

Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best copy. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

L'Institut a essayé d'obtenir la meilleure copie. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- | | | | |
|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Coloured covers /
Couverture de couleur | <input type="checkbox"/> | Coloured pages / Pages de couleur |
| <input type="checkbox"/> | Covers damaged /
Couverture endommagée | <input type="checkbox"/> | Pages damaged / Pages endommagées |
| <input type="checkbox"/> | Covers restored and/or laminated /
Couverture restaurée et/ou pelliculée | <input type="checkbox"/> | Pages restored and/or laminated /
Pages restaurées et/ou pelliculées |
| <input type="checkbox"/> | Cover title missing /
Le titre de couverture manque | <input checked="" type="checkbox"/> | Pages discoloured, stained or foxed/
Pages décolorées, tachetées ou piquées |
| <input type="checkbox"/> | Coloured maps /
Cartes géographiques en couleur | <input type="checkbox"/> | Pages detached / Pages détachées |
| <input type="checkbox"/> | Coloured ink (i.e. other than blue or black) /
Encre de couleur (i.e. autre que bleue ou noire) | <input checked="" type="checkbox"/> | Showthrough / Transparence |
| <input type="checkbox"/> | Coloured plates and/or illustrations /
Planches et/ou illustrations en couleur | <input checked="" type="checkbox"/> | Quality of print varies /
Qualité inégale de l'impression |
| <input checked="" type="checkbox"/> | Bound with other material /
Relié avec d'autres documents | <input type="checkbox"/> | Includes supplementary materials /
Comprend du matériel supplémentaire |
| <input type="checkbox"/> | Only edition available /
Seule édition disponible | <input type="checkbox"/> | Blank leaves added during restorations may
appear within the text. Whenever possible, these
have been omitted from scanning / Il se peut que
certaines pages blanches ajoutées lors d'une
restauration apparaissent dans le texte, mais,
lorsque cela était possible, ces pages n'ont pas
été numérisées. |
| <input checked="" type="checkbox"/> | Tight binding may cause shadows or distortion
along interior margin / La reliure serrée peut
causer de l'ombre ou de la distorsion le long de la
marge intérieure. | | |
| <input checked="" type="checkbox"/> | Additional comments /
Commentaires supplémentaires: | | Includes index. |

The Canadian Practitioner and Review

ADAM H. WRIGHT, B.A., M.D.

W. H. B. AIKINS, M.D.

EDMUND E. KING, M.D.

VOL. XXXI.

JANUARY TO DECEMBER, 1906

TORONTO:
THE CANADIAN PRACTITIONER AND REVIEW

1906



INDEX TO VOL. XXXI.

LIST OF CONTRIBUTORS

- Alkins, W. H. E., M.D., Toronto.
 Anderson, H. E., M.D., Toronto.
- Barbour, A. H. Freeland, M.D., Edinburgh;
 Scotland.
- Barr, Sir James, M.D., Liverpool, England.
 Baugh, James, M.D., Hamilton.
 Belfield, William T., M.D., Chicago, Ill.
 Bingham, George A., M.D., Toronto.
 Brown, J. Price, M.D., Toronto.
 Brunton, Sir Lander, M.D., London, Eng.
 Bushnell, F. G., M.D., Brighton, Eng.
 Burrows, P. Palmer, M.D., Lindsay.
- Cameron, Sir Hector C., M.D., Glasgow,
 Scotland.
- Chambers, Graham, M.D., Toronto.
 Clarkson, F. A., M.D., Toronto.
 Copp, C. J., M.D., Toronto.
 Crawford, William, M.B., Toronto.
- Duncan, J. T., M.D., Toronto.
 Dickinson, Vincent, M.D., London, Eng.
- Fenton, Frederick, M.D., Toronto.
 Ferguson, John, M.D., Toronto.
 Fitzgerald, John Gerald, M.B., Baltimore,
 Md.
 Frederick, E. V., M.B., Albany, N.Y.
- Griffith, W. S. A., M.D., Toronto.
- Hall, Ernest A., M.D., Victoria, B.C.
 Hamilton, H. J., M.D., Toronto.
 Hattie, W. H., M.D., Halifax, N.S.
 Hayd, Herman E., M.D., Buffalo, N.Y.
 Hicks, Everett S., M.D., Port Dover.
 Horsley, Sir Victor, M.D., London, Eng.
 Hunter, John, M.B., Toronto.
- Kassabian, N. H., M.D., Coopersville, Mich.
 Kelly, Howard A., M.D., Baltimore, Md.
 King, Edmund E., M.D., Toronto.
- Lorand, Arnold M.D., Carsbad, Austria.
- Macmurchy, Helen, M.D., Toronto.
 MacAlister, Donald, M.D., Cambridge, Eng.
 Manton, W. P., M.D., Detroit, Mich.
 Marlow, F. W., M.D., Toronto.
 Morton, John P., M.D., Hamilton.
- McIlwraith, K. C., M.D., Toronto.
- Park, Roswell, M.D., Buffalo, N.Y.
 Patterson, Ernest, Toronto.
- Ross, George W., M.B., Toronto.
 Ross, J. F. W., M.D.
 Robinson, Arthur, M.D., Birmingham, Eng.
 Romberg, E., M.D., Tuebingen, Germany.
 Ryerson, G. Sterling, M.D., Toronto.
 Rudolph, Robert D., M.D., Toronto.
 Rutherford, R. W., M.B., Chatham.
- Saundby, Prof. R., Birmingham, Eng.
 Senn, Nicholas M.D., Chicago, Ill.
 Shuttleworth, C. B., M.D., Toronto.
 Snyder, R. G., M.B., Toronto.
 Sprague, James S., M.D., Stirling.
- Tweedy, E. Hastings, M.D., Dublin, Ire-
 land.
- Unna, P. G., M.D., Hamburg.
- Wright, Adam H., M.D., Toronto.
 Wright, Sir Almoth Edward, M.D., Lon-
 don, Eng.

EDITORIALS

	Page		Page
Adulteration of Foods	219	Carnegie Institution at Washington ...	220
Amalgamation of Societies in New York, The	91	Dean Geikie's Semi-Centenary	345
American Association of Obstetri- cians and Gynecologists	568	European Tour of Work and Recrea- tion	407
Anti-Vaccinationist, The	397	Euthanasia	275
British Medical Association	89, 232, 348, 396, 447 and 575	Fatal Smile, The	32
Brief History of the British Medical Association	523	Female Medical Students and the University of Toronto	163
Canadian Medical Protective Associa- tion	90	Game of Football, The	708
Canadian Hospitals in India and China	345	Hamilton Medical Society	100
Canadian Medical Association, The...	650	Hospital Organization	706

	Page.		Page
International Medical Congress ..	100, 392	Review of a Text-book on Obstetrics.	36
International Tuberculosis Congress..	673	Rugby Football, The	650
Medical Items	102	San Francisco Catastrophe	346
Metric System	181	Sanatorium Treatment of Pulmonary Tuberculosis	653
Midwifery as They Have It in Britain	271	Scopolamine-Morphine Anesthesia	31
Milk	649	Schools, Gardens and Public Play- grounds	399
Muskoka Cottage Sanitarium	274	Second International Congress on School Hygiene	162
New Hospital for Toronto	90	Senate of the University of Toronto.	653
New Epileptic Hospital	440	Sir A. E. Wright's Visit	651
New Provincial Board of Health.....	574	Smallpox and Vaccination	218
Nicholas Senn Club, The	163	Teaching of Midwifery in England... Technique to be Observed in the Operating Room of the Toronto General Hospital	94
Notés	92, 166, 221, 284, 357, 401, 443, 532, 575	Toronto General Hospital	273
Nova Scotia En Avant	398	Toronto Western Hospital	440
Ontario Medical College for Women, The	394	Transportation Arrangements for the British Medical Association	356
Ontario Medical Council	442	Treatment of Appendicitis, The	707
Practical Instructions in Operative Surgery	400	Trunk Sewer for Toronto, A.....	705
Puerperal Eclampsia	648	University Commission	273, 276
Recommendations to the University Commission	35	University of Toronto, The.....	707
Regulation of Prostitution, The	164		

OBITUARY

	Page		Page
Arnott, William Joshua, M.D.	40	Jukes, Augustus, M.B.	39
Armstrong, William, M.C.P. and S.O..	106	Kane, John L., M.D.	106
Armstrong, George S., M.D.	658	Kyle, W. H., M.D.	289
Baker, Milton, M.D.	107	Lapsley, Frederick, M.D.	107
Ball, William Albert, M.D.	715	Lefevre, John Matthew, M.D.	579
Boyer, J. W. R., M.D.	169	Lemon, Benjamin H., M.D.	39
Buller, Frank, M.D.	105	MacCallum, John Bruce, M.D.	289
Cameron, William M., M.D.	106	Moake, John Wesley, M.D.	290
Campbell, Geo. J., M.D.	536	McFaul, John Henry, M.D.	35
Carbert, Joseph, M.D.	536	McIntosh, W. A., M.D.	498
Cook, Alexander H., M.D.	106	McLean, A. K., M.D.	536
Cowan, Francis Percival, M.D.	657	Pringle, George, M.D.	169
Croft, John, M.D.	40	Ranney, Ambrose Loomis, M.D.	40
Daly, Harry A.	715	Sanderson, Sir John Burdon, M.D.....	40
Digby, J. W., M.D.	418	Slaven, John Wallace, M.D.	498
Douglas, William John, M.D.	290	Stark, Mark Dugald, M.D.	290
Earley, John William, M.D.	106	Stark, William Geddes, M.D.	39
Eastwood, W. Franklin, M.D.	579	Stewart, James, M.D.	714
Elliott, J. J., M.D.	536	Stewart, James, M.D.	657
Farrell, Capt. Louis P., M.D.	657	Stinson, John Caplin, M.D.	657
Fulton, Reginald, M.D.	169	Strange, Orlando Sampson, M.D.	106
Greenaway, Minerva, M.D.	579	Thompson, George W., M.D.	106
Jacobi, Mary Putnam, M.D.	418	Thompson, Alexander, M.D.	289
Jakeway, Charles Edwin, M.D.	227	Wallace, Matthew, M.D.	225

BOOK REVIEWS

	Page		Page.
A Short Practice of Medicine, by Robert A. Fleming	581	Chemistry, by John Attfield	717
Atlas of Typical Operation in Surgery, by Dr. Ph. Bochenheimer	537	Combined Treatment in Diseases of the eye, by G. Herbert Burnham	716
Bacteriology and Surgical Technic for Nurses, by Emily M. A. Story ...	42	Culbreth's <i>Materia Medica</i>	108
		Differential Diagnosis and Treatment of Diseases, by Augustus Caille..	228

	Page.		Page
Diseases of Infancy and Childhood, by L. Emmett Holt	229	Manual of Disease of Infants and Children, by John Ruhrah	43
Diseases of the Skin, A Treatise on, by Henry W. Stelwagon	43	On Common Ground, by Sidney H. Preston	416
Diseases of Infancy and Childhood, by Henry Koplik	170	Operating Room and the Patient, The, by Russell S. Fowler	659
Diseases of Metabolism and of the Blood, Animal Parasites, Toxicology, by Richard C. Cabot	228	Peter's Self-Registering Electric Target, by Lieut.-Col. Geo. A. Peters	417
Diseases of the Nose and Its Accessory Sinuses, by H. Lambert Lack	580	Practice of Pediatrics, by Walter Lester Caer	580
Ear and Its Diseases, The, by Seth Scott Bishop	582	Primer of Psychology and Mental Disease, by C. B. Burr	716
Elementary Manual of Regional Topographical Dermatology, by R. Sabouraud	537	Progressive Medicine	44
Examination of the Function of the Intestines by Means of the Test Diet, by Charles D. Aaron	581	Progressive Medicine, Vol. VIII, by H. A. Hall	537
Green's Encyclopedia and Dictionary of Medicine and Surgery	532	Progressive Medicine	659
Green's Encyclopedia of Medicine and Surgery	717	Prophylaxis and Treatment of Internal Diseases, by F. Forchelmer	537
Hand-Book of Intestinal Surgery, by Leonard A. Bidwell	41	Reference Hand-book on the Diseases of Children, by Ferdinand Fruhwald	416
Hand-Book of Electricity in Medicine, by W. H. Guilleminot	538	Saunders' New Books	538
In the Van, by Dr. Price-Brown	718	Signs of Internal Disease, by Pearce Kintzling	229
Introductory Physiology and Hygiene, by A. P. Knight	42	Surgical Suggestions, by Walter M. Brickner	580
Lecture on Auto-Intoxication in Disease or Self-Poisoning of the Individual, by Ch. Bouchard	659	Text-book of Physiology, by William H. Howell	41
		Text-book of Pharmacology and Therapeutics, by Arthur Cushing	108
		Text-book on Modern Materia Medica and Therapeutics, by A. A. Stevens	170
		Text-book of Materia Medica, Therapeutics and Pharmacology, by George F. Butler	415
		Treatise on Surgery, by Geo. R. Fowler	415

