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THE

# Canadian Practitioner

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

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**SUBSCRIPTION, \$3 PER ANNUM.**

Literary Communications may be addressed to any of the Editors. All Exchanges and Business Communications should be addressed to DR. W. H. B. AIKINS, 68 Gerrard Street East.

TORONTO, JUNE, 1886.

## Original Communications.

### HODGKINS' DISEASE, TWO CASES.\*

BY A. McPHERAN, M.B.,

Physician to the Hospital for Sick Children, etc.

CASE I.—Patrick O'Connor, aged 8. Parents poor, father intemperate. I saw him first at the Toronto Dispensary, in June, 1883. He was pale, thin and weakly in appearance. There were enlarged glands on both sides of neck. They were hard, smooth and painless, about size of almonds, with little, if any, resiliency. All the other glands of the body seemed normal. He had simple stomatitis. The case was thought to be one of scrofula on account of the state of the mouth. He was not seen again till Oct. 1st, about three months later. The cervical glands were then in about same condition. The axillary glands greatly enlarged; those in the groin, popliteal spaces and on surface of abdomen considerably larger than normal; they were all hard. Two very large glandular masses could be felt in the abdomen, one on each side of the umbilicus. No increase in size of liver or spleen could be detected, but tympanitis was so marked as to render it impossible to obtain an accurate outline of these organs. In the lungs and heart nothing abnormal was to be found. There was great emaciation and pallor, as much from improper nourishment as the disease, pro-

bably. The blood contained 40 per cent. normal number of red corpuscles, and considerable increase in number of white. Temperature was slightly elevated. Respirations normal. Taking but little nourishment. Unable to leave his bed. Death occurred suddenly on Oct. 10th. No post mortem could be obtained.

CASE II.—Grace Waterman, aged 7. Parents poor, but she was well cared for. She was brought to the Toronto Dispensary, Dec. 23, 1884. Her mother was "poor blooded" when young, but is strong and well looking now. There are four other children, healthy; one died of measles. Father healthy. Grace has been ailing for about six months, gradually losing color, strength and appetite. Two or three weeks ago "lumps" began to appear in the neck. They grew rapidly to near their present dimensions. They are now so large as to give the neck the appearance of being larger than the head. They are soft, doughy, painless, and quite movable. The posterior cervical, axillary and inguinal glands are somewhat enlarged and hard. The spleen appeared to be slightly increased in size; liver, perhaps, slightly so. Lungs normal; heart, hæmic murmurs at apex, base and along large vessels. Temp. 100.6°; pulse 124; respiration 24. Surface very pale; lips and conjunctiva anæmic. Blood was carefully examined with Gowers' hæmacytometer. Contained 816,000 red corpuscles and 183,000 white as the average of several counts, *i.e.*, 1 white to 4½ red. The white corpuscles are nearly all very small; there are a few large ones. There are also a good number of small

\*Read before the Toronto Medical Society, March, 1886.

granules. Liq. arsen. and Vin. Ferri were ordered.

On 26th and 27th she vomited a good deal, the vomited matters containing small black fibrinous clots; similar clots keep forming in the mouth. Respiration, sighing. Cervical glands greatly reduced in size. Temperature 100.4° F.; pulse 124.

Vertigo, of which she has complained for a few days, has disappeared. An examination of the blood showed about the same number of red corpuscles while scarcely any white could be found. 30th.—Death occurred to-day, with signs of heart failure.

*Autopsy five hours after death.* Only a partial one was permitted.—Emaciation moderate. A few hemorrhagic spots on arms. The cervical, axillary and inguinal glands vary in size from a pea to a filbert. They are all hard, the cervical being in the same condition as the others. Very little blood in the vessels. Lungs healthy. About 2 ounces fluid in pericardium. Heart of normal size, surface thickly studded with hemorrhagic spots, giving it a mottled appearance. Small, partly discolored clot in right ventricle; valves healthy. Liver slightly enlarged and pale, no appearance of lymphoid growths seen. Spleen about twice normal size; structure healthy. Surface of small intestine has a grayish, mottled appearance, from enlarged Peyers' and solitary glands; kidneys and suprarenal glands, healthy; retroperitoneal glands enlarged and hard.

These two cases, though presenting such strong contrasts, are, nevertheless, I think, examples of the same disease. They serve to illustrate the extremes of the phenomena presented in Hodgkins' Disease; in the one the local glandular changes first attract attention and predominate throughout the course; in the other case the anæmia and debility were the chief symptoms, except during the few days the cervical glands were so greatly enlarged. In Patrick's case the disease ran the typical course, beginning with enlargement of the cervical glands, the usual seat of initial lesion, and gradually spreading till nearly all the glands became affected, some of them attaining great dimensions. Accompanying the gland changes was the progressive anæmia. Grace Waterman's

case presents a rare and interesting phenomenon in the disappearance of the leucocytal excess simultaneously with the sudden disappearance of the enlargement of the cervical glands. It is to be regretted that the case did not come under observation earlier, so that the condition of the blood could have been ascertained before the rapid enlargement in the cervical glands occurred. It is probable, however, that there was little, if any, excess in the white corpuscles, and that the great increase found was due to and derived from the rapidly enlarged glands. A very limited number of glands may induce a leukæmic state of the blood.\* This case appears to be a striking illustration of the truth of that statement. It is not unusual for enlarged glands to undergo a remarkable reduction in size during the last few days of life both in leukæmia and Hodgkins' Disease. And a case may present the greatest variation in the number of leucocytes in the blood from day to day, but I am not aware that any case has been recorded in which there was such coincidence in the reduction of enlarged glands and the complete disappearance of leucocytal excess as was observed in this case. Cases of Hodgkins' Disease are recorded in which the blood has suddenly become leukæmic before death; also cases of leukæmia in which the leucocytic state of the blood has disappeared while all the general symptoms persisted.†

Goodhart reports a case of remarkable variation in the ratio of white and red corpuscles from day to day. At the first examination the ratio was 60 white to 100 red; a week later 72:100; three days later 18:100; and after a few days more the ratio was normal. In this case the spleen was enlarged, and the liver and kidneys contained lymphoid growths.‡ Such cases show the necessity of repeated examinations of the blood in order to be fully cognizant of the changes it may be undergoing. They also indicate the essential unity of Hodgkins' Disease and leukæmia or leucocythemia. It would probably be well were they treated as

\* Gowers in Reynold's System; Am. Ed., vol. iii., 511.

† Osler in System of Pract. Med. by Amer. Authors, vol. iii., 895.

‡ *Lancet*, 1876, Vol. 2.

clinical varieties of the same disease. They are both diseases of the blood-making organs, though their force is spent on different sets of these organs. They are characterized by such common symptoms as progressive anæmia, irregular febrile disturbance, absence of marked emaciation, progressive debility, hemorrhages, derangement of stomach and bowels, their almost invariably fatal termination, etc. The microscopic examination of the blood furnishes the only means of diagnosing them from each other, and this may lead to a diagnosis of leucæmia one day and Hodgkins' the next. So much attention has been paid to the blood state that the common features of these two diseases have in a large measure been lost sight of.

The case of Grace W. might perhaps more properly be looked upon as one of leucocythemia than of lymphdenaosis, as many of the symptoms point rather to the former. There was an absence of the great gland hypertrophy that usually characterizes Hodgkins' Disease. In leucocythemia the glands are often found in just such a condition as they were in this case. Hemorrhages are rare in Hodgkins', while they usually occur in leucæmia. They were not profuse in this case, but they were pretty general, and they occurred from the same parts as in leucæmia, viz.: hemorrhagic spots on arms, and from nose and the digestive tract. There were spots on the heart; such are not given as occurring in leucæmia, in which there are also usually hemorrhages in various viscera and muscles—of these there were none so far as the post mortem revealed. Then gastric disturbance is much more common in leucæmia; with it there is usually also diarrhœa. The symptoms common to both that were present were the anæmia, the increased irregular temperature, slight œdema of feet and legs, the dyspnœa due to the anæmia; and, we might add, the fatal termination. The marked diminution in the size of the glands is not characteristic, it may occur during the last few days of life in either disease. The one symptom left to consider is the great excess of white corpuscles—were there evidence to show that this condition existed for some time, the case would be clearly one of leucæmia; but it is very pro-

bable that the excess was co-incident with and due to the rapid enlargement of the cervical glands, judging from the simultaneous disappearance of the leucocytal excess and enlargement of the glands. The character of the leucocytes indicates their origin from the glands—they were small and pretty uniform in size. These are the leucocytes met with in lymphatic leucæmia, as pointed out by Virchow. This case illustrates the marvellous rapidity with which the white corpuscles may disappear from the blood. What becomes of them is a mystery. Are they essentially the same as the normal white corpuscle? Did they live out the natural period of existence of a white corpuscle, or were they prematurely destroyed by some unknown agency? To these interesting questions no answers can be given in the present state of science. It is well to note here that there are certain general conditions not belonging to this group of diseases in which there is an increase in the white corpuscle. Osler, in American System of Practical Medicine (page 920), says: "In supuration there may be marked leucocytosis, also in cancer and in protracted cachectic conditions, as phthisis. In cases with large cancerous masses about stomach and omentum, or where, as occasionally happens in chronic phthisis, a greatly enlarged amyloid spleen, if the white corpuscles are much increased, care is necessary to escape making diagnosis. In diphtheria the white corpuscles may be much increased; also in purpural fever leucocytosis not uncommon."

*Pathology.*—Some have looked upon this disease as depending on a preceding blood affection—of this view Wilks is the most noted advocate. Others with Trousseau believe it may also arise from a local irritation. That the latter view is correct in some few cases is supported by such cases as that of Patrick, where localized gland enlargement apparently results from a local irritation, as stomatitis, and is followed by a generalization of the gland disease. In the majority of cases, however, the disease begins by a generalized outbreak in the lymphatic glands, which may be preceded by anæmia, thus lending support to Wilks' views. The changes occurring in the glands are not distinctive of Hodgkins' Disease. The same

kind of histological change occurs in leukæmia, and are only distinguished by the difference in degree.

In lympho-sarcoma, the microscopical characters are also identical, and the distinction is often difficult, in some impossible. Osler in American System thus sums up the section of pathology of Hodgkins' Disease.

We may recognize in the lymphatic glands:

1st. The local benign growth, which seems nothing more than hypertrophy, lymphadenoma, and which may persist for years. 2nd. A local malignant growth, lympho-sarcoma, which invades contiguous structures, and may be followed by metastasis, but there is not a general involvement of the lymphatic tissues. 3rd. There is a generalized lymphoma involving groups of glands in succession, and the adenoid tissues throughout the body, usually accompanied by anæmia alone, in which case we term it Hodgkins' Disease; sometimes by an excess of colorless corpuscles as well, when we call the affection lymphatic leukæmia.

Unfortunately cases occur lying in the borderline between the lympho-sarcoma and Hodgkins' Disease, which baffle the most skilled diagnostician to assign them to their true place.

#### A CASE OF ACUTE ALCOHOLISM.

BY J. CAMPBELL, M.D., C.M. (M'GILL), L.R.C.P.  
EDIN., SEAFORTH, ONT.

Was called to see W. R., aged 42, a grain merchant, at 8 a.m. on the 3rd of April last, and found he had a sleepless night. Was restless and taking at intervals tremors and spasms of all the voluntary muscles. He had a furred and tremulous tongue, cool skin bathed in perspiration, cold hands and feet; saw ships sailing; was going to have a great show, at which he would exhibit the now defunct "Jumbo," sometimes was buying and selling wheat per telephone; occasionally asked for his revolver. Pupils somewhat contracted, no intolerance of light, pulse steady but somewhat rapid, tongue moist, no albumen in urine. He complained of pain in the top of his head, of a boring nature, and asked me to cut the piece out.

*History.*—He has been a pretty steady drinker

for five or six years at least, and drank moderately even before that time. Sometimes drank large quantities at a time. He has a puffed-up, debauched appearance, with a red face, full of *acne roacea*. Had been from home for six weeks, and it is believed had been drinking hard. Came home two days before; was the worse of liquor when he came off the train, and was in my office pretty drunk at 11 o'clock the night before I was called. His wife said that he had eaten literally nothing since he came home.

*Treatment.*—Procured sleep with Wyeth's syrup of chloral, followed with potass. bromid. Ordered feet to be put in hot water, and cold cloths to be applied to the head. After sleep a saline purge to be given, and plenty of liquid nourishment in the form of cold beef tea, milk and raw eggs, with ice to suck—and to be kept quiet in a darkened room. Called during the afternoon and found him dancing through the house. An old friend had prescribed some whiskey—a pint having been *punished* between them—hence the revelry. Left in disgust. Was called at 7 p.m., saying that he was worse. The whiskey having evaporated, the trembling spasms returned. Treatment as before until sleep had been procured. Four men stayed with him. Was dealing extensively in wheat until he went to sleep. Called in the morning and found that he had a good night, though the medicine had to be repeated several times. Had taken a large amount of liquid nourishment as before. Dr. Elliot, of Lucknow, was with me and considered that he was doing well. This was on the morning of the 4th. Treatment continued during the day. Trembling spasms were always allayed by the medicine, and the nourishment was retained. A purgative was again ordered. Patient kept quiet. Saw him, with Dr. Elliot, in the evening. Spasms had returned—still complained of the pain in top of his head. Quite sensible in the intervals between the tremors. Was annoyed at our statement that his trouble had been brought on by drinking. On the advice of Dr. E. added one of Wyeth's pellets (gr.  $\frac{1}{4}$ ) to our previous treatment—eggs, milk, and beef tea as before. We both saw him the next morning (5th). Reported to have had a good night. Symptoms on

the whole unchanged. Still complained of pain in a small spot on the top of the head, and also of our diagnosis. Saw him again at 7 p.m. Found him sitting on the edge of his bed, smoking his pipe. Spoke rationally, but was taking spasms of the voluntary muscles every ten or fifteen minutes, when the bed would fairly shake under him. Symptoms unchanged. He wished to see Dr. Scott, to see if he would alter the diagnosis. Told the friends to get Scott, but as I had an engagement I could not be present. Dr. S. saw him about 8 p.m. Noted the symptoms and watched the spasms. Thought at first that they were partly feigned, but came to the conclusion that they were involuntary. Between spasms he talked sensibly, and still complained of the pain, and complained of the name given to his trouble. Dr. S. told him that his disease had been brought on by drinking, and the name would not alter that fact. The doctor approved of the treatment, and proceeded to give some of my medicine, giving it as his opinion that he would recover, as there were no dangerous symptoms at present. While the doctor was yet speaking he took another convulsion—severer and longer than any previous one. The head was thrown back, the eyes turned up, the pulse became weak, intermittent, then imperceptible—respiration ceased—*he was dead.*

*Remarks.*—(1.) From the manner of death we both concluded that the immediate cause of death was apoplexy, but as no post mortem was allowed our opinion could not be verified. (2.) That the cerebral hemorrhage in all probability had occurred at the spot where the severe and constant pain had been complained of, and that the pain in question had been the result of severe congestion. (3.) That the disease from the first was one form of acute alcoholism, with some anomalous symptoms which are not often present.

