the bladder. After a little careful manipulation, the stone was seized, and fixed between the blades. It was then found that, by depressing the handle of the lithotrite, its vesical extremity, together with the stone, could be readily felt through the abdominal wall immediately above the pubes. The lithotrite being held in this position, a small incision, an inch in length, was made in the middle line of the abdominal wall over the pubes, and for a short distance above it. The various tissues were divided, until the wall of the bladder was exposed at the point against which the blades of the lithotrite and the enclosed stone were pressing. A little further depression of the handle of the lithotrite caused the extremity of its blades covered by the stretched wall of the bladder to protrude through the wound in the abdominal wall; and a small incision having been made through the wall of the bladder by cutting upon the extremity of the lithotrite, the blades of the lithotrite, together with the stone, were pushed through the wound. The stone was here extracted from between the blades of the lithotrite; and the open extremity of a No. 7 India-rubber catheter was seized, and drawn into the bladder and along the urethra as the lithotrite was removed, thus leaving a drain for the urine to escape from the bladder. The wound in the abdominal wall was closed by means of two horse-hair stitches, and a drainage-tube introduced into it so as to aid the escape of any urine which might flow from the bladder-wound. Irrigation with corrosive sublimate solution (1 to 2000) was employed, with a dressing of corrosive sublimate wool. The stone removed was about the size of a horse-bean, of uric acid formation. For the first 36 hours the urine was slightly tinged with blood, passed principally by the abdominal wound: but, after this, it flowed through the catheter, which had been secured in the bladder. Forty-eight hours after operation both drainage-tube and catheter were removed, the patient not having had the slightest bad symptom. For 12 hours after the

removal of the drainage tube and catheter, the urine came by the abdominal wound; but, after this, it passed almost entirely by the urethra, and the patient was running about the ward, perfectly well, on the tenth day after the operation. It may be said that this is simply a suprapubic lithotomy, and so it is, but I maintain that it is a much less serious proceeding than the ordinary suprapubic operation, as the bladder is scarcely disturbed, and the wound made in it is very limited. Its advantages over lateral lithotomy are:—1. That the urethra, prostate, and neck of the bladder are left uninjured; 2. That it is a much more simple proceeding, and does away with the principal risks which have occasionally been encountered in performing the operation on children. It requires a little manipulative dexterity to seize the small stone, but not more than a surgeon should possess. In certain cases the same principle might be carried out, by bringing the stone to the neck of the bladder, opening the prostatic part of the urethra, and thrusting the blades of the lithotrite and contained stone into the perineal wound; but in the case of children there can, I think, be no doubt that the suprapubic method is preferable. *Brit. Med. Jour.*, Jan. 2.

THE MANAGEMENT OF PLACENTA PRÆVIA. At the close of an interesting paper on this subject, Dr. Malcom McLean, of New York, offers the following rules in dealing with placenta prævia:

First. In any case avoid the application of all chemical styptics, which only clog the vagina with inert coagula, and do not prevent hæmorrhage. At the very first, the patient should be put in a state of absolute rest—body and mind—and a mild opiate is often desirable at this stage to quiet the irritation.

Second. Inasmuch as the dangers from *hæmorrhage* are greater than all else to both mother and child, at the earliest moment preparations should be made to *induce* premature labor, and labor being once started, the case should be closely watched to its termination by the accoucheur.

Third. In primiparæ, the mothers with rigid tissues, the *vagina* should be well distended by either the colpeurynter or tampon, as an adjuvant to the cervical dilatation.

Fourth. In the *majority* of cases generally, and in all cases especially where there is reason to believe that rapid delivery may be required, it is more safe to rely upon the *thorough continuous* hydrostatic pressure of a Barnes' dilator than pressure by the fœtal parts.

Fifth. Where the implantation is only lateral or partial, and where there is no object in hurrying the labor, bipolar version, drawing down a foot, and leaving one thigh to occlude and dilate the os, may be practised according to the method of Braxton Hicks, except in cases where the head presents well at the os, when

Sixth, the membranes should be ruptured, the waters evacuated, and the head encouraged to engage in the cervico-vaginal canal.

Seventh. In the majority of cases, podalic version is to be preferred to application of the forceps within the os.

Eighth. In some cases, in the absence of sufficient assistance or the necessary instrument, the complete vaginal tampon, in part or wholly of cotton, may be applied and left *in situ* until (within a reasonable time) it is dislodged by uterine contractions and the voluntary efforts of the mother. In case of favorable presentation—occiput or breech—the tampon will not materially obstruct the descent of the child, and in some cases the tampon, placenta, and child will be expelled rapidly and safely without artificial assistance.

Ninth. The dangers of septic infection by means of the tampon or Indian-rubber dilators are so slight, if properly used, as not to be considered as seriously impairing their great value.

Tenth. Whenever it is possible, dilatation and delivery ought to be *deliberately* accomplished, in order to avoid maternal lacerations.

Finally. As cases of placenta prævia offer special dangers from post-partum hæmorrhages, septicemia, etc., the greatest care must be exercised in every detail of operation and nursing, to avoid conveying septic material to the system of the mother.

Absolute cleanliness rather than chemical substitutes for that virtue, should be our constant companion in the practice of the obstetric art.—*American Journal of Obstetrics*, March, 1886.

VIBURNUM PRUNIFOLIUM IN ABORTION.—Dr. W. Macfie Campbell, of Liverpool says; Since the publication of Dr. Wilson's paper in the *Liverpool Medico-Chirurgical Journal* of January, 1885, I have had the opportunity of testing the use of viburnum prunifolium, so much vaunted in America, in several cases of threatened miscarriage, and I can entirely endorse the good opinion he has formed of it. Nothing, probably, in midwifery is more disappointing than the ordinary routine-treatment of miscarriage by opium or Indian hemp on the one hand, or ergot on the other. For these drugs as often act in the way contrary to the prescriber's intention as in accordance with it. How often has a dose of Battley's solution, administered to arrest uterine action, and give rest and ease from pains, been followed by immediate and severe expulsive pains, while the attempt to empty the uterus by a dose of ergot has resulted in a perfect calm, and a disappearance of symptoms.

It is a comfort thus to have some hope of success in dealing with such a condition as miscar-

riage; and although I have so far only the notes of six cases, of which five were successful, yet, these five being consecutive, and the effect exactly following the administration of the remedy, I have no hesitation in my own mind in giving the credit to the viburnum. The case of failure was my first.

Case 1.—Mrs. B., two months pregnant, had discharge of blood, with uterine action. She was treated in usual manner, with opium and rest for two days, when extract of viburnum, in two grain doses, three times a day, was ordered. There seemed no effect upon the pains, the os continued to dilate, and the uterus was soon empty. Perhaps the dose was too small; at any rate, I had lost two days, which I take to be the reason of the failure.

Case 2.—Mrs. H., pregnant for the seventh time, two months and a half, was awakened by a gush of water early one morning, followed by a bloody discharge. On examination, the os was soft and dilatable. She was kept in bed, and given at once three grains of extract of viburnum every four hours. There was no return of bright blood, and the discharge gradually ceased. The relief of the pain after the first dose was in this case very marked.

Case 3.—Mrs. B., in her sixth pregnancy, one night during the fifth month was awakened by the "breaking of the waters," the escape being sufficient to saturate her night-dress and bedclothes. This was followed by pains. I saw her in the early forenoon, and gave three grains of the extract three times a day, and there was no further symptoms.

Case 4.—Mrs. G., in the fifth month of her second pregnancy, had a bloody discharge, with uterine pains. The same dose was used, with the same good result.

Case 5.—Mrs. W., in the second month of her sixth pregnancy, had already two miscarriages. Two grains of extract of viburnum, three times a day, gave relief, as also a month afterwards, when the same threatening symptoms appeared.

Case 6.—Mrs. S., first pregnancy, fourth month. This case was particularly interesting from the fact that miscarriage had been imminent in her case at each monthly period. The first and second attacks occurred in America, when she was given viburnum, and her medical man provided her with a large store of the liquid extract, which he told her was unknown in England. She had an attack at sea, and in due time in Liverpool, and was pleased to discover that the drug could be taken in pill, and was equally efficacious, as the liquid extract is very nauseous. While I was from home she had another attack, in which she was attended by Dr. Westby, who considers she was only saved from miscarriage by the viburnum. During this attack, she took her pills five and six times a day; in fact, her faith was such, that she would have taken too many. Bromide of potassium was also given to allay nervous excitement.

Two other cases turned up during my absence, both of which completed their miscarriage; and I cannot help feeling that, if they had been treated with viburnum, the result would have been different. One sent for Dr. Westby on the third day; the other was treated by another doctor with opium and morphia hypodermically.

It does not do to build too much on the result of these few cases; but I have been so constantly foiled in my endeavors heretofore to prevent miscarriage, that I hope to have found in viburnum the sure arrester of uterine action, which we certainly at present do not possess.