ARTICLES

	Page		Page
Abnormal Conditions and Treatments—Faucial-Tonsils	690	Aortic Aneurysm, Oesophageal Symptoms in	597
Abortion in General Practice, Treatment of	155	Appendicitis Pelvic	339
Abortion, The Treatment of	263	Appendicitis and Allied Troubles	374
Abortion, Treatment of	541	Arteriosclerosis, Causes and Treatment of	110
Abstract of the Oration in Surgery	197	Arterial Angioma of the Scalp	113
Abscess, Observations upon the Cause and Treatment of Perineal	437	Arteriosclerosis in Children	267
Abscess of the Kidney in Convalescence from Typhoid Fever	595	Arteriosclerosis, Treatment of	291
Accident to a Singer, Peculiar	29	Arteriosclerosis, Experimental	297
Acidum Picricum	564	Arteriosclerosis, The Treatment of	479
Acetonemia in Children	329	Astigmatism, A Cause of Vomiting in School Children	158
Acetone and Diacetic Acid in the Urine	269	Atrophy, Cataract and Optic Ner	76
Action and Uses of Digitalis in Cardiac Failure	265	Babinski's Sign, Occurrence in Normal People During Sleep	638
Address in Medicine	481	Bacturia	589
Address in Surgery	486	Biliary Lithiasis and Pancreatitis	540
Address in Obstetrics	493	Blastomycosis Generalized	583
Address on Anatomy	499	Blennorrhoea, Treatment in Women	517
Adenopathies in Affections of the Nasal Fossae	26	Burnside Hospital, Directions in	544
Alkaloidal Vs. Fluid Medicines	180	Cancer, Influence of Light in the Production	291
Anastomosis of the Vas Deferens	642	Cancer of the Breast	292
Angioma of the Palate	28	Cancer of the Tongue	434
Ante and Post-Partal Examinations	144	Calcification of Aorta in Rabbits after Injections of Adrenalin	267
Antithyroidin Exophthalmic Goitre, Results with	237		
Antitoxin, Ten Years' Experience with Diphtheria	110		

Page	Page		
Carbuncles and Furuncles, a New Treatment for	233	Extirpation of the Larynx	30
Carcinoma is a Parasitic Disease	110	Exercise for the Lungs	645
Carcinoma, Supraclavicular Lymph Nodes in Gastric	179	Exophthalmic Goiter, Methods of Treating	698
Carcinoma, Gastric	340	Eye, Conservative Treatment of Severe Injuries to the	159
Carcinoma, International Study of ..	363	Faucial Tonsils—Abnormal Conditions and Treatments	690
Carcinoma of the Liver, a Case of Primary	551	Fetus in Utero, Position of	243
Carcinoma, The Early Diagnosis of Gastric	595	Fever, Disturbances of Hearing During	25
Carcinomata of Liver—Clinical Case..	696	Fever During Menstruation as an Early Sign of Tuberculosis	263
Cataract and Optic Nerve Atrophy...	76	Formalin in the Treatment of Diseases of the Ear, Nose and Throat	27
Cervix, Post-Partum Repair of the...	22	Formaldehyde Disinfection of the Tubercle	111
Cervix, The Methods of Artificially Dilating During Pregnancy	268	Functions of the Omentum	341
Chronic Heart Disease, Artificial Nauheim Baths in	65	Further Observations of Citrate of Soda	704
Cirrhoses of the Liver, The Treatment of	359	Gall Bladder and Biliary Passages ...	644
Citrate of Soda, Use of in Infant Feeding	704	Gall Stones—Clinical Case	696
Citrate of Soda, Further Observations of	704	Gastric Ulcer	127
Clinical Cases	696	Gastric Ulcer	698
Cold Air in Various Diseases and for Healthy People	85	Gastrostomy, Stricture of the Oesophagus with	702
College of Physicians and Surgeons in Ontario	378	Gastrosuccorrea Intermittent	299
Congenital Tuberculosis	266	Gastric Carcinoma	340
Conservative Treatment of Severe Injuries to the Eye	159	Gastric Carcinoma, The Early Diagnosis of	595
Consumptive, The After Cure of the..	591	Gastroptosis	419
Concerning Oxford	81	Generalized Blastomycosis	583
Convulsions, Treatment of	686	Glands, Syphilis and Enlarged	434
Coryza	700	Goiter, Methods of Treating Exophthalmic	698
Cranial Percussion	645	Goitre, Results with Antithyroidin Exophthalmic	237
Cystitis, Treatment of	62	Headaches, The Relief of	257
Deafness in Children, The Importance of Slight	160	Heart Block and the Stokes-Adams Syndrome	231
Diabetes	150	Hemorrhage, Control of Nasal	110
Diabetes	647	Hernia in Infants	703
Diabetic Coma, Recovery from under Alkaline Treatment	113	Hernia, Oblique Inguinal	435
Diabetes Mellitus, The Treatment of..	470	Human Mind, The Origin of the	239
Diet in Renal Disease	586	Hyperemesis Gravidarum	155
Diffuse and General Peritonitis, Treatment of	702	Hypernephroma	185
Diffuse Purulent Peritonitis, Treatment of	683	Hysterical Stigma, A New	262
Digitalis in Cardiac Failure and Uses of	265	Ichthyol in the Treatment of Angio-Neurotic Edema	590
Dionin in Diseases of the Eye	555	Ilens, Post-operative	515
Diphtheria	584	Importance of Slight Deafness in Children	160
Diphtheritic Paralysis, Two Cases of Post	29	Infant Feeding, Use of Citrate of Soda in	704
Diphtheria Antitoxin, Ten Years' Experience with	110	Infantile Scurvy	593
Diphtheria, The After Treatment	112	Influences of Light in the Production of Cancer	291
Directions of Burnside Hospital	543	Inguinal Hernia in Infants, Strangulated	703
Diseases of the Eye, Dionin in	555	Insanity, The Prodromata of	122
Diseases of the Ear, Nose and Throat, Formalin in the Treatment of	27	Intramascular Injections of Mercury in the Treatment of Syphilis	19
"Dührssen Schnitt," or Vaginal Cesarean, Section in the Treatment of Puerperal Convulsions and the Report of a Successful Case	636	Intermittent Gastrosuccorrea	299
Ears, Objective Noises in the	5	International Study of Carcinoma	362
Earache	600	Iodides, Therapeutic Action of the ..	539
Eclampsia, The Treatment of	154	Irrigation and Drainage of the Seminal Ducts and Vesicle Through the Vas Deferens	628
Edema, Ichthyol in the Treatment of Angio-Neurotic	590	Kidney, Primary Tuberculosis of the..	213
Enteroptosis	285	Koplik's Spots	599
Epilepsy, Salt-Free Treatment of	698	Labors, Occipito-Posterior	23
Epilepsy, Treatment of	700	Landry's Paralysis	262
Epilepsy, The Eyestrain Origin of ..	518	Larynx, a Case Seven Years after Extirpation of the	30
Erysipelas, Treatment of	542	Leprosy, Pathology and Therapy of..	560
Etiology and Treatment of Mycosis..	28	Liver Dulness, Absence of—Clinical Case	696
Evolution of Medicine in Ontario....	673		

	Page		Page
Liver, Carcinomata of—Clinical Case.	696	Physiology, Sexual and Hygiene, Should the Youth of the Country be Instructed in a Knowledge of.	264
Liver, The Treatment of Cirrhoses of the	359	Physiology, Section of	505
Local Analgesia in Ocular Therapeutics	586	Pityriasis Versicolor, Treatment of	115
Lochia Prolonged	599	Position of the Fetus in Utero	243
Lumbar Puncture	585	Post-mortem Examinations which do not Reveal the Cause of Death	263
Lungs, Exercise for the	645	Pregnant Patient, The Relation of the Physician to his	667
Malignant Diseases of the Tongue	28	Pregnancy, Pernicious Vomiting of	21
Mastoid Cases with Complications	304	Prodromata of Insanity, The	121
Medicine, Address in	481	Prostate, Hypertrophied, The Choice of Method in Operating upon	342
Medical Thoughts, Facts and Fancies.	78, 553	Prostatectomy, Mortality after	516
Menstruation, Fever During, as an Early Sign of Tuberculosis	263	Prostatectomy	641
Metabolism in Pancreatic Disease	662	Puerperium, The, Temperature and Pulse	429
Methods of Treating Exophthalmic Goiter	698	Queen's University Endowment	710
Mortality after Prostatectomy	78	Radium in Nose, Throat and Ear	26
Mycosis, The Etiology and Treatment of	28	Recognition of Albumin Bodies in Urine	592
Nasal Accessory Sinus Disease	190	Relation of the Physician to His Pregnant Patient, The	667
Nasal Fossae, Adenopathies in Affections of the	26	Renal Disease, Diet in	586
Nasal Hemorrhage, Control of	110	Review of 1,500 Operations upon the Gall Bladder and Biliary Passages	644
Nephritis Salt in	647	Roentgenized Malignant Tissue, Histology of	518
Nose, Paraffin Deformities of the	157	Russo's Reaction in Entic	646
Nose, Throat and Ear, Radium in	26	Salt-Free Treatment of Epilepsy	698
Nutrophils in Babies Nourished Naturally and Artificially, The	660	Salt in Nephritis	647
Objective Noises in the Ears	5	Sarcoma of the Nose, A Statistical Report of the Results of Operations in	621
Obstetrical Cases, Two Hundred	7	Scalp, Arterial Angioma of the	113
Obstetrics, Address in	493	Scopolamine-Morphine Anesthesia	294
Obstetrics and Gynecology, Address on	502	Scurvy, Infantile	593
Oesophageal Symptoms in Aortic Aneurysm	597	Sedimentation of Sputum by Means of Hydrogen Peroxide, The	660
Oesophagus, Stricture of the, with Gastrostomy	702	Singer, Peculiar Accident to a	29
Occipito-posterior Labors	23	Sleeplessness and Pain, Treatment of	11
Ocular Therapeutics, Local Analgesia in	586	Spermatic Insufficiency and Diastematic Insufficiency	232
Occurrence of Babinski's Sign in Normal People During Sleep	632	Statistical Report of the Result of Operations in Sarcoma of the Nose by Methods Generally Adopted	621
Ode to the Surgeon	152	Stigma, a New Hysterical	262
Omentum, Functions of the	341	Strangulated Inguinal Hernia in Infants	703
Operations on the Uterine Appendages	557	Stricture of the Oesophagus	702
Operations in Sarcoma of the Nose by Methods Generally Adopted	621	Stypticin	664
Ophthalmology Section of	504	St. Michael's Hospital, Toronto	703
Ophthalmia Neonatorum, Treatment of	24	Subimicus Resection of the Deflected Septum	214
Opium in Heart Disease	295	Supraclavicular Lymph Nodes in Gastric Carcinoma	179
Opsonins and Aggressins, A Review	321	Surgery, Address in	436
Oponic Theory, The	605	Surgical Society, Report of First Congress of the International	438
Ozena, a New Surgical Treatment for Stubborn Cases of	26	Surgery, Section of	509
Paget's Disease	592	Surgery, Abstract of the Oration in	197
Palate, Angioma of the	28	Syphilis, Aortic Lesions, Tabes Dorsalis and Babinski's Sign	338
Pancreatitis and Biliary Lithiasis	540	Syphilis and Enlarged Glands	434
Paralysis, Two Cases of Post-Diphtheritic	29	Syphilis, Intramuscular Injections of Mercury in the Treatment of	19
Paralysis Landry's	262	Talma's Operation, a Case of Recovery after	115
Paraffin in Deformities of the Nose	157	Telephone Advice	599
Pathology and Bacteriology of Serous and Purulent Pleural Effusions in Children	265	Thephorin	596
Pathology and Therapy of Leprosy	560	The Grigin of the Human Mind	239
Pelvic Disease, Treatment of	313	Therapeutics, Section of	510
Pelvic Appendicitis	339	Therapeutic Action of the Iodides	539
Peritonitis, The Treatment of	343	Therapeutics, Cheese in	662
Peritonitis, The Treatment of Diffuse Purulent	683	Thissinamine in the Treatment of Tinnitus Aurium	521
Peritonitis, Treatment of Diffuse and General	702		
Perineal Abscess, Observations upon the Cause and Treatment of	437		
Perinephritic Abscess	601		
Phthisis and Pregnancy	154		
Physiology of Reproduction	234		

	Page		Page
Tongue, The Coated	594	Trauma in Relation to Affections of the Pancreas	267
Tongue, Malignant Diseases of the ..	28	Tubercle, Formaldehyde Disinfection and Other Acid Fast Bacilli	111
Tonsillitis, a Treatment of Follicular.	690	Tuberculosis of the Kidney, Primary.	213
Toronto General Hospital	719	Tuberculosis Congenital	266
Treatment of Diffuse Purulent Peri- tonitis, The	683	Tuberculosis Patience, Advice for ...	592
Treatment of Diffuse and General Peri- tonitis	702	Tuberculin Reaction, Value of	599
Treatment of Eclampsia, The	115	Typhoid, Diagnostic of Ficker	591
Treatment of Epilepsy	700	Ulcer Gastric	127
Treatment of Sleeplessness and Pain.	11	Ulcer, Gastric	698
Treatment of Ophthalmia Neonatorum	24	University Medical Faculty, The....	709
Treatment of Pityriasis Versicolor...	115	Uric Acid Solvents	538
Treatment of Abortion in General Practice	155	Urine, Recognition of Albumin Bodies in	592
Treatment of Shock	293	Urine Examinations, Routine	600
Treatment of Pelvic Disease	313	Use of Citrate of Soda in Infant Feed- ing	704
Treatment of Cirrhoses of the Liver..	360	Uterine Appendages, Operations on the	559
Treatment of Diabetes Mellitus	470	Vaccination	711
Treatment of Arteriosclerosis	479	Varicocele at St. Thomas' Hospital ..	212
Treatment of Bleorrhoea in Women.	517	Vas Deferens, Irrigation and Drain- age of the Seminal Ducts and Vesicle Through the	638
Treatment of Tuberculosis with Tuber- cul	539	Ventricle, Eversion or Prolapse of the Morgagni	30
Treatment of Cystitis	61	Value of Tuberculin Reaction	646
Treatment of Loosened Teeth	583		
Treatment of Pulmonary Tuberculosis by Bier's Method of Passine	662		
Pyper Hyperemia	662		
Treatment of Puerperal Convulsions..	636		

The Canadian Practitioner and Review.