[*Note.*—After a discussion in which Drs. Worthington, Sloan and Young took part, and after Dr. Campbell had several questions put to him by Dr. Elliot and others, the Association agreed with both the diagnosis and treatment of the case.]

Atropine is said to be an antidote to carbolic acid poisoning.

## Selections.

[We are indebted to DR. ZIMMERMAN for the translations from the French and many of the therapeutic notes, and to DR. R. B. NEVITT for the Italian translations.]—Ed.

### PRURITUS VULVÆ.

BY M. MARTINEAU.

Pruritus vulvæ may occur in very different conditions. Sometimes it is in affections apart from the vulva, such as certain parasitic diseases, (intestinal worms, pediculi pudendi, herpes tonsurans); in vegetations of the bladder, (calculi, etc.), in vegetations and polypi of the urethra. Sometimes the pruritus is due to glycosuria, and arouses the attention of the physician to a possible diabetes. In a second category of facts, the pruritus is consecutive to divers primitive or secondary vulvites, simply local, or arising from a general diathetic or constitutional cause, such as tuberculosis, arthritis, (eczema, herpes, psoriasis, lichen). It can, again, be produced by vulvar zona, epithelioma of the vulva. We observe, again, a purely neurotic pruritus, which occurs without any apparent lesion of the mucous membrane, or the external integument in arthritic or herpetic women; some moral influence, a simple change of temperature, can give rise to it. Vulvar pruritus occurs at all ages, before puberty as well as after the menopause and during the procreative period. As a rule, it is due to local causes in the child, and to diathetic and constitutional causes in the adult. The symptoms vary greatly as to intensity and character: in slight cases the pruritus is slight, bearable, but can become a veritable torment in intensity and persistence: the patient feels an irresistible desire to scratch herself, to resort to severe and repeated frictions of the parts to calm these itchings that she cannot endure. This morbid phenomenon, sometimes so intense and so painful, cannot last long without the general health suffering: also, we soon see insomnia, loss of appetite, dyspepsia, hypochondriasis, and even convulsive attacks in women predisposed to them; often the pruritus is associated with vulvar hyperæsthesia and vaginismus. The duration varies with the

cause; generally fleeting and of rapid course in purely local affections, it often proves rebellious when due to a constitutional cause, especially herpeticism, or a simple nervous condition. In certain cases the pruritus constitutes a morbid phenomenon which by its acuteness, its intensity, its tenacity, profoundly disturbs the organism, the more so in that it sets up nervous troubles so severe that it leads the patients to solitary habits difficult to eradicate. It is not only sufficient to recognize the disease; we must arrive at the cause: this pathogenic diagnosis is in effect the source of therapeutic indications. We must treat the constitutional disease in the first place; then the local lesion, and seek to relieve the pruritus. In acute vulvitis we resort to emollients (starch poultices), to lotions of infusions of belladonna, aconite, poppies, or to a mild solution of bromide of potassium (4 gr. to ʒi.), or to chloral 10 grains to the ounce. The lotions should be warm rather than cold. Instead of poultices we may apply to the vulva compresses soaked in elder flower water or myrrh. When the acute stage is passed we employ lotions of sublimate (3 gr. to ʒi.), two or three times a day. If eczema be present, we apply at bedtime glycerole of starch, perfectly neutral with any of the following medications, 1 in 50: tannin, calomel, extract of belladonna, oil of cade, according to circumstances. Sometimes slight cauterizations with nitrate of silver are useful. Some patients get great relief from slices of lemon applied to the vulva, (Révillout). In chronic cases N. Guineau de Mussy used the following ointment morning and evening: glycerole of starch, 25 gr.; bromide of potassium, 1 gr.; subnitrate of bismuth, 1 gr.; calomel, 0.40 gr.; extract of belladonna, 0.20 gr. At the same time the following lotion:

℞ Infus. of marsh mallow . . . . . 1 litre  
Cherry laurel water . . . . . 50 gr.  
Biborate of soda . . . . . 10 gr.

Delieux de Savignac followed this lotion with applications of the following powder:

Powdered lycopodium . . . . . 30 gr.  
Subnitrate of bismuth . . . . . 10 gr.  
Belladonna root . . . . . 2 gr.

We can also use as a lotion nitrate of alumina,

0.35c. to water 50 gr. M. Besnier uses equal parts of diachylon ointment and olive oil.

Lusch, for eczema vulvæ, uses

Water . . . . . 250 gr.  
Tinct. opium . . . . . 8 gr.  
Bicarb. of soda . . . . . 8 gr.  
" potash . . . . . 4 gr.  
Neutral glycerine . . . . . 6 gr.

Dr. Tanski, of New York, recommends the following liquid to be applied 8 or 10 times a day to the itching parts by means of dressing forceps:

℞ Rose water . . . . . 20 gr.  
Oil of sweet almonds . . . . . 12 gr.  
Powdered gum arabic . . . . . 8 gr.  
Balsam of Peru . . . . . 4 gr.

M. Sinéty uses

Oil of sweet almonds . . . . . 20 gr.  
Oil of cade (genuine) . . . . . 20 gr.  
Chloroform . . . . . 3 gr.  
Laudanum . . . . . 1 gr.

The same author advises a mixture of extract of opium and belladonna in doses of 20 centigrammes; also lotions, as

Carbolic acid . . . . . 1 gr.  
Thymic acid . . . . . 2 gr.  
Alcohol . . . . . 10 gr.  
Water . . . . . 200 gr.

or—

Hydrochlorate of morphine . . 0.50 cent.  
Borate of soda . . . . . 10 gr.  
Chloroform water (saturated) . . 300 gr.

Cocaine is now used with success in vulvar affections, and may be useful in pruritus. Surgical remedies have been also tried, and M. Rehleim has excised a piece the size of a 5-francs with success.

Some cases yield to sprinkling with iodoform. General treatment is also necessary, such as sedative sulphur baths, or baths charged with carbonic acid in form of douche. In severe cases, M. Martineau uses baths of sublimate

Water . . . . . 100 gr.  
Sublimate . . . . . 10 gr.  
Alcohol . . . . . q. s.

These are especially useful in herpetic pruritus.—*Tribune Médicale*, Jan. 3rd, 1886.—*Lyon Médical*.

## DIFFERENTIAL DIAGNOSIS OF ULCERS OF THE FACE.

CHRISTOPHER HEATH, M.D., LONDON.

LUPUS.	RODENT ULCER.	EPITHELIOMA.	SYPHILIS.	STRUMA.
In young people.	In elderly patients.	In adult life.	In children.	In children.
Attacks skin of ala of nose.	Favorite position the skin of lower eyelid.	Attacks junction of skin and mucous membrane—lips, nose, eyelids.	Affects corners of mouth and margins of nose with deep scars.	Superficial eczematous ulceration, with crusting on lips and nose, leaving no scars behind.
Commences in a discolored tubercle.	Commences often in a brown horny patch.	Commences as a small irregular tubercle.	Commences often in vesicles or blebs.	
Ulceration superficial, and slowly spreading across the cheeks, healing at one part and breaking down at another.	Spreads steadily with no induration.	Infiltrates from first and extends rapidly.	In adults.	
No glandular affection.	No tendency to heal.	Glands involved.	Superficial, more or less circular multiple ulcers about any part of face, with scars of healed ones; or, deep unhealthy cavities from breaking down of gummata.	
Not usually painful.	No glandular affection.	Painful		
	Not painful.			

SACCHARINE AN INTENSELY SWEET SUBSTANCE FROM COAL-TAR.—This remarkable substance, as prepared by Fahlberg, of New York, is made from toluene, a derivative of coal-tar. It is a white, crystalline substance, difficultly soluble in cold water, more easily in hot, crystallizing out or cooling in short, thick prisms, apparently monoclinic. Saccharine melts at 200° C., partially decomposing and giving off the smell of bitter almonds. Even when the amount present is so small as one part in 70,000 of water, the neutralized solution has a distinct sweet taste—as sweet, that is, as that of one part of cane or beet-root sugar in 250 parts of water; so, therefore, saccharine would seem to possess 280 times the sweetness of ordinary sugar. Its salts possess a strongly saccharine taste. Aducco and Mosso, studying the physiological action of this body, found that frogs could be kept for days, and with impunity, in a neutralized watery solution. Dogs also exhibited no ill effects when saccharine was discovered unchanged in the urine; it seems to undergo no change in the body. It does not influence the quantity or specific gravity of the urine, nor does it cause any change in the urea and sulphuric acid excreted; the chlorides are slightly increased. The presence of saccharine in the urine delays decomposition. Stutzer, as well as Aducco

and Mosso, obtained similar results in the human subject, 5 grammes daily having no ill effect, passing away by the kidneys and appearing neither in the saliva, nor in the milk, nor in the fæces; the appetite remained unaffected. Now, 5 grammes of saccharine, it must be noted, are equal in sweetening power to more than two and a half pounds of sugar. From this it will be seen that Fahlberg's saccharine may become, in certain cases, a useful substitute for sugar. In diabetes, Dreschfeld has determined no alteration, either in the quantity of urine or in the amount of sugar passed. According to Levinstein, diabetic patients in Berlin have been treated with it for several months without experiencing any ill effects. Its use is further indicated by obesity. Saccharine has scarcely any retarding effect upon the digestion of either proteids or hydrocarbons, and in two cases of acid dyspepsia Dreschfeld found that it relieved some of the troublesome symptoms. Stutzer has noticed that when added in small quantities it increases the diastatic action of malt in presence of sugar. As an indication of other possible uses it may be remarked that Levinstein, at a meeting of the Society of Chemical Industry, in Manchester, exhibited a specimen of quinine, in which the bitter taste has been masked by the addition of a small quantity of saccharine.—*J. G. Adams in Medical Chronicle*.—*N. C. Med. Jour.*

## THE TREATMENT OF INCONTINENCE OF URINE IN CHILDREN.

There is scarcely any disease occurring among children more annoying and troublesome than incontinence of urine. It is particularly vexatious to parents, and is often regarded by them as an incurable infirmity. After their patience has been long tried, they abandon one remedy after another and look forward to puberty, when, they are told, the disease may depart, never to return. According to Dr. Day failure in treatment is frequently owing to an erroneous diagnosis of the affection; to the inefficiency with which the treatment is carried out; to its being discontinued too soon. Among the causes of enuresis, the following may be enumerated: If the urine is excessively acid or loaded with urates, the bladder becomes over-stimulated and readily discharges its contents; if the bowels be habitually costive, or there be worms in the intestines, vesical irritation may ensue; or, if the child be guilty of masturbation, there will be no chance of a cure till the habit is corrected. Weakness of the muscular coat of the bladder from general debility or anæmia is a common cause; the bladder, not being able to tolerate any quantity of urine, readily excites the motor apparatus. Dr. Day has known a troublesome case follow typhoid fever in a boy ten years of age. If the disease be owing to a long prepuce, causing phimosis, it should be removed. Sometimes no cause can be ascertained. Children two or three years of age frequently wet the bed, either from laziness or from lack of control over the bladder. It is important to remember that, even though the secretions are in perfect order, the incontinence may continue, and thus a habit may be formed which the poorer classes and stern people occasionally endeavor to correct by punishment. In some idle and dirty children such a course may be of benefit; but in others who are nervous and timid, there is the possibility of increasing the evil we desire to remove.

Enuresis is sometimes seen in connection with chronic albuminuria, and is so occasionally persistent as to require special treatment. It seems impossible to lay down a plan of treatment for general adoption; the peculiarities of constitution and habits of life must be taken

into consideration, and hap-hazard treatment guarded against. Some cases are cured or relieved by the combined influence of electricity, iron and belladonna. The successful issue is in a great measure attributable to the constant care which the mother takes in feeding the child and rigorously attending to the physician's instruction. Those cases that date from birth or have lasted for upward of a year are invariably intractable and often incurable, especially if the child be of a nervous parentage, or was delicate when born, or passes large quantities of urine. With respect to the utility of fardism there can be no question; it requires to be used regularly, and to be continued for a considerable time, but it sometimes fails altogether. When the nervous system is weak, and there is general debility, the sphincter loses its power, and urine escapes by night and day without the child's knowledge. It is in such cases as these that iron and nux vomica are of service.

If there be excess of muscular action, and the child have frequent inclination without power of control, belladonna is an admirable remedy. It occupies a prominent place as a therapeutic agent, and sometimes, when combined with iron, even in small doses, it seems to do good; but it should not be given up in obstinate cases, till either soreness of the throat is produced or dilatation of the pupils takes place. In Dr. Day's hands it has often failed when administered in any form or dose. It certainly tends to lessen irritability of the bladder, and should always have a fair trial.

