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Original Communications.

SYCOSIS AND ALLIED AFFECTIONS ;

By CASEY A. WOOD, M.D.,

Professor of Pathology Medical Faculty University of
Bishop's College, Attending Physician Western
Hospital.

(Read before the Montreal Medico-Chirurgical Society.)

There are few medical terms which have under-
gone such little change in definition as sycosis. In
the therapeutical classification of skin diseases
adopted by Celsus it was included among those
local diseases amenable to treatment by medicine,
and was defined to be a tuberculated eruption on
the hairy parts of the face. For Celsus, good
Roman though he was, adopted the Greek name
of the affection, which Erasmus Wilson refers to
group "Objective" division or sub-group "Figure"
in an attempted classification of the terms em-
ployed by Hippocrates and probably by Æscula-
pius.

And, broadly speaking, any disease affecting
the hair and hair-follicles of the face is now also
called sycosis.

It is true that a well-educated practitioner
would not stop at satisfying himself that he had a
case of capillary folliculitis—he would enquire
further as to the cause and nature of the inflamma-
tory change ; and it is also true that in late years
the various pathological processes that manifest
themselves in the different parts of the hair and its
follicle are well defined, but the very difference in
the nomenclature adopted by different dermatolo-
gists do not seem to have altered the general mean-

ing of the word as accepted by Celsus, and perhaps
by Hippocrates.

In 1854 Erasmus Wilson called sycosis a form of
"acne" and in 1871 he describes it as including
several varieties and degrees of disease. Squire, in
Reynold's System, confines the term to that "dis-
ease of the hairy parts of the face caused by the
presence in the root sheath of *microsporon menta-
grophytes*." Liveing speaks of sycosis as a non-
contagious disease of the hairy face which is
neither eczema nor acne nor a syphilide. He also
takes a liberty with the term, and defines *S. para-
sitica* as the result of the ravages in the hair of the
face of the *trichophyton tonsurans*. Pifford does the
same ; while George Henry Fox thinks that, though
sycosis is a term which is loosely applied to nearly
every affection of the bearded portion of the face,
its use ought to be restricted to that inflammatory
condition of the hair follicles and adjacent cellular
tissue which is characterized by pustules perforated
by hairs which in time become so loosened that
they can be extracted by the gentlest traction of
the epilatory forceps. Bateman and Bristowe
follow the definition of Erasmus Wilson, while, in
his Practice of Medicine, Roberts, speaking of
sycosis as an inflammation of the hair follicles and
sebaceous glands, says the condition may be
brought about by various causes.

Without further multiplying authorities I think
I have shown that I am justified, in the absence of
agreement among authorities, in defining sycosis to
be any disease of the hairy face affecting the root
sheaths or follicles, which gives rise to induration
and swelling of the interfollicular tissues. In this
category, excluding the syphilides and lupus, are
included at least three, and possibly four, distinct

affections—the best argument that could be adduced for dropping the term altogether, viz., pustular eczema, trichophytosis barbae, acne indurata and, it may be, sycosis proper. None of these diseases is common about the bearded face, and I can speak very diffidently about them from practical experience. Of the first, which is the commonest, and probably most important; viz., eczema pustulosum faciei; I had a chance ten years ago to study a well-marked case. E. M., aged 35, was accustomed to be shaved regularly every second day, but was interrupted in the operation by observing on the left side of his chin a reddened nodule, that was not painful, but which discharged a thin fluid. From this point the disease spread over his chin, and gradually involved the most of one side and part of the other side of the face that had been covered with hair. When I saw him the chin and part of face were covered by dark crusts of half-dried discharge over-spreading nodular pustules. There was a good deal of itching and burning and to relieve this he was tempted to rub and otherwise irritate the disease patches. He had eczema of one eye-brow and a few pustular spots on the upper lip. When I last saw him he had greatly improved under treatment. When eczema involves the region of the mustache and beard in the male adult it extends to the follicular lining, increased secretion at once occurs; pus forms, and the follicle is converted into a small abscess cavity through the mouth of which the hair projects. The hairs in this way become loosened, and when closely examined are found to present an appearance which is almost characteristic of the disease, viz., each hair pierces a collection of pus which is either aggregated as a distinct white pustule or which, as it discharges from the mouth of the follicle, is often discolored by blood. These hairs are extracted without much pain. The diagnosis of the disease rests mainly upon the well-known character of eczema wherever it occurs. It usually extends to other parts of the face, is attended by burning, redness and itching, and the epilated surface is shortly covered by an eruption, scaly it may be, but always moist. In doubt the microscope.

Here, probably, is the proper place to discuss the question as to whether there exists a sycosis which is neither eczema nor acne nor a trichophytosis nor a syphilide nor a lupoid dermatitis, whether, in other words, there is a disease of the bearded face which should in the words of G. H.

Fox "alone be called sycosis, and which is that inflammatory condition of the hair follicles and adjacent tissue which is characterized by pustules perforated by hairs which in time become so loosened that they can be easily and painlessly extracted by the forceps." Liveing also considers sycosis to be synonymous with *acne mentagra*; and gives the differential diagnosis between it and pustular eczema. "We must bear in mind," he says, that pustular eczema is attended with more itching and general inflammation, while the discharge and crusts are more abundant than in sycosis."

In the absence, however, of any agreement as to the precise symptoms of this so-called distinct affection; when one author tells us that it may affect the pubes, axillae and other hairy parts, when another assures us that it may be accompanied by some pain, a good deal of burning and some itching, and a third asserts that it is frequently accompanied by the moist patches of eczema; and that eczema may give rise to sycosis and when, finally, we know that eczema may simulate almost every form and variety of cutaneous disease, the likelihood that most of us will be able to decide between these dermatologists and those that deny the distinct character of sycosis is indeed small. Furthermore, as the treatment of pustular eczema as laid down by the latter class is almost identical with that proposed for sycosis by the former, the question does not appear to me to be of great practical importance.

There can be no doubt but that the pustulo-tubercular form of acne when it affects the bearded face has often been considered as a sycosis. And inasmuch as *acne indurata*, occurring in this situation comes readily within the definition of the term previously given it may legitimately be considered as a true sycosis. It is a non-specific, inflammatory, reflex irritative disease of the sebaceous glands, and in the more aggravated forms presents the fig-like, lumpy pustules, tubercles and crusts of sycosis. As Wilson says, the condition "is the protest of the fifth pair of nerves against ill-treatment received by the gastric portion of the eighth." To distinguish this from the other forms of sycosis it may be sufficient to observe that the skin between the eruption of acne on the hairy face is bright red, tender and dry, that it is nearly always accompanied by and is the result of gastric irritability, and that each nodule or abscess corresponds very closely to the opening of a sebaceous follicle, and that, finally, either come-

donee or acne vulgaris is also to be found on other parts of the face or between the shoulders.

A second form of sycosis is that disease of the hairy parts of the face in adult males due to the lodgment and development in that particular situation of *trichophyton tonsurans*. It appears upon the upper lip, chin, temples and cheeks. When the parasite proceeds slowly the hairs, follicles and skin are but little affected, but when the hair is abundant and the microphytic organism active it makes sad havoc of the beard and leaves nothing but a bushy stubble. The patch extends at its periphery, and other and similar patches may appear, and if these coalesce the typical circumscribed form of the disease may be modified. In fact ringworm of the beard resembles ringworm of the scalp, and proceeds as it would in any other part of the body where the hair is unusually abundant. When the disease lasts for any great length of time the presence of the parasite sets up folliculitis and even cellulitis, which are productive of the tubercles and small abscesses so characteristic of sycosis. These local lesions so closely resemble those present in pustular eczema that the detection of the trichophyton by the microscope is the only sure method of diagnosis.

Gruby, in 1842, discovered this fungus which, according to Zeigler, belongs to the achlorophyllous thallophytes, group hyphomycetes. When it attacks the beard the fungus is found not only in the hair but in the follicle, and probably develops from the mycelium, whose favorite seat is the sheath of the hair. The spores of the plant are exceedingly small, about the $\frac{1}{1000}$ in, in diameter, and they are the active agent in transmitting the disease from one individual to another. After it has gained a lodgment in the follicle it invades the root of the hair, separating its fine fibres by mechanical pressure until it is rendered brittle and finally breaks off, leaving a ragged stump which protrudes from the inflamed and dilated follicle. If examined by the microscope, the minute spores may be detected either in groups or strung together into a kind of chaplet. *Trichophytosis barbæ* is the only contagious form of sycosis, and is commonly contracted in the barber's shop, hence the term "barber's itch" indiscriminately applied by the laity to all forms of sycosis. The popular idea is that it arises from the use of an unclean razor, but Fox thinks it is most likely conveyed to the exposed hair follicle by a damp, soiled towel

which furnishes a capital nidus for the growth of such a vegetable parasite. The disease is rare in this country but is said to be common in France. The case which I present to you to-night is probably parasitic in its nature. Owing to prompt treatment by epilation and parasiticides but very slight traces of the trichophyton have been discovered. It began in one or two round patches which shortly developed into painless lumpy masses discharging a thin seropus. From these as a centre the disease gradually extended over the cheek. Under treatment the patch has greatly improved until it now presents a reddened scaly surface through which new hairs are growing up. There has never been any pain, burning, or itching nor any moist patches about the face. I was consulted last year by an elderly man for a skin disease of the right temple and cheek, which were covered by a reddened shiny cicatrix shedded here and there with a few unhealthy hairs. From the history of the trouble, which he told me originated many years before, I have no doubt I had to deal with an old and neglected trichophytosis barbæ. That it is of great moment to discover the precise cause of the sycosis in a given case goes without saying. It simply means that we must decide whether we have to treat a ringworm, an acne, or a tubercular eczema. I am convinced that as far as sycosis parasitica is concerned that the failure to improve it at once and to cure it eventually is due to neglect in carrying out thorough and persistent epilation. Not only should every diseased hair be extracted but every new one should be treated in like manner. In practising extraction in old cases I would advise the operator to use a magnifying glass and small epilatory forceps and to grasp the hair as close to the skin as possible. The trichophytic parasite extends its ravages a sixteenth to an eighth of an inch above the level of the skin. If now the hair shaft be grasped very low down the root will be more likely to come away than if it be seized high up, as in the latter case it is almost certain to break off at the diseased point. In the early stages this does not so much matter since, unlike the course of the fungus in other hairy situations, the root sheath and the intra follicular contents are usually the first to suffer in parasitic sycosis. In these short notes I have said little or nothing about the prognosis and treatment of the different affections loosely called sycosis for the simple reason that I having nothing new to offer. Of

greater moment it seems to me is it to decide what sort of sycosis one has to deal with, because the prognosis and therapeutics of the case follow at once upon that, and also to settle if possible the debated question as to whether the sycosis of Liveing & Fox be a veritable entity or not. If I might be allowed to venture an opinion I should say that I do not think it exists and that a sycosis which is not an eczema or an acne is parasitic in its nature, and that a sycosis which is clearly non-contagious is either a severe local acne or some modification of pustular eczema.

MONTREAL, October 5, 1884.

GYNÆCOLOGICAL REPORT.

By E. H. TRENHOLME, M.D., Prof. Gynæcology University of Bishop's College.

Dr. Hoffman of Berlin, in a late report upon the progress of Gynæcology in Germany, speaks very favorably of the *running* suture employed by Schede of Hamburg—the cat-gut is prepared by immersion for 12 hours in a sublimate solution of 1-2 : 1,000, it is then soaked in juniper oil, by which it acquires great flexibility and strength. In several post-mortem cases the suture has been found firm and even after seven days. This running suture has been used in complicated plastic operations on the perineum and vagina with excellent results. Prof. Schroeder has used the same suture in closing intra-abdominal sacs in complicated laparotomies.

The advantages of this suture are so apparent that doubtless hereafter it will be a favorite mode of co-apting divided surfaces, both in gynæcological and general surgical practice. This form of suture was suggested to his class by Dr. Trenholme more than a year ago, although he did not employ it himself.

HYDRASTAS CANADENSIS.

Attention has been directed by the German Gynæcological Society to the valuable therapeutic value of this drug, prepared by Park, Davis & Co., of Detroit.

Prof. Schatz has tested its action, which he finds is exerted upon the mucous membrane, exciting their vessels to contract. In the female generative organs it diminishes the blood supply of the mucous membrane. It is found to act favorably in cases where ergot fails.