Vol. XXXI.

TORONTO, JANUARY, 1906.

No. 1.

Original Communications.

THE SIGNIFICANCE OF SPIROCHETA PALLIDA IN SYPHILIS.

By JOHN GERALD FITZGERALD, M.B. (Tor.)
Sheppard and Enoch Pratt Hospital, Baltimore, Maryland.

Since Lustgarten, in 1885, announced the discovery of a bacillus which he declared was the specific etiological factor in syphilis, numerous organisms have been described as playing the principal *role*, but all, so far, have suffered the fate of the bacillus of Lustgarten, not one having proven to be the specific micro-organism. So it is with an unusual degree of scepticism that one turns his attention to a consideration of the animal parasite (so described by Hoffmann and Schaudin) which of late has occupied so large a space in the records of bacteriological investigations.

We need hardly comment on the multitudinous import of the discovery of the specific germ, because in every realm of medical science, whether it be medicine, surgery, neurology or psychiatry, the ravages of "syphilization" are only too apparent. But up to the present time nothing in the bacteriology of this scourge has been discovered which is of any positive value in furthering our knowledge of the origin, and as a consequence, the treatment of the condition. It is ardently hoped, therefore, that in the discovery of the *spirocheta pallida* there has at last been found an organism which will fulfil the requirements of Koch's triad.

Although Roux and Metchnikoff (1) announced in November, 1904, that they had successfully inoculated monkeys with syphilis, it was not until May, 1905, that Hoffmann and Schaudin, two eminent German investigators, the former an ex-army medical officer and privatdozent, the latter a member of the Imperial Council of Health, announced in the *Deutsche Medizinische Wochenschrift* (2) the discovery of the spirocheta pallida, which was found in the juice extracted from the inguinal glands and in glands which had been excised in an individual known to be infected with syphilis.

In their original article the deductions were drawn from a study of eight cases, in two of which the glands had been extirpated and smears made from them. In the other six cases the juice was drawn off from the gland and the organism isolated.

In all of these cases the initial lesion had only appeared from one to four months before the observations were made.

The spirochetæ were found to be of two varieties; to one the term "pallida" was applied, and to the other "refringens." By some it has been insisted that only the pallida is found in syphilitic lesions, and that the refringens is found in decomposing smegma; further, that this variety is saprophytic, and allied to the bacillus smegma. Hoffmann and Schaudin, however, noted that the refringens was also found in superficial syphilitic lesions, although it was not thought to have any specific function in the etiology of the disease process.

Many observers have corroborated the findings of Hoffmann and Schaudin, and have identified the spirocheta pallida in smears made from syphilitic lesions. Among the late reports is that of Fanoni (3), who describes in detail observations in a number of cases and tabulates his results.

It is interesting to note that the spirochetæ have also been found by Castellani (4) in Parangi (Yaws).

In the majority of instances where the observations are detailed the presence of the organism in primary and secondary lesions was noted, but it was not found in tertiary lesions except in two cases reported by Spitzer (5). This is extremely interesting, as has been pointed out by Sobernheim (6), because it agrees with what clinical experience has taught us regarding the transmission of syphilis in the three stages, namely, that it is usually found to be transmissible in the primary and secondary stages and not in the tertiary. Sobernheim examined 58 cases; in 50 either primary or secondary lesions were present, and in these spirochetæ could be demon-

strated; in the 8 cases of tertiary syphilis, the results were negative. In this article Hertheimer adds confirmatory evidence regarding the nature of the spirocheta, agreeing with Hoffmann and Schaudin that they are protozoa. It has been found to be present in congenital cases (Levatidi) (7).

So far the work done has been challenged by several German observers, two of whom assert that they have isolated the spirocheta pallida in non-specific infections of the external genitals (8).

Great difficulty has been encountered by all observers on account of the difficulty in staining. Various methods have been described and various stains used. Giemsa's (9) modification of the Romanowsky stain for blood films was the one used by Hoffmann and Schaudin. The preparation of this stain and the technique of stain is as follows: Very thin smears from fresh syphilitic lesions are made on cover glasses fixed in absolute for ten minutes, thoroughly dried with blotting paper, and left for from sixteen to twenty-four hours in a mixture prepared as follows:

1. Twelve parts Giemsa's eosin solution (2.5 c.c. of 1 per cent. solution of eosin to 500 c.c. of water).

2. Three parts azur I. (solution 1 to 1,000 water).

3. Three parts azur II. (solution 0.8 to 1,000 water).

The preparation of this stain is described as follows in the *Medical Record*, November 25th, 1905: "Three grams of azur eosin and 8-10 of a gram of azur II. are exsiccated, finely pulverized and sifted and then dissolved in 250 grams of chemically pure glycerine at 60 degrees C."

After staining the smears are washed with distilled water, dried, and mounted in oil of cedar or Canada balsam. Objection has been taken to the use of both of these substances on account of their bleaching action, and it has been suggested that slides be examined directly without mounting them. (*Medical Record*, November 25th, 1905.)

The method of Sachs and Oppenheim (10), which stains the smears very quickly, only a few minutes being necessary for their preparation, is as follows: The (cover glasses) smears are dried in air and at once placed in a solution of 100 c.c. of a 5 per cent. solution of carbolic acid in water and 10 c.c. of concentrated alcoholic solution of gentian violet; then dried by slowly and carefully heating over the flame of a Bunsen burner until it steams. Other methods which have been used are those of De. Marino (11), Dudgeon (*Lancet*, August, 1905), and Woods (*Medical News*, Vol. LXXXIII., p. 248).

The spirocheta pallida is long (4 to 10 microms) and thin, extremely mobile, very transparent; made up of many characteristic cork-screw spirals. It is extremely difficult to stain, and this is in great contrast to the spirocheta refringens, which stains comparatively readily, is more wavy, thicker, and of larger size. The spirochetæ can only be studied with the oil immersion, magnifying the field at least twelve hundred times, and artificial light is preferable. It is to be hoped that a determined effort will be made by everyone having specific cases under observation to determine whether or not the spirocheta pallida is present. This must be done in every case in order to prove Koch's first postulate, and when once it has been demonstrated it will lead up to the second, the isolation and cultivation of the organism on artificial media, and, finally, its inoculation into animals with the production of characteristic lesions. The greater part of the problem remains unproven; the etiological significance of the spirocheta is a matter absolutely in doubt, and until firm proof is forthcoming that all requirements are satisfied the question remains *sub judice*.

BIBLIOGRAPHY.

1. Roux and Metchnikoff—*Annales de l'Institut Pasteur*, No. 1904, p. 761.
2. Hoffmann and Schaudin—*Deutsche Medizinische Wochenschrift* XXXI, May 4, 1905.
3. Fanoni—*N. Y. Medical Journal*, November 4, 1905.
4. Castellani—*British Medical Journal*, November, 1905.
5. Spitzer—*Weiner Klinische Wochenschrift*, August 3, 1905.
6. Sobernheim—*Munchener Med. Wochenschrift*, LII, No. 39, September 26, 1905.
7. Levatidi—*Semaine Medicale*, May 24, 1905.
8. Kiolomenoglou and Cube—*Munchener Med. Wochenschrift*, July 4, 1905, No. 27.
9. Giemsa—*Centralblatt fur Bakteriologie*, Section I, Vol. XXXVII, No. 2.
10. Oppenheim and Sachs—*Deutsche Med. Wochenschrift*, No. 29, July 20, 1905.
11. De Marino—*Annales de l'Institut Pasteur*, 1904, p. 761.

OBJECTIVE NOISES IN THE EARS.

By G. STERLING RYERSON, M.D., J.R.C.S.E.,
Professor of Ophthalmology and Otology, Medical Faculty of Toronto.

The subject of tinnitus is one which has been discussed at great length in the text-books and in periodicals, but the discussion has been limited to subjective tinnitus aurium. There exists another form, the objective, to which little or no attention has been paid, probably on account of its rarity. It is nevertheless occasionally met with, and I find on a search in the text-books that St. John Roosa alone makes mention of it.

It consists of a fluttering, clicking or purring sound, more or less continuous, usually sudden in onset, distinctly audible to the observer, either to the unaided ear or with the aid of the diagnostic tube or the stethoscope placed over the affected ear. Roosa records a case in which the symptom was so distressing and persistent that the patient was driven to suicide to obtain relief.

It is supposed to be due to spasmodic action of the tensor tympani, but in the cases I have seen no movement of the drum-head was observable. I rather incline to the belief that it is due to fibrillary contraction of the muscular structures of the Eustachian tube. Both of the cases I have seen suffered from mild catarrh of the tube and middle ear.

In November, 1890, a child aged two years, was brought to my office on account of a purring noise observed by its parents. It enjoyed good health in other respects, and nothing abnormal had been observed until a month before. An examination of the drum-heads revealed nothing, but on putting my head close to the child's left ear a distinct purring sound was heard. The parents said that it was sometimes so loud as to be heard all over the room. I could not determine that the sound was synchronous with the pulse, but it gave the impression of a vascular bruit. There was no surface abnormality. I had the child under observation for a few days, but observed no change when I lost track of it. I have always thought that it was an arterio-venous aneurism, possibly between the carotid artery and jugular vein within the temporal bone.

On April 7th, 1897, Miss C. consulted me for clicking or fluttering sound in the right ear. It sounded very loud to her, and she was sure others could hear it. I was sceptical, but on placing the stethoscope over the ear I could hear an intermittent clicking sound. She had also a mild catarrh of the

middle ear, for which I treated her for some time with the Eustachian catheter, injecting a weak solution of camphor and menthol in alboline, and by Seigel's pneumatic speculum, aural massage. She made a good recovery, and the clicking ceased. I could never observe the least movement of the drum-head, even when the clicking was loudest.

A man, aged 50 years, came to me October 20th, 1905, complaining of slight deafness, a hissing tinnitus and, what annoyed him greatly, a clicking or fluttering sound. This latter I was able to hear when in direct contact, ear to ear, with his left ear. He had not heard anything of the kind with his right. He is still under observation and reports a considerable improvement. The treatment is by intratympanic injections and aural massage. I am not able to observe any movement of the drum-head, hence I have come to the conclusion that the movement is in the Eustachian tube.

A RESUME OF MY LAST TWO HUNDRED OBSTETRICAL CASES—COUNTRY PRACTICE.

By EVERETT S. HICKS, M.D.,
Port Dover Sanatorium, Limited.

Statistics in regard to hospital results are easily obtained. There, methods are supposed to be ideal, and we have a right to expect that statistics would be ideal also. In country practice, on the contrary, we should expect but little, as the obstetrician has to take things as he finds them; has to work unaided in difficult instrumental cases; has to be "surgeon and midwife, too." In this *résumé* it is my object to show that the country cases do not fare so badly after all, far better than we who are in touch with the very varying conditions would expect. We will give statistics first, and touch on the more interesting cases afterwards:

I. Males, 110; females, 90.

II. Average length of time detained in patient's house, $4\frac{3}{4}$ hours.

III. Sepsis: Five cases, or $2\frac{1}{2}$ per cent.; none fatal.

IV. Presentations:

O. L. A.	180, or 90 per cent.
O. L. P.	5, or $2\frac{1}{2}$ "
O. D. A.	10, or 5 "
Breech	2, or 1 "
Shoulder	2, or 1 "

V. Perineal tears: 14 cases, or 7 per cent; of these eight were forceps cases, six were not.

VI. Dry births: Three cases.

VII. Twins: One pair, both boys.

VIII. Anesthetic used in about 180 cases.

IX. Instrumental cases: 37.

Sex	Presentation	Reason for Forceps	Result to Child	Result to Mother
1-23 (Male 13 cases) Female .. 10 cases)		Uterine inertia	All living ...	All well.
21 Male	O. L. A.	Tetanic uterine contractions, due to overdose of ergot by midwife	O. K.	O. K.
25 Male	O. L. A.		Contracted pelvis	O. K.
26 Male	O. L. P.	Occiput posterior	Dead	Profuse leu- corrhœa fol- lowed.
27 Male	O. L. P.	Occiput posterior	O. K.	
28 Male	O. L. A.	Contracted pelvis	O. K.	O. K.
29 Male	O. L. A.	Large child	O. K.	O. K.
30 Female	O. D. P.	Hydrocephalus	Dead	O. K.
31 Male	O. L. A.	Large child	O. K.	O. K.
32 Female	O. L. P.	Deformed pelvis	Dead	O. K.
33 Male	O. D. A.	Eclampsia	Dead	Dead.
34 Female	O. L. A.	Large child	O. K.	O. K.
35 Male	O. L. A.	13-lb. boy	O. K.	O. K.
36 Female	O. L. P.	Occiput posterior	O. K.	O. K.
37 Male	O. L. A.	Large child	O. K.	O. K.