Cold sponging in the morning is very serviceable in cases of enuresis that appear to have their origin in general debility. It braces up the nervous system and is a powerful tonic. The slight sensation of chilliness soon passes away without leaving any depression if vigorous friction with a towel be employed for a few minutes. In a case under Dr. Day's care, about three years ago, the cure was attributed to this simple remedy when one remedy after another had failed. The vital functions are brought into a healthier state, the skin acts better, and the appetite and digestion improve. However delicate a child may be, free sponging in tepid water, followed by a good rubbing, is of great value.—*Therapeutic Gazette.*

## ACUTE OTORRHOEA IN CHILDREN.

Under the mistaken idea that he will be compelled to buy expensive and complicated instruments, with the use of which he is unacquainted, as well as the equally erroneous notion that such treatment requires great manual dexterity and long practice, the general practitioner too often neglects the treatment of the ears of such of his little patients as suffer from otorrhœa. The results obtained by the early treatment of such cases are very satisfactory, while, as every one knows, the chronic otorrhœas are most difficult to cure. A very few applications will often stop an acute discharge, give the membrana tympani an opportunity to heal, and free the patient from the dangers and discomforts to which a neglected otitis media purulenta always exposes him. All that is needed in the way of instruments are an ordinary half-ounce rubber syringe, a little piece of wire, such as a straightened hairpin, and some absorbent cotton. Armed with these simple and inexpensive instruments, a few ounces of a one per cent. solution of carbolic acid, and a little finely powdered boracic acid, let the practitioner proceed as follows: Let him gently wash out the affected ear with the syringe and the carbolized water, warmed, using three or four syringefuls. Then let him have the nurse take the little patient to the window and allow the sunlight to fall directly into to the affected ear, while he carefully and gently dries the canal with a bit of cotton wrapped around the roughened end of the hairpin probe, straightening the canal for this purpose by drawing the concha upward and backward. Then let him have the child placed on its side with the affected ear upward; and let him fill the canal nearly full of the powdered boracic acid, plugging the meatus finally with a bit of cotton. Let him repeat this process a few times at intervals of twenty four hours, and he will be surprised to find how quickly a recent discharge will cease, and the ear regain its healthy condition. If after a week or ten days' trial he finds, as he seldom will, that the discharge does not decrease in quantity, let him throw aside the "dry treatment" and try the "wet treat-

ment," beginning with a weak solution of nitrate of silver—say five grains to the ounce—gradually increasing the strength if the discharge does not yield. In all cases and under all circumstances, however, he should not forget that here, more than anywhere else, "cleanliness is next to godliness," and that frequent syringing with a warm antiseptic solution is the only way to keep the stagnating and decomposing secretions from irritating the diseased mucous membrane and perpetuating the discharge.—*Dr. G. C. Pardee in Pacific Medical and Surgical Jour.*

CHLORAL ENEMATA IN PERSISTENT VOMITING.—Dr. Reamy, in a paper read before the Cincinnati Academy of Medicine, reported a case of hystero-epilepsy in which he removed the ovaries; the operation being followed by symptoms of peritonitis and persistent vomiting, in which the patient's recovery was apparently due to chloral administered by the rectum, previously washed out. Morphia hypodermically had to be given repeatedly to relieve the abdominal pains, but failed to control the vomiting—in fact appeared to aggravate it. Fifty grains of chloral by enema was quickly followed by cessation of vomiting and sleep. Dr. Reamy has used chloral by the rectum very successfully in the vomiting of pregnancy. Chloral is very rapidly absorbed by the rectal mucous membrane, and should not be given in larger doses than one fourth more than the dose per os. During the discussion on the paper, attention was drawn to the danger in giving chloral in cases of drunkards with feeble heart-action. Many cases have been reported where death has followed the administration of forty grains, and alarming symptoms have been caused by thirty and even twenty grains. Liebreich in his last article claims that when death follows a smaller dose than sixty grains the preparation is impure.—*Cin. Lancet and Clinic.*

COMBINATION OF IODOFORM AND NITRATE OF SILVER AS A CAUSTIC.—Dr. Matthe has employed with success iodoform combined with nitrate of silver as a caustic and alterative to chronic torpid ulcers and fistula. We com-

mence by sprinkling the ulcer or fistula with iodoform, then we apply the nitrate of silver over the whole surface, and again sprinkle all over with iodoform. Effervescence occurs with formation of nitrous acid, iodine, iodide of silver, and perhaps also nitric acid and other combinations. These different bodies act on the tissues in the nascent state. The great advantage of this method is that the cauterization is strictly limited to the surface to which we apply the caustic. The fistulae and ulcers cicatrize under an antiseptic covering of iodoform and iodide of silver. We have employed this caustic in the treatment of sinuses consecutive to resection of the hip. A fœcal fistula following a gangrenous hernia cicatrized after two applications, after all other methods had failed. It would probably be useful in ulcerated chancres.—*Nord. Med. Arkiv.—Jour. de Med. de Paris.*

#### MEDICAL EDUCATION OF WOMEN.

Miss Jex-Blake, M.D., writes in the *Times* to announce that the Scottish Colleges of Physicians and Surgeons (of Edinburgh and Glasgow) have just decided to throw open to women their conjoint examinations and "triple qualification" in medicine, surgery and midwifery. Every one interested in the subject is no doubt aware that the Irish College of Physicians opened its examinations and diplomas to women, immediately after the passing of the Russell-Gurney Enabling Act in 1876, but it is not so generally known that the Irish College of Surgeons also opened its doors last year, and that at the latter College women are now freely admitted to all the medical classes, with separate arrangements for practical anatomy only. The University of London, the Royal University of Ireland, and the Victoria University, have also opened all their examinations and degrees to women. Medical education is now, therefore, available to women both in London and in Dublin, and she hopes that classes will within a few months be reopened in Edinburgh—*Brit. Med. Jour.*

#### SOOTHING APPLICATION IN NEURALGIA.—

Mayet has presented, before the Société de Thérapeutique, the following formula for a very

neat and compact local application for use in neuralgic affections:—

Chloral hydrate.....	5 parts.
Chrystallized menthol.....	5 "
Cacao butter.....	10 "
Spermaceti.....	20 "

These constituents are mixed into a paste, which is divided into pieces about two-fifths of an inch square, and weighing about thirty grains.

Chloral thus applied in cacao butter has no local irritative effect. The part affected is to be gently rubbed with one of the squares, which is then allowed to melt at the most painful point.—*Journal de Médecine de Paris. Maryland Med. Journal.*

OBSTINATE VOMITING.—Dr. W. L. Davis (*Miss. Val. Med. Monthly*) reports a case of vomiting in typhoid fever, in which every remedy, even pellets of ice, was rejected by the stomach. He applied ice to the lower part of the spine in considerable quantity, and the vomiting immediately ceased; a profuse perspiration followed. The use of ice was only persisted in when indicated; and cool sponging was instituted with marked benefit, so that the ice was only occasionally required. Recovery in the average time took place.—*Therapeutic Gazette.*

MORRHUAL.—Morrhual is obtained from cod liver oil by shaking it up with alcohol (90°) and distilling the alcohol freed from the oil; or by treating the oil with an aqueous solution of carbonate of soda, which frees the acids at a low temperature. In both cases the oil becomes almost colorless, odorless, and approaches in character the oils obtained from animal fats. The acquired product, morrhual, is astringent, bitter, very aromatic, and crystallizes at ordinary temperature. It contains phosphorus, iodine and bromine in considerable quantities, ten to twelve times the amount in the original oils. The quantity obtained depends on the quality of the oil. The brown oil contains 4½ to 6 per cent., the yellow 2½ to 3, the white 1½ to 2. The morrhual appears to be the active principle of cod liver oil and may be given in

capsules containing three grains, equivalent to an ounce and a quarter of oil. It does not seem to excite any digestive disturbances, and seems to promote appetite and act more promptly than cod liver oil. The oil freed from morrhual acts merely as fatty matter.—*Cincinnati Lancet and Clinic, from Pharmaceutische Post.*

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### TREATMENT OF PROFUSE HÆMOP-TYSIS.

I should like to say at once that my experience with regard to the use of ergotine coincides exactly with that of Dr. West, as detailed in the *Journal* of January 16th, and I thoroughly agree with him as to why it fails in cases of profuse hæmoptysis. I have only found this remedy of use in those cases where, in all probability, the hæmoptysis would have ceased without its administration. On the other hand, I have so frequently seen it increase the hæmorrhage, that I have for some years discontinued its use, and trusted to remedies which lower vascular tension, such as nitrite of amy, or preferably, glonoine, which, although rather longer in producing its physiological effects, continues its action for some hours, and also has this advantage, that it occasionally produces nausea and diarrhoea, both useful desiderata in such cases. These preparations have often proved of the greatest value.

Another remedy of great efficacy, which was not mentioned by Dr. West, is the internal administration of a good dose of cayenne pepper, half a teaspoonful in warm water. This comes under the class of drugs which, as Dr. West says, create a temporary diversion of blood to other parts, and give time for the formation of a blood-clot, and consequent cessation of bleeding from the blood-vessel. I first saw this remedy used about fifteen years ago, when I was attending a Scotch packman, who suffered at times from profuse hæmoptysis. He said he had used it, when occasion required, for some years; and I can testify to its efficacy. Many may think this a very heroic remedy (and it certainly requires some fortitude on the part of the patient); but I have never seen any unpleasant effects result. Of late years, I have generally

given good doses of capsicine in place of it, which may be given in the form of a pill; but this does not act so rapidly as the cayenne pepper in water.

Another homely remedy, which I have seen used with success, has been a salt-and-water emetic; but this is not so certain as the former, although easier to swallow.—*Dr. W. E. Green, in Brit. Med. Jour.*

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### INFLUENCE OF LIGHT ON THE VEGETATION AND VIRULENCE OF BACILLUS ANTHRACIS.—

M. Arloing, in the *Lyon Medical*, concludes an exhaustive paper as follows: Gas light is harmful in a slight degree to the vegetation of the Bacillus Anthracis. Sunlight in summer rapidly suppresses the vegetability of the spores if its rays penetrate easily into the midst of the liquid which holds them in suspension.

Sunlight gradually diminishes the vegetability of the mycelium and transforms the cultures into a series of vaccines as certainly as heat.

These effects are produced by the entire lights, and not by certain of its constituent rays. They are in proportion to the intensity of the rays and to the transparency of the medium. Light is a very important biological agent in the life of the infinitely small.

Light is probably a faction of the attenuation of many viruses, if not of all.

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### LACTIC ACID AS A CAUSTIC.—

Dr. Moselig has applied lactic acid as a caustic in superficial tumors and growths. Five or six applications are sufficient. The healthy surrounding parts are protected by a layer of felt—the acid is then applied by repeated inunctions, or by laying a piece of cotton imbibed with it over the tumor. He covers this with a piece of cloth or gummed paper, and over all a bandage. He uses a paste composed of equal parts of lactic and pure salicylic acid. It is allowed to remain in apposition 12 hours. Then the part is carefully washed and cold water dressing applied. In 24 to 48 hours the application is repeated, and proceeds until the pathological tissue has disappeared. Pain continues for some hours but is easily supportable. The cicatrix is smooth and soft.—*Revista Medico-Quirurgica.*

## CAUSATION OF SKIN DISEASE.

In beginning this letter, I cannot resist the inclination to indicate in a few words the great importance of the new chemical researches of M. Gautier (presented before the Paris Academy of Medicine, Jan. 19, 1886), in their bearing upon the pathogeny of diseases in general, and of diseases of the skin in particular. For some time past, I have already, in several articles, expressed myself in accord with my friend, Dr. Barthélemy, that the explanation of many dermatoses of obscure origin was furnished us by the eruptions which develop after the ingestion of certain substances, especially the medicaments. In the latter case, it must be admitted that the noxious foreign element, after having been absorbed and taken up in the circulatory current, goes to act either upon the nervous system or directly upon the integument, and develops an eruption quite characteristic in the majority of cases, for the noxious substance is promptly eliminated. We insist that it would be quite logical to admit the same pathogeny for a large class of eruptions, especially for rebellious and recurrent eczemas, which are so frequently observed in certain persons, especially the gouty.

We believe that they are caused by the accumulation in the blood of these patients of the products of incomplete assimilation, tending to the impoverishment of their nutrition—products which must of necessity be injurious to the organism.

The researches of M. Gautier confirm our theory in a novel manner. For some time we have known that after death there are produced in the cadaver toxic alkaloids, to which are given the name of ptomaines. M. Gautier has demonstrated that in our organism, even during life, there are likewise produced alkaloids more or less toxic, more or less injurious, to which he has given the name of leucomaines, and which, when not destroyed by the oxygen of the blood, or eliminated either by the kidneys or alimentary canal, may, by thus accumulating in the economy, occasion morbid phenomena. Let any cause whatever, then, hinder hematosis, diminish the oxidating power of the hematics, interfere with the eliminating action of the various

emunctories of the body, and soon the blood, surcharged with toxic principles, will find itself, in relation to the skin, precisely in the same condition as if it had been vitiated by the ingestion of a medicinal substance capable of promoting an artificial eruption.

For my part, I have come to the conclusion that, from the point of view of this pathogeny, the diseases of the skin of actually known origin may be divided in four grand classes.

1. Artificial eruptions from mechanical, external cause, or eruptions directly provoked.

2. Artificial eruptions from internal cause or provoked indirectly—the pathogenetic affections of Bazin—resulting from the ingestion of alimentary or noxious medicamentous substances.

3. Eruptions depending upon the vitiation of the blood and of the entire economy by the leucomaines.

4. Eruptions of parasitic nature, animal or vegetable parasites and microbes, bacilli in particular.

I do not believe, as one of our savant professors asserted before the Academy of Medicine, that the discovery of leucomaines will prove to be the death-blow of microbial theories; I believe that the two discoveries complement each other. It is not possible to explain all by the microbes alone, or by the leucomaines alone. But in admitting the reality or these two grand causes of disease, the pathogeny of nearly all diseases seems to us clear, logical, rational, established upon a basis almost impregnable.—*L. Brocq in Journal of Cutaneous Diseases.*

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A NEAT METHOD OF PERFORMING HELLER'S TEST.—Take a very small test-tube,  $2\frac{1}{2}$  inches long and  $\frac{1}{2}$  inch in calibre: Fill one-third with nitric acid; fold one or more 3 to  $3\frac{1}{2}$  inch diameter filter papers twice, thus making a funnel, and insert its point into the mouth of the test-tube, supporting it by the forefinger holding the tube. Then pour into the funnel about a drachm of the inspected urine; it will run through quite clear and form a sharp cut white ring at the junction of the two tubes if albumen be present.—*Dr. T. S. K. Morton, in Med. News.*

## URETHAN.

This new hypnotic appears to have properties worthy of the attention of the profession. Chemically it is an ethylic ether of carbamic acid, and when pure consists of white rhomboidal crystals which are readily soluble in water. Schmiedeberg experimented with it upon animals, and von Jaksch, Jolly, and others have studied its action in man. In suitable doses it produces a deep, dreamless, natural sleep from which the individual awakens refreshed and without the unpleasant sensations which so often accompany the use of a hypnotic. It does not appear to have any special action on the circulatory, respiratory, or excretory system. The effect of the drug seems to be exclusively upon the higher cerebral centres.