In metrorrhagias due to myomata, in hemorrhages in the purpureum, in metrorrhagias of

young persons, from 15 to 18 years of age, and in those forms of endometritis where the curette has failed, its action has brought about favorable results.

In most cases the drug was used about a week before menstruation began, and the dose employed was 20 drops three times a day.

Boro-Glyceride.

Dr. W. Thornton Parker, of Morristown, N. J., strongly recommends boro-glyceride in the local treatment of vaginitis, leucorrhœa, etc. Dr. P. prefers it to the sulpho-carbolate of zinc. It acts gently and efficaciously. The preparation manufactured by Messrs. Thurdon, Metcalf & Co., of Boston, is that which he uses and commends to others. A simple mixture of borax and glycerine does not yield the same satisfactory results.

INTRA-UTERINE TREATMENT.

Bandl (of Vienna) at the same meeting gave a paper upon this subject.

In cases of sterility where we can detect no alterations to account for it, he advises to draw down the uterus with tenaculum to about two fingers' breadth of the introitus vaginæ. This, of course, cannot be attempted if there is inflammation of the uterus or its adnexa, nor if the attempt gives rise to much pain.

Dr. B. claims for his method fuller and more certain information as to condition of the mucosa, and its canal, while at the same time it is less disagreeable to the patient.

The sound used in this way enables us to determine the extent upward to which the disease extends. By examining (first clearing the cervix of mucus) if we find the sound is stained by secretion, we know that catarrh of the body (as well as of cervix) exists. Hemorrhages can be determined in the same way. It is also to be noted that gentle movements of the sound do not cause hemorrhage if the mucous membrane is in a healthy state. Of course no examination should be made shortly before or after menstruation.

The cause and seat of a menorrhagia can be recognized in this way with certainty. Dr. B.'s method of employing intra-uterine treatment is as follows: Place patient on her back and the neck of the uterus is engaged in a tubular, or Sim's speculum, when it is seized with a slender long-stem tenaculum, inserted about $\frac{1}{2}$ c. m. above this, as the uterus is then gently drawn down and the speculum removed and replaced by a shorter

one, obliquely cut, the posterior limb being 9 c. m., and the anterior 7 c. m. In this way liquid applications can be made to the inner surface of the uterus, while it at the same time facilitates the use of the curette or other instruments. The use of the curette is chiefly confined to cases of menorrhagia or irregular hemorrhage which occur after labor or miscarriage. The curette removes any small portions of adherent decidua and favors the return of the uterus to its normal condition. The curette employed is generally a dull one, 4 m. m. broad and without previous dilatation of the canal. Before curetting a 5 per cent. solution of carbolic acid is poured into the speculum, and the curette passed into the canal through the fluid. Some of the fluid enters the uterus with each introduction of the curette, and causes the organ to contract. It causes no pain. In the treatment of chronic cervical or uterine catarrh, Dr. B. pours into the speculum a 10 per cent. solution of copper sulphate, and through this is passed into canal or cavity of the uterus a silver canula 4 to 6 m. m. thick, perforated at the sides and point, and moved slowly to and fro several times. Should the canula be too large for the canal, some slight hemorrhage may occur after the operation.

In cervical catarrh it is not always necessary to draw down the uterus. Any form of speculum may be used, but it must be borne in mind that the axis of the uterus must be brought into the axis of the cervix to allow of the introduction of the canula.

Correspondence.

OUR NEW YORK LETTER—THE POLYCLINIC AND THE POST GRADUATE SCHOOLS.

There are three ways open to a post-graduate medical student who wishes to add to his store of professional knowledge. He may, in the first place, matriculate at either or all of the principal medical schools, viz.: the College of Physicians and Surgeons, Bellevue, or the University of New York. By so doing he can attend at the College of Physicians and Surgeons the lectures of such men as Prof. Francis Delafield and his very instructive Thursday medical clinic. On Fridays Prof. Thomas gives clinic on diseases of women, and he will then receive his due proportion of invitations to see the Professor's ovariectomies. He can attend Prof. Jacob's clinics on diseases of children. He

will be invited to the operations of Drs. Sands, Wier and Bull, at the New York Hospital, and may attend any or all of the lectures of the college. At Bellevue a matriculation ticket only admits the holder to the clinics of that school. Perhaps the most interesting of these are Prof. Joneway's nervous clinic, and Prof. Flint's medical clinic. Prof. Key's operations for stone are well worth seeing, while the surgical clinics of Profs. Bryan and Dennis and Dr. McBurney are full of instruction. At the University Dr. Loomis is the chief attraction. These tickets also admit the holders to Blockwell's Island, to the venereal clinics. The tickets cost but five dollars each, which makes the plan a very economical one. In connection with this, or alone, private instruction can be procured at an expense of from ten to twenty dollars a month for each course of an hour or two a day, three days each week. Dr. Heitsman conducts a course on Histology and Pathology at his private school. This is a thorough course in every respect, as is also the course on the same subjects given by Dr. Pruden at the College of Physicians and Surgeons. A course on physical diagnosis, etc., in the wards of Bellevue hospital by Prof. Joneway is, and should be, much sought for. Dr. Putzel gives a course of instruction on nervous diseases in the out-door department of Bellevue also. Dr. A. A. Smith lectures on physical diagnosis at the same place; and the courses on operative surgery, of Profs. Bryan and Dennis, are open to any one, whether he be connected or not with the school in which they hold honorable chairs. Dr. Mitterdorf, who is connected with the Thirteenth Street Eye and Ear Infirmary, gives a course on ophthalmology and otology, which is very thorough, and embracing as it does such eminent instructors as Dr. Derby and Dr. Loring of ophthalmoscopic fame. Dr. Bosworth used to, and I believe still does, give a course on diseases of the nose and throat at the out-door department of Bellevue. These courses are all given by good men, and have their advantages and their disadvantages as I shall point out further on. The last and most popular system of post-graduate study is given at the recently organized schools, viz.: The Post Graduate School and the Polyclinic. The establishment of these schools mark the beginning of a new era in post-graduate study.

Everything else being equal, the benefit derived from a clinical lecture is in direct ratio to the number instructed. This is doubly true when applied to such studies as diseases of the eye, ear,

nose, throat, etc., where not only close inspection is necessary but instruments which aid the eye are required, and in those other departments of physical diagnosis where the training of the ear is of so much importance. It is also true in gynecology where the sense of touch must be educated. Of course at the regular undergraduate medical schools no such training is possible.

It is by the private courses that the personal teaching and the training of the senses are best accomplished, and but for one drawback this would be the ideal plan. But this drawback is a fatal one to the busy physician who wishes to "steal a while away from every cumbering care," and derive the greatest amount of benefit in the least possible time. The difficulty is this: every course which I have thus incidentally spoken of, with one exception, *is given at the same hour of the day*. The Post Graduate scholars, on the other hand, have, as far as possible, obviated this by thoroughly systematizing the different studies, so that every hour of the day, and, if desired, several hours of the night can be utilized. Between the Polyclinic and the Post Graduate it is very difficult even for one who has attended both to make a choice. The Polyclinic has the greater amount of clinical material, which is of course a great advantage. It also has the larger class of students, which is a disadvantage. The Polyclinic is a purely clinical school while the Post Graduate has a few didactic lectures. The anatomy and physiology of the nervous system are taught in a very thorough and learned manner by Prof. Spitzka, who is an authority on these subjects. Dr. Ronney delivers a very practical course of lectures on the applied anatomy of the nervous system, which consists, for the most part, of the localization of brain lesions and of lesions of the cord. These courses, taken in connection with the clinical lectures held by Prof. W. A. Hammond and Dr. Dana, make the course on nervous diseases at the Post Graduate a very desirable one. The course on diseases of children has very able exponents at the Post Graduate, but I think that Prof. Riply of the Polyclinic is a more practical instructor, inasmuch as he dwells more on the diseases which are encountered by every physician, while the instructors at the Post Graduate delight most in the diseases which we read about but rarely see.

The course on diseases of the eye and ear at the Post Graduate school cannot be excelled. Prof. Roosa is a teacher of rare ability, and his

clinics at the Manhattan Eye and Ear Hospital will be remembered with feelings of pleasure by all who have participated in them. This I say without detracting anything from the same course in the Polyclinic.

It is at these schools that the student of Gynecology is led to exclaim:

"This is the way I long have sought
And mourned because I found it not."

By taking out the course of gynecology at both schools almost the entire day may be spent at the clinics of the most eminent men of the country and in attending the operations at the Women's Hospital and other hospitals. It is said that a poet must be born, not made, and it may also be said that a teacher must be born and not made. If ever a man was born a teacher Dr. Dawson, Prof. of Gynecology at the Post Graduate School is that man. Only five years ago little but didactic teaching was afforded to the majority of physicians, and to-day it is in this city one of the most thoroughly taught specialties in a clinical way with which we have to deal. Dr. Thomas, Dr. Emmet, Dr. Mundi, Dr. Hunter, Dr. Skein, and a host of lesser lights, are engaged at these schools as instructors, and there is no dearth of material with which to demonstrate every known disease. In future I may go more into detail on other branches.

W. P. S.

226 East 20th St., New York.

January, 1885.

Progress of Science.

AN ADDRESS IN OBSTETRICS AND GYNECOLOGY.

Delivered at the First Annual Meeting of the New York State Medical Association, November 19, 1884.

By T. GAILLARD THOMAS, M.D.,
Clinical Professor of Diseases of Women in the College of Physicians and Surgeons, New York.

MR. PRESIDENT AND GENTLEMEN—FELLOWS OF THE NEW YORK STATE MEDICAL ASSOCIATION: If I interpret aright your wishes in requesting from me an address on obstetrics and gynecology on the occasion which brings you together in this city to-day, you desire, at the hands of one who has paid more attention to these subjects than the general reader and practitioner, an estimate from his standpoint of the present status of these departments of medicine, their relations to other branches, the advances which the past decade has

accomplished for them, and the most signal lines of progress which have been pursued in the accomplishment of such advancement. If my conception of your wishes is correct, my task will not prove a difficult one, nor shall I be forced to weary you with prolix and uninteresting details.

Pardon a passing reference to the infancy of the science of obstetrics, which will serve merely to remind you of facts which you know as well as I do. Obstetrics as an art must always have existed, even among savage nations, and as civilization and refinement have increased, this art has become ever more and more perfect, keeping pace, as other arts have done, with the general advance in a people's knowledge. And thus it is that obstetrics, advancing from the ages of the past, from the period of the wonderful old man of Cos to that of Smellie and Levret, existed as a very perfect art indeed. But it was in no wise a science. He who was to elevate it to this high sphere was found in the person of the great Englishman, William Hunter, whose admirable work upon the gravid uterus did for this department of medicine what the eminent labors of Euclid did for mathematics and which exists to-day as a valuable part of the library of every intelligent practitioner of midwifery.

From that time to the present a steady advance has been made, and in our day we see the reproach which once upon a time, and that not so very long ago, attached to the "man midwife" entirely wiped away.

But all this has often been written of: let me leap over the wide chasm which divides two centuries from each other and speak of those improvements in this hundred-year-old science to which the past decade has given birth.

With how little pomp and parade are the greatest discoveries of science usually heralded! Who could have pictured to himself the wonderful results which were to follow the crude experiments of Count Rumford with steam; the watching of the swaying of a set of church lamps by Galileo; Newton's study under the apple-tree; or the flying of a Yankee printer's kite upon Boston Common? Yet the world has trembled and swayed under the result of these things, and mankind has felt their influence in every fibre and atom! In my judgment, one of the greatest achievements of modern pathology has been the discovery of the agency of certain lowly-organized monads, micrococci, and microzymes, classed under the head of bacteria, in the production of septicæmia, pyæmia, and the long list of diseases which are their outcome. These atomic bodies, floating in the atmosphere, clinging to sponges and towels, and adhering to instruments and fingers, enter the blood through the open mouths of abraded surfaces. The prevention of the evil consequences of such entrance by the plans of Lister has accomplished a great deal for general surgery. Applied to obstetrics and gynecological surgery,

the same methods are found to be fully as successful.

Progressive obstetricians are now pretty well agreed that the diseases which follow childbirth are due, for the most part, to the introduction of some contagium or poisonous element from without, through the open mouths of exposed bloodvessels laid bare by the parturient process, somewhere between the fundus uteri and the vulva. This theory once being accepted, it follows, as a natural deduction, that every means in the power of the obstetrician should be adopted for the prevention of the introduction of the morbid agents.