X. Mortality: (a) Maternal, one case, eclampsia; (b) infant, six cases, or 3 per cent. These six cases are all infants not living two days after birth:

Reason for Death.	Born.
1. Occiput-posterior position and necessary manipulations.	Dead.
2. Difficult forceps case—probably pressure	Lived one day.
3. Hydrocephalus—perforation	Dead.
4. Eight and a half months' infant—heart deficiency	Lived one day.
5. Eclamptic convulsions of mother—induced labor.	Dead.
6. Contracted pelvis—craniotomy	Dead.

XI. Anomalies as regards mother: One patient had a double uterus. One uterus only was pregnant. After the expression of the placenta, the uterus felt as though terraced, and I introduced my hand, thinking that possibly all the uterine contents were not away. A double uterus was my diagnosis then, and subsequent examination confirmed this opinion. One uterus was in front of the other, not side by side. Another patient (forceps case 32) had an extreme pelvic deformity. The sacral promontory was very prominent, jutting out into and blocking the left half of the pelvis. The long forceps with axis traction hooks were of no use, and a

craniotomy with removal of skull in pieces was required. The body was delivered with the hand alone.

XII. Regarding children: One case of hydrocephalus (forceps case No. 30). Two children had gonorrhoeal ophthalmia, both recovering nicely. One case had congenital heart disease. About 60 per cent. had jaundice.

XIII. *Re* amniotic fluid: Three cases were true dry births. In one case with an otherwise uneventful confinement, the water broke on Tuesday morning, and pains came on the following Sunday night. In a number of cases six and eight hours elapsed between the escape of liquor amnii and the onset of pains. Three cases of hydramnios were met with.

Regarding technique, I may say that every means is taken to have cleanliness paramount. For the hands I use scrubbing with ordinary soap, followed by Parke-Davis' germicidal soap. In many of the manipulations I use sterilized towels, thus keeping my hands in fair shape and avoiding contamination of the patient. The binder I use for the first twenty-four hours only. No douches are given unless with a definite indication, such as offensive lochia or sepsis.

Of the five cases of sepsis, three I cannot explain. One case was either my fault or the nurse's, as we both came directly from a septic miscarriage case. The other case I saw in consultation, a difficult occiput-posterior position (No. 26). This patient I saw again three months after confinement. The uterus reached half way to the umbilicus, and a profuse leucorrhoeal discharge, of about a quart a day, poured from it. The cervix was very patulous. The patient recovered after the use of prolonged hot douches, intra-uterine, of sulphate of zinc solution. One case (No. 24) is worthy of special mention. A primipara in labor about six hours was not progressing rapidly enough to suit the midwife in attendance. She called on her druggist for aid, and he kindly furnished about an ounce and a half of ergot. This was given in teaspoon doses in the next few hours with no result. The first practitioner called found the woman in severe pain, and the cervix, though undilated, so tightly stretched over the presenting head that he attempted to apply forceps, but could not do so. I saw the patient after some hours, and on close questioning was told about the ergot. We gave chloroform freely, and somewhat relieved the almost tetanic uterine pains, and allowing the cervix to dilate a little. Convulsions came on, and we delivered after a rapid dilatation of the cervix and a high forceps operation. The mother's convulsions continued for a few

hours, but she eventually recovered nicely. In this connection I may say that a brother practitioner wrote me of a case he saw in which the attending physician gave ergot freely in the early stages of a labor, with the result that four doctors were called, and they decided on a Cesarean section. While they were away from the house preparing for the operation, the baby was born in the way Providence intended.

In five cases the sharp rigors occurred with no attendant fever, but in all these patients a nervous constitution was present, with extra worry or an extra number of visitors as a cause. Albuminuria prior to confinement was met with in a number of cases, but all did well on a restricted diet. The one case of eclampsia seen (No. 33) was not under observation; took the convulsions in the night, and died the following day. The urine then drawn gave only a trace of albumen and a specific gravity of 1008.

In regard to the use of forceps, it has been my custom to apply them in all cases where the patient is at a standstill with cervix dilated for two hours. The relatively small mortality to mother and child I would lay to the early use of forceps. The ordinary forceps operation is not a formidable one to physician or to patient, when she is under chloroform. Chloroform is used exclusively, as ether would be useless to the country obstetrician on account of its bulk, its slowness of action, and its inflammability. In the only two cases of post-partum hemorrhage I have met, no anesthetic was used in the one case because of a hemorrhagic history, and in the other case on account of an anemia present. In noting the number of perineal tears I may say that all of any degree were hunted for and repaired at once, special attention being given to the vaginal rupture. As many tears were due to non-instrumental as to instrumental cases; in fact, I believe that chloroform and forceps prevent rather than cause tears. In one case no healing occurred. Two cases of fissure of anus were cured by sphincter dilatation and caustic, respectively. Of cervical lacerations I have no note.

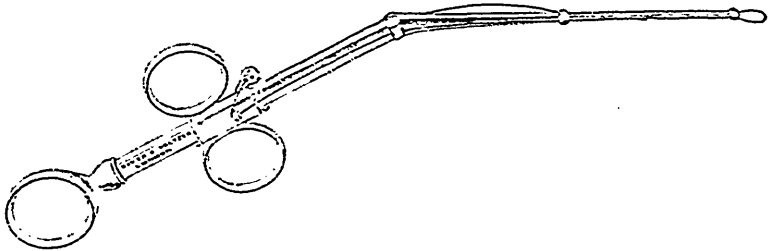
The results in country practice will be better as the public become better educated to surgical cleanliness. This education they can only acquire from the family physician, and for his own benefit he should teach it, preach it, and practice it.

AN IMPROVED SNARE FOR NOSE AND EAR.

GEORGE W. BADGEROW, M.B., M.R.C.S., ENG..

Resident Medical Officer, Hospital for Diseases of the Throat, Golden Square, W.,
London.

The accompanying illustration accurately represents a snare which I have had made. It possesses a great many advantages over others which I have used, and has performed its work so well that I wish to draw attention to it, and I think it will be appreciated. It is light, strong, and easily manipulated, very simple, with no mechanism to get out of order.



The snare, therefore, works noiselessly. The wire is exposed, the ordinary barrel being discarded, so that it is easily cleaned, and does not rust. It is quickly threaded and the loop is easily reformed. It may be made single by having the top ring left off. Two sizes are made, for nasal and aural polypi, respectively.

It is made by Messrs. Mayer and Meltzer, of 71 Great Portland Street, London, W.

Selected Article.

THE TREATMENT OF SLEEPLESSNESS AND PAIN.

By SIR LAUDER BRUNTON, M.D., F.R.S.,
Consulting Physician to St. Bartholomew's Hospital.

In treating insomnia, we have, then, first of all to consider the remedies which bear upon the circulation. Where the arteries are atheromatous we must restore their contractility, if possible, by means of iodide of potassium and of massage, and this method is sometimes very efficacious. Under it I have seen the carotids of an elderly lady, which previously appeared to be as hard and rigid as tobacco-pipe stems, become comparatively soft and elastic, whilst the patient regained, to a corresponding extent, the power to sleep which she had lost. Where the arterial tension is very high, as in cases of arterio-sclerosis or contracting kidney, the high-frequency current is sometimes useful by lowering the blood pressure.

We must remove sources of local irritation, relieve pain if it be present, warm the feet or other parts of the body by hot bags or bottles, if necessary, or else by friction. In cases where indigestion produces insomnia, we should give no food during four hours or more before sleeping time, or, if this is found to be disadvantageous, the food should be of the lightest description. Where flatulence and acidity prevent sleep, some bicarbonate of soda and peppermint is sometimes more efficacious than a sleeping-draught. Occasionally, when the whole body gets too hot and the circulation excited, merely getting out of bed and walking a few times round the room to get cool will allow the patient to obtain sleep. When the skin is uncomfortable from dryness, want of elasticity or the presence of waste products, a hot bath or hot sponging, followed by very gentle drying, will sometimes bring on sleep. Where the feet are persistently cold and not relieved even by a hot bag, putting them in cold water, rubbing them hard until they are red, then drying with a warm, soft towel, may relieve. The splanchnic area is able to contain a large quantity of blood, and one may sometimes, as it were, bleed into this area, and lessen the circulation in the brain by dilating the vessels of the intestine and stomach. This may be done by the external application of a hot bag to the abdomen, or, still better, by a wet compress, or by the introduction into the

stomach of a little bland, warm food, such as gruel or soup. When patients awake in the middle of the night and cannot get to sleep again, this food may be kept warm at their bedside during the night, so as to be ready at the proper moment, by placing it in a baby's food-warmer. If the food is too hot it tends to excite the heart, which is only divided from the stomach by the diaphragm, and the local heat passing through and stimulating the heart directly will raise the arterial pressure, and undo the good that might be otherwise obtained by dilating the vessels of the stomach.

Where the action of the heart is kept up by a high temperature, as in fevers, sponging the skin with hot water, dabbing it afterwards with a soft napkin and leaving the patient's body exposed under a cradle, with only one blanket over it, will lower the temperature and bring on sleep. In place of this, antipyretics, such as phenacetin, antipyrin, etc., will sometimes act as narcotics when more purely narcotic substances entirely fail. Chloral hydrate, by its depressing action upon the heart, combined with its sedative action on the nerve cells themselves, is a powerful hypnotic, either alone or combined with others, and where the tension is high may be more successful than others which act only upon the nerve cells.

We must now pass on from the circulation to consider the effect of drugs upon the nerve cells. Some of them appear to increase the power of the cells to put forth protoplasmic prolongations, while others lessen or abolish it.

Amongst those which increase the power of the cells to put forth protoplasmic prolongations, or perhaps to prevent their retraction, the most powerful appear to be certain substances nearly allied to uric acid, and belonging to the so-called xanthin group. These are the active principles of tea, coffee, cocoa, and Paraguay tea, etc. In many people tea or coffee tends to produce great wakefulness, so that they may either lie quiet in comparative comfort or toss about without any apparent reason, and in all such cases it is well for the patient to avoid taking tea or coffee for a good many hours before going to bed. Some people, indeed, are so sensitive that it is unsafe for them to take it later than breakfast time.

Perhaps in place of drugs I ought to say chemical substances, for lactic acid, which is a product of muscular waste, appears, according to Preyer, to have a considerable power to lessen cerebral activity and produce sleep without exerting any marked influence upon the circulation. The most abundant nitrogenous product of muscular waste is urica.

This, when pure, does not seem to act as a soporific, but some bodies allied to it in chemical composition are powerful and useful hypnotics. The first of those to be introduced was urethane, or perhaps I ought rather to say urethanes, which are compounds of various alcohols with urea. The one to which the name of urethane is given is a compound of ordinary ethyl-alcohol with urea. Another—hedonal—contains methyl and propyl-alcohols, while one lately introduced—veronal, which is diethyl-malonyl-urea—appears to be the most efficacious of this group hitherto introduced into practice, and in doses of 7 to 15 gr. it appears to produce refreshing sleep. It is quite possible that bodies belonging to this group are formed in the muscles or glands during their functional activity, and that they may play an important part in inducing natural sleep after muscular fatigue. As long ago as 1839, Dr. Percy showed that in all probability alcohol has a peculiar affinity for the cerebral substances, as a much larger proportion could be recovered from the brains of animals poisoned by it than from their other organs. In the compounds of which I have spoken it is not improbable that the alcohol may form a link which binds the urea to the nerve substance.

Alcohol itself is sometimes a powerful hypnotic, partly by drawing blood to the stomach, and partly by its sedative effect upon the nervous structures themselves. One of the first-fruits of the recognition of the relationship between chemical constitution and physiological action was the introduction of chloral by Liebreich. This body contains more oxygen than ordinary alcohol, and also contains chlorine. By its double action in enfeebling the heart, and thus lowering the blood pressure, while at the same time lessening the functional activity of the nerve cells, it is a powerful hypnotic. It has fallen of late years into comparative disuse, on account of the dread of its weakening the heart, but in cases of high tension, as in chronic Bright's disease, its power of lowering the blood pressure makes it very useful. Three other bodies in which sulphur is combined with alcoholic radicles, are sulphonal, trional, and tetronal. The tetronal seems to be the least useful, and trional now the most useful. They usually produce sleep without any bad effects, but I have seen the administration of a dose of sulphonal followed for a few hours by marked symptoms of disseminated sclerosis. The bromides appear not only to lessen the excitability of those nerve cells which bring the inner consciousness into relationship with the external world, but to depress nervous excitability generally. They are therefore

exceedingly useful in many cases, not only in aiding sleep, but in diminishing general irritability of various kinds, and in combination with other drugs, such as chloral, trional, and veronal, or with a more powerful narcotic, such as opium, they are most useful. Valerian is another substance which lessens excitability, and although its mode of action is practically unknown to us, its utility in the excitable conditions known as hysterical is unquestioned. It has no power to compel sleep, but sometimes, when given at night, by lessening nervous irritability, it may induce sleep. The more powerful narcotics, such as opium and its alkaloids, cannabis indica, hyoseyamus, and hyoscine, have a double action, namely, they tend to relieve pain as well as to induce sleep.