As recommended by Dr. Wilson, I prescribe the solid extract prepared from the liquid extract.—*British Medical Journal, February 27, 1886.*

DIAGNOSTIC VALUE OF THE WHITE STREAK IN SCARLATINA.—This phenomenon, which can be produced by rubbing a soft body upon the skin which is affected with the scarlatinal eruption, is considered by the author an important diagnostic sign of scarlatina which has hitherto been overlooked. When in the normal condition one draws a line upon the skin with a smooth surface, as the rounded extremity of a pencil, and uses moderate pressure, there may be observed at the points touched a white line which lasts for some time. This paleness is due to the moderate excitation of the vasomotor nerves and the contraction of the small vessels which follows it. If the pressure has been very strong, in place of a white line a red line bordered by two white ones is produced. The excitation in this case has paralyzed, temporarily, the small vessels in place of contracting them while in the area which is contiguous where the pressure has been less strong the excitation has led only to constriction of the vessels. In certain diseases the effects which are obtained by this procedure vary greatly. Trousseau, for example, has shown that in patients suffering from meningitis a red line is produced by pressure with the greatest ease, and this has been called the meningitic line. It may also be produced in all the diseases which lead to perturbation of function in the nervous system. Thus, it may be produced in many cases of typhoid fever, in erysipelas, variola, rubeola, and the diphtheritic eruptions. But it is not the same in appearance in scarlatina during the entire period of the eruption. In place of getting the red meningitic line, a pale, rather persistent line is produced, which extends plainly to the bottom of the eruption. This fact was long ago noticed by Bouchut, and was considered a valuable sign as a means of diagnosis, both in children and adults. It is not equally prominent and distinct at all periods of the eruption, Velpeau having observed that it is not produced when the

efflorescence of scarlatina is at its highest degree of development. In the diphtheritic, eruption, which resembles that of scarlatina accompanied with angina, the excitation of the skin produces a red line and not the white one of scarlatina. This sign is especially valuable in those cases of measles in which the eruption closely resembles that of scarlatina. The same is true in variola, in which other differential signs are often absent. It must be borne in mind that the important feature in making this test is that the white line appears upon the surface which is covered by the eruption. —*Archives of Pediatrics.*

MEDICAL NOTES. *For Sore Nipples.*

℞. Zinci sulphatis . . . . . gr. xv.
Acidi lactici . . . . . gr. xij.
Glycerini . . . . . ʒ ij.
Amyli . . . . . ʒ iij. M.

Sig.—Apply with a camel's hair brush between nursings, taking care to wash off before putting child to breast.—*Medical Monthly.*

For Whooping-cough.

Rothe (Memorabilien) recommends the following after an experience of fifteen years in its use:

℞. Acidi. carbolici,
Spts. vini rectif. . . . *aa* ♏ viiss.
Tr. iodini . . . . . gtt. v.
Aq. menth. pip. . . . . ʒ iss.
Tr. belladonnæ . . . . . ♏ xv
Syr. diacodii . . . . . ʒ ijss. M.

Sig.—A teaspoonful every two hours.—*N. Y. Med. Journal.*

For Gastro-Intestinal Atony.

Nouveaux Remedes gives the following formula for this condition:

℞. Tr. nucis vomicæ . . . . ʒ ij.
Ext. rhamnus pursh. fluidi . ʒ ijss.
Syrup.
Aq. lauro-cerasi . . . . *aa* ʒ ij.
Aq. dest. . . . . ʒ j. M.

Sig.—Three or four teaspoonfuls a day.

For Cystitis.

℞. Tr. elaterii . . . . ʒ i to ʒ ij.
Ext. belladonnæ fl. . . gtt xv to gtt xxx.
Aquam q. s. . . . . ad ʒ iv. M.

Sig.—A teaspoonful every two or three hours.

In conjunction with this the patient should drink freely of watermelon seed or slippery-elm bark tea. Dr. Floyd Clendenen, in *Therap. Gazette.*

Colic Mixture for Children.

℞. Sodii bromidi . . . . . ℈ iv.
Ol. anisi . . . . . gtt. ij
Tr. opii camph. . . . . gtt. xxxij.
Aquam q. s. . . . . ad ʒ ij. M.

Sig.—Shake and give a teaspoonful every hour as required.—*Indiana Pharmacist.*

VICARIOUS GENEROSITY.—"A lady of quality," a peeress to wit, sent her butler to a well-known physician, a man who, were we at liberty to mention his name, would be generally recognised as one of the busiest men in London, with the request that the patient might be examined and prescribed for, gratuitously, of course. "My good man," said the physician, "as you are my lady's butler, you are not a suitable person to be treated at the hospital where I see poor patients for nothing; in my own consulting room, my time is too valuable; here is a guinea, go and see my junior colleague, Dr. ——; he is not so busy as I am, and will be able to advise you for that fee." Her ladyship, it is interesting and instructive to learn, repaid the guinea next morning The moral is plain. The profession as a whole does so much charitable work, that many people seem to expect that every member is to give his time and labor at any time and any place, and to any extent which may be most convenient to the patient or his friends. Quite a large enough proportion of the people who go to hospitals have no right to gratuitous advice, and it is asking rather too much of even the most patient and long-suffering to expect that a still more well-to-do class, too fastidious to go to hospitals, should be allowed to invade private consulting-rooms during the morning hours, which are dedicated to remunerative labor. No other profession has such claims made on it. If the butler had been in some legal difficulty, would the family lawyer have been expected to advise him gratis? We trow not.—*Br. Med. Jour.*

AN EASY METHOD OF INHALING MEDICATED VAPORS.—Arthur Hill Hassall, M.D., in the *Lancet*, January 30th, describes a simple form of inhaling apparatus. He takes a glass vessel in the shape of a cylinder two inches in diameter, and nine inches in height. This he fills about half-full of the medicated fluid (he takes, for example, a ten per cent. solution of carbolic acid). The top of the vessel is then closed by a tight-fitting cork, through which pass four glass tubes. The larger tube is the one used for direct inhalation and just penetrates the cork. The three smaller tubes pass to the bottom of the vessel. Now, when air is inhaled from the upper half of the vessel by means of the large tube fresh air passes in through the small tubes and while bubbling up through the fluid becomes saturated with the medicine. The amount of medicine inhaled will be governed by

(a) the dryness of the air entering through the small tubes, (b) the strength and volatility of the medicated solution, and (c) the temperature of the fluid in the vessel. Three small tubes are chosen in preference to one large one for the admission of air, because they will better distribute the air bubbles, and thus bring the air in contact with a greater surface of the fluid. The air can easily be dried before it enters the small tubes by passing it through a chamber of dried chloride of lime.—*Med. and Dent. Jour.*

REMEDIES FOR SEA-SICKNESS.—A physician who has had experience at sea says, in the London *Chemist and Druggist:* "After putting out to sea, one of our first troubles is, of course, sea-sickness; and the young surgeon, perchance himself a victim, will frequently be at his wits' end to know how to combat the many forms sea-sickness assumes. The only weapons the Board of Trade supply to meet this foe of landlubbers are chloroform and ether. We have generally found that 10 minims of chloroform in ½ ounce of brandy will both prevent and cure this cruel tax which Neptune imposes. Ether seems to act better during a paroxysm in ½ drachm doses given in brandy, or as Hoffman's anodyne. Apomorphia in doses of $\frac{1}{32}$ of a grain every half-hour cured the writer during a heavy sea in the Bay of Biscay, and any emetic taken in small doses frequently and perseveringly will bring relief. But our sheet-anchors are the bromides, which, unfortunately, are not included in the official medical list. A little of both the bromides of ammonium and potassium is often obtained before sailing. In cases of extreme nervousness and debility with sea-sickness, 20 grains of potassium bromide with 20 minims of chloric ether and a little sal-volatile, forms a good draught every three or four hours until relieved, keeping the patient quiet and recumbent."

DUMMY PATIENTS.—A writer in an English paper says: "Apropos of doctors, here is a true story: The other day I met a poor fellow and his wife who had been supers at the Adelphi, but who had been compelled to give up, owing to bad health. They were both elegantly dressed: and I expressed my surprise, as I had heard they were in needy circumstances. I congratulated them on the evident gain of wealth which had compensated the loss of health. 'Oh, sir,' said the man, 'these are not our own clothes: they are lent to us by Dr. ——.' —'Lent to you by Dr. ——!' I exclaimed. 'What for?'—'Why, you see, sir, we are supering for him, and he finds the dresses.'—'Does he run a theatre, then?' I asked. 'Lor,' no, sir!' was the reply. 'Me and my wife, and some of the most respectable-looking of the out-patients at —— Hospital, has a shilling to go and sit in his receiving-room for two hours a day. We're what they call dummy patients.' I 'tumbled' in a moment. The doctor was young, and anxious to have a reputation for a wide practice. Patients calling found his rooms crowded, and gathered from the fact that he had a widespread reputation."

TREATMENT OF PHTHISIS BY SUBCUTANEOUS ADMINISTRATION OF CARBOLIC ACID.—Dr. Filleau, of Paris, reports that he has derived excellent results by the employment of carbolic acid hypodermically in the treatment of phthisis pulmonalis.

Being a firm believer in the parasitic origin of phthisis, he searched for an antiseptic or germicide which could be injected into the blood without harm to the patient. Iodoform was tried, and failed. But chemically pure carbolic acid seemed to answer all requirements. It is easily miscible with water, can be injected without pain, and never causes abscess or phlegmosis. Moreover, it has been demonstrated by Paul Bert that carbolic acid is eliminated by the lungs as well as by the kidneys, thus reaching the favorite seat of the bacilli, and acting like an antiseptic lotion. It was further observed that the bacillus tuberculosis was quickly destroyed by very weak solutions of this antiseptic.

The formula for the preparation of Dr. Filleau's solution is:

℞ Acid, carbolic, c. p., . 1 pt.
Glycerini puri, . . . 4 pts.
Aq. destillat. . . . 94 pts. M.

SIG.—100 minims once a day, or every other day, according to the case.

The carbolic acid must be perfectly pure. That having a rose color should be employed. The treatment should be continued persistently unless symptoms of intoxication appear, in which case the medication should be dropped.

Dr. Filleau has employed this treatment with very satisfactory results for two years. Several of his patients have been exhibited at the hospital Cochin to the profession. He summarizes his theory and treatment as follows:

1. The parasitic origin of tuberculosis being admitted, carbolic acid, c. p., must be considered the best antiseptic to be employed in the treatment of tubercular diseases.

2. Carbolic acid is the only germicide which can be administered subcutaneously for a long time without danger.

3. The safety and toleration of carbolic acid given hypodermically have been thoroughly demonstrated.

4. By means of this treatment, the general condition of the patient is rapidly improved, and the local lesions are favorably modified.