Eloy, in *L'Union Medicale*, Nos. 36 and 37, 1886, reviews its use in ninety cases which have been reported, including many of heart disease, phthisis, and neuralgia, in most of which it acted promptly and satisfactorily. In phthisis it seems also to allay the cough. Restlessness and insomnia, not pain, are the special indications for its administration. The dose as a sedative is from fifteen to thirty grains, and as a hypnotic thirty to sixty grains. It is not unpleasant to take, and is best given in a single dose.

If the statements regarding the action of urethan are borne out by subsequent experience, a very valuable agent has been added to the pharmacopoeia—a powerful hypnotic acting on the higher cerebral centres, and without any of the unpleasant effects of morphia or chloral.—*Med. News.*

REMOVAL OF A TUMOR OF THE BRAIN.—Dr. J. O. Hirschfelder, of San Francisco, reports a case of brain tumor in which the disease was diagnosed, its locality mapped out, and an operation performed. The bone was removed, and the tumor found as expected. It was a gliomatous mass, however, and infiltrated so that only a part could be removed. The patient died eight days later. The symptoms pointed to a tumor of the right post-central convolution, and it was found in that locality.—*Medical Record.*

## CHLORAL HYDRATE LOCALLY.

The local application of chloral hydrate is very serviceable in many diseases, both on account of the relief of pain afforded and the cleansing of the parts. For cancerous ulceration of glands and of the uterus, phagadænic ulcerations, eczema impetigo, ulcerated legs, herpes zoster, pleurodynia and neuralgia, local employment of chloral, half an ounce in a pint of water, with a little glycerine, has been productive of much benefit. Ulcerated surfaces become healthy by comparison, discharges less offensive and pain is reduced to a minimum. These results are probably due to direct action on the peripheral nerve terminations.—*Med. World.*

FIBRO-SARCOMA OF THE MEDIAN NERVE.—At a recent meeting of the N. Y. Surgical Society, Dr. Chas. McBurney, the President, presented a tumor which he had removed in February last from a patient aged twenty-seven years, who said he had noticed a small tumor on the inner side of the right arm six years ago. The tumor had gradually grown without giving any special inconvenience or pain until a month before the operation, when he complained of slight pain in the elbow and forearm. Pressure upon the tumor produced sharp, tingling pains in the hand. The growth was situated on the inner side of the upper third of the right arm, and, when cut down upon, it was found to be fusiform in shape, and to have deep attachments, being apparently a tumor of the median nerve. On cutting through its capsule the fibres of the nerve could be seen very distinctly spread over its surface, but the major portion of the tumor lay posterior to the nerve. The entire growth with its sheath was removed, with no further injury of the nerve than the division of a few of its strands which were connected with the tumor. A part of the wound was united with catgut, and healed readily, the patient having no further inconvenience than some tingling sensations in the hand and forearm and desquamation of the epithelium of the hand, which disappeared at the end of the third week. When he examined the patient recently the only difference observable between the upper extremities

was a slightly diminished grasp in the right hand. The motions were perfect. The specimen was examined microscopically by Drs. Peabody and Ferguson, who pronounced it a fibro-sarcoma.—*Med. News.*

VANDERBILT CLINIC.—In addition to the munificent donations to the New York College of Physicians and Surgeons, made by Mr. Vanderbilt during his life, and the founding of the Sloane Maternity Hospital by Mr. Vanderbilt's daughter, still another contribution from his four sons is recently reported. The sum of \$250,000 is given for the erection and endowment of another building to be known as the Vanderbilt Clinic. There will be a free medical dispensary on the first floor, an amphitheatre for clinical purposes on the second floor, together with a number of small rooms for private instruction, or instruction in specialties.

The New York College of Physicians and Surgeons is undoubtedly now the best endowed medical college in the country. We look to that institution to take a step forward in requiring more thorough work before graduation than is demanded by other New York schools.—*St. Louis Courier of Med.*

RECTAL EXPRESSION.—Dolérís, in the number of the *Répertoire Universel d'Obstétrique et de Gynécologie* for March 10th, advises, as one of the means for preventing tears of the perineum, delivery of the head of the fœtus by rectal expression. He attributes the method to Olshausen and Ahlfeld, and describes it as consisting in the introduction of two fingers into the rectum of the parturient toward the end of the expulsive stage, carrying them as far as the mouth or under the chin of the child through the recto-vaginal wall. Then with these fingers drawn in front and above, and by suitably directed gentle pressure, the deflection of the head, which is gradually elevated to the pubic arch, is effected or completed. The free hand may be used to assist this deflection. Two points are urged by Dolérís in rectal expression: First, let it be done in the interval of contractions; second, let it not be begun until the

posterior angle of the anterior fontanelle is fully in the commissure.

Of course, the use of the fingers in the rectum for the delivery of the head is much older than the practice of Olshausen and Ahlfeld, but we have never been able to see how this method in itself furnished any greater security for the safety of the perineum than spontaneous delivery does. It can by no means increase the circumference of the vulvo-vaginal ring, and when that circumference is equal to the circumference of the fœtal head, the latter passes through without doing injury to the former. External means are quite as efficient in retarding the exit of the head until the orifice, through which it is to pass, is sufficiently dilated, and in guiding the head in the axis of the final portion of the birth canal, while they are much less repulsive; art should be an imitation of nature, and nature gives no hint for the performance of rectal expression.—*Med. News.*

UROGLANCIN AS A DIAGNOSTIC IN SCARLET FEVER.—Dr. Apery, of Constantinople, has been investigating the blue coloring matter of the urine (indigo blue, indigotin, uroglancin, uromelanin, etc., of the authors), which is met with under divers conditions in urinary sediments in the form of a dark blue crystalloid powder. It is derived by the influence of acids or fomentations from indicæ or uroxanthin, a reddish coloring matter which exists in small quantity in normal human urine, but in increased quantities in certain diseases, and in abundance in the urine of the dog, horse, and cow. Dr. Apery has found this uroglancin invariable in the urinary sediments of scarlet fever cases, deposited in small masses, notable for its blue color.—*Revista Medico-Quirurgica.*

THE URINE IN ABDOMINAL SURGERY.—Thirior (*France Méd.*) states that in cases where it is doubtful if an abdominal tumor is malignant or benign, the valuation of the urea furnishes a good diagnostic element, this diminishing in malignant cases to 12 grammes in the 24 hours. After an operative procedure, if the quantity of the chlorides is reduced below one gramme supuration is imminent.—*Revista Clinica.*

**SANTONINE.**—M. Chron's investigations demonstrate that santonine possesses an action on the smooth muscular fibres analogous to that of ergot. As it has no disagreeable action on the stomach it is preferable to ergot. Santonine is a vermifuge, not a vermicide. By producing penstalic action in the intestines which contain the entozoa it favors their expulsion without interfering with their vitality. The living worms can exist for more than a day in an infusion of *semen conlia*.

Amenorrhœa and dysmenorrhœa dependent on chlorosis anæmia and adynamia may be treated by santonine, as this substance relieves the utero-ovarian apparatus of congestion, and further, by its anpeptic action tones the general condition. The dose is 5 to 10 centigrammes before each meal. Whitehead, of Manchester, some years ago, accidentally noticed this emmenagogue action and has since used it with excellent results in many cases. Its effect appears to be most marked in chloroanæmia.—*Circulo Med. Argentino*.

**DANGER ATTENDING THE USE OF VASELINE.**—Mr. H. S. Robinson (*Brit. Med. Jour.* Feb. 13) was called to see three children, aged from 8 to 14 years, who on the previous evening had each been given about half a teaspoonful of a preparation of paraffin labelled "Paraffinum Molle, B. P.," because they were suffering from sore throat. Soon afterwards they were all seized with pains in the knees and cramps in the lower extremities, together with severe vomiting which lasted for nine hours. There were no febrile symptoms, and the children afterwards quickly recovered their usual health.

An infant loses from three to six ounces in weight during the first four to six days; by the seventh day it should have regained its birth-weight; from that to the fifth month it ought to gain about five ounces per week, or about six drachms a day; after the fifth month about four drachms a day; at the fifth month it ought to have doubled its birth-weight; and in sixteen months quadrupled it.—*Med. World*.

Russia has 33,400 physicians, including 380 females.

## Therapeutical Notes.

**ANTIPRURITIC.**—Kaposi recommends a five per cent. ointment of naphthol for pruritus, of whatever degree of severity, without eczema.

**PRURITUS.**—Parvin treated a case of general pruritus successfully by putting the patient on milk diet absolutely, and giving Fowler's solution gtts. vii. *ter die*.

**ICHTHYOL.**—Chronic, articular, and muscular rheumatism; chronic glandular inflammations are said to be rapidly relieved by friction, with a 30 per cent. ointment of ichthyol.

**TOOTHACHE.**—When caused by acidity of the saliva acting on the exposed nerves, is promptly relieved by a strong solution of bicarbonate of soda used as a mouth wash and dentrifice.

Stains of "Condys Fluid" may be readily removed from linen, etc., by immersion in urine for a short time. The stains of many fruits may be removed by the same means.

**JAUNDICE.**—Prof. Bartholow says that when the cause of jaundice has been removed salicylic acid will remove the bile pigment from the blood more promptly than any other drug.

**HICCUGH.**—Surgeon Bonavia, in the *Lancet*, reports two cases of obstinate hiccough in which cessation followed the administration of drachm doses of ergot, after all other remedies had failed.

**STRYCHNINE IN ALCOHOLISM.**—Dr. Sardier regards strychnine as a specific. He has given as high as  $1\frac{3}{4}$  grains in 24 hours without a sign of poisoning, and with the result of producing refreshing sleep.

An excellent local application for "swelled testicle" is a paste formed of equal parts of subnitrate of bismuth and water. It removes the pain at once, and gradually reduces the swelling.—*Med. World*.

## QUININE FOR HYPODERMIC USE.—

R. Quinine bisulph. . . . . gr. 60.  
 Acid boracic . . . . . gr. 2.  
 Morph. Sulph. . . . . gr.  $\frac{1}{4}$ .  
 Ag. destill . . . . . oz. 1.

## PILLS FOR BRONCHITIS AND EMPHYSEMA.—

Iodoform . . . . .  $1\frac{1}{2}$  grains.  
 Lycopodium . . . . . 6 "  
 Ext. of phellandium . . . . . 15 "  
 Divided into ten pills—from three to five daily.—*Courier Medical*.

A NEW EMMENAGOGUE.—Dr. Thomas D. Strong writes to the *Medical Press*, of Western New York, that he has frequently succeeded in cases of amenorrhœa by applying sinapisms to the breasts to produce marked irritation, but not to blister.

BREAD FOR THE SCROFULOUS.—Senna recommends the use of sea-water to make bread for children suffering from scrofulous affections. After the dough is mixed it should be allowed to stand for several hours before baking. The taste is said not to be disagreeable.

WALKING BACKWARDS.—From the report of a case (with autopsy) by Dr. Linge Mazzoti, in the *Revista Clinica*, it appears that the phenomenon of walking backwards is of no value as a diagnostic sign of a localized cerebral lesion.—*Quarterly Compendium*, April, 1886.

## TREATMENT OF PSORIASIS.—

R. Chrysarobine . . . . . 10 grammes.  
 Acid salicylic . . . . . 10 "  
 Ether . . . . . 15 "  
 Flexible collodion . . . . . 100 "

The above is highly recommended by Dr. G. H. Fox, in the *Dublin Journal of Medicine*.

RECURRENT HEADACHE IN CHILDREN.—Dr. Sturgis, in the *Boston Medical and Surgical Journal*, highly recommends fl. ext. of ergot in recurrent headache of children. He gives ten minims three times a day after meals, and continues two weeks after the disappearance of the pain. In anæmic cases he combines iron with the ergot.

TURPENTINE IN MALIGNANT TUMORS.—Prof. Vingt, of Barcelona, employs a hypodermic injection of one part of turpentine and two parts of alcohol in carcinoma and sarcoma, and has frequently succeeded in causing these neoplasms to disappear. A local inflammation, with fever, lasting eight days, was the usual consequent.—*Therap. Gazette*.

## OINTMENT FOR SYCOSIS—STELWAGON.—

Oleate of zinc . . . . . 4 grammes.  
 Oleate of bismuth . . . . . 4 "  
 Oleate of lead . . . . . 8 "  
 Lard . . . . . 16 "

M. Apply twice a day for sycosis, (non-parasitic.) The skin to be well washed daily with hot water.—*L'Union Médicale*.

APPLICATION FOR BURNS.—Grated or pounded ice, as dry as possible, is intimately mixed with fresh lard, to form a sort of paste, which is to be put in a bag of fine cambric and spread over the burned parts. Pain is quickly relieved. If it returns the application is repeated. This treatment prevents fever and diminishes the cicatricial contraction.—*L'Union Médicale*.

## A GOOD STIMULATING APPLICATION FOR A NUMBER OF SKIN DISEASES.—

R. Sulphuris loti . . . . . ʒij.  
 Hydrarg oleat (5 per ct.) . . . ʒss.  
 Ung. Aquæ Rosæ . . . . . ʒj.

M. This may be used in acne, comedo, and other disorders of the sebaceous glands.

NITRITE OF AMYL AS AN ANTIDOTE FOR OPIUM.—*L'Union Médicale* reports the case of a person who took 2 ounces of laudanum, and showed every symptom of opium poisoning—coma, small pulse, feeble and infrequent respiration (six to the minute), coldness and cyanosis. Belladonna proved useless, while inhalation of nitrite of amyl, immediately improved and ultimately restored the patient.

BATHS OF PERMANGANATE.—Hulman (*Rev. de Thérap*) recommends baths of permanganate of potash in scrofulous exanthemata, eczema, prurigo, intertrigo, and as a disinfectant during

the desquamation of scarlatina, variola, measles, the skin having been previously cleaned with soap. The strength of the solution is fifteen grains to a quart, and the patient remains in until the water becomes of a brownish tint.

IVY POISONING.—Dr. Austine Brown, of Sioux Falls, has employed bromine with unvarying success in 75 cases of rhus poisoning, using the following formula:—

℞ Bromine . . . . . gtt. x-xx.  
 Ol. olivæ sen . . . . .  
 Ol. Amygd. dulc āā . . . . . ʒj.

℥  
 Apply freely, four times daily. Wash with warm water and castile soap twice daily.