Even although the obstetricians of to-day are not prepared to make aseptic midwifery a rule wherever that art is practised, it is highly probable that in the very near future this position will be accepted. Even now this method, in modified form, is exerting a beneficial influence and steadily working its way to adoption, in spite of the fact that it entails a good deal of trouble on the practitioner. That it can do no harm is quite evident. Does any man, can any conscientious obstetrician, maintain that strict cleanliness and the most scrupulous avoidance, so far as it lies in his power, of all things which can possibly admit of the entrance of the agents which in all probability produce puerperal septicæmia, will do any harm in the lying-in chamber? Supposing that only one life is saved out of a hundred deliveries, will any one assert that the saving of this one life would not repay him for the trouble which his preventive precautions have cost him? If the whole theory of the bacterial origin of puerperal fever is false, then in a quarter of century from now all precautionary measures will disappear and the old régime will triumph. But if, perchance, this theory is valid and true, then no human power will prevent the realization of the prophecy that aseptic midwifery will be a rule as strict, as inviolable, and as obligatory as the aseptic surgery of amputations and of laparotomy is to-day. Look at the surgery of London, of Paris, of Vienna and of New York of twenty years ago, with its unclean hands, its fatally dirty instruments, its death-laden sponges, and its foul air, with its terrible mortality, and then look at the surgery of those same cities to-day; and he will be a bold man who dares gainsay the statement that in another quarter of a century no one will venture to rise in a scientific body and declare that any efforts at perfect cleanliness in the lying-in room are superfluous or absurd.

To free the parturient act from the dangers of septic poisoning, to prevent that scourge, the so-called puerperal fever, suppurative arthritis, pyæmia, embolism, and septic inflammation of the lung, liver, and other organs, would be to save millions of lives in every generation, and to raise the science of obstetrics to an enviable height.

The germ theory has done more for obstetric medicine than what I have here alluded to. It has revolutionized the treatment of that variety of septicæmia which has been called puerperal fever. No longer do we depend in the treatment of this affection upon quinine, opium, and the application of emollients over the abdomen. By intrauterine injections the cavity of the uterus is thoroughly and repeatedly washed out with solutions of the bichloride of mercury 1 to 2000, or with a two and a half per cent. solution of carbolic acid. Surely no one who has experience in the new and the old methods will cavil at my statement that a great improvement has been effected by the former.

Were I called upon to sum up the treatment of a *declared undoubted* case of puerperal septicæmia, marked by the usual symptoms of pulse of 120, temperature 105° or 106°, which would meet the requirements of our time, I should give it categorically thus:

1. Quiet all pain by morphia hypodermically.
2. Wash out the uterine cavity with antiseptics.
3. Lower the temperature at once below a hundred, not by the barbarous method of the cold bath, but by the far better one of the coil of running water.
4. Feed the patient upon milk and nothing else, unless some good reason exists for changing it.
5. Exclude from her room all except the nurse and doctor, keeping her as quiet as possible.

Although the subject of extra-uterine pregnancy has attracted attention from the earliest days of medicine, it is only of late years that it has been carefully studied, its diagnosis put upon a firm basis, and its treatment systematized. Laparotomy, with its wonderfully beneficent results, has been brought to bear upon these cases before and even after rupture of the vicarious foetal nest. By this procedure Jessup, of England, has succeeded in delivering at full term a child developed in the peritoneal cavity and saving at the same time the mother; and by it Tait, of the same country, has saved four women after the foetal sac has ruptured. But it is to the foeticide powers of the electric current, first used by Allen, of Philadelphia, and then by Landis and Reeve, that the safety of such cases can best be trusted. This method is harmless to the mother, even if an incorrect diagnosis be made, and effectual in producing foetal death if the diagnosis be correct. The number of lives which have already been thus saved is quite large, and is daily increasing. And these are lives which in former times would have been sacrificed to inattention, or want of power in diagnosis, or a lack of reliable remedial measures, even if diagnosis were rendered pretty certain.

It must not be supposed that in the olden time no cases of extra-uterine pregnancy were saved. In making my statement I allude only to the systematic management of cases in their early periods, both as to diagnosis and treatment. In this country, even as early as 1759, Dr. John Bard successfully performed gastrotomy for the removal of a fully-grown child from the peritoneal cavity. Dr. Baynham did so twice—once in 1791 and again in 1799; and Dr. John King, of Edisto Island, South Carolina, in 1816, cut through the vagina at full term, applied the forceps through opening, and safely delivered a slave woman of a child which was developed in an abdominal pregnancy. But at that time, and long afterward—until our own times, I may say—the early diagnosis and early treatment of tubal pregnancy were found to be impossible. To-day, given a woman whose symptoms of pregnancy are irregular, who suffers pain in one iliac fossa, who has sudden gushes of blood, and who is subject to occasional attacks of faintness, and every intelligent practitioner would at once examine with reference to the existence of ectopic gestation, and, discovering it, would promptly proceed to destroy the foetus in its false uterus.

Some one has very pithily said of late that the medicine of a hundred years hence will consist chiefly of prophylaxis and surgery. It appears to me that the statement, which has more than one grain of truth in it, applies with great force to our subject of to-day. The day is, I feel sure, not far distant when preventive measures will be applied with a most triumphant result to placenta prævia, puerperal nephritis, placental apnoea, contracted pelvis, the obstinate, and often fatal, vomiting of pregnancy, and that extreme hydræmia which so often results in thrombosis.

Obstetricians are beginning to question themselves as to whether it is wiser, in the interests of both child and mother, to wait and watch during the last two months of pregnancy until a sudden and furious hemorrhage makes an issue unavoidable in placenta prævia, a convulsion announces the point of tolerance in puerperal uræmia, or the cessation of foetal movement tells the tale that the crippled intra-uterine lung has ceased to have power enough to prolong foetal life. The methods of inducing premature labor are now so simple, so certain, and so void of danger that they, more than at any previous time, present themselves as a sovereign resource in such cases.

And this is more especially true since Tarnier, by his glass-house with heated air, regulated so as to meet the feeble heat-making process of the premature infant, renders the perpetuation of the lives of these beings so much more certain than when they were exposed to the chilling draughts of the chamber, and perhaps were at once dipped in water and exhausted by washing and dressing. How often has every man in this room watched

with intense interest and anxiety the following picture! A mother of several children, a beloved wife, and the centre of a large circle dependent upon her for love, for care, and for counsel, about the end of the seventh month develops the symptoms of placenta prævia, or severe puerperal nephritis. The physician cannot conceal from those who surround her the fact that the violent hemorrhage or sudden convulsive seizure may at any moment destroy life. Should one of these occurrences take place, the patient's friends know full well that it may be hours before medical aid can be obtained in their dire necessity. Day after day the painful process of watching, hoping, dosing goes on; and gradually the symptoms grow worse until the final issue comes, and great joy is felt if, the child being sacrificed, the mother survives. It is to save all this, at the expense only of exposing the child to the danger of premature birth—a child, too, whose life would be at great hazard even if the pregnancy were allowed to proceed—that premature labor offers itself as a valuable resource.

The obstetric forceps is probably the most life-saving instrument which surgery has ever invented; and from the time of the Chamberlens, about 1647, thousands in every generation have endeavored to improve it, thousands have handed down their names in connection with it by suggesting trivial modifications, and thousands have in their efforts rendered themselves butts for the laughter of their successors by reason of the vanity which guided them. Few, very few, real improvements have been made in these instruments, and these improvements have occurred at long intervals. The Chamberlens used short, straight forceps; Levret and Smellie added length, and gave a pelvic curve to these, and nearly, if not quite, doubled their value; and Tarnier, of France, has, in our day, added a pair of tractors which enable the operator to pull more accurately in coincidence with the superior strait, while the handles are still in the inferior. This is the only real improvement in these instruments since the days of Levret and Smellie, and, like theirs it marks an era in the history of the instrument, and a mile-stone in its advancing usefulness. There, are cases, many cases, in which it is not called for; there are some, and not a few, in which it gives great facility in delivery.

Of late two substitutes have been proposed for the Cæsarean section—extirpation of the gravid uterus and its annexa after delivery of the child from it, or Porro's operation; and delivery of the child above the superior strait of the pelvis by cutting through the abdominal walls and vagina, or laparo-elytrotomy.

R. P. Harris, the only great medical statistician that America has yet produced, reports in October, 1883, that the combined Porro and Porro-Muller operations saved, out of 116 cases, $48\frac{2}{5}$ per cent. of mothers, and 90 out of 118 children. Garrigues, in an able and exhaustive essay, reports in the same year that, out of eight operations, laparo-

elytrotomy saved half of the mothers and all of the children except two, who died before the operation was undertaken.

In general terms, I think that, to state the comparative success of the two operations, it must be said that the results of laparo-elytrotomy have thus far been superior to those of the Porro-Muller operation, but that for some inexplicable reason the latter has found favor with the profession, both in this country and in Europe, which the former has failed to obtain.

From my experience with laparo-elytrotomy, I feel certain that, if a fair trial is given to it, it will surely yield a success greater than either the Cæsarean section or the Porro-Muller operation. It is so easy of performance, inflicts so little injury upon important viscera and has already proved so successful, that I cannot doubt its merits.

We must not conclude that, because the general professional mind is not favorable to an operation which has been little tried, such an operation has "been weighed in the balance and found wanting."

The following examples will prove the contrary: In 1834, Gossett, of London, discovered the present operation for vesico-vaginal fistula—position, metal suture, speculum, and all—operated twice, and published his operation. Yet it was left for Marion Sims, in 1852, to re-discover the whole matter.

The greatest advance which has been made in medicine during the present century is the application of clinical thermometry, and its adoption is, as you all know, quite recent. Yet, about one hundred years ago, Currie, of England, fully developed this invaluable contribution to scientific medicine merely to see it pass out of notice and yield no results. And these are by no means the only instances of want of appreciation which can be quoted. I do not, therefore, despair of laparo-elytrotomy, but, from my personal knowledge of its advantages, am very hopeful of its future. A little over a month ago Dr. Pilcher, of Brooklyn, having under his charge a case of labor in a deformed woman, aged twenty-one years, in good health, but with a rachitic pelvis, giving in its antero-posterior diameter of the superior strait a measurement of two inches, sent for Dr. Skene, to aid him. After she had been in labor eight hours, Dr. Skene, with his well-known skill, performed laparo-elytrotomy and delivered her of a living child. To-day both mother and child are perfectly well, the after-history of the former being entirely uneventful, the wound healing by first intention, and the patient sitting up on the twenty-first day. It gives me great pleasure to avail myself of Dr. Pilcher's kind permission to report this, as yet unpublished, case to you to-day. And now, in all candor, let me ask you if a procedure which has effected such a result repeatedly, both as regards mother and child, should not be at least fairly tried before it is cast aside among the failures of obstetric surgery.

From the earliest records of medicine in Egypt,

of Greece, and of Rome, the practice of gynecology can be readily traced, and although, like all other learning, it became paralyzed by the baneful influence of the dark ages, it was upon the revival of letters at once pursued. Before the middle of the present century, however, it did not in any respect deserve the name of a science. About that time, through two influences—the speculum, which since the days of Récamier had slowly worked its way into use, and anæsthesia, which enable the surgeon to perform operations, both tedious and painful, upon the genital organs—the science of gynecology passed in great degree out of the domain of medicine, with its uncertain theories and doubtful resources, into that of surgery. And from that day a new era has existed for this department of medicine which has given it a place among other, not only of respectability, but of dignity. I know not what view others may take as to the influence which has had so great a result upon gynecology, as all have seen exerted during the past quarter of a century, but, in my judgment, it is the bringing into the service of the department the powerful aid of surgery. Let me beg you to observe that I am not urging the claims of surgery at the expense of those of constitutional treatment in gynecology. Far from doing this, I am a strong advocate for the great advantage of constitutional treatment in diseases of the pelvic viscera of the female. There is no more clashing between medicine and surgery here than there is elsewhere; they should work together for good, the one sustaining and supplementing the other. Nevertheless, I fearlessly assume the position that an enlightened, conservative surgery is the pivot around which is to revolve the gynecology of the future, and that, were surgery withdrawn from this department to-day, it would be emasculated of the greatest part of its usefulness and efficiency, and would gradually lapse into the condition which it occupied half a century ago.