5. The treatment in every case should be persistently carried out.—*Buffalo Med. & Surg. Jour.*

HYDRASTIS IN THE TREATMENT OF GRANULATED EYE-LIDS.—Miss W—— called at my office December 3d. Said she had been afflicted with sore eyes—granulated lids—for some time, and that she had been treated by Dr. M——. allopath, for three months and had received no benefit, in fact, became worse. And that her friends had advised her to try the new doctor.

I concluded that Dr. M—— had exhausted the cut-and-dried routine of treatment, and that in order to succeed I would have to resort to something out of the usual line.

Knowing the beneficial influence of hydrastis on the mucous membrane as an astringent, I concluded to give it a trial. I used the specific tincture, full strength; one drop applied morning and evening with an ordinary dropper. On the evening of the second day the inflammation was considerably reduced and a general improvement was noticeable. In fact she stated (to use her own words), "I believe, doctor, they are about well."

I then gave her the necessary instructions to continue the treatment at home. That was the last I saw of my patient (likewise my fee). But meeting a friend of hers on December 10th, I inquired after my patient, and was somewhat surprised to learn that she was entirely well, and that she had gone to work (dressmaking).

The above treatment may not be new to some: however, I do not remember having seen any reports of the use of hydrastis in the above disease. —Dr. F. P. Mitchell, in the *Cal. Med. Journal.*

WHITE OF EGG IN OBSTINATE DIARRHŒA.—From the *Allg. Med. Cent.-Zeit.* we learn that Celli has recently called attention to the curative properties of the albumen of hen's eggs in severe diarrhœal affections. In a discussion before a medical society at Rome, he advocated its use, and related two cases of chronic enteritis and diarrhœa which, having resisted all treatment, speedily made complete recoveries under the use of egg-albumen. The same diet is strongly recommended in the diarrhœa accompanying febrile cachexia and in that of phthisis. In two cases of diarrhœa dependent upon tertiary syphilis, it was found of no avail. On post-mortem examination, diffuse amyloid degeneration of the arterioles of the villi was found in these cases. The whites of eight or ten eggs are beaten up and made into an emulsion with a pint of water This is to be taken in divided quantities during the day. More may be given if desired. The insipid taste can be improved with lemon, anise, or sugar. In case of colic, a few drops of tincture of opium may be added.—*The Epitome.*

TREATMENT OF TYPHOID FEVER.—Dr. W. B. Reynolds, gives the following in the *Medical World*:

Just as soon as I *suspect* a patient to have typhoid fever, I immediately order him to bed and put him on a diet consisting of milk, soft-boiled eggs and beef tea, or animal broths. I consider the early putting to bed of the utmost importance, and I particularly insist that the patient must maintain the recumbent position until convalescence is well advanced. Absolute rest of both mind and body, with perfect quiet, is strictly enforced. For the distressing headache, generally present in the beginning of the disease, I usually afford relief with the following: R. Quiniæ valer. gr. ij.; ext. belladonnæ, gr. ¼; ext. aconiti, gr. 1-6. M.—Put in one capsule.—Sig. One every three or four hours.

MILK-DIET IN CHRONIC NEPHRITIS.—In view of the fact that milk-diet had been emphatically recommended by many observers, Dr. Trubatcheff undertook a series of comparative observations on four patients with chronic nephritis (three with the parenchymatous, one with the interstitial form), each of whom received ordinary hospital diet during one period, and either mixed or pure milk-diet during a subsequent period of equal duration. The results are as follows: 1. An exclusive milk-diet invariably led to a marked increase of the daily and percentage amount of albumen in the urine. 2. The patient's weight fell considerably, without any marked change in his dropsical state. 3. A mixed milk-diet also led, in the majority of cases, to an increase in the daily and percentage amount of albumen excreted. 4. Neither pure nor mixed milk-diet produced any marked increase in the amount of urine. The author is now studying the assimilation of protein by nephritic patients receiving milk-diet, which study will enable him to settle the question of the treatment.—*London Medical Record.*

THE TONGUE IN DISEASE.—A white-coated tongue indicates febrile disturbance. A brown moist tongue, disordered digestion or over-loaded primæ viæ. A brown dry tongue depressed vitality, as in typhoid conditions and blood poisoning. A red moist tongue, debility, as from exhausting discharges. A red dry tongue, pyrexia, or any inflammatory fever. A "strawberry" tongue with prominent papillæ, scarlet fever or rotheln. A red glazed tongue, debility, with want of assimilative power of digestion. A tremulous flabby tongue, delirium tremens. Hesitancy in protruding the tongue, concussion of the brain. Protrusion at one side, paralysis of the muscles of that side. A bluish glazed tongue with cracks or loss of epithelium, tertiary syphilis. A white patch on the tongue, psoriasis linguæ. Thickened epithelium of the tongue, ichthyosis, which frequently leads to epithelioma. Chronic ulceration of the tongue,

decayed teeth, tertiary syphilis or epithelioma.—*Med. World.*

ARTIFICIAL RESPIRATION IN SUNSTROKE.—A medical man writes to one of our English exchanges that he treated a case of sunstroke, in the end of March, by employing artificial respiration (Silvester's method), when, after the usual treatment was employed, he could not detect the least sign of breathing, though the heart was acting strong and well at first. The patient regained consciousness in about ten minutes and recovered.

The success of the mode of treatment employed in this case throws a light on the pathology of the state of the lungs seen in some cases of death from sunstroke.

In a case of passive congestion of the lungs in enteric fever, he caused the patient to inspire deeply six or eight times every half-hour for several days, and also attended to the posture of the patient; the result was recovery.—*Med. and Surg. Reporter.*

ACUTE PLEURISY.—Professor Da Costa often orders—

Tinct. aconiti rad.	min. xxx.
Potassii acetatis	ʒ ss.
Liq. potassii citratis	℥ ij.
Syrup. tolu.	ʒ j.

M. Sig.—Two teaspoonfuls every three hours.

In chronic pleurisy Prof. Da Costa has obtained excellent results from—

Potassii iodidi.	ʒ ij.
Tinct. digitalis	ʒ ij.
Tinct. opii camph.	ʒ iss.
Aquæ	℥ ss.

M. Sig.—One teaspoonful four times a day.—*Med. Bul.*

CALOMEL AS A DIURETIC.—The action of calomel in causing diuresis in morbid conditions with dropsy is not generally recognized. In health, indeed, it may be said that the drug has no such action. Dr. Jendrassic has found in cases of cardiac dropsy that calomel in appropriate doses causes well-marked diuresis, a "sort of diabetes insipidus," by which the results of want of cardiac compensation, dropsy and œdema, are dissipated. The effect comes on within twenty-four hours, one and a half grains of the drug being given three to five times a day. No diarrhœa is usually produced; but in some cases it had to be prevented by the administration of laudanum. Salivation and stomatitis were obviated by the prescription of a chlorate of potash gargle from the first. The result in all cases in which the treatment was adopted was beneficial, no unfavorable depressing symptoms being noticed.—*Brit. Med. Jour. Feb. 13.*

RULES FOR PREVENTING THE PROPAGATION OF TUBERCULOSIS.—The Council of Hygiene of the Department of the Seine has just adopted and published the following series of instructions:

"The most active agent in the transmission of tuberculosis exists in the sputa, which should, therefore, never be deposited on the floor or on the linen, where it may be converted into a dangerous power

"The patients in question must be instructed to expectorate in vessels containing sawdust; the contents of these vessels must be daily thrown into the fire, and the vessels themselves washed in boiling water at least once daily.

"The furnished apartment of a phthisical patient, especially in case of his decease, must be completely disinfected, together with all bedding, and the clothing of such a patient must not be used until it has been subjected to the action of steam."—*Gaz. Méd. de Paris.*

TREATMENT OF VASCULAR TUMORS,—Dr Floriani has successfully employed the following mixture in six cases of telangiectatic tumors:

Mercuric bichloride . .	3 parts.
Collodion	20 parts.

The liquid is applied with a fine brush to the seat of the tumor, four coats being thus superimposed, and care being taken each is thoroughly dry before the next is applied. A crust is shed in four days and the fluid again applied as before, until the tumor has disappeared. This treatment is described as absolutely painless; and the resultant pink discoloration soon disappears. It is applicable only to flat swellings — *i. e.*, those not much more than a line in thickness.—*Gaz. Hebd. de Montpellier.*

BROWN-SEQUARD'S MIXTURE FOR EPILEPSY:

Iodide of potassium, . . .	8 parts
Bromide of potassium, . .	8 parts.
Bromide of ammonium, .	4 parts.
Bicarbonate of potassium, .	5 parts.
Infusion of calumba, . . .	360 parts.

Dissolve. A teaspoonful before each of the three principal meals, and three dessertspoonfuls on going to bed. The solution should be given diluted in cases of idiopathic epilepsy.