One of the great advantages of morphine and hyoscine is that they can be so readily administered subcutaneously, and thus they are rapidly absorbed, and their action is obtained quickly and certainly. We do not exactly know where the sensory centre for pain is situated in the brain, but we know that painful impressions are probably conveyed, to a great extent at least, by the grey matter, or perhaps by Gowers's tracts in the spinal cord, and usually originate in some severe stimulus being applied to peripheral nerves. Though it is the application of such stimulus that generally gives rise to pain, yet pain may be produced by irritation of nerve trunks, of the spinal cord itself, or of the cerebral centre, although there may be no peripheral cause. Thus, in so-called hysteria, pain has been felt in the joints so severe and so persistent as to lead to the limb being amputated, although the joint was perfectly healthy, and no cause for the pain could be assigned except a mental impression on the part of the patient to which the name of "hysterical" is applied. There can be no doubt that not only is there a great difference indeed between sensibility to pain in different individuals, but even in the same individual under different circumstances. A local injury which a man in health would scarcely heed or would indeed hardly feel may cause the same man, when broken down by illness, to feel the pain most acutely, and express his feelings in terms which those around him think exaggerated. In trying to relieve pain, we must, if possible, remove the cause; for if we simply try to deaden the sensation we may do serious harm to the individual. Pain is Nature's warning that something is going on which we ought to avoid. Therefore it is to a certain extent beneficial, but when the warning cannot be taken, when the pain continues, it is one of the greatest possible evils that

man can experience, and death itself will be gladly welcomed in order to avoid it. Strong acids and strong alkalies will both destroy the tissues and act as caustics, but the pain produced by the two is very different; that of the alkalies being heavy and dull, while that of the acids is sharp and stinging. In testing the reflex action of the frog, no one thinks of using dilute caustic potash as an irritant to the foot, but uses dilute acid. When the acid is washed off and neutralized the irritation ceases. This observation may be very useful to us in practice. One of the commonest causes of severe pain is toothache, and this is very frequently indeed due to the irritation of an exposed nerve by acid substances or acid secretions in the mouth. If these be neutralized, the pain ceases in a marvellous manner, and I have found the prescription of my friend, Sir Dyce Duckworth, exceedingly useful. It consists of a little bicarbonate of soda with laudanum, put on a pledget of cotton wool and introduced into the decayed tooth. Sometimes a general aching of all the teeth is caused by the action of acid saliva upon the teeth just where they emerge from the gums, and this may be relieved or cured by frequently washing the mouth out with a solution of bicarbonate of soda, or sucking tabloids of the same substance.

In a paper which I read before the British Medical Association three years ago, I mentioned that increased sensibility to pain may sometimes be due to lessened alkalinity of the blood, and that the administration of alkalies may thus tend to relieve it. The severe pain of gastric or duodenal ulcer may be relieved almost certainly by large doses of an alkali, but as these may tend to soften the tissues of the ulcer and increase the liability to hemorrhage, I usually give along with bicarbonate of soda a little chalk to act as an astringent to the tissues, and some carbonate of magnesia to counteract the constipating effect of the chalk. In renal pain, especially where a calculus is present in the pelvis of the kidney, and where the urine at the same time is excessively acid, I think we get relief of the same kind by lessening the acidity of the urine by alkaline bicarbonates, citrates, or tartrates. Pressure upon peripheral nerves, especially when their excitability is increased by inflammation, produces intense pain, and this may frequently be relieved by fomentations, poultices, or compresses, which soften the tissues and thus lessen pressure. These same applications to the abdomen relieve pain, though here their action is probably due, in part at least, to their

effect in producing more even and gentle peristaltic movement, with relaxation of spasm to the muscular fibres. In the pain of joints a similar relief may sometimes be experienced from their use, but when inflammation has taken place under some unyielding structure like a tense fascia or in bone, the application of heat, instead of relieving pain, tends to increase it, because the heat dilates the vessels of the part, which thus press more powerfully upon the nerve fibres and intensify the pain. In such cases icebags do more good than hot poultices, and in the case of a tooth where the pain is due to inflammation in the alveolus, cold to the cheek may relieve a good deal more than warmth, although warmth to other parts may ease the patient by drawing blood away from the tooth. A large number of drugs belonging to the aromatic group, have a powerful action, as analgesics, salicylate of soda, antipyrin, phenacetin, exalgin, phenalgin, etc.

We do not quite know the *modus operandi* of these drugs, but it would almost seem as if they diffused the painful impression in the spinal cord, so that it no longer reaches the sensorium. Where, however, the impression is so very extreme that it reaches the sensorium in spite of the action of these drugs, they may appear to intensify rather than relieve it. This is not very common, but I have seen cases in which it seemed to occur. Where the pain is due to irritation in the cord itself, these drugs appear to be more powerful than morphine or opium, but the most general of all analgesics are certainly opium and its alkaloids. They are frequently applied locally to painful parts before the fomentations, but it is questionable how far such fomentations are any better than those made of plain hot water. It is after absorption, and after it has reached the nerve centres, that opium or its alkaloid, morphine, acts. In most cases all the benefits which opium can confer may be obtained by the use of morphine, and this has the great advantage, as already mentioned, that it may be given subcutaneously, and its rapid action thus ensured, but apparently this is not always the case, and sometimes opium suits better than morphine.

I have found that a most useful way of giving opium consists in mixing 1-2 drachm to 1 drachm of tincture of opium or liquid extract of opium with enough water to bring it up to 2 fluid drachms, and inject it into the empty rectum by a glycerine syringe. In half an hour to three-quarters the opium is usually absorbed, and I think relieves pain almost more efficiently and for a longer time than a subcutaneous injection

of morphine will do. This method of administration has the advantage over that of the stomach, that the opium comes in contact at once with mucous membranes, and is not diluted by other substances, whereas in the stomach there may be a large quantity of food, which interferes with absorption. Some of the most severe pains in the body are due to combined spasm and distension of hollow muscular organs—for example, of the stomach and intestines by flatulence, of the bladder by urine, of the biliary ducts or ureters by calculi, of the heart and aorta by high arterial pressure in angina pectoris, and in simple headache to spasm of the vessels. In all these cases, if the pain be very intense, opium or morphine may be required for its relief, and sometimes—as, for example, in biliary colic—I have seen pain so intense as to resist the action of morphine injected subcutaneously in large doses. In such cases, a plan suggested by the late Mr. Morant Baker is sometimes most useful. A few whiffs of chloroform are given, just enough to put the patient under. The chloroform anesthesia passes into the opium narcosis, and the patient will sleep for hours unconscious of pain. In the case of angina pectoris, the lowering of the tension by vascular dilators, such as nitrate of amyl, nitro-glycerine, or nitro-erythrol, generally relieve the pain at the time, and its recurrence may be to a great extent lessened by reducing the tension generally through a diet containing but little nitrogen, and by the continuous use of nitro-erythrol or other vascular dilators. One of the newest of those which seems to promise much is the hippurates of soda or of ammonia introduced by Dr. George Oliver. The pain of headache is, I feel sure, from very many observations in my own person, due to what one might term a colic of the arteries in the head, there being peripheral contraction and central dilatation. The quickest way of relieving this is usually by the use of such substances as antipyrin or phenacetin, and their action is rendered more efficacious by the combination of those drugs with small quantities of citrate of caffeine. I have found that headaches can usually be not only arrested, but prevented, by a more or less continuous use of bromide of potassium and salicylate of soda, combined with some aromatic spirit of ammonia to avoid depression. There are some headaches where these remedies are of little use, that is, the nocturnal headaches associated with specific disease, and in them large doses of iodide of potassium are most useful. Occasionally, this drug renders most signal service, even when no history of specific disease can be obtained, and in cases where there is

much tenderness of the scalp, benzoate of soda, which is nearly allied in its chemical constitution to salicylate, may relieve the pain while the salicylate is powerless.

I had intended to say more about the use of electricity and massage in the treatment of sleeplessness and pain, but I have already somewhat exceeded the limits allowed me, and would only remark in conclusion that, comparing our present means of ensuring sleep and relieving pain with what they were thirty or forty years ago, we have great cause for congratulation and great hope for the future.—*Brit. Med. Jour.*

Progress of Medical Science.

SURGERY.

IN CHARGE OF EDMUND E. KING, GEORGE A. BINGHAM, C. B. SHUTTLEWORTH
AND F. W. MARLOW.

Intramuscular Injections of Mercury in the Treatment of Syphilis.

An experience involving the treatment by a particular method of over three thousand cases of syphilis should enable Lieutenant-Colonel F. J. Lambkin, R.A.M.C., to speak with undoubted authority. In the *British Medical Journal*, Nov. 11th, 1905, page 1254, there appears a most interesting paper written by him on the subject of treatment of syphilis by intramuscular injections of mercury, and embracing an epitome of 3,230 cases so treated, the vast majority of them having been met with in army practice.

An immense improvement in the results of such treatment is indicated, as compared with those obtained by the ordinary methods, such as internal administration and inunction, formerly so largely employed, and one is inclined to believe that the method is one that might be extended with decided advantage to ordinary hospital practice, and to private practice as well.

The results of any form of treatment which is relegated for its carrying out to the patient himself must necessarily fall short of one's expectations, and there are few of us who have not realized, with the patient, the irksomeness of abiding by the law of treatment by such methods.

The difficulties in this respect are, to a large extent, overcome by the method of intramuscular injection, by which the mercury is injected into the muscular tissues of the patient, preferably in the gluteal region. The method is advantageous inasmuch as its initial action is rapid; if properly carried out it is unattended by danger, and its effects are so prolonged that the irksomeness of treatment is largely relieved.

Of the many various mercurials that have been so employed, the writer has a decided preference for the metal itself, suspended with lanoline and liquid, carbolized paraffin in the form of a cream, claiming that, unlike the other forms, its use is practically painless, and its frequency of administration need not exceed once a week. The cream employed contains

one grain of metallic mercury in ten minims, which amount is injected "once a week until all active signs of the disease have subsided. The time this will take averages from six weeks to two months, then the number of injections is reduced to once a fortnight for three months. A rest from all mercurial treatment is then given for two months, and again a three months' course of fortnightly injections is given, followed by a two months' repose from treatment. Thus the patient is brought to the end of his first year's treatment. He is not then told that he is cured, but is kept under strict observation; and should he show any signs of relapse, further courses of three months' treatment, followed by the same amount of rest, are given. The patient ought not to be lost sight of until he has been at least twelve months clear of all symptoms after the last course of injections. The average period of treatment and repose necessary is about two years."

From this it will be seen that altogether during the first year's treatment scarcely more than twenty such injections will have been given, and it may be that the necessary treatment will end there.

In the treatment of his series of cases the writer has employed about sixty thousand intramuscular injections, and of these about fifty thousand have contained the metallic mercury. In this vast experience he has never encountered any of the alleged dangers, such as local abscess, mercurial stasis, salivation, or embolus.

While such treatment is undergone due attention is given to baths, feeding, manner of living, the care of the teeth and gums, and other necessary adjuncts.

In addition to many other interesting phases of the subject, the paper contains a concise description of the preparation of the material for injection, its preservation, and the method of its administration.

F. W. M.

OBSTETRICS AND GYNECOLOGY.

IN CHARGE OF ADAM H. WRIGHT, K. C. McILWRAITH, FRED. FENTON AND
HELEN MacMURCHY.

Pernicious Vomiting of Pregnancy.

In *Surgery, Gynecology and Obstetrics*, July, 1905, we find a paper on "Pernicious Vomiting of Pregnancy," by Whitridge Williams. He divides the cases of serious vomiting into three groups, according to causation:

1. *Reflex*.—Vomiting started by anomalies in the generative tract: (a) Uterine displacements, particularly retroflexions; (b) ovarian tumors; (c) certain cases of endometritis; (d) abnormalities of the ovum, such as hydatid mole, hydramnios, and certain cases of twin pregnancy.

2. *Neurotic*.—(Diagnosed, apparently, when no other cause can be found.)

3. *Toxemic*.—Under this head comes the most interesting of the author's observations, the association, namely, of acute yellow atrophy of the liver with vomiting of pregnancy in women in whom the ammonia coefficient in the urine is abnormally high. When the ammonia coefficient remains normal, on the other hand, Williams finds that the vomiting is due to reflex or neurotic causes. His conclusion, therefore, is: With high ammonia coefficient induce abortion; with normal coefficient seek cure by treating other causes. The author distinguishes, further, between a toxemia, the manifestations of which are vomiting of pregnancy and ultimately acute yellow atrophy, and another in which eclampsia occurs. The points in the diagnosis of the two conditions are as follows:

Toxemia—Acute Yellow Atrophy, Vomiting of Pregnancy.

(1) Necrotic lesions in the liver commencing at the centre of the lobule, spreading peripherally and not involving the portal spaces.

(2) Urinary output diminished only as intake of fluids is interfered with, albumin and casts present only in the last days or hours, edema absent.

(3) Total nitrogen practically normal, ammonia coefficient wonderfully elevated.

Toxemia—Eclampsia and Pre- eclamptic Toxemia.

Necrotic lesions in the liver beginning in the portal spaces and invading the lobule towards the centre.