Every virtue has a vice which so closely corresponds to it, and so nearly resembles it upon superficial examination, that the real and the false are often confounded. Vanity often simulates modesty; cold policy passes current for charity; even arrogant pride is not rarely mistaken for humility. In medicine, cant, for there is cant in medicine as there is in religion, in politics, and in all other spheres in which the mind of man works, is often mistaken for that most laudable and meritorious of medical qualities, conservatism.

When vaccination was introduced, a great deal of medical cant was talked; and so when the pains of labor were first assuaged by chloroform; when ovarian tumors were submitted to laparotomy, and thousands of valuable lives were yearly saved; and so, also, when the obstetric forceps was put upon its proper basis as an instrument to be resorted to in the interest of mother and child before the symptoms of powerless labor had absolutely developed themselves. When, through the instrumentality of Simpson, Sims, and Simon, surgery was

introduced into gynecology, a jeremiade was inaugurated, the echoes of which are only now dying away like the grumbings of a recent storm. Those who practised gynecological surgery were accused of recklessly mutilating the most beautiful of God's creation. Their conservatism was impeached, their judgment was impugned, their honesty was attacked. And what has been the outcome of the controversy? What is the present status of the moot question? By the aid of gynecological surgery, thousands of women, who formerly filled beds of suffering throughout their menstrual lives, are now in a month or two restored to perfect health; thousands who were doomed to early death are saved; thousands who for weary years visited the offices of one, and then another, and still another physician, resisting the powers of general tonics, and nitrate of silver, and potassa fusa, and the actual cautery, are now quickly enabled to perform all the duties of life without exhausting their resources by yearly stipends to the medical man. A woman suffers from profuse leucorrhœa, and backache, and difficult locomotion. Formerly she would have gone, times without number, to her doctor's office to have caustics applied to the ulcer of the neck of the womb, until he got tired of her or she of him. Now a lacerated cervix is cured by Emmet's great operation, and limit is put to her patience and her husband's capacity to bear expense. A young woman, whose terrible sufferings at menstrual periods have half crazed her, made her nearly an opium-eater or gin-drinker, and almost transformed her into one of those social vampires who suck the sympathies and vital force of a whole family in place of blood, instead of living on, a libel upon her sex, is cured by Battey's operation and restored to her place in life. Another, who has had the accident of lacerated perineum inflicted upon her by parturition, instead of passing her life in "ringing the changes" upon all the varieties of pessaries known to art, is cured by perineorrhaphy or colporrhaphy. And still another who, perchance, for twelve years has had an issue of blood, and who has suffered many things of many physicians, and has spent all that she had and was nothing bettered, but rather grown worse, after having exhausted all the hæmostatics and oxytocics and astringents, has a loop of wire, called a curette, carried into the uterine cavity, and fifteen or twenty fungoid growths, about as large as grains of barley, removed, and straightway the fountain of her blood is dried up.

Surely the time is at hand when the gynecological surgeon may boldly say to his detractors, "enough of this, the logic of events condemns your futile efforts," and to those in his own department, "he who is not prepared to give his patients the advantages of surgery, either at his own hands or those of another, is not prepared to act honestly and fairly by those who intrust their interests to his keeping."

The pathological conditions which most frequent-

ly result in that chain of symptoms which mark the pelvic diseases of women may, I think, be fairly tabulated in the following manner:

1. Injuries received during parturition.
2. Natural or acquired imperfections of the uterus and ovaries.
3. Displacements of the uterus.
4. Benign neoplasms in the uterus, ovaries or annexa.
5. Tubal and ovarian diseases.
6. Uterine catarrh.
7. Hyperplastic development of the endometrium.
8. Neuroses, such as vaginismus.
9. Inflammatory disease of the pelvic areolar tissue and peritoneum.
10. Malignant disease of the uterus or ovaries.

It may safely be said that in almost all of these a resort to surgical interference is often an essential to cure, while in most of them it is absolutely so.

No surgical procedure has more profoundly excited the interest of gynecologists during the last decade, and I may add that none has done more good, than the operation of trachelorrhaphy. That its future sphere of usefulness is a large and brilliant one, no one who has studied its results without prejudice, at the bedside, can for a moment doubt. May its originator long live to enjoy the evidence of the good which his labors have accomplished, and will continue for all time to effect.

Extirpation of the ovaries for three purposes; 1. For effecting a premature menopause; 2. For checking the growth of large fibroids; 3. For removal of ovaries and Fallopian tubes for hydro- and pyo-salpinx, and resulting pelvic inflammation—has now become a well-recognized and accepted resource in gynecology. The originators of these operations, for they really differ from each other in many essential respects, are Battey, Hegar and Tait. So great are the benefits resulting from these procedures in the various conditions for which they are practised that nothing can now stop their advance.

Nevertheless, as I look to-day into the future of any operation for removal of the ovaries, I see it the instrument of great abuse; I see it performed in numerous cases of mental disorder aggravated by the menstrual molimen in which it will fail of result; in many of uterine disease which could without its aid have been cured by care, patience and skill; and in a great many cases in which diagnosis is obscure, and in which a resort to it is, to say the least, empirical. But I see opening before it, in the future, also a wide, very wide field of usefulness; I see cases of women, doomed not only to misery themselves, but dooming whole families to life-long discomfort and anxiety, entirely relieved by it; and I see many instances in which, without it the curses of opium-eating and dipsomania which frequently ingraft themselves upon the monthly recurring dysmenorrhœa, lifted by it from

moral death to lives of happiness. Are we to reject agents capable of great good because by misdirection they are likewise capable of great evil? No; let us hail the good and apply it to man's wants, and let us strive as best we may to limit and control the evil which we cannot wholly avoid. No one can doubt that numberless evils have attended upon the discovery of gunpowder, yet no one can be blind to the fact that that discovery has done a vast deal for advancement of civilization and the best good of mankind.

Even as early as the year 1560 Andreas à Cruce is said to have removed the uterus *per vaginam* for carcinoma uteri, and it is probable that even before his time Soranus had performed this desperate operation, which taxes in our day the skill, boldness, and resources of the surgeon. During the eighteenth century the operation was several times performed, and in 1813 Langenbeck had a successful case. In 1829 Recamier made improvements in it, and in 1878 Czerney revived the operation and placed it upon a firm basis. In 1883 Langier published the following statistics of the procedure:

Vaginal extirpation of cancerous uterus,....	133
Recoveries,.....	95
Deaths,.....	38
The percentage of deaths being,.....	28

In 1884 P. F. Mundé published statistics of 256 cases, with a mortality of 24 $\frac{1}{2}$ per cent.

Freund, in 1878, revived the operation of the removal of the uterus by abdominal section, a procedure put in practice by Gutberlat as early as 1825. Freund's operation has now been performed 106 times, with a result of 72 deaths and 34 recoveries.

Not to detain you longer upon the present status of these two heroic procedures for desperate conditions, I would sum up the matter by the statement that Freund's operation, by reason of the great difficulties and dangers which attend its accomplishment, is now relegated to disuse; while vaginal extirpation of the uterus, although acknowledged to be a procedure of great danger, of undoubted difficulties, and of questionable results, has conquered for itself the position of a recognized, legitimate, and even valuable procedure.

An operation which ends fatally in one-quarter of all the cases submitted to it is a procedure of questionable character, of course; but let him who feels disposed to question the justice of the estimate here given remember the terrible future which inevitably attends upon the progress of uterine cancer—the physical suffering, the mental distress, the disgusting concomitant circumstances—and he must admit that any operation which has the power, even at the imminent risk of death, to lessen or remove these, should be hailed as a precious resource!

Uterine extirpation for cancer, however, is one of the most difficult and dangerous of the resources of surgery. As a compromise measure, removal

of the entire neck by a conical section extending even up to the fundus uteri, and subsequent closure of the cervical lips by suture, often supercedes it with great advantage.

Deformities of the uterus which alter its shape, impair its nutrition, and interfere with the perviousness of its canal, have long been recognized as grave pathological factors; and even in our day the most sanguine practitioner must admit that their treatment is difficult, uncertain, attended by the dangers of cellulitis and peritonitis, and unsatisfactory to a lamentable degree.

At the present day there are three methods by which uterine deformities—anteflexion, retroflexion, and lateroflexion—are treated: First, the misshapen organ is repeatedly forced into better form by the introduction of the uterine sound, and subsequently it is in a lame, uncertain fashion sustained by a vaginal pessary; second, the tortuous cervical canal is cut at the internal and external os, and a uterine stem is introduced and kept in place by a sustaining vaginal cup; and, third, the whole uterine canal is at one sitting distended by a powerful “divulsor,” or expanding forceps, to as great an extent as the tissue of the organ will bear. The first two of these methods are well known to you; it is the last I would now bring to your notice.

The heroic nature of this operation, its apparent brutality, and the dangers which one would naturally fear as a consequence of the forcible stretching of uterine tissue, which is really equivalent to absolute tearing of it, has retarded its advance to the position of an accepted operation. Its introducers and chief endorsers have been Priestly, Borck, Ball, and Ellinger, all of whom have claimed for it not only excellent results in cases of uterine deformity, but also a very marked immunity from the accidents which one would fear from it. In this city Dr. W. Gill Wylie has reported very favorably of it and Prof. Goodell, of Philadelphia, has recently published a paper upon it which, with the strong endorsement of his name, will go far toward rendering it popular, and exciting others to a fairer trial of it than it has yet received. Personally I have no experience of it worth reporting, but I certainly feel it a duty to test the question of its use fully from the evidence which we now have before us.

In connection with my subject I would mention four drugs which have of late been introduced into practice, all of which appear to me to possess sufficient value to warrant their special mention here. These are the permanganate of potash, and the fluid extracts of the stigmata and ustilago maidis of the *Viscum album*, of the *Viburnum opulus* and *Viburnum prunifolium*.

Permanganate of potash, introduced by Sydney Ringer, of London, as an excitant of the menstrual flow, is, I think, the best emmenagogue which has yet been discovered. The stigmata and ustilago maidis, or ergot of corn, are, like the fluid extract of *Viscum album*, or mistletoe, excellent oxytocic

agents, and replace the ordinary secale cornutum very well, not only during labor, but in causing uterine contraction for the relief of metrorrhagia, uterine fibroids, subinvolution, etc.

The medicinal virtues of the *Viburnum opulus* and *Viburnum prunifolium* appear to consist in an influence of sedative character upon the utero-ovarian nerves. These drugs have been greatly lauded as preventives of threatened abortion, and remedies for the pains which attend disordered menstruation. Although in my experience they have fallen far short of the excellence which has been claimed for them, I feel sure that they possess a considerable degree of virtue.

Although the prolific theme which you have allotted to me, Fellows of the Association, would readily afford me material for a much longer address, the fear of taxing your patience admonishes me of the propriety of bringing my remarks to a close. In doing so, let me beg of you to accept my thanks for the kind attention which you have accorded me—an attention which has given zest to my efforts and rendered my task a pleasure instead of a labor.

DYSPEPTIC NEURASTHENIA.

The following is the substance of the remarks made on the above subject by Dr. Ewald at the third Medical Congress (at Berlin), and reported in the *Berliner Klin Wochenschrift*.

Our intention should not be confirmed to the stomach, but should be directed with at least equal interest to the intestinal tract. In none of the patients suffering from the complex of symptoms embraced by the terms “dyspeptic neurasthenia” (or neurasthenic dyspepsia), were intestinal troubles absent. These latter are not always severe, and there may be merely constipation or diarrhea, or insufficient absorption. But they may become very prominent, so as almost to constitute a separate class, as Cherevsky has lately shown (*Revue de Médecin*, 1884, No. 3). There is severe abdominal pain, and the abdomen is not retracted, but distended by gases (flatulent dyspepsia). The general nervous symptoms are usually more severe than in the purely gastric form. Thus in this dyspepsia both stomach and intestinal tract are together affected, but usually not in an equal degree.

The term “asthenia,” introduced by Brown and adopted by Brussais, indicates a condition of weakness of an organ, which is shown at first by morbid irritability, and afterwards by lowering of its functions. Thus the term “dyspeptic neurasthenia” is better than “nervous dyspepsia,” because the dyspepsia is then made a part of the general affection of the nervous system; but the latter expression is more popular.