If the pulse of the patient be feeble, the potassium bicarbonate is replaced by ammonium carbonate, while for the 360 parts of infusion of calumba there are substituted 90 parts tinctnre of calumba and 270 parts of distilled water.—*L'Union Médicale.*

CHRONIC ENLARGEMENT OF TONSILS.—In answer to Dr. Gaff's inquiry in regard to hypodermic injections in the above named condition: Dr. Beresford, in the October number of the *Medical Ad-*

vocate, says: "By the use of a strong solution of tannic acid injected two or three times a week, with the daily use of a gargle of the same, the knife need never be resorted to." I have used the above treatment in the case of a young man, æt. about twenty years, with good success. I make an application of muriate cocaine before inserting the needle, and used the injection every three days.—*Cal. Med. Journal.*

CARBOLIC ENEMATA in TYPHUS FEVER.—The results which had been obtained from carbolic enemata in typhoid fever by Desplats, Van Oye, and Romanet, induced Dr. A. P. Solonoff, of the Irkutsk Military Hospital, to try the same plan in six cases of typhus fever (*Proceedings of the Eastern Siberian [Irkutsk] Medical Society*, 1885, p. 92). The treatment commenced from the third, fourth, sixth, seventh, and eighth days of the disease, and consisted in the administration of two enemata, at intervals of two hours daily; each enema being made of two ounces of a 1 per cent. solution of carbolic acid (that is, containing 10 grains of the acid). The results, as drawn from observation of the action of fifty enemata, are these: 1. Carbolic enemata, made of two ounces of a 1 per cent. solution, do not produce any tenesmus, the whole amount being absorbed by the rectal mucous membrane. 2. They invariably bring about a depression of the febrile temperature, amounting from 0·2° up to 1° C. [The author never saw any considerable falls, such as 2° or 3° C., which had been noted by Desplats and Romanet.] 3. The decrease begins in about fifteen minutes after the injection, and lasts two hours, or even longer. 4. The depression caused by an enema may be kept at a given level by administering a second enema two hours later. 5. The antipyretic effects of simple cold water enema (1½ pounds) are equal to, or even surpass, those of the carbolic injections; but the former are sometimes soon ejected by the rectum, and then, naturally, do not produce the action desired; moreover, in some cases they cause, after a temporary fall, a considerable elevation of the temperature. 6. In view of their technical simplicity and cheapness, carbolic enemata deserve a preference to the quinine treatment; the latter drug, in small doses, is entirely inactive in typhus fever (as well as in typhoid). 7. Carbolic enemata are, as to their antipyretic action, by far inferior to cold and prolonged lukewarm baths, and must be resorted to only when the baths are either impracticable or contra-indicated by the patient's state. 8. No toxic action was observed, though the daily dose of carbolic acid was as large as twenty or even thirty grains.

VICARIOUS MENSTRUATION.—Dr. White relates the particulars of this case in a foreign exchange, occurring in a young girl aged 14, the child of parents in a good position. Commencing as an abrasion of the lower lip which bled freely, when first seen by Dr. White there were five deep fissures, from which blood flowed freely, and which was only arrested by direct pressure. After a time, the bleeding, instead of being more or less constant, became periodic, these discharges corresponding also to the menstrual periods, at which time the discharge was scanty. Examination of the blood showed, Dr. White thought, that it was different from ordinary blood, and strongly resembled menstrual fluid. The girl was seen at different times by a large number of eminent London practitioners, and as many different opinions as to the nature of the affection were expressed; only one suggested that it might have been self-inflicted, and that the patient kept up the irritation. Inherited taint was suspected, but denied. On the supposition of hysteria, a careful watch was made by the friends, but no evidence of self-infliction was detected. Matters reached a grave issue, life appeared in question, and Dr. White removed her to his own house, and, under chloroform, applied nitric acid, to the deep fissures. The result was excellent. A good deal of deformity resulted, which was treated by closing the fissures as a hare-lip would be treated. Dr. White had noticed, since the recovery, that the onset of the menstrual periods was always accompanied by deep flushing of the lip, as if bleeding was threatening to break out again. The girl was of a hysterical nature, and, after the cauterization, suffered from hysterical paraplegia. After the wounds healed, menstruation became properly established. Dr. White discussed the views held by different writers on the subject of vicarious menstruation; and whilst dwelling upon the aspects of the case, pointed it out as belonging to such a class of cases though he felt by no means positive on the subject.—*Compend. of Med. Science.*

PESSARIES.—Dr. Henry K. Leake thus concludes an article on the subject in the *Texas Courier-Record of Medicine* for January:

First, That, whilst there exists great difference of views as to the expediency of using pessaries, the practical gynecologist also is influenced in his opinions by his own individual experience, and will not servilely bow to the authority of those who, perhaps, reject such aids on insufficient grounds.

Second, That the classical pressure symptoms, including weight in the pelvis, sacralgia, bladder and rectal irritation, difficulty and pain on locomotion, dragging pain in hips and lower abdomen, etc., combined or uncombined with systemic effects, are relieved by a skilful adjustment of pessaries, and must be continued to be held as an indication for their employment.

Third, That in all cases of anæmia, neurasthenia, hysteria, presenting themselves, the cause

may be located in some displacement of the pelvic organs, and this point should be determined by immediate examination.

Fourth, That due regard must be had to the natural mobility and normal position of the uterus in the placing of pessaries.

Fifth, That the Hodge pessary and its modifications are the most scientific and rational instruments we possess, and should be used, if possible, to the exclusion of all others.

Sixth, That, contrary to the general view, retroflexion can be redressed and maintained in position by a skilful adjustment of the traction-lever pessary.

Seventh, That pessaries should be fitted and placed with the patient in Sims' position, this being the most favorable for such procedure.

Eighth, That while the evidence thus far has been discouraging as to the curability of uterine displacements by means of pessaries, we must at least acknowledge their powerful aid as palliatives, and we are justified in believing that the future statistics will demonstrate their greater efficacy in tables showing permanent results.—*Compendium of Med. Science.*

TREATMENT OF CARBUNCLE WITHOUT INCISION.—In the course of a paper on this subject before the American Medical Association, by Dr. L. Duncan Bulkley (*Med. News*, 9th May, 1885), the author related the case of a gentleman, aged fifty-six, large and florid, who suffered for several years with eczema of the left foot. He was also diabetic. Following upon this eruption was a large carbuncle. He applied to this tumor, thickly spread on the woolly side of lint, the following ointment :—

℞	Ergotæ fl. ext.	ʒij	
	Zinci oxidi	ʒss	
	Unguenti aq. rosæ	ʒij.	M.

Covering this was cotton-wadding, to prevent blows or injury. He was given sulphide of calcium, ¼ gr. every two hours, and occasionally the following :—

℞	Magnesii sulphat.	ʒiv	
	Ferri sulphat.	ʒj	
	Acidi sulph.	℥iiij	
	Syr. zingiberis	℥j	
	Aquam	ad ʒiij.	M.

S.—Teaspoonful in water through a tube three times daily.

At bedtime Dover's powder was administered to give rest when required. The result of the treatment was cessation of pain, rapid resolution, and a cure, except some induration, in eighteen days. The man continued at his work. The paper was summed up as follows :—(1) Avoid any irritation, as pressure, blows, &c. (2) Avoid warmth and moisture, as in poultices. (3) Avoid incisions. (4) Do not use stimulants. (5) Protect the inflamed parts with the ointment given above. The solid extract of ergot may be used if desired. Spread the ointment at least one-third inch thick. (6) Use sulphide of calcium every two hours for its effect upon suppuration. (7) Employ good nutritious food, and fresh air. (8) A sedative, if desired, and occasionally the laxative and refrigerant tonic as above. The advantages are :—(1) Short time required for recovery. (2) Cessation of pain. (3) No scar. (4) No operation. (5) No detention from business.—*Glasgow Medical Journal.*

THE TREATMENT OF PLEURISY IN THE BELLEVUE HOSPITAL.—Dr. S. Mitchell, of New York, in a recent article states that about 150 cases of pleurisy are treated annually. It is rare to meet with true cases of acute pleurisy, except when they occur in patients while in the hospital. When a case, however, is seen within the first few hours, opium is given, usually as Dover's powder or as Majendie's solution, and hypodermically, which, besides relieving the pain and nervous manifestations, to some extent checks the determination of blood to the pleura. The bowels are opened by salines, and mustard or turpentine applied to the chest The pain caused by the movements of the chest is greatly relieved by strips of adhesive plaster. Tincture of aconite is given in half-minim doses every fifteen minutes for two hours, and afterwards every two hours until the pulse shows signs of becoming feeble. Quinine in doses of ten grains every six hours is given during the first twenty-four hours. When the state of effusion occurs, the patient is made to take freely of a bitartrate of potassium solution as a diuretic, the saline cathartics are continued, and iodine is applied locally. Another form of local application, which is a favorite with some, is the punctuated cauterisation with Paquelin's cautery every other day. Tonics are given and continued into the third stage, the following formula being that usually prescribed : Strychninæ Sulph. gr. i, Liq. Pot. Arsenit. ʒ ij, Citrat. Ferri et Quininæ ʒ iv, Glycerini Aq. Cinnam. part. æqual. ad ℥ viii ; a drachm after meals. With this is often given an ounce of whisky three times a day. A drachm of the following mixture is also given occasionally to allay the cough : Morph. Sulph. Pot. Cyanid. *aa.* gr. ij, Syr. Tolut. Syr. Prun. Virg. part. æqual. ad ℥ ij. Blisters are seldom employed. When the effusion is great enough to cause much dyspnœea, paracentesis is performed at the mid-axillary line in the sixth interspace, the fluid being withdrawn slowly and arrested at the moment when the patient begins to cough or feel other unpleasant symptoms. In the chronic form of the disease the patient is put on diuretics, tonics, and mild cathartics, and counter-irritation is kept up by Corson's paint, made of Ol. Tiglii ʒ ij, Aetheris ʒ iv, Tr. Iodi. Co. ad ℥ ij. This painted on every morning

produces a crop of pin-head blisters with very little annoyance. When absorption does not occur, this has seemed in many cases to become stimulated by aspiration, a few drachms of liquid being removed by means of a hypodermic syringe, this often rendering paracentesis unnecessary.—*Therap. Gaz.*