Marked signs of involvement of kidneys and general circulation, as manifested by scanty urine in proportion to intake of fluid; early appearance of pronounced albuminuria, casts and edema.

Total amount of nitrogen greatly diminished, ammonia coefficient practically normal.

The author's abstract for the May meeting of the American Gynecological Society is alone given. The matter is more

fully dealt with in the *Johns Hopkins Hospital Bulletin*. All advance in knowledge is by this process of differentiation. We hope, therefore, that further observations may confirm Williams' findings, and more light be shed on the dark subject of the toxemia of pregnancy.

K. C. M.

Post-partum Repair of the Cervix.

There is still some difference of opinion on this subject. Some years ago Dr. R. L. Dickinson advocated and practiced immediate repair of the cervix. He now says of this practice: "I found that in a large number of cases it was impossible on that frayed and crushed and swollen and ecchymotic surface to determine just what was torn structure and what was simply abraded surface, so I abandoned that general practice. When an extensive injury happens, and there is no reason for immediate repair, it is my present practice to delay repair until partial involution of the cervix has occurred. . . . The coaption is as easy as Dr. Polak pictures it at the end of labor, but the recognition of exact anatomical adjustment is impossible at that time. Our results are good, but they are better later."

Again, Dr. C. Jewett, in discussing a paper by Dr. A. M. Judd, says in part: "Pelvic floor injuries are best repaired immediately as a rule. When the patient is in bad condition, the attendants exhausted, or the laceration complicated, the work may be postponed till a day or two later. Union is obtained by suturing at any time within a week or more, before granulation is too far advanced. . . . Satisfactory suture of the cervical wounds directly after labor, when they require suture at all, is difficult and, except when demanded for hemostasis, unwise. The most serious objection to immediate suture is the danger of infection, and this danger is not much lessened by waiting a few days. . . . Suture of the cervix during any period of early involution, I have learned to my sorrow, is not entirely safe." Later in the discussion Dr. Jewett mentioned the case of a woman who developed phlegmasia after he had repaired the cervix on the third day."

Dr. J. O. Polak had two cases of phlegmasia, one resulting fatally, after repair of the cervix on the eighth day. The puerperium had been absolutely normal up to the time of the operation. The phlebitis developed two days subsequent to it.

Such results as these occurring in the practice of such men should, we think, render us unwilling to undertake cervical repair during the puerperium, unless such repair is

strongly indicated. The discussion of this question at the Brooklyn Gynecological Society may be found in the *Brooklyn Medical Journal* for March and for May, 1905. K. C. M.

Occipito-posterior Labors.

We have recently been looking over some back numbers of the *American Journal of Obstetrics*, and find in the number for June, 1904, an interesting article by Dr. Hammond, of Butte, Montana. The doctor is reporting clinical observations on 975 cases of labor, and says, amongst other things: "Of all complications and anomalies in obstetric practice none will occasion the practitioner, particularly if he be inexperienced, so much anxiety and loss of sleep, so much trouble and perplexity, so many conditions of puerperal morbidity, and in the end so much loss of confidence on the part of his patrons, and so much dissatisfaction with the results of his work, as occipito-posterior positions of the vertex. The labors will begin and continue for hours with teasing, ineffectual pains, slight dilatation and just progress enough to keep the attendant anxious and watching hour after hour for some decided advancement. Naturally the inexperienced patient (for a very large majority of these cases happen in primiparous women) grows very nervous, concludes her doctor fails to understand her case, thinks he doesn't know how to manage the labor, becomes hysterical and exhausted. The friends and relatives begin to share this lack of confidence in the doctor, as hour after hour passes without any satisfactory progress. The doctor feels the situation keenly enough to make him wonder why, if he would become a physician, he did not take up the eye and ear as a specialty. When labor presents initial symptoms like these, if the attendant is sure of a vertex presentation, he can almost always be equally sure of an occiput posterior, either right or left, to deal with."

This is a vivid and accurate presentation of the case. We regret to find, however, that the doctor has not noticed the very frequent association of dry labor with these cases; also that his favorite treatment is podalic version. Manual dilatation, rotation by the hand on the shoulder in the uterus, and extraction with forceps, gives much better results.

K. C. M.

OPHTHALMOLOGY AND OTOTOLOGY.

IN CHARGE OF J. T. DUNCAN, M.B., M.D., C.M.

Treatment of Ophthalmia Neonatorum.

Before the Michigan State Medical Society, Eugene Smith read a valuable paper on the above subject. In some respects he opposes the general practice; for instance, he considers cold applications to the lids of the infant not only dangerous, but unnecessary. He also strongly opposes the frequent washing out of the conjunctival sac, not only because the parts need rest, but because of the danger of injuring the cornea. How, then, is the discharge to be removed? He answers:

“Who, in treating cases of this kind, when the lids have been separated, has not seen the discharge to the extent of possibly a half teaspoonful or more flow out on to the cheek, due to retention from the sticking together of the lids? Not only is softening of the epithelial layer of the cornea favored by the retention of the secretion, but the pressure due thereto is also baneful and endangers the circulation of the cornea.

“Prevention, then, of sticking together of the lids is one of the main, yes, one of the most important parts of the treatment. It is simple and easily carried out by the nurse or mother. Simply besmearing the whole external surface of the lids, including the edges, freely with any bland aseptic or mildly antiseptic ointment, and keeping them well covered with it constantly is the point. The discharge will then flow out on to the cheek and can be gently removed by rubbing with a bit of gauze, and more ointment applied immediately.

“The usual daily application of silver nitrate, one to two per cent. solution, or, what is perhaps most frequently used nowadays, a fifty per cent. solution of Argvrol, two or three times a day, to the everted lids, or freely dropped into the conjunctival sac, will fill the bill.

“If haziness of the cornea or ulceration has occurred, a one-half per cent. solution of atropine sulphate may be used in conjunction with the above treatment.”

In an article on “What the General Practitioner Should Know about the Specialties,” L. W. Snow (*Northwestern Lancet*) enumerates ophthalmia neonatorum, eye-strain, glaucoma, iritis, foreign body in the cornea, suppuration of middle ear, examination of the ear, etc. On some of these he remarks:

“The general practitioner should bear in mind the influence of eye-strain on the general system, and be prepared to make simple tests of distant and near vision.

“*Glaucoma*.—The general practitioner should be familiar

with the usual symptoms of glaucoma, and be able to diagnose a typical case of this disease. There may be subacute or chronic cases, or acute cases complicated with some other disease, in which the diagnosis is difficult to make, but if he remembers the dilated pupil, the rainbow colors seen by the patient, the anesthesia of the cornea and the increased tension, he will at least be on his guard for this dreadful affliction. Overlooking the cardinal symptoms of this disease may doom the patient to perpetual blindness.

"*Iritis*.—The general practitioner should be able to diagnose a typical case of iritis, or at least be on his guard for this disease. He should also be somewhat familiar with the treatment of a case of this kind.

"The general practitioner should have a general idea of the diagnosis and treatment of foreign bodies in the cornea and conjunctiva; also of penetrating wounds of the eyeball, bearing in mind the danger of sympathetic ophthalmia.

"In infants a suppuration of the middle ear before a rupture occurs may very easily be overlooked. If, however, the physician is on his guard some obscure brain symptoms may, in some cases at least, be cleared up by an examination of the ear, and operative measures, if necessary, may be employed in time to prevent a fatal termination of the case.

"The general practitioner should be able to examine the ear with the aid of reflected light; to detect ordinary foreign bodies, cerumen, and polypoid growths, and to diagnose suppuration of the middle ear. He should understand enough of the anatomy of the ear to cause him to use extreme caution in the removal of foreign bodies from the same."

Disturbances of Hearing During Fever.

L. Rugani (*Archiv. Ital. di Otolgie*). This work speaks of the disturbances of hearing caused by fever process, but regardless of the disease which causes the fever, excluding deep-seated middle-ear conditions and with normal tympanic membrane. Consideration was first given to patients with 100.4 deg. to 103.1 deg. F. and with normal sensorium. The affections were in part severe, ileotyphus, coli bacillus. Puerperal infection, lung tuberculosis and articular rheumatism; partly mild as in bronchial catarrh, angina and gingivitis. In the cases examined the fever had existed in some for a long time, others for a short time, and in some cases simply a passing attack. The examinations of the hearing were usually made during the fever attack, sometimes during convalescence or after.

LARYNGOLOGY AND RHINOLOGY

IN CHARGE OF J. PRICE-BROWN

A New Surgical Treatment for Stubborn Cases of Ozena.
By JULES BROEKAERT (*La Presse Oto-Laryngologique*,
July, 1905).

After treating nearly a hundred cases of atrophic rhinitis by paraffin injections, all of which had been more or less benefited by the operations, the writer considers this to be by far the best method of treatment. He admits failures, however, in certain cases. In some injections were impossible, owing to loss of elasticity or extreme friability in the mucous membrane. In others, although the turbinals were filled with paraffin, the fetor and purulent discharge continued, the sinuses, particularly the ethmoid and sphenoid, being secondarily affected. For these he recommends radical operations upon the diseased sinuses of an extensive character, in addition to the paraffin injections. His experience of the radical treatment has so far been very limited, and the results are not yet published.

Adenopathies in Affections of the Nasal Fossae. By GELLÉ
(*Rev. Hebd.*, May, 1905).

This is reported as a very important paper. It describes the anatomical relationships of the lymphatics of the nasal mucous membrane, pointing out the sharp line of demarcation between those of the olfactory region and those of the respiratory region; and, above all, the close relationship which exists between the olfactory lymphatics and the meninges. The importance of examining the nose with the utmost care in all cases in which there is enlargement of the lymphatic glands of the neck is insisted upon. The comparative immunity of the glands of the neck in malignant disease of the nose is also noted. A point in reference to syphilis is likewise worth remembering. In cases of primary chancre of the nose the lymphatic glands are invariably affected; whereas they often remain undisturbed, when the nasal lesion is secondary or tertiary.

Radium in Nose, Throat and Ear. By C. J. BECK (*The Lancet-Clinic*, June, 1903).

This is the history of eleven cases of disease of these various organs, treated by the application of radium. The preparation used was a capsule of fifty milligrammes of radium of 10,000 radio-activity. The tube in each case was applied to the part

affected, and kept in position from five to thirty minutes, the treatment being repeated for periods varying from one week to several months. Three were cases of tuberculosis, one of the nasal septum, one of the larynx, and one of the middle ear. In none of these was there marked improvement.

In a case of syphilis of the nose, in which prolonged constitutional treatment had little effect, marked improvement followed the substitution of radium treatment.

In one of sarcoma of the nose, pain was relieved, but there was no check to the progress of the malignant growth.

In another of carcinoma, pain was also relieved, but as in the sarcomatous case, the disease continued rapidly in its course toward a fatal issue.

In a patient affected with lingua nigra, cure from the use of radium was effected in a comparatively short space of time. In a case of persistent nasal pain, relief became permanent from its use, while in one of sycosis of the vestibule it had to be abandoned.

In the remaining two cases, one of arthritis deformans with tinnitus and chronic otitis media, no benefit accrued; neither did it in the other of suppurativa chronica.

On the whole the practical results from the use of radium were not very encouraging.

Formalin in the Treatment of Diseases of the Ear, Nose and Throat. By OTTO J. STEIN (*Laryngoscope*, November, 1905).

This is the experience of the writer in the use of the drug in detailed cases of oto-mycosis, chronic suppurative otitis media, and laryngeal tuberculosis. He claims that, as a means to prevent the development of bacteria of putrefaction, and to prevent the growth of various parasitic bodies found within the auditory canal, it has no equal; while in laryngeal tuberculosis it is one of the best applicants that can be made.

The fact that it is a powerful germicide, disinfectant, deodorant and antizymotic, and that infinitesimal dilutions have strong germicidal power, places this drug amongst the most valuable of its class.

For directly local applications, the solutions are used of a strength varying from 2 1-2 to 10 per cent., solutions of cocaine being previously applied to lessen the immediate irritation produced temporarily by the formalin.

For sprays and as washes, the solutions are much weaker, ranging from 1-2 to 1 per cent. For vasomotor rhinitis,

Ballenger is quoted as using a combined spray of cocaine 2 per cent., with formalin 1-2 per cent., thus making a single application.

Angioma of the Palate. By LAMBERT LACK (*Journal of Laryngology*, 1904).

This case was shown on account of its rarity. It occurred in a woman aged 21 years. For a year a red, discolored patch had been growing on the soft palate, gradually increasing in size, and latterly bleeding upon the slightest touch.

On examination a swelling the size of an English shilling was seen on the left side of the soft palate, extending outwards almost to the cheek and upwards to the hard palate. It was soft and slightly raised, the surface being covered with dilated venules which bled readily when touched. The lower edge was slightly harder, and inclined to be papillary.

Although considered to be a case of angioma, it might possibly be of a sarcomatous character, and complete excision was advised.

The Etiology and Treatment of Mycosis Occurring in the Upper Respiratory Tract. By SENDZIAK, of Warsaw (*Journal of Laryngology*, November, 1905).

This is probably the most exhaustive and scientific paper ever written upon the subject. It is a prize essay, the writer being awarded the amount of one hundred dollars, offered by Dr. H. Holbrook Curtis, of New York, to the members of the American Laryngological, Rhinological and Otological Society for the best article upon mycosis. It was competed for during the year 1905.