The symptoms, of which none is special to the disease, but each of which may also occur when organic alterations are present, are mainly the

following : a coated tongue, bad taste, dryness of mouth or else increase of saliva, foul breath, eructations, pyrosis, want of appetite, repugnance to food, ready satisfaction after ravenous hunger, inflation of the stomach by gases, restlessness (Kussmaul), meteorismus, etc.

Burkart has drawn attention to the fact that strong pressure in these cases in the situation of the great abdominal plexuses causes sharp pain ; and he considers such spots analogous to the "tender spots" of hysteria, inasmuch as these particular pains are only evoked by pressure, and are not to be confounded with subjective gastralgic pains. The author confirms this to some extent, but the symptom may be absent. Rosenthal mentions painful spots also along the spinal column, but these are still less constant.

Great weight has been laid on the general nervous symptoms, which may be hereditary or not, and are often very prominent. The intestinal neurosis is nearly always preceded by general (nervous) prodromata, which may also accompany it. Such are headache, toothache, weariness, a disposition to look on the dark aspect of things, an unnecessary gloominess, a saddened character of voice, etc. Weakness of memory, and inability to think collectively may go on to vertigo at times. The pulse is small and frequent, the hands and feet cold, and palpitation and dyspnoea accompany exertion. These latter symptoms may give rise to the greatest agony, as if death were impending, till eructations alter the scene.

All these symptoms are here purely nervous, and do not rest on palpably central nervous lesions, like the gastric crises of tabes dorsalis, or the gastric symptoms of diffused and localized cerebral lesions, or those occurring in chlorosis, menstrual derangements, uterine or ovarian troubles, severe psychic excitation, as "nervous diarrhoea" or constipation. All these differ from mild gastric neurasthenia in their severity and sudden development. Richter and Leyden have enlarged on such cases.

Prof. Leube is inclined to regard so-called "nervous dyspepsia" as a local disease of the stomach; but none of the chief recent writers on the subject think so. The dyspepsia is a symptom, and not a disease ; no pathological changes in the stomach have occurred, in the ordinary sense of the term. Goltz has shown how slight irritation, normally without any effect, may cause severegastric symptoms, in spinal and cerebral lesions.

The diagnosis is not always apparent. The long course of the disease, its original manifestations, the failure of local treatment, and the recognition of other neurasthenic symptoms, are its chief elements. The pains are less localized in character and less connected with food, than in organic disease. Vomiting seldom occurs. The stools vary in character, and the author has not remarked the ribbon-like character of the feces so much dwelt upon by Cherchevsky.

Leube gives the "digestive experiment" as an aid

in the differential diagnosis. This simply means that the stomach is empty seven hours after a meal, in health or in gastric neurasthenia, as tested by washing out. This is correct in the main but too absolute.

Leube further states that 50 cubic centimetres of a 3 per cent. solution of caustic soda, injected into an empty stomach, are completely neutralized in twelve minutes, in health. This quantity contains then 3 grammes of soda (46.3 grains), and would require about 15.4 grains of hydrochloric acid. Assuming gastric juice to contain 2 parts of acid per 1,000, we should have to suppose that 250 cubic centimetres (more than 8 ozs.) of gastric juice were secreted in twelve minutes to neutralize only the half of this. Such a quantity is out of the question, and we can only suppose (if the fluids of the stomach be found neutral after the time given) that much of the alkali has been absorbed or has passed into the intestine. This, of course, destroys the value of the experiment. The stomach pump should not be used when there is any suspicion of gastric ulcer. Violent peristaltic movements might cause perforation, apart from mechanical injury. Long observation is sometimes necessary to establish the diagnosis.

The prognosis and treatment follow of themselves. The former is uncertain, as in all neurasthenic affections. The milder cases are often the most obstinate, and *vice versa*, but in the mildest cases the affection lasts for months at the very least. The treatment must be general, all local medication is idle to the purpose. The nervous system must be strengthened and calmed. The mind and body must be occupied, and both must be fed. Gymnastic movements or abundant exercise, and hydro-therapeutic measures, are valuable. The diet should be simple and sufficient. Trousseau said that the best *régime*, and the only one suitable, was that which the patient from his own experience could support best. It should, however, be unirritating. Sedatives are useful, especially potassium bromide in large doses and, as tonics, quinine and arsenic, especially the latter. The English give belladonna in large doses 0.05 to 0.1 gramme ($\frac{3}{4}$ grain to $1\frac{1}{2}$ grains), even up to 7.7 grains in a day, to overcome obstinate constipation depending on spasmodic contraction of the intestinal muscular fibres. Small doses should always be given first, to ascertain how the patient bears the drug. There are two drugs of especial efficacy, chloral in gastric hyperæsthesia, and opium when the irritation is chiefly intestinal. The former has a slightly anti-fermentative action, besides its sedative influence and opium act not only on the distension and flatulence, but often in an aperient manner also. "Wind" is a potent cause of distress, and the constipation is often due to an obstinate contraction of the intestinal muscles. This latter is often easily overcome by opium, together with some mild vegetable aperient, such as rhubarb, castor oil, or tamarinds. Salines are to be altogether

depreciated. They only irritate the intestine and increase the discomfort, and thus a vicious circle is set up.

HEADACHES.

Dr. J. W. Given, of Salem, Oregon, in the neatly-issued Proceedings of the Eleventh Annual Meeting of the Oregon State Medical Society, 1884, gives a resumé of what is known concerning some forms of headache that are well worth repetition.

He first speaks of *hyperæmic headache*. Adopting the view that the quantity of blood in the brain varies, he asserts that the increase or decrease in the quantity of cerebral blood may extend beyond physiological limits, and result in headache. He assumes the debatable position that the activity of an organ increases with its blood supply. Hence "the obvious indication is to lessen the amount of brain-work." "Excessive worry" will generally be found to constitute a more important causative element of hyperæmic headache than "excessive over-work." He thinks such "worries" and their occasions should be honestly stated, the trouble thus removed, quiet of mind restored, and thus relieve over-tension of the cerebral blood vessels and thus quiet also the "brain cells," which have been over-excited and too long overstrained. "If the cause of worry is one that will grow less with time, the headache may be relieved for the time being by bromide of potassium." Compressing the carotids will also diminish the amount of blood in the head. Plenty of sleep must be secured. Hot foot baths should be used to divert the blood from the brain. Brisk cathartics often have good effect. Blisters to the back of the neck are sometimes helpful. If the headache is due to systemic plethora, the lancet should be resorted to. General exercise is good. If hypertrophy of the heart is the cause, tincture of aconite and of veratrum to lessen the heart's action and arterial tension should be prescribed. Belladonna plasters over the heart sometimes quiet its turbulent action. In cases of cerebral hyperæmia, due to worry and over-work of the brain, systemic anæmia often exists. Then chalybeate tonics are especially called for; but as a rule they should not be administered alone. Hyperæsthesia of the brain cells is probably best relieved by potassium bromide. But this agent "usually impairs digestion, and, if continued in large doses, will lessen the normal activity of the brain." Dispense with it, therefore, as soon as possible. When the blood-vessels have been so overtaxed as to greatly impair their elasticity, and hence are passively filled with blood, the patient will experience headache by over-turgescence when he lies down—by the law of gravitation, in short. When such a condition occurs, elevate the head by pillows, lie with the arms extended above the head, compress the carotids, and, in some cases, arrange for the party to sleep in a sitting posture. Brain work must be reduced to

the minimum. Fluid extract of ergot, in commanding doses ought to be given, with a view of keeping the blood-vessels contracted. The "common cold headache," "probably due to hyperæmia of the brain and a general toxæmia of waste products remaining in the blood, will usually be relieved by hot-air baths, with very small doses of tartar emetic" with stimulants, as ammonia, quinia in large doses and alcoholic drinks, accompanied by mild laxatives. [it is not thought in this community, that "quinia in large doses," is a stimulant.]

In anæmic headache, improve and increase the amount of blood in the head. Give good food and drink, plenty of exercise, and rest and sleep must be insisted on. No medicine can properly take the place of these means. Such patients flourish upon the same principles which a thrifty man applies to his horse. As medicines, iron and quinia, are the "stand-bys." Iron preparations least trouble the stomach when given two or three hours after meals. Fowler's solution of arsenious acid and cod-liver oil are useful—the latter especially in the anæmic headaches of children. If a weak heart exists, the recumbent position will [sometimes] do the double work of supplying the brain with blood and diminishing the heart's action. Digitalis also tends to make a weak heart strong by slowing its beats, thus affording it more time to take in blood. The anæmic headache which follows great loss of blood is often temporarily relieved by wrapping very hot cloths around the head. Alcoholic stimulants will also often afford temporary relief. Of course all abnormal drains should be corrected. In short, each pathological lesion causing anæmia should receive special attention.

Toxic headache. Dr. Give sums up as among the causes, such constitutional troubles as "syphilis, specific fevers, retained biliary secretions and excretions, kidney and skin excretions, rheumatism, lithiasis, and possibly that mysterious something called malaria." When these are the causes of pain, protect the nerve against irritants by opiates which also relieve pain. To avoid their constipating effects, combine it with belladonna or atropia, as best suits the case. Of course use mercury and iodides to cure syphilis. In cases of specific fevers, protect the nervous system against the poison [If a specific or other remedy is known that will do so], and also against excessive temperature. Cold sponging will relieve the temperature. "Time alone will exhaust the poisons," Bilious headaches are relieved by calomel and jalap. Chlorids of ammonium is also useful. Nux vomica and strychnia salts, according to the manner proposed for administration, protects the nervous system, in general, against the depressing effects of retained biliary secretions. [whatever authors, of an "experimental" turn of mind may say to the contrary, mercury *does* relieve, if any medicine does do so, biliary congestions, "engorgements" or whatever is the condition that practitioners of medicine recognize and call by the common name

of "biliousness." Change the food and habits so as to bring the patient back to health. If excessive nitrogenous food is used change the diet. Cathartics may give temporary relief but they do not change the habit. Constipation of the bowels is a common cause. If he will not adapt his diet to his condition, he must have occasional purgatives. [Fluid extract of cascara sagrada is a remedy worth trying in ordinary cases of constipation that causes headache. We know of many that get on well under its empirical use.] In headaches due to renal secretions, opium renders the system partially tolerant of the presence of poisons. Eliminatives, such as diuretics, cathartics, etc., should be used. The salts of lithium are also serviceable. Hot baths should be used, a free action of the skin ought also to be promoted by clothing, etc. For the rheumatic headache, he advises the free use of alkalis and salicylate of sodium, with opium for the immediate relief of pain. Colchicum is demanded in cases of "gouty headache." Malarial headache is relieved by quinia, Fowler's solution and tonics. All depressing influences must be avoided. The headache of lithiasis is generally relieved by the use of alkalis and laxatives, with a diet chiefly of vegetables and fruit. Sick headache is probably due to an accumulation of waste products in the blood. In such cases, a thorough emetic will not do harm, and, in many cases, will afford relief. A good cleaning out with improved compound cathartic pills or another good cathartic, will usually shorten the attack. Let the patient abstain from all active exercise. Among the prophylactic agents used for sick headache are oxide of zinc, arsenic, iodide of potassium, etc. Let experience teach the patient as to the articles of diet and drink to be used, and as to the suitable forms and times of exercise.

Structural Headaches.—Inflammations, neuralgia, tumors, tubercles, gummata, etc., are among the lesions that cause this form of headache. Inflammations of the membranes require active cathartics, and also such remedies as potassium bromide, chloral-hydrate, large doses of fluid extract of ergot and cold to the head with the ice-cap. Absolute rest, with the exclusion of all irritants of the sensorium, must be obtained. **Neuralgia** requires quinine, iron, Fowler's solution, morphia, and atropia for speedy relief. Of course, these empirical directions are to be used only after excluding local lesions. **Tumors** may be suspected if there be persistent headache, accompanied by a "choked disk" and vomiting. The resultant headache may sometimes yield to large doses of potassium iodide. Opium relieves the pain. Syphilitic gummata are generally removed by overwhelming doses of potassium iodide—200 or 300 grains daily. Nothing is curative in **tubercular headache**. Opium affords temporary ease.