NEW SIGN OF TRICUSPID REGURGITATION.—Dr. Pasteur, of the Middlesex Hospital, writes:—In several cases in which there was reason to suspect functional incompetence of the tricuspid valve, which have recently come under my observation, a physical sign has been present to which I believe attention has not been drawn, and of which I have been unable to find any mention either in the standard text-books or in the best known monographs on the subject of cardiac disease. This sign consists in a distension—with or without pulsation—of the superficial veins of the neck, occurring when firm pressure is exerted over the liver in the direction of the spinal column, and independent of the movements of respiration. A little consideration of the anatomical relations of the parts concerned will suggest the facility with which an impediment may be created to the flow of blood, in either direction, through the vena cava inferior by such a manœuvre, especially when the liver is obviously enlarged. It seems to me that the state thus produced is virtually that which obtains as a chronic condition in long-standing and severe cases of tricuspid incompetence as far as regards the tension in the systemic venous system in the immediate vicinity of the heart. Assuming the existence of tricuspid regurgitation and of a source of compression of the vena cava inferior, it is obvious that with each systole an excessive reflux of blood must take place into the vena cava superior and its tributary veins. It may be noted that the question of pulsation, as compared with distension or undulation, is merely one of degree of morbid venous tension. Although the number of cases in which I have observed this phenomenon is certainly limited, I have never failed to elicit it when there was indubitable evidence of tricuspid incompetence; on the other hand, I have hitherto invariably failed to obtain it in other forms of cardiac valvular disease, and in various cases of hepatic enlargement from causes other than passive congestion. I cannot but think that this sign may furnish an important aid to diagnosis in cases where the usual signs of tricuspid regurgitation are ill-developed or in abeyance, and that it may prove a valuable factor in the difficult general problem of prognosis in cases of cardiac disease My chief object in making this short communication is to draw attention to a point which I believe to be of some importance, with a view to stimulate observation, and it may be to elicit further facts.—*Lancet.*

ELEVATION OF THE ARMS AS A SYMPTOM OF PERITONITIS.—Dr. Lediard calls to mind that there are various circumstances rendering the attitudes assumed by the sick of great diagnostic value. It may be that extreme restlessness, delirium, or fear, may prevent accurate noting of the pulse, temperature, respiration, or even physical examination of diseased organs. Again, deaf-mutism, malingering, a foreign language, etc, may further entail difficulties in diagnosis which might be in some measure overcome by the observance of a well established position pathognomonic of a disease. He then alludes to one disease and one posture, which seem to be rarely dissociated, at least in the adult. Many years have passed since he was first struck with a posture which he has generally found to be a truthful indication. On November 19th, 1871, a waiter, aged twenty-two, was brought into the Edinburgh Infirmary, under the care of the late Professor Spence, whose house-surgeon he then was The patient had been stabbed in the abdomen, and a foot of small intestine was protruding. On the day following admission the patient was noticed to keep his hands above his head with the elbows out—*i.e.*, in a position often assumed when one is lying on the grass in summer enjoying the sounds of nature. Subsequently, but within twenty-four hours, he was observed to raise the left thigh; finally, the hands were constantly behind the head and the knees completely drawn up. Death occurred on the fourth day from general peritonitis. In peritonitis following the operations for hernia, gastrotomy, ovariotomy, ruptures of the bowels following violence without external mark, and in puerperal peritonitis, the author has constantly observed the position taken by the patient to be similar to that described The raising of the arms is, in his belief, coincident with the commencement of peritonitis, and when the inflammation is at its height the hands will be clasped behind the occiput The explanation is simple enough; the object being to lift all pressure from the distended bowels, the respiration becomes thoracic and the diaphragm fixed; by raising the arms the pectoral muscles elevate the ribs, and more room is thereby allowed for lung expansion; the raising of the arms moves the scapula upward and forward, and the serratus magnus being drawn upon still further tends to relieve the thorax from pressure, while the dorsal position of the trunk with an extended spine favors respiratory movement.—*Lancet.*

THERAPEUTIC NOTES.—Dr. Yeo, of King's College Hospital, in his opening lecture in the course of clinical therapeutics, is reported by *The Lancet* as having made the following practical observations:

1. That in order to derive the full beneficial effect from iodide of potassium in cases of aneur-

ism, the drug must be given in twenty or thirty grain doses three times a day.

2. That arsenic, besides acting well in chronic skin affections, is often of service in cases of angina pectoris, asthma, neuralgias (especially the visceral forms), and in some kinds of anæmia.

3. That aconite is much more certain in its action when given to reduce the temperature and other symptoms of local inflammations in children than it is in the case of adults.

4. That the topical application of opium is a much neglected but useful remedy for the relief of local inflammations, especially when these are traumatic.

REMOVAL OF FRECKLES.—Dr. Halkins, in the Journal of Cutaneous and Venereal Diseases, says that freckles may be removed by carbolic acid as follows: Put the skin on the stretch with two fingers of the left hand and apply a drop of pure carbolic acid exactly over the patch. The skin will burn and turn white, but the burning sensation will disappear in a few minutes. The thin crust which forms after the cauterization must not be disturbed and it will be cast off in eight or ten days, leaving a rosy discoloration which is soon displaced by the normal skin.—*Med. and Dent. Jour.*

TREATMENT OF ACUTE RHEUMATISM.—Dr. R. H. Fox states in the *Brit. Med. Journal* that in a severe case of rheumatism in which salicylate of sodium, potassium, quinine, colchicum and liniments had all failed to relieve the fever and pain, the relief was immediate after sponging with cold water and quickly drying the skin afterward. Although this is no new treatment, it is one which requires some courage to practice, and yet may be well adapted to certain severe cases in which the salicylic remedies are ineffectual. — *Therapeutic Gazette.*

MIXTURE FOR THE ANOREXIA OF PREGNANCY.—Forwood recommends the use of the following mixture in cases of loss of appetite in pregnant women:

Pulverized calumba root,	
Pulverized sugar root . .	aa 15 parts.
Senna leaves	4 parts.
Boiling water	475 parts.

Infuse. A wineglassful before each meal.—*L'Union Médicale*, Feb. 27, 1886.

TUBERCULAR INFECTION THROUGH SEXUAL INTERCOURSE.—In the *Medical Times* Fernet points out the probability of tubercle being thus conveyed. Indolent blenorrhagic discharges in men, and certain forms of leucorrhœa in women, should be looked on with suspicion, and searched for the bacillus tuberculosis. Sexual intercourse with the subjects of genital tuberculosis should be avoided. In individuals affected with genital tuberculosis there is a risk of general auto-infection, and the tuberculous matter should be removed.—*Med. and Surg. Rep.*

DILATATION OF THE HEART. — Professor Da Costa recommends:

℞	Pulv. digitalis	gr. iv.
	Strychniae sulphatis . .	gr. ½.
	Ext. belladonnæ . . .	gr. ij.
	Ferri sulphatis	gr. xvj.

M. Ft. pilulæ No. xvi.

Sig.—One pill after meals. —*Med. Bul.*

IODOFORM IN UTERINE CATARRH.—Kugelmann, having noticed that iodoform very promptly cures coryza and laryngitis, concluded that it would be beneficial in cases of uterine catarrh. He introduced the powder into the uterus by means of a very fine catheter. The applications were renewed twice a week, and with excellent results. The catarrhal hypersecretion diminished or ceased immediately in every case.—*Gazet. Med. de Paris.*

FOR DYSPEPSIA.—Five to ten minims of glycerine of carbolic acid in a little water, after meals, is an admirable remedy for dyspepsia, and for the impaired digestion of tea-drinkers and tobacco-chewers. Especially in this useful (in smaller doses) in the dyspepsia of children, associated with the presence of worms in the alimentary canal. Glycerine is in itself an anthelmintic of much power.

Prof. Da Costa considers the iodide of potassium the only remedy deserving of confidence in the treatment of *internal aneurism.* He gives gr. xv. *ter die*, increased to the point of tolerance. In addition, he keeps the action of the heart subdued by aconite; for pain, ice over the tumor, and rub with an ointment of aconitia gr. j to vaseline ʒ j. A quiet life, rest in bed and a dry diet, are enjoined upon the patient.—*Col. and Clin. Record.*

Dr. W. H. Richardson of New York says: I have used the Smith & Shaw Closed Cell Pocket Battery daily in my practice and am highly pleased with it. I find it so portable that I can carry it about in my coat pocket when making my professional visits, without any inconvenience. My patients say that the current from it is more agreeable than that of my large battery of a different make, it being more smooth and uniform. In my hands it has given entire satisfaction and met all the requirements.

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TOO MANY DRUGS.

The innumerable host and indescribable variety of drugs have become an intolerable burthen to the student, the pharmacist and the physician, and a bane to the afflicted patient. What, with the various tinctures, extracts, alkaloids, etc., of every thing that is in heaven above, or in all the earth beneath, or in the waters under the earth, and their infinite combinations, we are overwhelmed. But a very superficial knowledge can possibly be acquired of our Materia Medica, by the most industrious student or physician. With the exception of a comparatively few standard remedies, our knowledge of the chemical, physiological, and therapeutical actions, is too vague to admit of intelligent prescription. Yet, fashion almost compels us to prescribe the new remedies, not because our own experience, or that of the profession, has established their efficacy; but because we desire to be up to the so-called advance of science. Many, we fear, prescribe remedies of which they have but limited knowledge, theoretical or practical; not so much in the interests of the patient, perhaps, as in their ambition to be fashionable; and often take credit for their supposed superiority, over the Rip Van Winkles, who still cautiously prescribe those remedies, whose virtues have been established by the test of time. How many of those vaunted new remedies have succumbed to that almost infallible test within the last twenty years, and how many of the present and future will succumb during the next twenty, it is impossible to enumerate or predict. Yet, fashion will continue to predominate, often, we fear, at the expense of the patient's health, and even life.

It will be admitted that the variety and number of remedies prescribed are usually in inverse ratio to our experience. The young physician, with but a limited theoretical knowledge of materia medica, is disposed to vary his prescriptions daily, because of the multitude of remedies placed before him; and to reproach himself for his supposed stupidity and want of success. This frequently results in loss of confidence in all remedies. Whereas, the older physician has, after many failures and grievous disappointments, eliminated all but a comparatively few established remedies, on which dearly bought experience has taught him to rely with confidence.

It might be said that this would hinder if not entirely prevent advance in materia medica. But the great majority of our profession have neither time or opportunity for experiments, on a scale sufficiently extensive, to accomplish any good purpose. Therefore, it is in the interest, not only of the doctor and his patients, but of science, to allow new remedies time to become established by the experiments of the minority, whose experience, training and opportunities, enable them to make those experiments in a scientific manner, and on a scale sufficiently large, to command confidence in those preparations which they endorse.