Malignant Disease of the Tongue. By MAYO COLLIER (*Journal of Laryngology*, August, 1905).

In giving the history of a case in which the disease was confined to one side, and in which he removed only the corresponding lateral half of the tongue, the writer dwells upon the advantages of this operation over that of cross section or entire removal. The patient is rendered much more comfortable by the retention of the lateral half than he possibly can be by the other methods.

He points out that the lymphatics of each half of the tongue are quite separate, except those of the extreme end. The blood vessels are also in large measure distinct on the two sides; and when the operation is practicable the advantages to the patient

are so great that this method of relief should be practiced. In doing the operation no glands should be left in the sub-maxillary triangle, and the lingual artery on that side should be ligatured.

The operation in the case reported insured a minimum of risk of recurrence, left the patient with a tongue adequately mobile for speech, and with taste and mastication little if at all affected.

Two Cases of Post-Diphtheritic Paralysis. By A. T. MUSSON
(*Montreal Medical Journal*, September, 1905).

The first case occurred in a man aged 27 years, treated in the ordinary way and with antitoxin. Paralysis of the palate occurred while still under treatment for the disease, but it passed away before leaving the hospital, one month after the onset of the diphtheria. It recurred almost immediately afterwards in a typical fashion, extending from the throat to the arms and limbs. Sensation to touch, pain and heat were diminished. The right side was affected more than the left. Still, throughout, a certain power over the limbs was retained. Five months elapsed before recovery became complete.

The second case was not quite so severe as the first. It occurred in a man aged thirty, and was followed by equally good results. The treatment of both was chiefly of an electrical character.

Peculiar Accident to a Singer. By A. J. BRADY (*Journal of Laryngology*, November, 1905), of Sidney, N.S.W.

The writer was consulted by an opera singer whose voice had suddenly collapsed while producing a difficult part in her rôle. Instantly she had become voiceless. She could neither sing nor speak. On examination with the laryngoscope it was found that a small blood-vessel had ruptured in the sub-mucosa of the left vocal cord, the whole of which had become blood-red.

In ten days, chiefly by rest, the cord resumed its normal appearance, save for a slight, wavy, bluish line on the upper surface. Singing was resumed, and continued for three months, when a similar failure took place. This time an adenoid was removed and six weeks' rest taken in a bracing climate.

Examination again revealed a blue spot on the upper surface of the left cord, about its middle third. Singing was not resumed, but sometime later, after much speaking, a minute

hemorrhage again occurred, spreading out from the dilated venous nodule.

The writer suggested that he might have to touch the spot with the electro-cautery point to produce a cure.

Eversion or Prolapse of the Ventricle of Morgagni. By DELSAUX
(*La Presse Oto-Laryngologique Belge*), March, 1905.

This is the report of a man, aged 45 years, troubled with persistent hoarseness following tonsillitis. It had lasted for a year and a half, becoming worse during the last three months. When examined, there was inspiratory stridor, the whole larynx was reddened, and there was a swelling the size of a hazel nut under the right ventricular band. The tumor was removed with the hot-snare under cocaine. It proved to be the everted ventricle with thickened walls. Recovery was perfect.

A Case Seven Years after Complete Extirpation of the Larynx.
By CHARTERS J. SYMONDS (*Journal of Laryngology*, July, 1905).

The patient was a lady, now aged 64 years. When she first came under the writer's care she had worn a tracheotomy tube for several years. There was complete laryngeal obstruction, the interior of the larynx being filled with a soft, pale growth, that could be seen by aid of the laryngoscope. The larynx was abnormally broadened. No glands were affected. In January, 1898, he removed the larynx, attaching the trachea to the skin, and suturing up the pharynx. Glands were found under both lobes of the thyroid gland. The entire thyroid was removed, including the lymphatics. The recovery was slow, owing to incomplete closure of the pharynx. Microscopical examination revealed typical carcinoma.

Traumatic myxedema followed, but this was relieved by thyroid extract, which still had to be given. Absence of recurrence was attributed to free removal of thyroid glands and lymphatics. The patient can speak fairly, as well as manage a hotel, at the present time.

Editorials.

SCOPOLAMINE-MORPHINE ANESTHESIA.

The administration of scopolamine-morphine as an anesthetic with or without additional small doses of chloroform or ether has not thus far produced results in Toronto that are satisfactory. The effects are uncertain and sometimes serious, because dangerous depression frequently follows. An excellent editorial on the subject appears in *Surgery, Gynecology and Obstetrics*, in the December issue. The writer doubts whether at the present time the surgeon or obstetrician is justified in using such anesthesia when many surgeons after prolonged trials have practically given it up entirely.

We are told by Merck that Schneiderlin-Korff's combined method of anesthesia by scopolamine and morphia is highly appreciated by many surgeons, and especially by Wiesinger. Korff himself tells, however, the effect of the administration varies considerably in different individuals, and he gives warning against large and repeated doses of scopolamine. He states that the narcotic sleep produced is often very deep, and there is danger, especially in the aged, of the tongue falling back and interfering with breathing. Korff does not recommend the administration of chloroform with that of the scopolamine and morphia.

The writer in the Chicago journal before referred to gives sadly interesting facts as to results on the Continent, which should, we think, induce physicians to refrain from using a form of anesthesia which has resulted in an alarming mortality in many localities. He tells us that De Maurans, the editor of *La Semaine Medicale*, published recently an article in which he reported twelve fatalities due to the Schneiderlin-Korff method. Zahradnicky reported 1 death in 232 cases, and, as he collected, in addition, reports of 6 deaths in 650 cases, has ceased to use the method. Barsony reported 2 deaths in 50 cases, and formed the opinion that scopolamine is a cardiac poison which cannot be regulated. A review of all the reported

cases shows that nearly, or practically all, the patients died as a result of an arrest of respiration, accompanied by cyanosis. Sometimes the depression of the respiratory function was accompanied by Cheyne-Stokes respiration.

THE FATAL SMILE.

"She just gave a little smile," said a young Toronto surgeon some years ago, when cases of ectopic gestation were not yet recognized by every intelligent physician in general practice. The patient, a young married woman, was in the best of health, and felt herself so secure that she derided the warnings of her medical adviser, and at last, silenced by his gravity, evidently felt sorry for him making, as she considered, such a fuss over nothing at all, and an indulgent little smile played about her mouth as she absolutely declined operation. The surgeon had the courage of his convictions, and gave her but a few hours to make up her mind, telling her that it must either be operation, or he would retire from the case, and she must get another doctor. That surgeon was more fortunate than some of us. He was finally able to persuade the patient, and she entered the hospital for operation, but before she could be prepared, the hemorrhage, only too correctly foretold, occurred in her private ward, and they had much ado to save her life.

That little smile is one of the most unfavorable of all symptoms. We have all seen it, often. Within a short time we have recognized it on the face of a prominent business man, working with haste and without rest, scoffing at the idea of a holiday, unwarned by anything, to fall a victim within a few weeks to neurasthenia, and walk the floor like a madman, or weep like a child by turns, with not enough nerve left to cross the street alone.

Again, the same fatal smile was seen on the face of a patient who, when told the only thing that would cure her, replied that she could not afford it, and so refused, to go and throw away with both hands more money than the cure would cost, and

then came the deluge. This symptom is hard to treat. There is no alkaloid or elixir we can prescribe for it. The physician who can meet this emergency must needs have learned long ago how to rule his own spirit, how to forecast the future, and how to make his knowledge of men and women and events aid him in persuading them to see their own best interests. The doctor of great character, the doctor who has forgotten how to be selfish, who can "get inside" the patient, and see from the patient's point of view, is the doctor who will treat successfully the symptom of the fatal smile.

NOTES.

Canadian Physicians in London, England.

The following is a partial list of Canadian physicians in London, November 16th (*Toronto Telegram*):

Dr. Donald Armour, assistant surgeon, West London Hospital; Dr. George W. Ross, pathologist and registrar at Victoria Park Hospital; Dr. George Badgerow, house surgeon at Golden Square Hospital; Dr. C. H. Thomas, house surgeon, Great Northern Central Hospital, Holloway; Dr. Colin Campbell, house surgeon at Moorefields.

Here are the other eleven holding positions in English hospitals, two being at Birmingham:

Dr. C. K. Russell, Montreal, house surgeon at the National Epileptic Hospital; Dr. George H. MacLaren, of Hamilton, senior resident medical officer at Birmingham Ophthalmic Hospital; Dr. Simpson, also of Hamilton, at Moorefields; Dr. Hamilton Wright, pathologist at West London Hospital; Dr. Charles Stuart, senior resident surgeon at Golden Square Hospital; Dr. Ambrose Stanton, senior house surgeon at London School of Tropical Medicine; Dr. E. G. Weir, at Greenwich Seaman's Hospital; Dr. W. Jones, senior house surgeon at St. Peter's; Dr. W. H. Lowry, house surgeon at Birmingham Ophthalmic Hospital; Dr. Allen, at Hackney Hospital.

Post-Graduate Students.—Of the twenty post-graduate students now studying in London, these are from Toronto:

Dr. S. H. Westman, Dr. F. H. Scott, Dr. J. A. McCallum, Dr. E. D. Carder, Dr. Percy W. Saunders, Dr. A. W. Fisher, Dr. John Malloch, Dr. William Hackney.

From Other Cities.—The twelve from other Canadian cities are: Dr. Allan Rankin, Montreal; Dr. R. D. Forbes, Montreal; Dr. Howitt, Guelph; Dr. Thomas McPherson, Stratford; Dr. W. F. Smith, Halifax; Dr. A. D. Proctor, Ottawa; Dr. Faulkner, Halifax; Dr. W. R. Alway, Dr. E. L. Hodgins, Dr. Carscaden.

Two others who have only recently returned to Toronto are Dr. David King Smith and Dr. C. W. Crane. Drs. S. H. Westman and Colin Campbell visited Toronto during Christmas week.

The Medical Council Building.

The building of the Ontario Medical Council, south-east corner of Bay and Richmond Streets, has been sold to the Continental Life Assurance Company, of Toronto, for one hundred thousand dollars. It is expected that the Council will purchase a site in or near Queen's Park, and erect a building to be used solely for its own purposes. We are told that this will entitle the building to exemption from taxation, a privilege hitherto denied because the Bay Street building has been largely used for office purposes.

The Ontario Medical Council.

The following candidates passed the final examination: J. F. Adamson, Warren; Jessie Allyn, Smith's Falls; H. J. W. Adams, Embro; E. T. Atkinson, Barrie; N. D. Buchanan, Zurich; G. I. Black, Warkworth; M. W. Berwick, Shelburne; J. A. Brown, Colborne; A. V. Brown, Neustadt; W. H. Carveth, Toronto; W. J. Cook, Cobocok; J. A. Campbell, Killin; W. J. Chapman, Holland Landing; W. B. Clarke, Toronto; A. H. Cook, Toronto; A. F. Demary, Toronto; D. Evans, Toronto; J. C. Gormley, Finch; W. J. Geddes, Deseronto; J. G. Gunn, Ailsa Craig; M. Galbraith, Mount Forest; W. T. Greenwood, St. Catharines; E. A. Hammond, Peterboro'; F. N. Hughes, Fennels; A. A. Jackson, Mono Mills; A. H. Judson, Mallorytown; M. H. Limbert, Camborne; J. B.

Larocque, Alfred; J. J. Mathieson, Bloomington; H. P. Martin, Toronto; A. Murdoch, Brucefield; F. F. McEwen, Toronto; P. A. McIntosh, Dundela; J. G. McLeod, Southampton; A. H. McFadden, Millbank; C. R. Newman, Dunnville; W. G. Pruyt, Napanee; J. A. Rac, Rosseau; M. Reynolds, Kemptville; F. J. Rundle, Port Perry; J. H. Soady, Toronto; E. Scarlett, Powassan; J. R. Serson, Morpeth; A. E. Stewart, Ruthven; J. H. Todd, Toronto; W. W. Wright, Toronto; J. R. Walls, Uxbridge; F. E. Watts, Toronto; F. J. Weidenhammer, Waterloo.

RECOMMENDATIONS TO THE UNIVERSITY COMMISSION.

At a general meeting of the University of Toronto Alumni Association, held December 18th, at University College, the following recommendations to the University Commission were, after a prolonged discussion, carried, as embodying the views of the graduate body on the question of readjustment of the regulations regarding the administration and control of the University and of University College:

1. *The Lieutenant-Governor-in-Council*.—"That the powers of the Lieutenant-Governor-in-Council as regards the general administration of the University be confined to exercising a veto upon the acts of the Board of Governors."

2. *The Board of Governors*.—"That the general administration and control of the University and University College, both financial and academic, be vested in a Board of Governors composed of fifteen members, ten of whom shall be appointed by the Lieutenant-Governor-in-Council. That the Chancellor and three other members be elected by the graduates in all faculties voting as one body, and that the President of the University shall be a member of the Board *ex officio*."

"That the Board shall be entrusted with full control of the finances of the University and University College; that it have the power of appointment or dismissal of members of the staffs of these bodies, upon the recommendation of the President, and that the statutes of the Senate and other academic bodies of the University and University College be submitted to it for ratification."