Dynamical Headache.—Let the patient learn to practice hygiene, and live according to his strength. Let him sleep as much as possible, never

engage in anything that will greatly tax his vital powers, and lead a quiet easy life. The best medicines are hyoscyamus with camphor, valerianate of ammonia—using opiates if necessary. Weak galvanic currents passed through the head will sometimes improve the nutrition of the nerves.

Reflex Headaches.—Potassium bromide is the best agent to relieve the pain of a reflex irritation. Among the frequent causes of reflex headache which must be inquired into and treated, are defective teeth, eye troubles, nasal catharrh, ear diseases, dyspepsia, ovarian and uterine diseases, urethral and vesical irritation, etc. The headache of teething children is best relieved by potassium bromide, and the several other conditions named should be appropriately treated.

THE TREATMENT OF BRIGHT'S DISEASE.

Dr. James Tyson is one of our highest authorities on all diseases of the urinary organs, hence it is important that we should be acquainted with his treatment of Bright's disease. In the course of a lecture published in the *Boston M. and S. Jour.*, August 23, 1884, he thus gives it to us:

"Next, as to *treatment*. Many cases of acute Bright's disease, if recognized early, require no treatment but rest in bed and an easily assimilable diet, of which the best form is milk. Although this is true, it does not do to leave these patients unwatched, for the course of the disease is uncertain; and, as a rule, you will not rest satisfied with this treatment, although what more is done will depend to a great degree upon the urgency of the symptoms. We wish to keep the kidneys acting in order to prevent the retention of urea in the blood and the consequent danger to life which arises from this accumulation. After instituting the general treatment which I have suggested, I see that the bowels are opened, for neither digitalis nor any other diuretic will act as long as the bowels are constipated. If there is costiveness, some saline laxative, as magnesia or the citrate of magnesia, or some of the natural aperient waters, should be given. After the bowels have been opened, digitalis may be given either in the form of the tincture or infusion, giving fifteen drops of the former or a dessertspoonful of the latter, every three or four hours. If this does not produce the desired effect, I should not increase the dose of digitalis, for it is liable to derange the stomach, but I should associate with it one of the vegetable alkalies, as the acetate or the citrate of potassium.

"When admitted, this man was given one-tenth of a grain of elaterium to act upon the bowels, and afterwards received fifteen grains of acetate of potassium, a teaspoonful of the infusion of digitalis every three hours, making four or five doses in the course of the day. Under this treatment he did very well, and the œdema rapidly disappeared.

"If the treatment which I have suggested does

not produce satisfactory results, and the symptoms grow worse, I sometimes use cups over the loins, relieving the renal arteries through the lumbar arteries, by the anastomosis which exists between them. After the cupping, I usually apply a corn meal or flax-seed-meal poultice, the surface of which has been sprinkled with mustard. This keeps up a permanent counter-irritation, and it often starts the secretion of urine.

"If these measures fail, free action by the skin should be promoted. This is best accomplished by jaborandi, and in this case it became necessary to administer this remedy. As I have said, the patient at first did well on the use of digitalis and the acetate of potassium, but day before yesterday the resident physician found him delirious and acting in a very singular manner. On investigation it was found that although the urine was not actually suppressed he was passing a very small amount. We at once concluded that his symptoms were uræmic, and due to the retention of urea and its allies. The complication is frequently met with: a patient will be doing well, when suddenly there will appear coma, convulsions, or delirium, as we had in this patient. In addition to delirium, the man had slight convulsive seizures. We at once proceeded to treat him as we usually treat such cases in the hospital. An infusion of two drachms of jaborandi leaves in four ounces of water was made, and the whole quantity given by enema. We often make the infusion with only one drachm of jaborandi, but as the symptoms were urgent, a double quantity was used. This did not produce perspiration, and in an hour the injection was repeated. In a short time he sweat profusely. He was also given one drop of croton oil, which acted promptly. The next morning all the symptoms had disappeared and the man was entirely rational. We are not always so successful in removing the uræmic symptoms, but frequently the result is all that could be desired. In this case the dropsy was also greatly relieved by the sweating.

"The above well illustrates the usual course which is to be pursued in cases of acute Bright's disease. If the disease is promptly recognized and properly treated from the beginning, the patient generally gets well; but if overlooked, as it often is, the opportune moment may be lost, never to be regained. Perhaps no disease demands for its prompt recognition and treatment a broader and more thorough medical education.

"There are modifications of the treatment I have described which are demanded by circumstances. In private practice, instead of giving jaborandi I should use the alkaloid, pilocarpin, giving the nitrate or muriate subcutaneously. The dose is from one-fourth to one-half a grain, as the urgency of the symptoms may demand. My usual custom is to give one-fourth or one-third of a grain, and if sweating does not come on within half an hour, I repeat the dose. Jaborandi not only produces sweating, but it also in-

creases the secretion of saliva, and may induce purging. It is also a diuretic. We have in this remedy a most valuable addition to the therapeutics of Bright's disease. In order to keep up the diaphoretic action, pilocarpin may be continued in doses of one-tenth of a grain. This is readily done by the use of gelatin-coated pills. One pill may be given in the evening, or one may be given night and morning. The system rapidly becomes habituated to the use of jaborandi, and the dose has to be increased. Another good way of administering this drug is to use the inspissated juice by suppository. The fluid extract may of course be used by the mouth, but it is a less agreeable remedy.

"If jaborandi cannot be procured, there are other ways of inducing sweating which we have now almost entirely given up, although they are very efficient. Hot-air or steam-baths may be used for this purpose. In employing the hot-air bath the patient is covered with a rubber blanket, and a tube with an expanded extremity which is held over a spirit lamp is passed beneath the covering. In the steam-bath, the steam from an ordinary tea-kettle may be conducted through a piece of rubber tubing under the bed-clothing. These methods are not as promptly effectual as the administration of jaborandi, but at the same time there are circumstances when they may be required.

"There is another method of treating urgent uræmic symptoms which should be mentioned that is, bleeding. I should not hesitate to bleed a patient suffering with uræmia if he is not relieved by the measures described. As you are aware, the uræmic symptoms are dependent upon the retention of urea and allied substances in the blood, which, when they have accumulated to a sufficient quantity, act upon the nervous system, producing delirium and convulsion, or coma. The condition is, in fact, an intoxication. If under such circumstances the patient is bled and a pint or a quart of this blood removed, some of the poisonous material is taken away and the patient is relieved. In puerperal cases I believe that bleeding relieves not only by diminishing the vascular and nervous tension, but by removing the accumulated uræmic poison which has produced the symptoms.

"Another valuable remedy for the control of uræmic convulsions, which should not be forgotten, is chloral. So far as the relief of the convulsions goes, jaborandi is a slowly-acting remedy, because it operates by removing the poison from the blood. Something is needed to act upon the nerve-centres and obtund them, and make them less susceptible to the poisonous substance. Chloral often admirably answers this purpose. It may be given by the mouth or rectum. By enema the dose is one drachm. I have seen the convulsions stop almost instantly after such an injection.

"There is still another remedy which has been strongly urged by some, which should be used

with caution, and that is morphia. It is some years now since Dr. Loomis, of New York city, advocated the hypodermic administration of one-half a grain of morphia for the relief of the convulsions in acute Bright's disease. There is no doubt that in certain chronic forms of the disease, more particularly in the contracted kidney, the effect of opium is to increase the danger of uræmia; and Dr. Loomis states explicitly that this treatment is only applicable to the acute disease. I confess to being less particular in the use of opium in chronic Bright's disease than I used to be, always excepting contracted kidney; and where other remedies fail I would use a hypodermic injection of morphia in the uræmic convulsions of Bright's disease, but I should arrange the order of remedies rather as follows: jaborandi, chloral, bleeding, morphia.

"With such measures, these cases can often be brought to a satisfactory termination; and although the appearance of uræmia is a serious sign, yet it does not necessarily follow that the patient will die, and recovery therefrom in acute cases is not uncommon. Uræmic convulsions in chronic Bright's disease is a far more serious condition."

CAMPHOR INHALATIONS IN CORYZA.

Dr. G. E. Dobson writes in the *Lancet*:

This very troublesome complaint has scarcely received the attention it deserves, if we take into consideration the great number of sufferers and the serious laryngeal and pulmonary diseases to which it is too often a prelude. Amongst the host of remedies proposed for its abortive treatment, most of which are of doubtful value, or difficult to procure or apply, or even dangerous to use, not one can be named of which it may be said that it is at every one's command, easy of application, unattended with danger and really effective. No excuse is therefore needed for introducing to the notice of the profession the following simple yet thoroughly effective mode of treatment, which in my hands has never disappointed expectations.

About a drachm of camphor, coarsely powdered or shredded with a knife is placed in an ordinary shaving jug, which is then half filled with boiling water. The patient (having made a paper cone) out of a sheet of brown paper or an old newspaper) large enough to surround his face with the wide extremity, and the mouth of the jug with the other end, proceeds to respire freely, at each inhalation drawing the steam into his nostrils, and at each exhalation forcing it up against the outer surface of his nose and the adjoining parts of his face. A twofold action is produced, the camphorated steam acts internally in a specific manner upon the whole extent of the mucous surfaces, and externally produces perfect diaphoresis of the skin covering the nose and sides of the face, there acting as a derivative from the inflamed Schneiderian membrane,

The jug should be surrounded by a woollen cloth in order to prevent the water cooling, or, better, if a tin can be used, a small spirit lamp or heated iron may be placed beneath it, so as to maintain the heat of the water and the vaporization of the camphor.

The patient should continue his respirations (keeping the margins of the paper funnel closely applied round his face) from ten to twenty minutes, and this should be repeated three or four times in as many hours, till entire freedom from pain is experienced. Great relief is always felt, even after a first application, and three or four usually effect a cure. Camphor, or some of its preparations, have, as is well known, long been in use in the treatment of colds, but the above described method of employing it in conjunction with the vapor of water, both as an internal and external application at the same time, has not, so far as I know, been previously brought to the notice of the profession, or if brought, has not been recognized in any general or special medical work. The mode of application, however is all important, but as this is neither troublesome nor otherwise unpleasant to the patient, nor are the materials difficult to procure, camphor being everywhere a household drug, I believe that those who may give this treatment a trial will find it not only a simple but most effective remedy against coryza. — *The Practitioner*.

SCARLET FEVER: HOW TO LIMIT ITS CONTAGION.

W. A. Jamieson, M.D., (*Edinburgh Med. Jour., March*.) The author states that the disease is scarcely if at all infectious in its earliest period, when most easily recognized, but it becomes day by day for a considerable time increasingly communicable. The susceptibility to the disease diminishes with advancing age. The contagium of the disease exists in the desquamated skin, and in the exhalations of the lungs. We have no available means of disinfecting the atmosphere of a room while the patient is in the apartment. The first essential is to isolate the patient and his attendants. The second is to use proper disinfectants about the throat, and over the skin of the patient during desquamation. We too often disinfect the patient's clothing and bedding, but forget to disinfect the patient himself. Warm baths should be used daily from the outset at a temperature of $95\frac{1}{2}$ to $98\frac{1}{2}$ F. After drying the skin the whole body should be anointed with the following:

℞ Acid. Carbol., ʒ ss.
Thymol, gr. x.
Vaseline, ʒ i.
Ungt. Simp. q. s. ad., ʒ i.

M, Ft. ungt.

The thymol must be dissolved by a little heat or its crystals will irritate the skin. This should be used in the morning as well as

after the nightly bath. When the patient is well enough a thorough scrubbing of the whole body, the head included, with carbolic acid soap is useful to remove any lurking traces of infection. For the throat the best disinfectant is a saturated solution of Barff's boroglyceride in glycerine. The throat, tonsils and nose, if affected, should be brushed with this three or four times a day. It is painless and the taste not disagreeable. All linen used about the patient should be immediately put in a carbolized solution. The author thinks that if the plan above indicated has been carried out, it is unnecessary to isolate the patient for the whole period of desquamation. This is variable in different cases. The physician's injunctions are usually disregarded. The state of the patient's health and the stage of his convalescence are better guides to the time when he should be allowed to mingle with others.

The room should be thoroughly scrubbed and fumigated with sulphur. What protection is afforded by the above measure in cases in which isolation is impossible is illustrated by the following examples. A family in which there were five children occupied two rooms. None had had scarlatina. The oldest contracted from exposure, the parents refused to allow her to be sent to a hospital. The directions were carried out faithfully, and none of the others took the disease. In another family, also occupying two rooms, there were four boys and the parents. The youngest, aged 13, had a severe attack of scarlatina anginosa. He was delirious for days. All in the family assisted in the care of the patient and none took the disease. In no instance—and there were many—in which this treatment had been followed

PEPTONIZING OF MILK.