On the other hand, many antiquated remedies and compounds are retained in the pharmacopœia, which might be eliminated without injury to its usefulness. This would, in some degree, relieve the student from almost useless study, and the pharmacist from keeping a stock of articles which are so seldom prescribed, that they deteriorate in value, and become inert through age. Many of the compounds therein described have served their day and generation, and are superannuated by the rapid advance in science in every direction, but more especially by the science of chemistry. The alkaloids, or active principles of most of the vegetable remedies can now be obtained, in which uncertainty of therapeutical action is reduced to a minimum. Hence, many of the preparations and combinations of former days, with their multiple variations in strength and effect are superceded. The shot gun of our fathers should be replaced by the

rifle, with much greater certainty, if our aim be true, of placing the enemy *hors de combat.* But, in order to make true our aim, it is indispensable that we possess the most accurate and intimate knowledge of the remedies used. The infinite number of these remedies, both officinal and otherwise, renders this impracticable. Consequently, the practice obtains of combining an array of remedies in one prescription, with very uncertain results, often we fear with injury to the patient.

Although we are not so culpable in this respect as our ancestors; and, although a physician's knowledge and ability is not now gauged by the number and variety of articles he can combine, as in the days of "Mathiolus' Antidote," containing one hundred and twenty-four ingredients, or "Warburg's tincture," said originally to have contained over sixty; yet, there is room for advance in the simplification of prescriptions of the present day. Polypharmacy and science are necessarily antagonistic, consequently the former should be avoided, if we are to progress in the right direction. Otherwise, it will be necessary to still further divide the healing art, and have specialists in materia medica. However useful this might be to our ever-multiplying profession, it is obvious some objections might be raised by the patient, to furnishing the requisite honorarium to each physician, one to diagnose, and another to prescribe for every ill to which the flesh is heir.

Therefore, we hold that the general physician's armamentarium should be limited to established remedies in their best form; and of these, only such as can be prescribed with confidence, based on careful study of the experience of others as well as his own; and an intimate knowledge of their chemical, physiological and therapeutical properties.

TRINITY MEDICAL SCHOOL.—*Fellowship Degree*: J. McLurg, *Gold Medal*; J. H. Hamilton, *1st Silver Medal*; J. G. Dickison, *2nd Silver Medal*; C. Lapp, W. W. Hay, F. H. Brennan, W. I'Anson.

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Honors.—J. W. Rowan, D. P. McPhail, D. Mitchell, A. D. Graham, G. H. Bowlby, J. A. Neff, W. J. Campeau, B. Lammiman, C. J. W. Karn, F. O. Lawrence, R. E. Walker, A. Bradford, D. M. Campbell, W. Harris, W. A. McPherson, W. Babbit, L. Auld, R. McLennan, A. Lawson, C. H. McLean, J. O. Reaume, J. B. H. McClinton, A. B. Foster, D. C. Meyers, A. Thomson, J. P. Rogers, J. W. Ross, W. B. Nesbitt, A. J. Stevenson, H. A. Minchin, C. James, A. Meyers, W. A. Shannon, J. F. Polling, M. Steele, J. Baird, R. A. E. Burns, A. N. Thornton, W. H. Merritt, D. Bechard, F. G. Thompson, R. A. Topp, E. Clouse, P. McNaughton, H. B. Thomson.

Scholarships, First year: W. R. Wade, *1st scholarship*, $50; H. D. Quarry, *2nd scholarship*, $30; G. N. Wait, *3rd scholarship*, $20. *Second year.*—S. Cummings, *1st scholarship*, $50; W. Newell, *2nd scholarship*, $30. *Prize in Physiology; First year.*—J. M. McFarlane, $25.

TRINITY UNIVERSITY, TORONTO.—M.D., C.M., J. McLurg, *Gold Medal*; J. H. Hamilton, *Silver Medal*; J. F. Honsberger, J. M. Cleminson, W. H. McKague, G. J. Dickison. (Honors).—F. Winnett, W. H. Charlesworth, W. W. Hay, W. Logie, T. F. Campbell, W. I'Anson, F. H. Brennan, L. C. Brock, E. S. Luke, D. McLauchlin, W. R. Nichols, G. McKensie, J. W. Hart. *70 per cent.* J. C. Moffat, C. Lapp, D. McEdwards, C. M. Sanford, A. A. Allan, T. Primmer, J. A. Tuck, F. Woodhull, D. M. Gordon, W. W. Coldham, A. B. Eadie, A. M. Ewing, C. T. Haultain, J. C. McAlister, W. F. Cale, M. Maxwell, J. J. Soden, H. H. Darrell, C. E. Thompson, E. N. Fere, L. F. Cutten, J. E. Midgely, W. Giles, J. C. McCabe, C. A. Toole, *60 per cent.* G. S. Paterson, J. I. Cassidy, H: C. Scadding, J. O. Reaume, J. B. Carruthers, G. Gordon, J. P. Shaw, W. A. Williamson, H. Blair, R. West, S. T. Bell, E. S. Holmes, W. W. VanVelsor, A. C. Woodley, W. A. Wilson.

Primary.—J. McLurg, J. H. Hamilton, W. Newell, L. F. Cline, W. D. Scott, T. A. Amos, J. S. Wardlaw. (Honors).—J. W. Rowan, D. P. McPhail, D. Mitchell, A. D. Graham, G. H. Bowlby, J. A. Neff, W. T. Campeau, *70 per cent.* B. Lammiman, C. J. W. Karn, F. O. Lawrence, R. E. Walker, J. A. Phillips, C. N. Anderson, A. Bradford, D. M. Campbell, P. McLaughlin, S. Carson, M. McKay, W. H. Harris, W. A. Macpherson, L. G. McKibbon, W. Bobbitt, L. Auld, R. MacLennan, A Lawson, C. H. McLean, J. O. Reaume, J. B. H. McClinton, R. R. Ross, A. B. Foster, *60 per cent.* A. W. McCordick, D. C. Meyers, E. M. Spencer, A. Thomson, R. R. Hop-

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McGILL UNIVERSITY, MONTREAL.—M.D., C.M., H. S. Birkett, *Holmes Gold Medal*; W. W. White, *Prizeman*; J. H. Armitage, P. Aylen, G. W. Boggs, A. W. Campbell, W. C. Cattanach, J. L. Clarke, M. A. Craig, W. C. Crocket, D. McG. de Cow, T. M. Gardner, J. B. Gibson, G. J. Gladman, J. Graham, J. H. Y. Grant, T. J. Haythorne, P. H. Hughes, J. A. Kinloch, R. C. Kirkpatrick, D. Murray, E. P. McCallum, W. J. McCuag, T. C. McGannon, J. M. Mackay, T. H. Orton, Alf. Poole, L. E. McC. Pomeroy, W. R. Pringle, Alf. Raymond, G. H. Raymond, F. D. Robertson. L. H. Ross, W. M. Rowat, A. F. Schmidt, A. G. Schmidt, F. J. Seery, W. R. Thomas, R. Turnbull, J. F. Williams, C. W. Wilson, A. W. Worthington.

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ROYAL COLLEGE, KINGSTON,—*M. D.*—M.L. Dixon, *Gold Medal*; D. E. Mundell and E. W. Wright equal, *Silver Medal*; W. C. Beeman, F. Bruce, H. E. Burdett, J. Casselman, C. Collins, J.M. Conerty, S. S. Cornell, W. Coy, J. G. Creegan, A. A. Dame, E. J. Donovan, D. E. Foley, T. D. Galligan, J. A. Hamilton, J. E. Hanna, F. C. Heath, G. G. Jack, A. Jameson, S. Keith, J. J. Lane, W. M. Mather, S. J. Mellow, J. Mundell, E. J. McArdel, E. McLaughlin, A. F. McVety, J. H. Nimmo, C. Pitblado, J. M. Shaw, F. B. Smith, D. G. Storms, E. J. Watts.

Primary.—A. E. Bolton, W. H. Downing, A.R. Elliott, A. G. Ferguson, A. J. Fisher, A. B. Gillis, Jno. F. Hart, M. W. Hart, W. Hay, E.H. Horsey, D. Jameson, T. J. Jameson, A. P. Knight, F. H. Koyle, C. N. Mallory, S. H. McCammon, T. S. McGillivray, E. A. McGrath, T. O'Neil, W. D. Neish, A. F. Pirie, Wilton Pratt, R. P. Robinson, P. J. Scott, A. W. Whitney.

Prizemen.—A. B. Gillis and J. W. Begg, *Demonstrators of Anatomy*; W. H. Dawson and A. J. Errett, *Hospital Surgeons.*

WESTERN UNIVERSITY, LONDON,—M.D.—H. A. McCallum, *Gold Medal*; J. W. Fraser, R. Gibson, W. Logie, W. J. Weekes, *Honors*; G. H Wilson, H. K. Hyndman.

Primary.—J. D. Balfour, C. D. McDonald.

Honors.—O. Groves, J. Haggart, L. Hyttenranch, J. A. McDonald, D. H. Piper, J. Proudfoot.

Scholarships, 1st year, R. H. Homer, M. Wilson; *2nd year*, C. D. McDonald; *3rd year*, J. D. Balfour.

WOMEN'S MEDICAL COLLEGE, KINGSTON,—*M.D.* A. E. Dickson, M. Oliver. *Primary.*—A. D. Craine, E. Embury, A. Lawyer, M. Livingston, A. A. Marshall, E. S. Mitchell.