RIPLEY'S FEBRIFUGE.—In the treatment of various febrile affections of children the following is frequently prescribed at the New York Polyclinic:—

℞ Tr. aconite . . . . . gtt. vi.  
 Sp. minderer . . . . . ʒ vi.  
 Sp. ceth. nitr. . . . .  
 Tr. opii camph . . . . . āā ʒij.  
 Syr. Zingiberis . . . . . ʒi.  
 Aq. menth. pip . . . . . ad. ʒijj.  
 ℥ ʒi. o.h. 3.

ARTIFICIAL COCAINE.—Merck is said to have prepared cocaine by synthesis. Cocaine is benzoic methylegonine. Benzoic egonine is treated with iodide of methyl in slight excess in the presence of methylic alcohol at 100° C; the excess of iodide and methylic alcohol is driven off by heat; from the resultant syrupy liquid cocaine is extracted. This artificial cocaine melts at 98° like its prototype, and possesses all the reactions of the natural product.

HAY FEVER.—

℞ Powdered camphor. } . . . . . each ʒi  
 Chloroform. }  
 Ext. of belladonna . . . . . gr. 4  
 Bicarbonate of soda . . . . . gr. 20  
 Benzoated lard . . . . . ʒi

The camphor, chloroform, and extract of belladonna, are first rubbed up, the benzoated lard is then added, and finally the bicarbonate

of sodium. The ointment is applied freely within the nostrils with the little finger.

HIGH DOSES OF COCAINE.—Dr. Haymann, of Berlz, gave 15 grains of cocaine to a boy 9 years of age. In five minutes he complained of headache and nausea and fell off his chair. He became lethargic, and replied with difficulty to questions. After five hours' deep sleep he was as well as ever.

A pharmacist at Breslau took 2 grammes, with suicidal intent. He fell into a lethargic state which lasted four days, when he awoke in perfect health.

LARYNGEAL PHTHISIS.—Dr. Tauber, (*Med. News*) after several years study and experience, recommends the following for painful deglutition of laryngeal phtthisis. The application can be thoroughly made to the ulcerated parts once or twice a day:

℞ Carbolic acid . . . . . ʒ iss.  
 Tinct. Iodine . . . . . ʒ ss.  
 Glycerine . . . . . ʒ ii.

When this is applied a burning sensation is felt for a short time, but in a few seconds liquids and solids can be readily swallowed.

TREATMENT OF ITCH.—Comesatti recommends the following: 200 grammes (6½ ounces) of hyposulphite of sodium are dissolved in a litre (1 qt.) of water, and the entire body, before retiring, is treated with this solution. On the following morning the body is treated with a solution containing fifty grammes of hydrochloric acid in a litre of water. Sulphur in a state of fine division settles in the pores and remains there a long time; sulphurous acid and chloride of sodium are also formed. The affection is usually cured by a single application.

CORYZA.—Rabora has repeatedly seen benefit from the following powders, used like ordinary snuff, which also they resemble in appearance:—

℞ Menthol . . . . . 2 parts.  
 Roasted Coffee . . . . . 50 "  
 White Sugar . . . . . 50 "

℥

or—

R. Cocaine hydrochlorate . . . . 1 part.  
 Roasted Coffee and White  
 Sugar . . . . . each 50 parts.

## SOLUTION OF ERGOTINE—BONJEAN.—

Ergotine Bonjean . . . . . 1 part.  
 Cherry laurel water . . . . . 7 parts.

Dissolve by gentle heat in a water bath, allow to stand for five days; filter carefully, without disturbing the sediment. Treat with washed animal charcoal of equal weight to that of the ergotine used, leaving in contact for twenty-four hours, shaking frequently, and filter. Keep in a well-stopped bottle. This solution, amber colored, contains in a gramme almost a gramme of good ergot of rye. It keeps clear for an indefinite period.—*L'Union Medicale*.

VOMITING OF PREGNANCY.—Dr. Brusoniche reports in the *Hospitals-Fidende*, No. 29, 1885, the case of a pregnant woman who suffered from uncontrollable vomiting. After trying many things without success, the author obtained a cure by feeding his patient through a tube introduced into the œsophagus but not into the stomach; milk, broth, powdered beef, and other materials were introduced in this way and retained on the stomach; but as soon as the patient attempted to swallow, the vomiting began again. At the end of three weeks, however, the vomiting was permanently controlled, and the patient was able to take food in the ordinary way.

FORMULÆ FOR THE USE OF IODOFORM.—“An injection for catarrh of the bladder, urethritis, etc.:

R. Iodoform . . . . . 2 parts.  
 Glycerin . . . . . 5 "  
 Distilled water . . . . . 100 "

“For hypodermic injection in syphilis:”  
 Iodoform . . . . . 1 part.  
 Sulphuric ether . . . . . 5 "  
 Olive oil . . . . . 5 "

“For internal use in convulsions:”  
 Iodoform . . . . . 18 grains.  
 Iodide of potassium . . . . . 1 drachm.  
 Red wine . . . . . 2½ drachms.

℞. From three to fifteen drops in a glass of wine three times a day.

KAVA—BY DR. SANNE.—Kava (*piper methysticum*) belongs to the family of Piperaceæ. It is found in the islands of the Pacific—Society Islands, Samoa, etc., where it has been used since time immemorial by the natives for blenorragia, so common in those parts. After taking the decoction for a few days pain on micturition diminishes rapidly, and the quantity of urine increases; the discharge becomes thinner and gradually ceases, a cure being effected in ten to twelve days. The histories of six cases are given in which Kava appears to have given very satisfactory results. Two of the cases were cystitis, with spasm of the neck of the bladder, with dysuria, severe pains, and anuria. The usual remedies failing to give relief, the extract of Kava was prescribed, beginning with four pills daily, increasing to six and eight. After the second day the patients, who had suffered acutely for nearly a month, felt relief from dysuria. Soon micturition was possible without the use of the catheter; the muco-pus disappeared, and a cure rapidly ensued. The remaining cases were blenorragic—three being acute, and one chronic. In the acute cases the relief from pain was almost immediate, and a cure was obtained in twelve, seventeen, and twenty days respectively. The last case was of four months' duration, and required a month's treatment with the Kava, the daily dose reaching 12 pills, but the immediate relief from pain and scalding, and the diuresis, which in all cases followed its administration, and was followed by ease from pain and spasm, in all the cases convinced the author that the result was due to the Kava. It is well tolerated by the stomach—producing neither anorexia, eructations, nor diarrhœa. It does not taint the breath, and seems to increase the appetite. Each pill contained 10 to 1 gramme of powdered Kava. The most active part of the plant is the bark of the root. From a communication of M. Lewin, to the Medical Society of Berlin, Kava contains two resinous principles that have anæsthetic properties analagous to those of cocaine, when applied to the conjunctiva, or injected hypodermically.

The Italian Government has recently, for the first time, recognized female practitioners.

THE  
Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

To CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

To SUBSCRIBERS.—*Those in arrears are requested to send dues to Dr. W. H. B. Aikins, 68 Gerrard St. East.*

TORONTO, JUNE, 1886.

ONTARIO MEDICAL COUNCIL.

The next meeting of the Ontario Medical Council will commence in Toronto on Tuesday, June 8th. We are not aware that any very exciting questions will come up for discussion. We understand that some objections are being raised to the disproportionately large number of "school men," or collegiate representatives, as compared with the territorial representatives. It is contended by some that the so-called school men are in a large degree responsible for the fact that the standards for matriculation and graduation are not as high as they ought to be, and it is considered by the same parties that it would be better either to decrease the number of collegiate or increase the number of territorial representatives in order to bring about a more equitable balance. If the number of the former could be slightly reduced we think no harm would be done, but we hope there will be no attempt to increase the outside or any other representation, as the numbers are already sufficiently great; in fact the general impression appears to be that there are too many. Perhaps, all things considered, it would be well to let the existing order of things alone, and check as far as possible the increase in the number of representatives of the colleges.

We have always sympathized with the Council in its endeavors to raise the standard of medical education in Ontario. In fact we know of no section of its members, be they school men or otherwise, who have opposed these well directed efforts. We have referred frequently to the well known causes of partial failure in this respect, and will not discuss them now. The efforts made to attach greater importance to

laboratory and chemical teaching are worthy of all praise. The examinations are becoming more practical in their character year by year, and as a consequence more satisfactory to all concerned. We regret that the old-fashioned rule of requiring two full courses of didactic lectures in all the principal primary and final subjects is still enforced. All the changes made in recent years compel the students to spend much more time in the chemical and biological laboratories and in the hospitals. The tendency of the age is to give the students more practical and less didactic instruction, and this system should be encouraged in every possible way.

The burden that is now placed on students by the curriculum of the Council is really greater than they can bear. Something must be neglected by those who are earnest in their endeavors to take all the work prescribed. As a consequence the attendance at a second course of didactic lectures is commonly little better than a farce. Why not do away with it altogether? The question of revenue may be a serious one for the school men, but we think it can be easily settled. Let the double fee be charged, if necessary, for the single course, which under the circumstances will be more highly appreciated than the double is at the present time. The members of the Medical Council need not worry much over this aspect of the question, as the teachers in the medical schools will probably be able to take care of themselves whatever plan may be chosen.

CLINICAL EXAMINATIONS.

It is to be hoped that the Medical Council, at its next meeting, will pass a by-law instituting Clinical Examinations in Medicine and Surgery. We understand that such a law has been under consideration for some years, and that the principal objection raised has been that it would be impossible to carry it out. Now that practical examinations have been easily and successfully conducted for three years in connection with Toronto University, the objection we have mentioned falls to the ground. All will concede the desirability of ascertaining the student's practical knowledge of his profes-

sion before allowing him to obtain a license, and that it is impossible to arrive at a correct conclusion without examining him at the bedside of patients. In surgery, too, students ought to show their ability to do the simpler and more necessary operations—such as passing the catheter, plugging the posterior nares, etc. He may be called on at any moment, after he commences practice, to do these operations.

In obstetrics, how necessary it is that the examiner should be able to assure himself that the candidate can apply the forceps. It is quite possible that the student may have to use the instruments in the very first case he attends.

In medicine, many medical men have passed through life with absolutely incorrect ideas in auscultation and percussion, simply because they had not been thoroughly taught when students.

It may here be asked if the student can obtain such an education in Toronto as will enable him to pass such an examination? We say, emphatically, he can. If such requirements are made the students themselves will soon see that the facilities are afforded. The clinical instruction given in the Toronto Hospital has greatly improved during the last two years, but still greater strides must be made in the future than in the past. We hope to see the number of hours given to clinical work doubled in the coming winter session.

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#### AMERICAN MEDICAL ASSOCIATION.

The thirty-seventh annual meeting of this Association was held in St. Louis, Missouri, May 4th to 7th. The general opinion throughout the Union, so far as we can learn from the medical journals, is that it proved a success. The numbers present were large, the proceedings were conducted with scarcely any friction, the papers and discussions were fairly good, and the treatment accorded by the inhabitants of St. Louis, both medical and lay, was cordial and hospitable in the highest degree.

While we have pleasure in offering our congratulations on the measure of success attained during the last thirty-seven years, we cannot but regret the fact that such success is far short of what might have been expected from the grand army of surgeons and physicians in the

United States. During the last few years those whom we are accustomed to look up to as the leaders of the profession on this continent, are but poorly represented at the meetings, and the tendency appears to be to diminish their numbers year by year.

When we consider the status of that greatest medical organization in the world, the British Medical Association, and see how immeasurably superior it is to the American Society in every respect, we are utterly unable to evince any great enthusiasm over the results of the St. Louis meeting. Why does the American medical profession allow this condition of things? Its Association seems to have fallen into wrong hands. Who is responsible for this? It is true that a few truly representative men, such as Dr. Davis and others, are active members, but where are the rest?

During the last few years the tendency among our cousins appears to be towards the formation of special societies in the various departments of medicine, surgery, midwifery, etc., where very excellent work is being done. We have the highest respect for these bodies; but have to regret that there is only a slight bond of sympathy existing between them and the larger association. We would like to see them look up to the latter body with the same feelings of love and respect which fond children entertain toward a loving and deserving parent; but unfortunately they appear to consider it in the light of an elder brother, who, having disgraced the family, is unworthy of recognition.

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#### MEDICAL COUNCIL IN BRITISH COLUMBIA.

We are pleased to learn that a Medical Council has been established in British Columbia, with the following prominent physicians as officers: Dr. J. W. Powell, president; Dr. C. N. Trew, vice-president; Dr. J. C. Davie, treasurer; Dr. G. L. Milne, registrar and secretary. Through the kindness of Dr. Milne we have received a copy of the bill, and take from it a clause which will be of interest to those who think of entering upon practice in the province beyond the Rockies: "The Council shall admit upon the register any person who shall produce

from any college or school of medicine and surgery, requiring a three years' course of study, a diploma of qualification, provided, also, that the applicant shall furnish to the Council satisfactory evidence of identification, and pass before the members thereof, or such of them as may be appointed for the purpose, a satisfactory examination touching his fitness and capacity to practice as a physician and surgeon."

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### THE SUMMER SESSION.

The large attendance at the Summer Session conducted in the Toronto General Hospital affords ample proof of the necessity for such a course of instruction, and of its appreciation by the students. It is absurd to suppose that students can in three or four Winter Sessions master all the details necessary in the preparation for so difficult a profession as that of medicine. It is a well-known fact that the great majority of medical students spend the summer either in idleness, or in work other than professional.

The course of instruction now given is of a very practical character. About three-fourths of the work is clinical, and the didactic lectures are fully illustrated.

Our Medical Council should discuss at an early day the propriety of making one Summer Session compulsory. A large amount of practical work can be done in a Summer Course which cannot possibly be overtaken in the Winter Session. In these days when so much practical work is demanded of the students, it is becoming almost a necessity for them to devote part of their summer to its accomplishment. We make these remarks rather in the interest of the students than of the lecturers of the Summer Course. The attendance now is as large as is desirable, considering the number engaged in teaching and the facilities for work. If such a course, however, were made compulsory students would have to pay for their instruction once for all. As it is at present they pay a fee for a practical course in the summer when they feel they can do it more justice, and in the winter they have to pay for it again to procure the necessary ticket, although they have no

time to attend properly to the work connected with the course.

Another benefit of such establishment would be a more thorough organization of the Summer Session faculty, and an increase in its numbers. More thorough and better teaching would thus be done. The lecturers, who are young men, would in this way receive an excellent training for positions on the Winter Faculty. We hope the Council will take this matter into consideration.