The pancreatic secretion digests milk that is rendered alkaline at 100° to 150° F. Milk thus treated becomes in 20 to 60 minutes thinner, resembling human milk in appearance, and if the peptonizing be continued beyond a certain point and is more complete, its taste is decidedly bitter. The process should be watched and the peptonizing suspended as soon as the bitterness becomes appreciable, for although more advanced peptonizing so changes the milk that it is more easily digested by the infant than when the peptonising is partial, yet the bitterness which is imparted to it renders it very disagreeable as a dietetic preparation. Milk thus prepared closely resembles human milk in appearance, and its casein is so digested that it is either not precipitated by acids or is precipitated like that of human milk in flakes. By this process a digested or an easily digested casein is produced instead of the casein of ordinary cow's milk, which produces large and firm masses in the stomach, masses which the digestive ferments penetrate with such difficulty that they cause indigestion

and appear in the stools as coagula of greater or less size. Pfeiffer pointed out that when peptonized milk is employed "the fæces showed absolutely no trace of the white cheesiness." Milk thus prepared quickly spoils, and it is necessary to peptonize it in small quantities and often during the twenty-four hours.

In New York during the last year, peptonized milk has been employed largely as recommended by Pfeiffer, and with such results as to encourage its further use. It is now used in the N. Y. Foundling and Infant Asylums. Extractum pancreatis gr V, and sod. bicarb., gr. X are added to one gill of warm water. This is mixed with Oj of warm milk and placed in a convenient vessel in water kept at 100° F. for one hour or less if it begins to be bitter, when it is placed upon ice to prevent further digestion. With some specimens of milk, especially at a temperature of 115° to 120° F., a half hour or even less is sufficient. This artificial digestion is arrested either by boiling the peptonized milk, which destroys ferment, or by reducing its temperature to near the freezing point, which renders it latent and inactive, but does not destroy it. In the present state of our knowledge of infant feeding we can recommend no better substitute for human milk than peptonized cow's milk, which promises to be instrumental in saving the lives of many infants who by the old method of feeding would inevitably perish.—*Dr. F. Lewis Smith in Archives of Pediatrics, July.*

ANTISEPTIC UTERINE INJECTIONS IN PUERPERAL SEPTICÆMIA.

In the *Journal American Medical Association* of August 2nd, 1884, Dr. Madison Reece writes of the value of antiseptic uterine injections in puerperal septicæmia, and cites several interesting cases of women snatched from the very jaws of death by their persistent use. He uses a solution of permanganate of potash, two drams to the half gallon of warm water and strongly carbolized water. An injection is continued until the water comes away both odorless and colorless, and it is repeated according to the requirements of the case. A marked fall of temperature always follows their use. Dr. R. believes that puerperal septicæmia is often caused by infectious material from the finger-nails of the obstetrician, and says he will hail with delight the day when all puerperal women shall be treated by women obstetricians who attend exclusively to that branch of medicine. He uses in all cases twenty-four hours after confinement a vaginal injection of carbolized water, as affording relief to the patient, besides thoroughly cleansing the parts. Should the temperature rise the injection is made intra-uterine. For vaginal injections a pipe is recommended with the hole at the end closed, as uterine colic is sometimes caused by the water being inadvertently thrown through the patulous os into the cavity of the uterus.—*Med. Journal.*

NEEDLESS AND USELESS COUGHING.

An exchange quotes the following from the *British Medical Journal*: There is in the world a great deal of what I am accustomed to call "needless, useless coughing." Where secretion takes place in the bronchial tubes it must sooner or later be brought up; and for this purpose some "necessary" coughing must take place, or the patient will choke. But, both in organic diseases and in slight inflammatory or irritative affections of the air passages, there is often an immense amount of useless coughing,—useless, that is, as regards bringing up any laryngeal or bronchial secretion, and, far worse than useless, because it wears out the patient, prevents sleep, and moreover, increases the condition which gives rise to it, inasmuch as it lets the affected parts have no rest or peace. Now, the effects of opium are both local and general; and if in mucilage of acacia, or tragacanth, or in glycerine, or with a thickening solution of confection of dog-rose or honey, you give frequently from the one fortieth to the one-twentieth of a grain of morphia, you not only give a marvelous amount of peace and comfort to your patient, but, where it is remediable, you tend also to cure the disease. A favorite formula of mine, varied according to circumstances, is:

℞ Acetate of morphine,	-	1½	grs.
Nitric Acid, dilute,	-	1½	drs.
Oxymel of squill,	-	6	"
Mucilage of acacia,	-	2½	oz.
Glycerine,	-	2	drs.
Syrup of red poppy,	-	2	oz.

Cinnamon or rose water sufficient to make the whole equal six ounces.

M. To take one or two teaspoonfuls five, six or seven times in the twenty-four hours.

The coughing in pertussis may be similarly relieved.

BOILS.

Dr. John Aulde, following the suggestions of Dr. Sidney Ringer, has met with most satisfactory results by adopting the following plan. The diet is to be regulated, and if constipation exists, a teaspoonful of magnesia sulph. in a glass of cold water should be taken every morning before breakfast.

℞ Calcii sulphidi,	grs. iij.
Sacch. lactis,	grs. xxx.
Misce bene et div. in chart.,	No. xxx.

Sig.—Five powders daily at intervals, between meals.

By this method, beginning boils will be aborted, and those far enough advanced to threaten a siege of several weeks and successive crops, will soften and heal in such short time that the patient will be surprised at the result. When they can be obtained, granules containing one-tenth grain are

to be preferred to the powders. The urine should be examined for sugar, as boils and diabetes often go together.—*Medical Summary.*

EFFICACY OF BICHLORIDE OF MERCURY IN RINGWORM

Dr. R. W. Taylor recommends a solution of corrosive sublimate in tinct. of myrrh, four grains to the ounce, in the treatment of various forms of ringworm.

Eczema marginatum and ringworm in general were readily cured by thoroughly painting, twice a day, the affected part, with the parasiticide solution.

He believes that the tincture of gum-resins make excellent vehicles for various agents of skin diseases.

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VICTORIA MEDICAL SCHOOL.

If the Montreal daily papers are correct, it is the intention of the Montreal School of Medicine and Surgery to throw off their affiliation with Victoria College, Cobourg, and apply to the approaching session of the Quebec Legislature, for power to confer degrees in medicine and surgery. We confess that the information surprises us. In the great struggle for its existence which Victoria Medical School made during the past five or six years it had our full sympathy, and we have not hesitated to express our admiration for the courage and cohesiveness displayed during that time by its Faculty. But in the new departure which this School is said to be about to inaugurate, it cannot, in our opinion, expect to receive the support of the Medical Profession of this Province or the sympathy of the Profession in the Dominion. The reason for this is obvious, for, so far as our information enables us to judge, we are not aware of British Legislation ever having conferred upon an incorporated school the power to confer University Degrees. We believe it would be a fatal mistake for any Legislature to make

legal such an anomaly. We can well understand the very peculiar condition in which this School now finds itself, as a Faculty of a distinctly Protestant University. Most unfortunately, and we believe most unnecessarily, our French Canadian friends, have been forced to mix up religion with the study of medicine. Edicts have been issued ordering Roman Catholics only to attend Medical schools of their own denomination. The result has been that the Victoria Faculty of Medicine in Montreal has advertised itself as a Catholic School of Medicine, although what such an institution is we confess we are quite unable to understand. We know of only one point in the entire study of Medicine where the religious aspect of the subject becomes of importance; we allude to the obstetrical problem which sometimes arises as to the necessity of destroying the life of a child *in utero*. All medical men well know that the Roman Catholic religion looks upon this subject in a way different from those of the Protestant faith. But every Protestant medical man respects and acts, when occasion requires, in accordance with the teachings of the Roman Catholic Church on this point. We believe we also state but the truth when we say that all obstetrical teachers in what are wrongly styled Protestant Medical Schools by our Roman Catholic friends, fully teach the desire of the Roman Catholic Church on this subject. With this single exception, medicine is a universal science, alike to Catholic or Protestant, Jew or Heathen, and any attempt to mix religion up with medicine is calculated to make a breach which should not exist in such a profession as ours. But having advertised themselves as a Catholic school of Medicine, Victoria must feel its position as exceedingly peculiar—for how can a Faculty of a Methodist University declare itself a Catholic Faculty. If it meant simply to announce that its individual members were Catholics it would not matter, for a man's religion has nothing to do with him as a teacher of medicine and should not debar him from being a member of any Medical Faculty. But it meant more—it was intended to convey the idea that the School would be directly under the control of the Roman Catholic Church. So long as the Montreal School of Medicine has been affiliated with Victoria we hazard the opinion that her denominational principles have never once been thrust upon it. That School, known to be entirely comprised of Roman Catholic gentlemen, was permitted to conduct its own affairs—

even to opening its session by a solemn Mass; but when it advertises itself as essentially a Catholic School it strikes us the Senate of Victoria College, Coburg, may have intimated it were better the relation which has so long existed between them should come to an end. If not, then perhaps the School of Medicine has recognized the unfitness of things as now existing and by this intended movement are trying to arrange matters so as to sever affiliation and yet have University powers. While we recognize that the loss of powers which affiliation gives must, of necessity be deplored by the Faculty of the School, we cannot but very strongly condemn the granting to them of powers which, at all events under British Legislation, are confined to Universities. The unfortunate position the School would occupy if severance of affiliation occurs and the powers asked for are not granted, is not an argument which can be brought into a consideration of the case. The trouble has been of their own or their friends making, and should prove to them the folly of forcing the religious element, where it certainly is not wanted.

MONTREAL SANITATION.

The fair city of Montreal has a Board of Health, or rather a Health Committee of Aldermen. The gentlemen of the Council apparently do not consider this Committee of much importance unless as a sort of training school, as they shelve their new members thereon until such have gained sufficient experience in ways peculiar, fitting them for higher spheres.

The result is, that men are called to discuss sanitary matters and to adopt measures relating to public health who have never given any previous consideration to the serious problems before them. It cannot therefore be surprising to find these efforts at sanitary legislation somewhat rudimentary, and for the most part experimental. With a couple of exceptions, such are our sanitary directors—the members excepted have the technical knowledge necessary to aid the Board in its deliberations, but, judging from some of the past meetings of this Board, their suggestions appear to have little weight. Indeed, bickering personalities and squabbling seem the rule, and those most ignorant believe themselves to be the only true fountains of sanitary knowledge. What may be styled a burning question has occupied the attention of this junior committee for some time past. This originated from the necessity of finding a

means of disposal of night soil, as their contractor had been fined for depositing, or rather *spreading*, the material on a field in an adjoining municipality and also adjacent to the city water supply. The object of the contractor in doing this was to obtain, by natural evaporation, a fertilizing material out of which a profit could be made. Very properly, this procedure has been legally condemned, and the question of how to dispose of the contents of cesspools came up.

The opinion of an eminent scientist was obtained, but we must be pardoned if we fail to acknowledge that the system of dry earth closets which he advocates can meet the desired end. There can be no doubt of the value of earth closets if properly worked and used by persons of intelligence. In Montreal the majority of such people reside in houses containing water-closets, and who require no such system. It would be perfectly useless to recommend to the great mass amongst whom cesspools abound a plan the intention of which they cannot appreciate,—a class belonging chiefly to the lower and more ignorant grades of society, who are in the main regardless of any sanitary precaution the utility for which they cannot be taught to understand. It is a strange fact, although true, that civilization destroys those instincts which induces the savage to adopt sanitary measures necessary for his well-being; and leaves the lower classes of our larger communities to grovel in filth and disease, and it is for such chiefly that sanitary laws are wanted, as this class is mostly affected by faulty arrangement in the disposal of sewage. As a result of their deliberations the Committee concluded that to burn or dry up the obnoxious substance was the best plan for getting rid of it. It has been estimated that an additional sum of \$8,000 would be required for this purpose. But for the Chairman of Finance this depletion of civic funds would have been fixed upon the city for a number of years.