ONTARIO MEDICAL ASSOCIATION.—We beg to draw especial attention to the meeting of the Ontario Association, to be held in Toronto, on the 2nd and 3rd of June. Invitations have been issued to several prominent medical men in New York, Buffalo, Detroit, Montreal, Quebec, etc., and it is expected that the attendance will be larger than upon any former occasion. Intimations of papers to be read, are being received by the Secretary, Dr. White, who regrets that he is unable to publish a full list at present, but who will furnish such list in our next number. We would strongly urge the members of the profession, and especially the younger members, to be present, and take part in the proceedings. The Committee has made arrangements with the various railroads, by which return tickets will be issued at one and a third fares; such tickets also being granted to the wife or daughter of a physician, and to one lady patient. It is proposed to hold a series of social entertainments during the stay of the members in the city, several prominent medical men having kindly offered to throw open their houses for such purposes.

BRITISH COLUMBIA MEDICAL ACT.—Through the kindness of Dr. Milne, of British Columbia, we have received a copy of the Medical Act just passed for this distant Province of the Dominion.

It is based upon the Ontario Medical Act, but contains some changes which are not undesirable. In the first place the elections are to be held annually; the number of members is limited to seven, and every voter is entitled to vote for seven persons. The seven who stand highest on the list shall be declared elected. The only clause which affects us is the following (sec. 28): The council shall admit to registration any person holding a diploma of qualification, from any school or college requiring a three years course of study; providing that the applicant is properly identified and passes before the members thereof, or such of them as may be appointed for the purpose, a satisfactory examination, touching his fitness and capacity to practise as a physician and surgeon. The registration fee is ten dollars. Homeopathic physicians may also be registered on complying with the above terms.

VIBURNUM PRUNIFOLIUM IN ABORTION.—Dr W. E. Green, writing to the *Brit. Med. Journal*, speaks very highly of the value of Black Haw in threatened abortion. He has kept notes of some twenty cases, and in two-thirds of them the result has been entirely successful, and in the others, failure was due to some imprudence on the patient's part, or to some other cause, quite beyond the control of the medicine. It has been used more frequently in this country than in England, and all observers so far as we know, hold that its action is generally satisfactory. Mr. Green recommends drachm doses in water every hour while the urgent symptoms last, and then three times a day till recovery. It is well to give a few doses at the time when the menstrual period would ordinarily appear, as there is more danger of abortion then than at other times.

THE CARTWRIGHT LECTURES.—Dr. Wm. Osler, of the University of Pennsylvania, delivered the fifth course of "Cartwright lectures" before the Alumni Association of the College of Physicians and Surgeons, New York, on the 23rd of March. His subject was "Certain Problems in the Physiology of the Blood," and the course has been highly spoken of. The first lecture dealt with the blood plaque, which is also known as the elementary corpuscle of Zimmerman, the hæmatoblast of Hayein, and the third corpuscle and blood-plate of Bizzozero. The second lecture treated of the degeneration and regeneration of the corpuscles. The third and last was on "the relation of the corpuscles to the process of coagulation." It is in connection with this process that the functions of the blood plaques present the most interesting problem.

SALICYLATE OF LITHIUM IN RHEUMATISM.—It is well known that certain cases of rheumatism prove utterly intractable to cure by salicylate of sodium. Especially is this the case in gonnorrhœal, and in certain forms of chronic articular rheumatism. Vulpian lately read a paper before the Paris (*Deutsche Med. Zeit,*) in which he states that he has had encouraging results from the lithmic salt. In certain chronic cases in which the sodium salt had been exhibited for a long time without benefit, relief was obtained by the use of the lithium preparation. The salt is agreeable to the taste, readily soluble in water, and may be given in doses up to 7 grains. He thinks, however, that the daily ingestion ought not to exceed 1 drachm. The after effects are preferable to those of the sodium salt.

TREATMENT OF IMPORFORATE HYMEN. — Dr. Baker, in a paper read before the Boston Obstetrical Society, (*Boston Med. & Surg. Jour.*), says he considers free incision of the distended hymen unsafe, when the fallopian tubes, as well as the uterus and vagina are distended by the retained menstrual fluid. The dangers are, first:—Septicæmia, from the tubes; and second, rupture of the tubes from the increased peristalsis of their walls, excited into action by the contracting uterus. If the tubes are involved, he counsels removing them by laparotomy, and then making a free crucial incision in the hymen so as to empty the uterus and vagina. When the retained fluid does not extend to the tubes he either evacuates with a trocar, or makes the usual incision, taking care to keep the coats of the vagina clean, and apart so as to prevent their union by adhesive inflammation.

SPARTEINE IN HEART AFFECTIONS.—Sparteine, the new cardiac agent, bids well to replace digitalis advantageously in certain affections of the heart. M. Honde and M. Sée have studied its properties, and have found it to act in three different ways. It increases the strength of the heart and pulse; it makes the heart beat regular, and causes fre-

quency of contraction. Thus, sulphate of sparteine is indicated in cases of weakened heart, through alteration in its tissue, or through obstruction of its valves. It does not seem to have any effect on the excretion of the urine. M. Honde advises the following formula:—Sulphate of Sparteine, 10 grs.; sugar of milk, 30 grs.; simple syrup, q. s. for 50 pills, two to ten a day; or sulphate of sparteine, 6 grs.; syrup of orange, 10 ounces; three tablespoonfuls a day.

Mussel Poisoning.—An unfortunate instance of poisoning by mussels, *mytilus edulis*, took place recently at Wilhelmshaven. The mussels were collected from two ships not copper bottomed, and eaten, the result being that nineteen persons were poisoned, of whom four died. The symptoms and post mortem appearances were those of irritant poisoning. Dr. Schnidlman attributed the poisoning to a polmanie, but with this view Professor Virchow did not agree, but he was inclined to the view that it was due to an akaloid. Small animals were killed by extracts made from the mussels, the activity of which was not destroyed by heat or alcohol, but by a drop of a solution of sodium bicarbonate. Dr. Koch has reported that he had discovered several characteristic bacilli, but as he had not succeeded in propagating them no definite judgment could be pronounced upon them.

The Value of Antimony in the Treatment of Psoriasis. — Mr. James Mason, (*Glasgow Medical Jour.*) strongly recommends the administration of tartar emetic in psoriasis, and details the following case:—A boy æt. 15, for the last year and a half had been troubled with a "scaly skin," which gradually grew worse, till he consulted a medical man under whose treatment he remained for eight weeks without deriving any benefit whatever. He was then put on five minim doses of vin. antim, and in one week his face and head were almost entirely free from scales. The dose was then increased to ten minims four times a day during the second week, and at the end of the third week all trace of the disease had vanished, with the exception of a small white patch on his right elbow.

Liquid Malt Extract.—This new preparation recently introduced by Wyeth & Co., of Philadelphia, promises to become a favorite remedy in the treatment of wasting diseases. It is well adapted for administration to nursing mothers and delicate children, in neurasthenia and certain forms of dyspepsia. The small percentage of alcohol it contains (less than four per cent.) renders it a safe and effectual preparation for delicate children and invalids.

Appointments.—T. H. Robinson, M. D., of Kleinburg, to be an associate coroner, for the County of York.

R. W. Bruce Smith, M.D., of Seaforth, to be an associate coroner for the County of Huron.

Alex. Sangster, M.D., Stouffville, to be an associate coroner for the Counties of York and Ontario.

Dr. George I. McKenzie, of Pictou, has been appointed coroner for the County of Pictou, N. S.

Gastric Ulcer.—Dr. G. K. Ter-Gregoriantz, of Tiflis (*Proceedings of the Caucasian Medical Society*), recommends the administration of six drops of an iced solution of perchloride opium, at first six, afterwards, four times daily, an hour before meals, together with a diet composed of an iced mixture of equal parts of milk, and boiled water, with well-toasted bread. An ice bag was also applied on the epigastric region.

The Action of Alkalies on Aloes.—It is well-known that the addition of bi-carborate of sodium or potassium to solutions of aloes considerably diminishes their bitterness. From a series of experiments instituted by Dr. Macdonald, it would appear however, that the effect is produced at the expense of the active constituents of the drug. Hence, in prescribing aloes it is desirable to avoid the addition of alkaline bases.—(*Med. Press and Cir., Lond*).

New Advertisement this Week.—Some injudicious friends have been endeavouring to injure the standing of Dr. Carleton, of Markham, Ont., among his professional brethren, by inserting letters in the local paper referring to his successful treatment of piles and *running sores*, and the editor of the paper has added insult to injury by classing them as "new advertisements this week."

The use of Turpentine for the Removal of Insects from the Ear.—Köhler recommends (*Rev. de Thérap.*) that the external meatus be filled

with oil of turpentine, which should be allowed to remain for five minutes. The ear is then washed out with a syringe, and in nearly every case the insect is brought away without further trouble.

POWDER FOR USE IN PYROSIS.—Dr. Monia says, (*L'Union Méd.*) that a teaspoonful of the following powder taken in a wineglassful of water gives excellent results in heartburn :

Pulverized phosphate of zinc	10 parts.
Calcine magnesia, . . .	3 "
Pulverized vanilla . . .	1 part.

MEDICAL COUNCIL ELECTION.—We understand that Dr. C. A. Jones, of Mount Forest, is also a candidate for election in the Saugeen and Brock Territorial District Division. There will, therefore, be a triangular contest for the honor of representing this important Division in the Ontario Medical Council.

VALERIAN IN DIABETES INSIPIDUS.—Demange says in *L'Union Medicale* that diabetes insipidus is best treated by valerian in doses of two to four drachms of the powder per diem. This drug was highly praised by Trousseau, and has been revived since by Bouchard.

LIQUID GLUE.—Fill a bottle with small pieces of best glue, and add as much acetic acid as it will then hold. Treat in a hot-water bath till the glue is melted, and you will have an excellent liquid glue that is always ready.

REMOVAL.—We have been requested to announce that Dr. T. Gaillard Thomas, of New York, has removed from 294, 5th Avenue to 600 Madison Avenue, between 57th and 58th streets.

A WRITER to the *Cincinnati Lancet Clinic*, says that a sponge moistened with ether or turpentine passed over the surface of adhesive plaster will render it more adhesive. No heat is needed and the plaster adheres evenly over its whole extent.