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### ONTARIO MEDICAL ASSOCIATION.

The next meeting of this Association, which will be held on Wednesday and Thursday, June 2nd and 3rd, is likely to be the largest in the history of the organization. As we informed our readers in last issue, all the preliminary arrangements have been completed. The meeting will be opened by the President, Dr. Tye, of Chatham, in the Normal School building, St. James' Square, Toronto, at 10 a.m., on Wednesday.

Instead of the usual annual reports in medicine, surgery, and midwifery, the chairman of each committee, as appointed by the President, has been requested to choose some question of interest in connection with his subject, and read a paper on the same. It is expected that the members of the committee will join in the discussion on each paper. Such discussion, however, is not to be confined to these gentlemen, as all members taking interest in the subject are expected to take part in it. This plan was adopted for the first time in connection with this Association in London last year, and worked admirably.

The following are some of the papers promised, including the papers by chairmen of the various committees:

Dr. Gillies, Teeswater, Pneumonia (Medicine); Dr. Atherton, Toronto, Fracture of Thigh (Surgery); Dr. Eccles, London, Puerperal Albuminuria (Obstetrics); Dr. Palmer, Toronto, Disease of Eye in Pregnancy (Ophthalmology); Dr. Reeve, Toronto, Inflammation of the Frontal Sinus; Dr. Ferguson, Toronto, 50 cases of Chorea in the Lower Animals experimentally produced; Dr. McKeough, Chatham, The In-

fluence of Malaria and Quinine on Pregnancy; Dr. Turner, Parkdale, A. New Treatment for Antiversion; Dr. Hunt, Williamstown, Treatment of Laryngeal Diphtheria; Dr. Blackstock, Thoorld, Intra-cranial Injuries; Dr. Howe, Buffalo, Bacteria and the Eye; Dr. Campbell, Seaforth, Placenta Previa, two cases; Dr. Adam Wright, Toronto, Secondary Puerperal Hemorrhage; Dr. C. W. Covernton, Toronto, —; Dr. L. McFarlane, Toronto, Surgical Treatment of Diphtheritic Croup; Dr. A. Forin, Melrose, Medullary Carcinoma of Liver, notes on case; Dr. Oldright, Toronto, Two or three points in the treatment of Collis' Fracture; Dr. Henderson, Kingston, Glio-sarcoma, involving Pituitary body; Dr. Anglin, Kingston, Model of large Urinary Calculi; Dr. Dupuis, Kingston, Multiple Hepatic Abscess with petrification of Gall Bladder, and a case of Congenital Malformation of Rectum and Anus; Dr. Oakley, Streetsville, Observation on the repair of Nerve Tissue; Dr. McDonagh, Toronto, The Identity of Croup and Diphtheria.

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#### UNIVERSITY OF TORONTO.

In a recent letter from Mr. R. E. Kingsford, which appeared in the *Toronto Mail*, the following sentence occurs: "The battle against the political men and clericals, who have now the University by the throat, will be a hard one." We regret that a man of Mr. Kingsford's standing and ability has no better use for his pen.

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#### THE DIAGNOSIS OF GRANULAR DEGENERATION OF THE KIDNEYS.

Dr. Mahomet states that out of 100 cases of granular kidney found on autopsy at Guy's, only in 26 had an ante mortem diagnosis been made. He thinks that 80 per cent. of those who die from this cause do so with the disease unrecognized. Since, according to Bartels, albuminuria is no constant symptom of this form of Bright's disease, the examination with the microscope of the urinary sediments is the only means at our command for making an early and accurate diagnosis.

ONTARIO COLLEGE OF PHYSICIANS AND SURGEONS.—Following is a list of successful candidates at the College of Physicians and Surgeons of Ontario examinations:—

*For Primary:* G. Acheson, W. Armstrong, A. E. Ardagh, L. Ault, C. N. Anderson, J. Appelbe, O. R. Avison, J. W. Begg, A. D. Barnett, George Bell, A. Bradford, J. J. Brown, S. G. T. Barton, G. H. Bowlby, A. E. Bolton, R. A. E. Burns, E. Bromley, Agnes D. Craine, J. M. Cameron, Susanna Carson, D. Cameron, E. P. Campbell, L. F. Cline, S. Cummings, D. M. Campbell, G. A. Cassidy, J. G. Creeggan, D. A. Dobie, W. H. Dawson, W. H. Downing, J. M. Eaton, A. J. Errett, C. R. Francy, A. J. Fisher, J. G. Ferguson, G. A. Féré, A. Forin, J. Galloway, A. D. Graham, M. Gallagher, T. H. Halsted, A. N. Hotson, L. J. Hixon, R. R. Hopkins, J. W. Hunter, J. F. Hart, W. H. Harris, J. A. Hamilton, C. James, G. F. Jones, D. A. Kidd, C. J. W. Karn, C. B. Langford, T. H. Little, A. Lawson, A. E. Lackner, B. Lammiman, Annie Lawyer, M. Maybee, W. H. Merritt, J. A. MacMahon, J. E. Maybee, D. C. Meyers, Mary B. MacKay, P. MacNaughton, J. H. McCassey, E. A. McGrath, J. B. H. McClinton, P. McLaughlin, L. G. McKibbin, C. D. McDonald, D. P. McPhail, A. W. McCordick, J. A. McDonald, D. R. McMartin, T. G. McGannon, J. A. Neff, W. Newell, A. Ochs, J. A. Palmer, A. F. Pirie, J. Proudfoot, A. R. Pyne, R. P. Pattee, J. W. Rowan, J. L. Reeve, T. M. Robinson, J. O. Reaume, P. J. Scott, G. S. Stockton, J. R. Shannon, J. C. Smith, J. A. Scott, W. A. Shannon, A. J. Stevenson, M. Steele, T. Scales, J. W. Shillington, A. F. Tufford, O. Taylor, M. Tovell, C. A. Toole, A. F. Vrooman, T. P. Weir, W. J. Welsh.

*For Final:* F. Beemer, L. Brock, G. M. Brodie, R. M. Bateman, F. H. Brennan, E. Bromley, H. S. Birkett, W. C. Beaman, H. E. Burdett, J. M. Conerty, W. P. Caven, G. R. Cruickshank, J. M. Cleminson, J. P. Casselman, C. Collins, J. B. Carruthers, L. F. Cutten, J. I. Cassidy, G. A. Cassidy, L. F. Campbell, W. F. Gale, O. R. Cuthbertson, J. F. Campbell, J. G. Creeggan, S. S. Cornell, H. E. Drummond, D. Dunton, G. J. Dickison, W. G. Dow, W. Dow, M. L. Dixon, A. A. Dame, A. B. Eadie, jr., A. B.

Eadie, sr., A. H. Edmison, W. M. English, E. H. Earl, A. Ego, W. H. Fox, J. W. Fraser, D. E. Foley, J. M. Forster, A. Forin, D. M. Gordon, T. D. Galligan, J. H. G. Grant, R. Gibson, Wm. Giles, J. W. Hunter, R. Hillier, W. C. Heggie, George Hunt, J. W. Hart, W. W. Hay, W. B. Hopkins, J. H. Hamilton, J. A. Hamilton, F. C. Heath, J. E. Hanna, P. H. Hughes, D. R. Johnston, D. W. Kester, W. J. Logie, W. Lasgie, T. C. Lapp, M. Mather, J. C. Moffat, D. E. Mundell, S. J. Mellow, J. C. McAlister, T. McEwan, H. A. McCallum, D. McEdwards, E. McLaughlin, J. C. McCabe, George McKenzie, W. H. McKague, A. F. McVety, T. G. McGannon, C. T. Noecker, W. R. Nicholls, J. Olmsted, A. B. Osborne, P. H. Orton, J. W. Peaker, R. P. Pattee, J. L. Reese, A. B. Riddall, W. A. Richardson, L. M. Robinson, J. O. Reaume, C. M. Sanford, George Sanson, J. J. Soden, J. P. Shaw, D. Storms, J. M. Shaw, H. O. Scadding, A. F. Tracy, J. A. Tuck, C. A. Toole, S. West, R. J. Wilson, E. J. Watts, R. West, F. Winnett, G. H. Wilton, W. J. Weekes, E. W. Wright, W. H. Waddel.

UNIVERSITY OF TORONTO.—*M.B.*: A. W. Bigelow, J. C. Carlyle, W. P. Caven, H. J. Hamilton, D. R. Johnston, D. McKenzie, J. W. Mustard, C. T. Noecker, S. G. Parker, J. W. Peaker, G. A. Peters, O. Weld, J. Macoun, H. E. Drummond, W. A. Richardson, W. R. Watson. *First Year, Passed*—W. J. Armstrong, A. C. Aylesworth, W. O. Barber, J. T. Campbell, J. H. Collins, G. A. Dickinson, W. J. Early, M. E. Gillrie, F. E. Godfrey, H. McColl, C. McLachlan, R. H. Palmer, W. A. Sangster, G. Silverthorne, E. Sisley, O. Sisley, W. A. Smith, J. R. Stone, G. N. Wait, N. Walker, J. Webster, A. J. Willson, W. M. Wright, F. A. Wigle, C. J. McNamara, J. E. Bowman, M. V. Mulcahy, H. Grundy, W. R. G. Phair. *Second Year, Passed*—G. Acheson, A. D. Barnett, W. H. Clutton, G. A. Fere, J. Galloway, T. H. Halsted, G. F. Jones, A. E. Lackner, J. P. McEvoy, A. Ochs, J. A. Palmer, A. H. Perfect, A. R. Pyne, W. H. Smith, W. Hamilton. *Third Year, Passed*—G. Acheson, W. H. Clark, C. F. Durand, A. Ego, J. Guinane, D. Johnston, M. J. Keane, J. A. McMahan, I. Olmsted, J. B.

Reid, W. O. Stewart, A. B. Thompson, J. D. Thorburn, W. R. Walters.

The gold medallist is G. A. Peters, Toronto, who also carried off the Starr gold medal, awarded to the candidate standing highest in physiology, anatomy, surgery, medicine and pathology. C. T. Noecker, Toronto, first silver medal, and D. R. Johnston, Toronto, second. The scholarships: First year—(1) J. H. Collins, Toronto; (2) G. N. Wait, Trinity. Second year—(1) J. Galloway, Toronto; (2) G. A. Fere, Trinity. Third year—(1) A. Ego, Toronto; (2) I. Olmstead, Toronto.

REMOVAL OF CANCEROUS CERVICAL GLANDS BY AXILLARY INCISION.—Dr. A. O. Godfray, in the *Brit. Med. Jour.*, points out that after removing scirrhus tumors of the breast and enlarged axillary glands, conjoined examination will often detect enlarged cervical glands that could not previously be found. By the aid of the finger-nail and polypus forceps he was enabled to remove four cervical glands, all indurated, and varying in size from a split pea to a French bean. The operation requires time and patience, a drain tube, and strict anti-septic precautions.

CADAVERIC LESIONS OF THE NERVOUS CENTRES.—Dr. Baillanger, in the *Annales Médico-Psychologiques*, gives an account of some observations recently made, which tend to demonstrate that the adhesions of the membranes to the cortex cerebri, which are almost constantly found in the brains of patients who have died of general paralysis, are only produced after death, and that they ought therefore to be regarded as a cadaveric lesion. In five cases in which examinations were made less than ten hours after death, no adhesions were found.

Dr. Ripley, of New York, from experience gained in the treatment of a number of cases, has reached the conclusion that the hypodermic injection of morphia, as first advised by the late Prof. Alonzo Clarke, is in the treatment of aconite poisoning of more value than any or all other means of which we have knowledge.

NEURITIS.—Dr. Julian J. Chisholm, in *Maryland Medical Journal*, states that he has been employing salicylate of sodium for the relief of painful attacks of neuritis, whether specific or rheumatic in character, and he has found that it will subdue pain and remove congestions of the eye tissues more rapidly than any other remedy he has tried. In a dose of from twenty-five to thirty grains every four hours, the beneficial effects are often magical.

GERMAN MEASLES.—Kraatsch points out that enlargement of the cervical lymphatic glands, especially those over the mastoid process, is almost a pathognomonic sign of German measles. In most cases there is also enlargement of the glands of the axilla and groin. This glandular enlargement has never been observed by Kraatsch in cases of common measles.

At the recent session of the German Congress for Internal Medicine, in the discussion upon the operative treatment of pleuritic effusions, Prof. Jürgensen stated that for diagnostic purposes he as well as others had often thrust a hypodermic needle into the lung tissue, and that it never was followed by any bad consequences.

Dr. G. P. Best, in the *Brit. Med. Jour.*, advises the use of a syringe with air-tight piston to draw up a little of the urine; the syringe is then transferred to the nitric acid, and a small quantity of it is sucked up. This, if albumen be present, gives the well-defined ring between the two layers. The urine, if necessary, may be filtered previously.

A new Hospital for Women has been founded in London, England, which is to be under the charge of Dr. Heywood Smith. This action has been taken to indemnify Dr. Smith to some extent for the damage done to him on account of his unfortunate connection with the Armstrong case.

Dr. Henry, of Orangeville, was elected as the Representative of the Ontario Medical Council for Saugeen and Brock in the place of Dr. Douglas, deceased.

## Book Notices.

*Popular Science Monthly.* Hon. David A. Wells's third paper of the series, entitled "An Economic Study of Mexico," now running through "The Popular Science Monthly," will appear in the June number. The series will close with the fourth paper, and it promises, when completed, to be the fullest, as it will unquestionably be the most accurate, summary of the real condition of affairs, industrial, commercial, and political, in Mexico, that has appeared since the Mexican War.

*A Treatise on Bright's Disease of the Kidney.* By HENRY B. MILLARD, M.D., M.A. New York: William Wood & Co.

The first edition of this work was published in 1883, and it speaks well for the reputation of the book that it is now requisite to issue a second edition. The volume is the result of many years' experience in the hospital and laboratory, as well as an extensive private practice. The matter is original in character, and nearly all of the illustrations have been drawn by the author himself. The first seven chapters are taken up by a most exhaustive account of the minute anatomy and physiology of the kidney. The remainder of the first part is occupied by a description of the pathology of the kidney and urine. In the second part the treatment of the various diseased conditions is taken up. The many remedies which have been recommended are thoroughly discussed. The author evinces great practical experience, and gives sound, common sense views on the use of the different means of alleviation and cure of this class of disease. We can confidently recommend the book as thoroughly scientific, reliable, and practical.