Fortunately, this gentleman, who seems to have very grave doubts of its success, objected to binding the city for any period, so that, as it will be tried experimentally, the Council can at any time withdraw from the arrangement should it prove unsuccessful. We have not learned what is to be done with the residue after incineration, but suppose it will remain a perquisite of the contractor.

If this gentleman wants to convert this material

into fertilizers let him do it by any means he may think fit, at his own expense, as long as it is not detrimental to others, but that the city should do it for him we fail to understand.

So far as the object aimed at is concerned, namely, the destruction of *materies morbi*, the plan proposed appears so absurd that we wonder the Medical Health Officer and the better-informed members of the Board did not oppose such expenditure. According to the Medical Health Officer's report there are about 10,000 cesspools distributed throughout the city. Nearly 1,500 of these are annually cleaned out, so that about once in six years each pit is supposed to be emptied. As a matter of fact many of these places have not been emptied for double that time, as the law does not compel removal unless their contents reach within eighteen inches of the surrounding surface. As the danger of these places lies in the poisons they evolve they require to be emptied much more frequently than it is possible to accomplish. Usually decomposition and putrefaction have done their worst in poisoning a neighborhood, and the adjacent subsoil is saturated by soakage from them. Where, then, can be the sense of burning this material after it has polluted the original site of its deposit. Let it be buried in deep pits and covered over with earth when these are full and all further annoyance or danger from it will cease to exist. The Board evidently believe in locking the stable door after the steed has been stolen, for unless there is a little nigger in the fence with a job for some one we fail to understand why any body of intelligent men would favor such useless expenditure.

There can be no doubt of the necessity of ridding the community of these unmitigated nuisances, and if the Board of Health would move for their entire abolition they would exhibit more sense than by trying inefficient incineration experiments. Wherever a cesspool exists there will be found a dangerous focus for the spread of choleraic disorder, especially in children; and should the dread cholera visit our fair city this summer we sincerely hope that no increased energy will be shown in disturbing these disgusting masses. The Medical Health Officer has suggested the only proper course which should be adopted for the disposal of sewage; that is, the general use of the water-closet system and removal by flushing through the sewers into the river. Circumstances favor this mode, as we have a na-

tural drain fall, and a large river in front of us to carry it away. Better spend the money in increasing our water supply, than waste it on a fancy. Until health matters become of more importance than at present and a Board of Health is formed independent of the whimsicalities of aldermen but little hope can be expected of an improved sanitation.

PHYSIOLOGICAL EXPERIMENTS ON DIGESTION, ALIMENTATION AND NUTRITION.*

While the diastasic activity of Maltine has been fully demonstrated by chemical experiment outside the body, by almost every known chemist, it has remained a moot point whether diastasic action is not arrested in the stomach by the acidity of the gastric juice. Prof. Haines proves that, while acids in excess will retard, or even destroy diastasic action, yet the proportion in which they exist in the stomach produces an exactly opposite effect. Dogs were selected for the experiments made by Prof. Haines, and, although the gastric juice of this animal is rather unfavorable for such investigation (being of somewhat higher acidity than that of man) results proved that the acid reaction materially hastened, instead of retarding, the conversion of starch. Prof. Haines concludes his interesting report in the following words: "I believe, the digestive action of Maltine on starch, instead of being stopped by the gastric juice, is generally much accelerated by its presence. The idea, therefore, that widely prevails that malt preparations lose their virtue in contact with the acids of the stomach is, I am convinced, unquestionably erroneous. On the contrary, the acids of the stomach, at least in the earlier stages of digestion, strongly stimulate diastasic action, and, therefore, to get the best effect from such a preparation as Maltine, it should be administered as soon as possible after eating, or even during the meal itself; its action will then be accelerated by the gastric juice,—it will have an abundance of time to act on the starch of the food taken, and, by rendering it soluble and absorbable, it will remove it from the stomach in the early stages of digestion, and, consequently, leave the albuminoids of the food undisturbed by other substances, to be more rapidly and more efficiently acted upon by the pepsin of the gastric juice."

*H. P. Gisborne, 10 Colborne st., Toronto.

BARAVENA MILK FOOD.

We would call attention to this new and valuable food for children, which comes to us recommended by many well known Canadian physicians. We gladly add our own word of commendation for the preparation. It is an absolutely pure compound of specially prepared farina of wheat and barley, in which the starch has been converted into dextrine, combined with pure milk and sugar, so that when mixed with water, as directed for feeding the child, it contains all the casein, butter, sugar, and other mammalian constituents nearest in quality and quantity to mothers' milk of any food made. The analyses of Dr. Edwards and Dr. Ellis, ordered by the Government, are eminently satisfactory.

THE ANNALS OF SURGERY.

We gladly welcome the issue of the *Annals of Surgery*; a monthly publication, to be issued simultaneously in St. Louis and in London, Eng. It is the successor to the *Journal of Anatomy and Surgery* formerly published in Brooklyn, and is the first and at present the only journal published in the English language devoted entirely to Surgery. Judging from its first issue it is to be of a high standard, and it certainly has a large and important field to work in.

LOCAL AND GENERAL.

Our quinquennial small-pox epidemic is now due. When it comes, as it probably will next winter, and has passed, some interesting questions may be answered. Have the vaccination activity lately displayed by our city council and the increased sanitary precautions done much to limit the prevalence of the disease? Have the vaccinated and re-vaccinated resisted to a greater degree the influence of the disease? What sections of the city have suffered most? Unprejudiced replies would furnish a valuable contribution to the literature of the vaccination question.

I understand that the epidemic lately raging north of Belleville has about died out. The Ontario Board of Health deserve credit for the way in which they dealt with this dreaded disease, and to their exertions is largely due the prompt extinguishing of the plague. Some political capital has been sought to have been made out of the action of the Government, but it will probably not amount to much.

So they are going to burn the city refuse. A good way to *purify* any community, but an expensive process withal. If I am not greatly mistaken the contractor will be obliged to apply to the council for aid before the year is out, unless he can discover some way of utilizing the inorganic residue for fertilizing or other purposes. Fertilizers are not popular, in Quebec especially. To settle down on new land, to absorb its phosphates for wheat, use up its silex for straw, and never think of returning any of the borrowed elements of plant growth until the impoverished land refuses longer to furnish the requisite food. This is the preliminary, not to the employment of artificial fertilizers but, to moving West—to more new land.

Even empirical proceeding called "manuring," valuable as it is, is not carried out on most Lower Canadian farms with any system or with any regard to the wants of the particular farm.

We have an example of this in the Verdun night-soil nuisance. Those doctors who were brought up to show what an innocent compound city garbage and faecal refuse make, had doubtless advanced a step or two in their agricultural strides, but their sanitary education, it seems to me, requires considerable extension.

If the vile odors and the damp exhalations and the water-carried germs which are constant derivatives of exposed night-soil heaps are perfectly innocuous why carry the city refuse so far away as Verdun? Are there no celery beds and cabbage gardens, to say nothing of floricultural patches, within the city limits capable of revival by this effectual means? Surely it ought not to be necessary to prove that a particular set of water-closets contain the microbes of some specific disease before they can be shown to be unfit as a source of fresh fertilizers!

Too much stress is placed now-a-days on the microscope, and not enough on the nasal organs as a detector of disease. Not, as every one knows, that all deleterious substances have a repugnant odor, or that every innocent thing has an agreeable smell, but it may be laid down as a rule that when *in loco natural*, when not chemically separated from their usual surroundings, compounds antagonistic to the organism insult the nerve extremities of the Schneiderian membrane.

Beyond admiring the measures of Dr. Larocque, very little of practical value has been the outcome of the meeting held in the city last Friday, to discuss with representatives of the City Council and Provincial Legislature the proper means to be taken regarding the probable visit next year of Asiatic Cholera. Once the disease has gained a foothold, it will be extremely difficult to prevent its spread, and the only course open, after using strict quarantine regulations, is to keep the towns and cities clean, to pay strict attention to personal cleanliness, to avoid as much as possible affected quarters, to drink well-boiled and *well-filtered* water and to eat only thoroughly cooked food. It is not necessary to dine, *a la* Klein & Gibbes, on raw cholera cocci.

I presume these latter members of the Anglo-Indian commission are now in England as, from last accounts, they intended leaving India in the beginning of the year. Their investigations have, in my humble opinion, thrown no light whatever on the real nature of the cholera poison. I must admit, however, that it is hardly fair to speak positively until one has had an opportunity of reading their report in full. Their theory as to causation of the disease and their suggestions in the way of its prevention, to say nothing of the still more important question of individual conduct during an epidemic, will be awaited with interest.

According to the *Lancet* (London, Jan. 3rd) a partial report has been sent to the Indian Government, in which it is plainly stated that they do not agree with the views held by Koch. Generally they think that so far no specific cholera germ has been found. Not only that, but mucous flakes and other discharges from patients dead from acute cholera have been fed to and injected under the skin of monkeys, cats, rats and other animals, and yet the animals remained normal.

Again the cultivation of the "comma bacilli" of Koch and the mucous corpuscles (with and without bacteria) so frequently found in the intestines of people dead of cholera (and other diarrhoeal diseases) did not show that they behaved differently from putrefactive organisms. In the face of this report what shall we of the rank and file tell our patients? To keep clean within and without?

P. A. LAVER, M.D.

February 16th, 1885.

REVIEWS.

A Practical Treatise on Massage, its History, Mode of Application and Effects. By DOUGLAS GRAHAM, M.D., Fellow of the Massachusetts Medical Society.

We have read the above work with considerable satisfaction.

It is not an echo of the various articles upon the subject which have from time to time appeared in Medical Journals throughout the country, but is a creditable, systematic and faithful fulfilment of the promise involved in the title page.

Massage just now is as fashionable in the United States as electricity used to be, and we in Canada should try to avoid the extremes to which, doubtless, our American cousins will run. Dr. Graham's work will act as a deterrent in this direction, for throughout the whole 275 pages a wise moderation prevails. Where a trained nurse cannot be had it will be seen, on perusal of Chapter III, how unfair to the patient and to the reputation of the remedy it would be to leave the carrying out of the necessary details to any chance assistant.

Let the medical attendant roll up his sleeves with a determination to allow of no perfunctory work in *his* practice. As, says the author (p. 35): "visits for massage are not more arduous than many visits in surgical, obstetrical and gynecological practice, indeed often less so, besides being much less disagreeable. Physicians daily render service that no menial could be hired to perform. French, German and Scandinavian physicians often apply massage themselves without any thought of compromising their dignity; and when such men as Drs. Brown-Sequard, Weir Mitchell and others have tried their hands at it I do not see why American and English physicians should not make use of it oftener than they do."

CORRECTION.

In Dr. Mattison's original article in our last issue, page 82, "release" should read "relapse." Next column 25 to 30 grammes, should read .25 to .30 gramme. His name was also wrongly spelled. It should be Dr. J. B. Mattison and not Mattinson.

PERSONAL.

Dr. Francis J. Wilson is spending the winter in the famed Ojar Valley, California. His health has improved markedly since he has taken up his residence in the Mountains of California.

Dr. Osler, late of McGill University Faculty of Medicine, but now of the University of Pennsylvania, sailed for London on the 10th inst., where he will deliver the Gulstonian Lectures, his subject being "The Pathology of Endocarditis. He returns immediately on the conclusions of the Lectures.

Dr. Sullivan, of Kingston, has been elevated to the Senate. The appointment is an excellent one.

Dr. Vineberg is still in New York pursuing his Gynecological studies, to which branch of the profession he intends to devote himself in the future.

We learn that Dr. Wolfred Nelson, of Panama, the first Matriculant of the Medical Faculty of Bishop's College, leaves for his annual holiday in March. This year he intends doing the Republic of Nicaragua, C. A., crossing it from ocean to ocean, visiting its lakes, that are famed for magnificent scenery, the old cities and rivers.

Dr. James Broatch, a Scotch physician, died of yellow fever at Panama in December. His death took place thirteen days after arrival. He had applied for employment with the Canal Company.

Dr. Ponjade of the Canal Company died suddenly in November of congestive fever.

Dr. F. D. Gilbert, of Sherbrooke, has gone to California for the benefit of his health. If the climate agrees with him it is possible he may decide to remain there permanently.

Dr. O. C. Edwards of Indian Head, N.W.T., has been in Montreal for about a month on a visit to his friends. He leaves for home the end of February. We are glad to see Dr. Edwards looking as if the climate agreed with him.