DR. J. FULTON, editor of the CANADA LANCET, sailed for Europe on the 1st inst., accompanied by his daughter. He will visit the Hospitals of London, Paris, and Vienna, and will not return before the 1st of October.

The death of Mr. Cooper Forster, of Guy's Hospital, London, Eng., author of "Surgical Diseases of Children" is announced in our exchanges.

Books and Pamphlets.

A REFERENCE HAND-BOOK OF THE MEDICAL SCIENCES. Edited by Albert H. Buck. New York : Wm. Wood & Co., 1885. Vols. I & II.

This work is essentially a collection of articles alphabetically arranged, treating of the more important matters on which medical men are likely to desire information. The work will consist of eight volumes of eight hundred pages each, and will be issued as rapidly as circumstances will permit. Among the list of contributors to volume I. and II. we notice the names of Drs. Bulley, Gardner, Ross, Stewart, Williams and others of Montreal, and we learn that the names of other gentlemen in Canada will figure in the succeeding volumes. The work is, indeed, a great encyclopædia of medical literature. The intention is to embrace within its scope all subjects bearing directly and indirectly upon medicine. The following are a few of the subjects treated of in vol. I :—Abdomen, and tumors of ; abortion, acclimation, acne, Adirondacks, adipocere air, artificial respiration, astigmatism, Avon springs, biology, bioplasson, bittersweet, blindness, blood, boils, brain, cæsarian section, cataract, and many others too numerous to mention, covering upwards of 800 large pages. The work is well-printed and handsomely bound, and will form a valuable addition to the physician's library.

THE PRINCIPLES AND PRACTICE OF MEDICINE. by Charles Hilton Fagge, M.D., F.R.C.P., Lecturer on Pathology, at Guy's Hospital, etc. Edited by P. H. Pye-Smith, M. D., F.R.C.P., Lecturer on Medicine at Guy's Hospital. Two volumes. Philadelphia : P. Blakiston, Son & Co.

This work on the practice of medicine, which occupied Dr. Hilton Fagge for the last twelve years of his life, is now before the profession. It is an entirely new work, and is based essentially on the experience of this indefatigable worker in the wards and in the dead-house of Guy's Hospital. We think we are fully justified in saying that, it is the most original and most elaborate text-book on medicine which has yet appeared, and well worthy the memory of its distinguished author. The first volume appeared a short time ago, and

the second is now nearly ready. We heartily commend this great work to the notice of the profession in Canada.

PRACTICAL HUMAN ANATOMY.—A working-guide for students, and ready reference for Physicians and Surgeons. by F. D. Weisse, M.D., Prof. of Practical and Surgical Anatomy, University of New York: D. Appleton & Co.

The aim of the author of this practical work on anatomy was to produce a working-guide for the student in the dissecting room, and also a ready reference to the physician and surgeon. The plan adopted is an excellent one, and consists in the division of the body into dissections. There are twenty-seven in all — abdominal parietes, viscera in situ, perineum, front of thigh, front of leg, etc. Descriptive paragraphs are given in connection with each, and copious illustrations are introduced. Special attention has been given to those regions and organs which claim frequent surgical and medical care. The mechanical execution of the work is all that can be desired.

AN ATLAS OF CLINICAL MICROSCOPY. By Alex. Plyer, M.D., of Schaffhausen. Translated by A. C. Girard, M.D., Assistant Surgeon, U. S. A., from the second German edition. New York: D. Appleton & Co.

The principal feature of the book is the large number of plates it contains, illustrating the microscopic appearances of the fluids of the body; blood, milk, urine, sputum, contents of stomach and bowels, fluid contents of tumors, micro-organisms, etc. As the work is chiefly intended as an atlas, the author has made the text as short as possible, mentioning only what has to be borne in mind by the physician. Considerable attention has been given to the various diseases of the urethra, bladder and kidneys. The work should meet a hearty reception at the hands of the profession.

A MANUAL OF DISSECTION OF THE HUMAN ANATOMY. By Luther Holden. Fifth Edition, edited by John Langton, with two hundred illustrations. Philadelphia: P. Blakiston, Son & Co. Toronto: Willing & Co.

This work is already well and favorably known to the profession both at home and abroad. The work has been most carefully revised and additional matter introduced. It is at the same time as concise as it is possible for a work of the kind to be, and the subject matter is put in as clear and practical a light as is compatible with the faithful handling of its natural difficulties. The muscles, vessels, nerves, etc., are described as they are successively exposed to view in the process of dissection, a plan now generally recognized as the correct method of teaching the subject. The subject of osteology is dealt with in a separate volume.

CLINICAL NOTES ON UTERINE SURGERY, with special reference to the Management of the Sterile Condition. By J. Marion Sims, B.A., M. D., late Surgeon to the Women's Hospital, of New York. New York: Wm. Wood & Co.

The author in his preface states that the facts are strung together from the notes of cases recorded in the Women's Hospital. This collection of "Clinical Notes" lays no claim to the character of a systematic work, but is none the less interesting or useful on that account. Many interesting subjects, such as fistulæ of the bladder, rectum and vagina, lacerated perineum, etc., have been omitted, for the reason that the author contemplated preparing a fully illustrated monograph on these subjects. The author was too well known in his specialty to require any words of commendation. The profession will gladly welcome this "memorial edition" of the work of so distinguished a gynecologist.

DISEASES OF THE TONGUE. By H. T. Butlin, F.R.C.S., Assistant Surgeon St. Bartholomew's Hospital, London. Philadelphia: Lea Bros., & Co.

We gladly welcome this unique and interesting work on diseases of the tongue by Mr. Butlin. The clinical notes and drawings have been made from cases occurring in the large Metropolitan Hospital during a period of years in the practice of the author and his colleagues. The engravings and chromo-lithographs are well executed, and the work is on the whole a most valuable one. No surgeon should be without it.

PRACTICAL SURGERY, including, Bandaging, Fractures, Dislocations, Ligature of Arteries, Amputations, Excisions, etc. By J. Ewing Mears, M. D., Lecturer on Practical Surgery, Jefferson Medical College. Second edition with 490 illustrations. Philadelphia: P. Blakiston, Son & Co.

The work before us has been very much improved in passing through the second edition; new matter has been added, and evidence of a thorough

revision is everywhere present. The title page indicates the scope of the work, which is of the most practical character. It will be found especially useful as a work of reference in emergencies.

DISEASES OF THE BRAIN AND SPINAL CORD. Gowers.

This is the December issue of the enterprising house of Wm. Wood & Co. No better close of a good year's work could have been presented to the readers of the series. Dr. Gowers has treated the subjects of brain and spinal diseases, as might have been expected at his hand, in a masterly way. The portion of the book devoted to the brain consists of eighteen lectures, in which the following subjects are treated of in clear and simple terms, —viz: Medical Anatomy, Symptoms and Diagnosis, each of which has been exhaustively discussed in conformity with the latest experimental and clinical observances.

The part pertaining to the spinal cord covers about one-third of the book. Perhaps the most valuable portion, to the general practitioner, is that relating to the tendon, or as the author prefers to designate the phenomena, muscular reflexes. The instructions here given are highly important, and cannot fail to prove extremely valuable to those who desire a better acquaintance with this means of formulating a reliable diagnosis of lesions of the cord. It is but justice to the author that we should advise the reader to devote more attention to the precious text, than to the illustrative plates; the former is so excellent that it is a pity it has been rather obscured than brightened by futile artistic decoration.

THE SURGICAL DISEASES OF CHILDREN. By Edmund Owen, M.B, F.R.C.S., Member of the Board of Examiners of the Royal College of Surgeons, England. Surgeon to the Hospital for Sick Children. Cassell & Co., London and New York.

This is one of Messrs. Cassell's series of Clinical Manuals, and does credit alike to author and publishers. The book is profusely illustrated and will be found a most useful guide to the diseases on which it treats. The author does not lay claim to having produced an exhaustive treatise, his design being to compose a "complete monograph" alike useful to practitioners and students. In this we may safely say that Mr. Owen has succeeded. The advice "How to bring up infants" is singularly judicious and free from all attempts to make the infant stomach a sort of experimental ground for the numberless "patent foods" that meet the young and inexperienced mother on every hand. We commend the perusal of Mr. Owen's manual to the junior members of the profession, and we are sure that they will find the book a safe guide to the diseases of those who form a large percentage of the patients attended in the daily routine of practice.

THE YEAR-BOOK OF TREATMENT FOR 1885. A Critical Review for Practitioners of Medicine and Surgery. Philadelphia: Lea Bros. & Co.

The object of this work is to present a review of all the most important advances made in the treatment of disease during the past year. Each department has been dealt with fully and concisely, and the contributors are among the foremost men in the profession. The medical literature of all countries has been laid under contribution.

POST-MORTEM EXAMINATIONS, with Especial Reference to Medico-legal Practice. By Prof. Rudolph Virchow, Berlin. Translated from the Fourth German Edition. Philadelphia: P. Blakiston, Son & Co. Price $1.00.

We commend this work to the attention of the profession. It would be well if all post-mortems were conducted on the lines laid down in this guide-book.

NOTES ON DISEASES AMONG THE INDIANS FREQUENTING YORK, HUDSON'S BAY. By Percy W. Matthews, M.R.C.S., Eng., M.R.C.P., Lond., LL.D., Medical Officer Hudson's Bay Co., etc. Montreal: Gazette Printing Co.

A TEXT-BOOK OF NURSING FOR THE USE OF TRAINING SCHOOLS, FAMILIES AND PRIVATE STUDENTS. by Clara S. Weeks, New York Training School. D. Appleton & Co.

Births, Marriages and Deaths.

On the 28th of February, Dr. G. W. Gunter, of Middleton, N. S., aged 58 years.

On the 15th ult., Dr. John McKelcan, of Hamilton, aged 82 years.

On the 11th ult., Dr. H. T. Gilbert, of Georgetown, N.B., aged 57 years.