*A Text Book of Pharmacology, Therapeutics, and Materia Medica.* By J. LAUDER BRUNTON, M.D., D.Sc., F.R.S. London. Adapted to the United States Pharmacopœia by Francis H. Williams, M.D., Boston, Mass.: Philadelphia: Lea Brothers & Co., 1885.

This excellent work, which was long since promised to the profession, has at last appeared, entirely re-written from the original manuscript. A prominent feature of the work con-

sists in devoting a much more extended section than is usual to general pharmacology, in which a good description of the *modus operandi* of drugs on the body in health and disease is given. A good deal of space is devoted to the physiology of the different organs in connection with the action of the various drugs upon them, hoping thereby to make the latter more easily understood and remembered by the student. In the same manner, also, the pathology is considered when it bears upon the action of the medicines. The subject of pharmacy receives less attention than in most other works, the mode of preparation only of such compositions being given as the physician himself may require to make up fresh—as for instance, some infusions. Besides the general index the book contains also a full and useful index of diseases and remedies, and a biographical index. The whole is comprised in a little over 1000 pages.

*A Compend of Pharmacy.* By F. E. STEWART, M.D., Ph.G. Based upon Prof. Joseph P. Remington's "Text Book of Pharmacy." Philadelphia: P. Blackiston, Son & Co., 1886.

This is one of a series of Quiz-compend and is simply the contents of a larger text-book "boiled down" to suit the requirements (?) of a student cramming for examination. We do not approve of this style of book, as it encourages the lazy student to cram for his examination, instead of acquiring solid and lasting information. Students will profit far more by making their own "compend" of notes as they read or attend lectures, than by resorting to small dictionaries which are merely read to be forgotten in a few weeks after the dreaded "exam." is over. On page 59 of this compend we find the following elegant sentence to aid in recalling to mind the tinctures and their strengths: Twenty-two 20 per cent. tinctures, "Cheerful Charles Ate Big German Pretzels At Zurich; Gay Anna, Vain Anna, His Gushing Cousin, Kept Monkeying Around, Looking Her Very Nicest At Charles." The initial letters of these words are those of the drugs to be remembered. Twenty 10 per cent. tinctures are to be recalled by "Our Sweet Susan Saw Me Make Indolent Charles Put BACK Tom's Choice Old Cuban Cigars Very Quickly." Eight 15 per cent.

tinctures: "Good Boys Can Have Some Sweet Choice Dates." We notice a typographical error on the 11th, 12th and 14th pages; if this occurs as frequently throughout the 196 pages the work is unreliable even for cramming.

*Diseases of the Lungs (of a specific not tuberculous nature): Acute Bronchitis; Infectious Pneumonia; Gangrene, Syphilis, Cancer and Hydatid of the Lung.* By PROF. GERMAIN SEF. Translated by E. P. Hurd, M.D., with appendices by Geo. M. Sternberg, M.D., and Prof. Dujardin Beaumetz. New York: Wm. Wood & Co., 1885.

This is one of the 1885 series of Wood's Standard Library of Medical Authors. The author is a firm believer in the parasitic origin of disease, and the pathology and treatment of the broncho-pneumonias is exhaustively dealt with on that basis. Influenza, the secondary bronchitis of measles, smallpox and pertussis are regarded as of microbotic origin, as also are catarrhal pneumonia, broncho-pneumonia, peripneumonia-notha and capillary bronchitis. The modern view that pneumonia is a specific fever, caused by a special poisonous agent—the pneumococcus of Friedlander—is upheld throughout the work, and the actions of various medicines and therapeutical measures are fully discussed, the antiphlogistic, contra-stimulant medication being henceforth considered worthy of mention only for their historic interest. In Appendix "A" Dr. George M. Sternberg describes the pneumonia-coccus of Friedlander and names it *micrococcus pasteurii*, claiming it to be identical with the parasite discovered by Pasteur in the blood of rabbits dying from artificial septicæmia. Dr. Dujardin Beaumetz in Appendix "B" gives a full description of the various kinds of bacteria, some seventy pages, with 28 illustrations being occupied by his valuable article.

*Clinical Therapeutics.* By PROFESSOR DUJARDIN BEAUMETZ. The Treatment of Nervous Diseases, of General Diseases, and of Fevers. Translated by G. P. Hurd, M.D. Detroit: George S. Davis, 1885.

That a book has in the original passed through four editions, and been translated into Spanish, Italian, Greek and Russian, is good reason for the hope expressed by the author that it will be

found useful to American practitioners. Dr. Dujardin Beaumetz has had vast opportunities for the clinical study of therapeutics, and has been an enthusiastic and diligent student. The results, are these lectures delivered in the Hospital St Antoine, Paris, this being the third and final volume; if the two preceding volumes on diseases of the heart and digestive tube, and on the liver, kidneys and lungs, even approach it in attractiveness, we can truly say *finis coronat opus*. The author is not merely an experimental or scientific therapist; his aim throughout is to "prove all things," and to "hold fast to that which is good." Each of the many new remedies of the past decade has been tried in the crucible of clinical investigation, and only after long and careful study assigned its place in the therapeutic arsenal. The subjects discussed must naturally interest every practising physician, and the manner in which they are here dealt with makes the book entertaining and useful, and worthy of the fame the author has attained throughout the world. The publisher has done his part well, the get up of the book making it an ornament to the library, and its contents cannot fail to extend the knowledge and usefulness of the reader.

*Surgical Diseases of the Kidney.* By HENRY MORRIS, M.A., M.B., F.R.C.S., Surgeon to and Lecturer on Surgery at the Middlesex Hospital, London. 12mo., 555 pages, with 6 chromo-lithographic plates and 40 engravings. Cloth \$2.25. Philadelphia: Lea Bros. & Co., 1886.

Renal surgery has been making such rapid progress during the past few years that a work specially devoted to Surgical Diseases of the Kidney ought to be welcomed as a useful addition to medical literature. Mr. Henry Morris already occupies a place in the front rank of British surgeons, and the book before us is worthy of his reputation. Commencing with a short description of the regional anatomy of the kidneys and ureters, ten chapters are devoted to misplacements, malformations, absence, etc. The next twenty-two chapters deal with renal injuries, and renal diseases of a surgical nature, in the concluding chapter the methods of performing the operations on the kidney are briefly but clearly detailed. Ten double-column

pages of index make reference easy, and at the end of most of the chapters copious references are given to the literature of the subject. Kidney disease is common to the physician and surgeon, and in Canada, where the great majority of medical men are of necessity "general practitioners," such books as Dickinson on "Renal and Urinary Affections," and "Morris on the Surgical Diseases of the Kidney" are invaluable. Mr. Morris's chapters on diagnosis are admirable, and will well repay careful study. Referring to tumors of the kidney we notice that "mobility of the tumor in respiration, and by palpation, is so far from being rare that it ought hardly to be enumerated among the exceptional symptoms." Throughout the work there is evidence that the whole field of literature, American and Continental, has been studied and laid under contribution, and the result is a manual that we can cordially commend.

*The Principles and Practice of Surgery.* By FRANK HASTINGS HAMILTON, A.M., M.D., LL.D. Illustrated with 472 engravings on wood. Third edition, revised and corrected. New York: William Wood & Co. 1886.

In reviewing a work that is written by one who has long been before the professional world as a leading teacher in surgery in the United States, and whose classical treatise on "Fractures and Dislocations" has alone been sufficient to make him famous the world over as a thoroughly scientific and practical surgeon, we shall have less to say as to the matter than as to the manner of the book. There is no attempt made to write an exhaustive treatise on surgery; disputed points on pathology are not discussed; obsolete operations and modes of treatment are not referred to, but the aim of the author throughout has been to give the student, as clearly and concisely as possible, a practical knowledge of the general surgery of the present day. This has been admirably accomplished, as far as supplying the requirements of the student go, though in some chapters, we think, there has been even too great conciseness adopted. In these days of specialism there are so many excellent treatises, both small and large, on the eye, the ear, and the teeth, that we think it would be better if such subjects were

altogether omitted, even in a work on general surgery, than dealt with in a manner that must be necessarily brief and unsatisfactory. Professor Hamilton as a surgeon is strongly conservative, and much of the operative surgery of the last decade is by him unsparingly condemned. In the chapter on anæsthetics ether is generally preferred to chloroform, and is to be given without attempting to hold down and strangle the patients and increase thereby their exhaustion; a caution that is too often disregarded. The author is throughout thoroughly antagonistic to Listerism, as far as the germ theory and the antiseptic treatment of wounds go; though acknowledging the great debt that surgery owes to Prof. Lister, whose "real secret of success has lain concealed under a series of complicated manipulations," which are characterized by Hamilton as "irrelevant and wholly unnecessary to success," which must always depend, in primary union of wounds, on 1st, a good or average state of the general health; 2nd, removal of all foreign bodies; 3rd, the presence of coagulable lymph; 4th, cleansing, closing and dressing of wounds without any unnecessary violence to the parts from the hands, sutures, adhesive strips, etc. Listerism in all its details fulfils the above requirements, and in no other way contributes to primary union, except that antiseptics are "moderately astringent and stimulant, and serve materially to resuscitate the tissues and capillary vessels which have been temporarily paralyzed by the general anæsthesia." The first part of the book deals with inflammation and its sequelæ—erysipelas, abscess, ulcers, gangrene, etc.; an excellent account of skin-grafting is given in the chapter on ulcers, but no mention is made of the value of "Martin's Elastic Bandage" in the treatment of indolent ulcers. We may notice here a defect which continues throughout the book—the omission of strengths of the various medicinal remedies used, such as lotions, ointments, etc. The sections devoted to gunshot wounds are brief and concise, but contain all that the general practitioner requires. Over two pages are rather unnecessarily, we think, devoted to the description and illustration of the post mortem appearances of the wound of the late President Garfield, no mention being made of the symp-

toms that were present, or of the treatment followed. In the treatment of syphilis Prof. Hamilton is a strong advocate of mercury in the primary, secondary, transitional, and tertiary stages, except in highly strumous diatheses, or where there is extensive phagedena or sloughing, mal-assimilation, anæmia or general debility, and most syphilitic affections of the bones. Mercury "must be introduced gradually and slowly into the system, with occasional brief intermissions, success depending less on the particular form of mercury than upon the care and judgment exercised in its administration."

In the treatment of tetanus we find no mention of nerve stretching, though successful cases have been reported. Chloral is named among a list of remedies that have been proposed or employed, but the author is of the opinion that few remedies are entitled to any special confidence, but reliance must be placed on "nutritious, good tonics, stimulants and opiates." We believe, however, that chloral administered in large doses by the rectum will relieve many cases, and occasionally cures have followed that mode of treatment. More stress might have been laid upon the absolute necessity of perfect rest and quiet, and the administration of stimulants in very large quantities.

The sections on fractures and dislocations are naturally the best in the book. The treatment advised will commend itself to everyone for simplicity and efficacy; complicated apparatus finds little favor with the author, especially when the same ends can be attained by simpler methods. Under fractures of the clavicle Sayre's treatment is not described. We notice under amputation at the hip-joint that no mention is made of Davy's rectal lever to control the abdominal vessels.

The chapters on tumors are rather disappointing; a little more detail as to diagnosis and pathology would be an improvement, without going deeply into pathological discussion on unsettled points. In his views on cancer the author believes that in most cases it has primarily a local origin; that in hereditary cases it is a predisposition or diathesis, not a specific malady that is inherited. This is probably the view at present taken by the great majority of physicians and surgeons of experi-

ence. It is in surgery of the abdomen that the author is eminently conservative, and with regard to certain operations gives no uncertain sound. In cases of intussusception in infants and children, opening the abdomen is most unhesitatingly condemned. Of gastro-tomy, "to enable the surgeon to dilate by the finger, or otherwise, a stricture of the pylorus," he says, "it is not entitled to one minute's consideration." When made for the purpose of removing a portion of a cancerous stomach, it is simply an ante-mortem dissection, and has no proper place in surgery. During the past two years medical journals have teemed with too many of these heroic operations that are, as Hamilton truly says, "simply ante-mortem examinations," and we are glad to see them so vigorously condemned by one who can speak with authority. We want more of this outspoken condemnation to check this mania for operating which seems to have taken hold of many hospital surgeons.

In speaking of syphilitic stricture of the rectum the surgeon is very properly warned against cutting or attempting to dilate by force any stricture which has a nodulated feel, and which is evidently dependent on a syphilitic constitution. Here again a wise conservatism is shown. If all fatal cases were reported, surgeons would not be so ready to interfere with the rectum surgically. The treatment of hemorrhoids by the hypodermic injection of carbolic acid, and other solutions, has, we think, been so successful, and is so simple, that it merits mention at least. Of the ligature it is said that, "it alone has endured the test of time and experience." To Bigelow's operation for stone the author, we think, scarcely does full justice. It has been now long enough before the profession to be considered superior to all other methods in certain cases, and is certainly an advance in the surgery of the bladder. The high or supra-pubic operation for stone is briefly described, but we find no mention of the after treatment, nor of the advantage gained by distending the rectum with an inflated rubber ball, which materially assists the operator and protects the peri-

In face of the fact that over a hundred suc-

cessful cases of Alexander's operation for retroflexion of the uterus, the statement of the author that "it seems incredible that any person who has acquired even the rudiments of surgical science should perform an operation so unsound in theory, and plainly so unsafe in practice," is rather too sweeping in its condemnation; even though we may not have heard of all the unsuccessful, or even fatal cases, sufficient grounds for operating exist in some cases, we believe. We cannot imagine why burns and scalds and frost-bites are not discussed in this book—they are not even mentioned—and no reason for the omission is given. Tumors of the bladder are very briefly referred to. No mention is made of perineal section and digital exploration, as practised by Sir Henry Thompson in these cases. For ruptured perineum, Hamilton strongly condemns immediate operation—an operation which depends for its success upon immediate union by adhesion, and which has to be done under every surgical disadvantage, both constitutional and local. Besides, it is impossible to decide upon the extent of the lesion immediately after the parts have been distended and distorted by labor. There are many strong arguments in support of the secondary operation.

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## Correspondence.

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### LETTER FROM GERMANY.

To the Editor of the CANADA PRACTITIONER.

SIR,—I have often thought that a medical man's success depends almost as much upon what he is as upon what he knows. In the light of this thought, a knowledge of the personality of the great men of our times should be of great value, and teach us many lessons too often overlooked or forgotten by professors, practitioners and students. This idea is my only apology for introducing a few words on Professor Schmidt Rimpler, savoring, perhaps, more of the personal than of the purely professional. His name as an oculist is so widely and favorably known as to require no further comment.

The new Eye Klinik, of which Schmidt

Rimpler is the conductor, is a beautiful and most commodious building, with every modern convenience; it accommodates about 40 beds, but with ordinary hospital crowding it would easily contain double that number. There is about the whole place an air of substantial comfort and unscrupulous cleanliness, which are very attractive, forming a silent comment of no small value upon the character of its conductor. As the professor enters the Klinik no restraint is felt; an easier, happier look comes over the faces of the patients. The students do not feel themselves held at arm's length from their teacher by a dignity and assumed superiority characteristic of a lower type of teacher and man. His rather tall, well formed figure, rapid, graceful movements, genial, expressionful eye, with an indescribable air of courage and buoyancy, at once attract and inspire respect. A gentle, quiet manner is almost necessary to success as an oculist, but Schmidt Rimpler has more than that. His thoughtful courtesy towards the poorest or most degraded patient is a lesson to students, teaching them to avoid the harsh, rough, ungentlemanly manner so often assumed by medical men, and reminds one forcibly of the fascinating courtesy towards the lowest, of Dr. Gaillard Thomas, of New York, which, as a pattern to the profession, is beyond praise. The lecture room is very well appointed, seated for about 40 students. The Klinik is practically conducted,—A patient is brought forward, and while the professor gives some broad, general explanation, or deals with a former case, one of the students is occupied in making a diagnosis; when made, this is kindly but closely criticised, and when needful, corrected. If any simple operation is required, such as removing misdirected lashes or passing a probe through the lachrymal duct, the student who makes the diagnosis treats his patient. This practical method is very valuable to the student, but I fear not always quite satisfactory to the patient.

I witnessed the other day an interesting post mortem, performed by Professor Marchand, who as university pathologist is one of Germany's tremendous workers.

A boy, 12 years of age, was brought to the Klinik about two weeks before Easter. He

was then suffering from necrosis of the left tibia, and evidence of disease in the right metatarsal bones. Shortly after admission the left leg and right foot began to swell rapidly. Little pain was suffered, and very slight deviation from the normal temperature occurred. Osteomyelitis was diagnosed; a few days later œdema of the feet began, extending upwards to the scrotum and general anasarca followed. The urine was smoky, albuminous, and contained epithelial casts. The Saturday before Easter coma supervened and temperature went down far below the normal. Death followed on Sunday.

*Post mortem*, Monday, 26th April.—General anasarca was very pronounced, the external abdominal veins large and prominent, especially on left side; dark swelling just below left shoulder, which on incision yielded dark serum with a little pus near the bone. Brain large, with evidences of œdema, but no appearance of embolus or thrombus. Lungs œdematous, with evidences of Thrombus in some of the large venous trunks. Heart large and dilated, with old decolorized, almost purulent clot in the apex of right ventricle; another not so much decomposed in right auricle. Stomach and bowels, nothing special to note. Liver very large and firm, but giving no amylaceous reaction to iodine and sulphuric acid. Spleen dark; kidneys not amylaceous, and showing very slight evidences of acute nephritis. A firm thrombus in the right renal vein. Vena cava ascendens was blocked by firm thrombus, extending to the right renal vein. Thrombi were also present in right great saphenous and left iliac veins. The left tibia was removed, and found diseased from epiphylis to epiphysis. The right metatarsal bones were removed by cutting through them with a knife, so soft were they. This case is one of great intrinsic interest, but I mention it mainly to illustrate the thorough and methodical manner in which pathological work is done here. A careful and detailed account is taken of each post mortem during its progress and kept, as in all institutions where Pathology is systematically studied.

Professor Rosa, in his surgical Klinik, has at present a most interesting case. About 10 months ago a young man was brought to the

Klinik, who had for some time previous been suffering from a series of abscesses that had been persistently forming about the neck and right scapula. After coming into the hospital several new sacs of pus were opened, but no permanent improvement resulted. After careful observation Rosa concluded that the source of the pus was deep, and diagnosed mediastinal abscess; removed a portion of two ribs in front, found his diagnosis correct, the abscess being so deep that Professor Rosa's finger, which is exceptionally long, could with difficulty reach its farthest limit. He thought, and still thinks, that the abscess originated in the lung. Rapid recovery from the peripheral abscesses followed operation; the central abscess was carefully washed out and free drainage maintained. The patient is now well nourished, and able to go about the street, and the abscess cavity is gradually closing. The case is one of great interest, but requires no special comment.

The University here is large and important; over one thousand students are at present in attendance.

J. H. DUNCAN,  
(of Thamesville.)

Marburg, May 5th, 1886.

To the Editor of the CANADIAN PRACTITIONER.

SIR,—My attention having been called to a recently introduced hypnotic, bromidia, I find the taste of chloral hydrate unmistakably present in it. On the addition of liquor potassae the odor of chloroform may be observed. I thought it well to point out in your columns one of the vehicles of this drug, so assiduous and dangerous in its habitual use, however serviceable its occasional and judicious administration may be.

I am, yours sincerely,

WM. OLDRIGHT.

Mr. Addison, in the House of Commons, three times attempted to make a speech upon a pending question, and each time stopped after uttering the words, "Mr. Speaker, I conceive." A witty member, after the third attempt, arose and remarked: "I regret exceedingly that my friend has conceived three times and has yet brought forth nothing. It is a manifest case of false conception."

## Meetings of Medical Societies.

### HAMILTON MEDICAL AND SURGICAL SOCIETY.

Regular monthly meeting held at the Royal Hotel, May 4th. Dr. Stark, President, in the chair. After the routine business, the following interesting case was brought before the society:

#### STRANGULATED AND RUPTURED OVARIAN CYST. —PERITONITIS.—FATAL.

Dr. Malloch exhibited a strangulated multi locular ovarian cyst, and gave a history of the case, which unfortunately proved fatal.

When called to see the case the patient had been suffering from Friday till Monday morning, and there was general peritonitis, a tense, acutely painful tumor was to be felt on the left side of the abdomen, stretching up from the left iliac fossa to near the false ribs. He advised operative interference as the only means offering a chance of life. When the peritoneum was opened masses of thick, tenacious, jelly-like substance escaped with blood-clots. The tumor lay so far to the left that it could not be touched. The wound was then enlarged to five inches; the tumor could not be brought into view until some of the inflamed and distended bowels had escaped. A trocar was passed into the black tense cyst when brought to the wound, but nothing flowed through it. The tumor was then slowly drawn out, and in doing so a cyst upon the anterior and superior surface of the tumor was seen discharging its contents, which were similar to that which had escaped from the abdominal wound. The pedicle was then untwisted, and a ligature applied with the Staffordshire knot; the tumor was then cut away. The first ligature broke, and had to be replaced by three separate ligatures; sponge after sponge was then removed loaded with jelly-like substance and blood. The patient showed signs of collapse, and washing out of the abdominal cavity could not be done. Some difficulty was experienced in returning the distended bowels. A drainage tube was left in and the wound closed with stitches very closely applied. The patient recovered from the shock, but died in

thirty-six hours, delirious—temp. in axil'a 106 $\frac{2}{3}$   
 F. Nothing could be sucked through the drainage tube after the first four hours, so it was removed. He stated that this was the second case of strangulated ovarian cyst that he had met with; that out of three cases of ovarian or parovarian cyst seen in two years, two of them were thus complicated. The first case of strangulated ovarian cyst, which was successful, he had reported to the Society in '84. From this experience one would be inclined to infer that strangulation was not an uncommon event in the history of ovarian disease. This, however, is not the case, as in Mr. Lawson Tait's first one hundred ovariectomies he had only once met this complication, and many ovariectomists had never met with this unfortunate complication. This case he thought was peculiarly interesting. It occurred on the left side, whereas by far the greater number of cases are right-sided; to his mind it completely refuted Mr. Lawson Tait's theory with regard to the twist of the pedicle in these cases. Dr. Malloch's first case was right-sided, direction not noted, but in this case the direction and degree were seen by all present. In general, as he understands it from Mr. Tait's book, the direction of the twist in right-sided cases is from below outwards to the right, then across to the left, and that the direction is given by the infringement of masses of fæces passing down the sectum. In this case the direction of the twist was from the middle to the left, and then around towards the pubis, the rectum being in its normal position. He thought the twist would be the very reverse were it due to the passage of fæces down a left side rectum. From a diagnostic point the case was interesting, as the tumor lay over the descending colon, and did not reach the middle line; the length of the pedicle could not have been three-quarters of an inch. The patient had been operated upon for ovarian disease some fourteen years before by S. Keith, of Edinburgh. In his first case Dr. Malloch advised an operation to remove tension in the abdominal cavity affected with peritonitis, not knowing the cyst was strangulated, and he thinks that with symptoms of peritonitis, and an abdominal tumor likely at all to be removed an operation is called for.

## DISCUSSION.

Dr. A. Woolverton said he thought the case a very interesting one, and had the operation been performed earlier the patient might have had a better chance of recovery. Dr. Leslie advanced a theory to account for the twist in the pedicle, supposing the cyst to have first ruptured and set up inflammation and distension of the abdomen, thus causing the twist. Drs. Philp, Mackelcan, Shaw and McCargow, made some remarks. Dr. Hillyer read a medico-legal paper bearing on a case in his practice, which was freely discussed.

F. E. WOOLVERTON,  
 Secretary.

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 Personal.
 

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Dr. Pomeroy, of Dresden, sails for Europe in June.

Drs. Hodget's and Chas. J. Hastings are in England.

Dr. Hodge, of Mitchell, has returned from Vienna.

Dr. D. W. Montgomery has commenced practice in San Francisco.

Dr. J. A. Carbert has commenced practice at Grand Rapids, Mich.

Dr. J. W. Patterson, of Harrowsmith, comes to Toronto early in June.

Dr. M. H. Aikins, of Burnhamthorpe, has gone to the North-West for a month.

Dr. and Mrs. Richard L. MacDonnell, of Montreal, sailed for England, May 27th.

Dr. L. L. Hooper has returned from Vienna and gone into partnership with Dr. Hyndman, of Exeter.

Drs. Leeming, Hamilton, Thos. J. McDonald, Noecker, Bateman and Wood, graduates of this year, have sailed for England.

Dr. E. E. King has been appointed Asst. Surgeon, Royal Grenadiers, *vice* Ryerson promoted and McCollum resigned.

The Honorary Degree of LL.D. has been conferred upon Mr. Jonathan Hutchison, of London, by the University of Glasgow.

Dr. Ralph Leslie, of Toronto, has been decorated with the Order of Leopold by the King of the Belgians, for his services on the Upper Congo.

Dr. Davidson, of Charles street, Toronto, has been appointed Professor of Materia Medica and Therapeutics in the place of Dr. Kennedy, resigned.

At the recent election for Senate of University of Toronto, W. G. Falconbridge, M.A., Q.C., Adam Wright, B.A., M.B., and W. C. Foster, LL.B., Q.C., were elected for the ordinary term of five years.

At the recent meeting of the American Medical Association, held at St. Louis, Dr. N. S. Davis, of Chicago, was chosen to act as President of the International Medical Congress, and Dr. Jno. B. Hamilton, Surgeon General, as General Secretary.

Drs. Tye and Holmes, of Chatham, Presidents of the Ontario and Canada Medical Associations, respectively, start on a trip to Europe in June. Well do these two earnest workers in our laborious profession deserve a holiday, and we wish them all the pleasure and profit possible to be derived from such a tour.

The following have been elected officers of the Toronto Medical Society for the ensuing year: President, Dr. McPhedran; 1st and 2nd Vice-Presidents, Drs. Nevitt and Machell; Recording Secretary, Dr. Peters; Corresponding Secretary, Dr. Cochrane; Treasurer, Dr. Spencer; Council, Drs. Atherton, Graham, and Reeve.

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### Miscellaneous.

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A new society, to be called the Therapeutical Society has been organized in Boston.

After the accident to the *Oregon* the medical officer, the chief officer and the captain were the last three to leave the sinking vessel.

Absolute cleanliness, rather than chemical substitutes for that virtue, should be our constant companion in the practice of the obstetric art.

**ANTIDOTE TO ATROPINE.**—Hoffman recommends a solution of tannin of the strength of one teaspoonful in a glass of water as an antidote to atropine poisoning.

**REFRIGERANT MEDICINE.**—In the diary of a young lady crossing the ocean the following memo. was found: "At eight o'clock in the evening I took a pill; at six in the morning I passed an iceberg."

Irish tramp—"Is this a lying-in-hospital, mister?"

Janitor—"Yes, this is a lying-in-hospital."

Tramp—"Then I guess it's the right place for me, for I've been lying out these three nights."

**WYETH'S LIQUID MALT EXTRACT**, containing all the nutrient properties of malt, with the least possible amount of Alcohol. This is not a beverage but a most agreeable and valuable nutrient, tonic and digestive agent, containing a large amount of nutritious extractive matter and the smallest percentage of alcohol found in any liquid preparation of malt. Since the introduction of this preparation to the medical profession, about eighteen months since, it has steadily grown in favor, and those who have given the subject of Malt Extracts the most careful study and investigation, are unanimous in endorsing all the claims Messrs. Wyeth & Bro. have made for it.

**ELECTRICITY IN OBSTETRICS.**—W. T. Baird, M.D., in an able treatise under this caption, in *American Journal of Obstetrics*, recognizes the importance of electricity in obstetrics, and of the reliability in electrical apparatus, says: Any good, reliable induction apparatus will answer, but it must be reliable and in perfect order, otherwise it will most likely fail at the very moment its services are most required. I use one which was manufactured by Dr. Jerome Kidder for Dr. Heed and myself sixteen years ago; and it is still reliable, although having been in constant use during all that time. This is the one he calls "The physician's visiting machine;" but when it is not convenient to carry one so bulky, I use a "Pocket induction apparatus," also manufactured by J. Kidder. This is very convenient, and gives all the current which could be required in any case. The only objection to it is that, if its use is required for longer than one hour, it will be necessary to recharge it.—*Medical Times*.