3. *The Senate*.—"That the Senate consist of representatives of the graduates, of representatives of the Faculty of the University and University College, of the federated universities, and the federated and affiliated colleges; that it include also

elective representatives of the High School teachers of Ontario, and that the Minister of Education be a member of the Senate *ex officio*. That the functions of the Senate consist of the institution of courses of study, the prescription of curricula, the conducting of examinations, and the conferring of degrees."

4. *The President*.—"That the President be the chief executive officer of the University, and in view of the fact that the functions of the Senate as outlined above are purely academic in their nature, it is further recommended that he be *ex officio* Vice-Chancellor of the University and Chairman of the Senate."

There was also considerable discussion as to the position of University College. Some thought the College should be separated from the University of Toronto as to finances and administrative control. The majority, however, objected to such separation.

A REVIEW OF "A TEXT-BOOK ON OBSTETRICS."

C. B. Reed, M.D., in the new medical journal of Chicago, *Surgery, Gynecology and Obstetrics*, speaks as follows about Dr. Wright's "Text-Book on Obstetrics":

"In the flood of obstetrical text-books which has been poured out during the last five years, it is difficult to see that more than two or three have any real reason for publication.

"Aside from the desire of a writer to see himself between boards, there is always temptation on the part of the publisher, and the certain knowledge that nothing is easier than the development of the ordinary text-book. Made up of heterogeneous abstracts from the accessible literature, the compilation usually presents a large amount of trite and elementary truth, together with a generous quantity of unproved and probably undemonstrable theory, which has been passed on from book to book, without revision or question, in endless repetition, because the writer finds nothing in his own experience nor in the literature to present in its place.

"As a result, the book represents no originality, except the order in which the various subjects are arranged. It is quite a relief, therefore, to look over the work of Dr. Adam H. Wright, of the University of Toronto, which has just appeared from the Appleton press, and shows on every page the strong individuality of the author.

"This book represents the actual practice and experience of

a well-equipped and enthusiastic obstetrician, who has tried all things, and has held fast to that which he found good. He has presented the result in a coherent and palatable way that is far more attractive than usual.

"In fulfilling the requirements of a text-book, the publishers have considered and secured lightness and ease of handling. The paper does not offend by its gloss or odor, and yet does full justice to the abundant illustrations. Among the latter, it is distinctly refreshing to the eye to see pictures of Pasteur, Lister, Holmes, Sommelweiss, and others who have stamped their personalities and achievements upon the obstetrical and medical world. The value and pleasure of these pictures to the student can hardly be overestimated.

"One exception must be made to the general excellence of the illustrations. The plate entitled 'Walcher's position' must be a misnomer; it is certainly incorrect, and in no way represents that position; furthermore, there seems to be no adequate description of this important manœuvre in the text of the work.

"In the description of the implantation of the ovum, on page 18, the author has attached practically no importance to the revelations of Peter's ovum. The pathology of pregnant labor and puerperium is well covered in a practical way; in fact, the author, throughout the work, has emphasized clinical and practical methods, together with the results of his own valuable experience, which he supplements by the insertion of numerous interesting and instructive cases. The conduct of normal labor is complete and satisfactory.

"The statement that no prominent obstetrician in Great Britain or America approves of episiotomy is rather surprising, but not far from correct.

"The book, as a whole, is delightfully free from the tedious and uninteresting discussion concerning things we do not know, and is complete and satisfactory in regard to what we do know, but its main recommendation is the strong, virile flavor of Dr. Wright which pervades its pages."

At the annual meeting of the Post-Graduate Medical Society, of Toronto, held on Dec. 14th, at the Toronto General Hospital, the officers were elected as follows. Honorary president, J. N. E. Brown, M.D.; president, E. C. Burson, M.D.; first vice-president, L. Killoran, M.D.; second vice-president, R. G. Snyder, M.D.; secretary-treasurer, H. Spohn, M.D.

Personals.

Dr. Chas. O'Reilly expects to sail for Canada, January 17.

Dr. A. H. Macklin has removed from Mildmay to Goderich.

Dr. John R. Stone, of Parry Sound, spent Christmas in Toronto.

Dr. Colin A. Campbell returned from London, England, December 24th.

Dr. C. H. Brereton, of Chesley, spent his Christmas holidays in Toronto.

Dr. R. O. Fisher, of Oakville, was married to Miss B. Sims, November 22nd.

Dr. J. E. N. De Haitre (Toronto, '03), has commenced practice in Sudbury.

Dr. L. F. Millar, of Toronto, is spending the winter in Pasadena, California.

Dr. W. H. Philip (Tor., '90), has removed from Arthur, Ont., to Wappayello, Mich.

Dr. Harold Parsons, of Toronto, went to Port Hope for a few days at Christmas time.

Dr. A. Primrose, of Toronto, left December 26th, for a visit to the Maritime Provinces.

Dr. Macdougall King (Tor., '02), who practised for a time in Arizona, is now settled in Ottawa.

Dr. D. Duff Campbell (Tor., '04), has been appointed House Surgeon in Harlem Hospital, New York.

Dr. O. T. Dennick, of New York, paid a visit to his relatives in Deer Park, Toronto, early in December.

Dr. Drummond, the famous habitant poet, delivered one of his popular lectures in Toronto, December 29th.

Dr. Max Otto Klotz (Tor., '02), of Ottawa, who recently returned from Germany, is now in the Royal Victoria Hospital, Montreal.

Dr. John T. Fotheringham, of Toronto, has removed from 36 Carleton Street, to 20 Wellesley Street. He left Toronto for a visit of a week to Ottawa, December 28th.

Dr. J. R. Walls (Trinity, '91), of Denver, Colorado, has removed to Uxbridge, Ont., where he has entered into partnership with Dr. Horace Bascom. He is now occupying Dr. Clark's old office.

Obituary. Jan 1906

BENJAMIN H. LEMON, M.D.

Dr. Lemon, of Thorold, graduated from Victoria University in 1867, was found dead in his bed, November 28th. He was at one time Mayor of Thorold, and was at the time of his death Coroner for the Counties of Lincoln and Welland.

AUGUSTUS JUKES, M.B.

Dr. Jukes, formerly of St. Catharines, for some time Surgeon, North-West Mounted Police, and lately a resident of Wellington, B.C., died in Vancouver, Dec. 6th. He became a licentiate of the Medical Board in 1849, and received the degree of M.B. from Trinity University in 1865.

WM. GEDDES STARK, M.D.

Dr. Stark, for many years a well-known physician of Hamilton, but lately a resident of Secane, Pa., U.S.A., died December 12th, after a short illness, from pneumonia, aged 63.

JOHN HENRY McFAUL, M.D.

Dr. J. H. McFaul, of Toronto, died suddenly of angina pectoris, at his late residence, 197 Carleton Street, aged 66. He was graduated M.D. from Trinity University in 1888, and since then had practised in Toronto. He possessed true kindness of heart, and was a very conscientious and competent physician. He also took great interest in educational matters, and was for eleven years secretary of the High School Board of Toronto before the amalgamation of the Public and High School Boards.

SIR JOHN BURDON-SANDERSON, M.D., F.R.S.

Sir John Burdon-Sanderson, England's great physiologist, and late Regius Professor of Medicine in the University of Oxford, died of broncho-pneumonia and heart failure, November 23rd, aged 77.

JOHN CROFT, F.R.C.S.

Mr. Croft, well known to many Canadians as one of the surgeons on the staff of St. Thomas' Hospital, London, England, died, November 21st, aged 72.

WILLIAM JOSHUA ARNOTT, M.D.

Dr. W. J. Arnott, of Berlin, Ont., died December 12th, 1905, after a short illness, from cerebral meningitis, aged 44. He was graduated from Trinity in 1893. He at once settled in Berlin, and soon built up a large practice.

AMBROSE LOOMIS RANNEY, M.D.

Dr. A. L. Ranney, of New York, died suddenly of heart disease, December 1st, aged 58. After some years of general practice he became enthusiastic over the connection between eye strain and various nervous affections. In consequence he devoted himself to ophthalmology, and soon achieved great success in that line.

Book Reviews.

A Hand-Book of Intestinal Surgery. By LEONARD A. BIDWELL, F.R.C.S., Surgeon, West London Hospital; Lecturer on Intestinal Surgery, and Dean of the Post-Graduate College; Consulting Surgeon to the Blackheath and Charlton and Diss Hospitals, etc. Pages, 167. Illustrations, 91. Price, \$1.50. London: Bailliere, Tindall & Cox, 8 Henrietta Street, Covent Garden. 1905. Toronto: J. A. Carveth & Co., 434 Yonge Street. Montreal and Winnipeg: Chandler & Massey, Limited.

The above volume is a compilation of lectures delivered in the West London Post-Graduate College accompanying practical demonstrations. The work is very comprehensive and concise. The early part is devoted to the many kinds of sutures and anastomoses, pointing out which is the best. One can safely say that in this particular branch of surgery, while a great deal has been written that need not have been, yet in the work before us there is every justification for its existence. It is based on practical work to aid the beginner, and as such should meet with a hearty reception. We know of no small volume that contains so much information, nor information so well put. In this country, at any rate, by a great many of us, marine sponges have been entirely eliminated, and we do not think, notwithstanding the very careful directions for preparing, that it is possible to be absolutely sure of them, and consequently we prefer wipes made up of material that we can be sure of its sterilization.

The author's remarks on "Before and After all Abdominal Operations," is every word of it good, and can be used as a guide, knowing that we are following good advice.

We thoroughly recommend the work, and congratulate the publishers on the very careful manner in which the illustrations have been prepared and printed, as well as the letterpress.

A Text-Book of Physiology: For Medical Students and Physicians. By WILLIAM H. HOWELL, Ph.D., M.D., LL.D., Professor of Physiology in Johns Hopkins University, Baltimore. Octavo volume of 905 pages, fully illustrated. Philadelphia and London: W. B. Saunders & Company, 1905. Cloth, \$4.00 net; Half Morocco, \$5.00 net. Canadian Agents: J. A. Carveth & Co., Limited, 434 Yonge Street, Toronto.

Dr. Howell's many years of experience as a teacher of physiology in several of the leading medical schools is evident throughout the entire work in the simple and clear style and in the practical handling of his subject. The author has laid main emphasis upon those facts and views which will be directly helpful in the study of general pathology and in the practical branches of medicine. At the same time, however, we are gratified to see that Dr. Howell has not ignored the

experimental side of the subject. This we consider very important, for it has been through individual research that all the great advances in physiologic knowledge have been made. The entire literature of physiology has been thoroughly digested, and the important views and conclusions incorporated. Indeed, the author has prepared a text-book which, while preserving the scientific spirit, is at the same time simple and modern in presentation. Every notable advance in physics or chemistry as influencing physiology has been carefully noted. Illustrations have been most freely used, greatly helping in understanding and supplementing the descriptions in the text. Especially valuable are those illustrations employed to make clear the more intricate anatomic and physiologic mechanisms. Altogether, we consider it a very valuable book, because it is accurate, up-to-date, and highly practical.

Introductory Physiology and Hygiene. By A. P. KNIGHT, M.A., M.D., Professor of Physiology, Queen's University, Kingston. Toronto: The Copp, Clark Co., Limited. Price, 60c.

This is, as the title page describes it, "A series of lessons in four parts, designed for use in the first four forms of the public schools." We are glad to welcome any effort to improve the knowledge, and as a consequence the practice, of the people in matters which concern their health.

Professor Knight takes the subject up from the physiological side first and mainly, basing a few of the more general requisites in hygiene upon the physiology of the various parts and systems of the human organism. Regarding the evils of alcohol, tobacco and anti-vaccination, the doctor gives no uncertain sounds. His warnings are correct and apparently still much needed. He gives significant quotations from Sir Frederick Treves, Lauder Brunton, and a host of others, authorities in our foremost universities, hospitals and medical journals, as to the toxic effects of tobacco and of alcohol, even in "moderate" quantities. He also gives some interesting experiments on their toxic effects on some of the lower animals.

The little book should serve a useful purpose in our public schools, and we strongly commend the precepts it contains.

Bacteriology and Surgical Technic for Nurses. By EMILY M. A. STONEY. Second edition, thoroughly revised and enlarged by F. R. Griffith, M.D. Philadelphia, New York and London: W. B. Saunders. Toronto: J. A. Carveth & Co., Limited.

Miss Stoney's works have long had a good reputation as text-books for nurses, and since her death the revised editions

issued by her publishers have had a large sale. The present volume has much to recommend it, being clear, thorough and practical in its treatment of the various subjects. The first part (56 pp.) is an outline of bacteriology; the second part, which includes chapters on obstetrical nursing, gynecological examinations, hygiene, etc., is on surgical nursing.

A Manual of Diseases of Infants and Children. By JOHN RUHRAH, M.D., Clinical Professor of Diseases of Children, College of Physicians and Surgeons, Baltimore. 12mo volume of 404 pages, fully illustrated. Philadelphia and London: W. B. Saunders & Company. 1905. Flexible leather, \$2.00 net. Canadian Agents: J. A. Carveth & Co., Limited, 434 Yonge Street, Toronto.

This little book, which has been prepared for medical students, presents the subject of pediatrics in a clear and concise manner. The author has outlined the therapeutics of infancy and childhood in a way that cannot fail to make for this work a place of first importance in its field. He has given explicit instructions for dosage and prescribing, and also a number of useful prescriptions. Infant feeding is given in detail. A very valuable feature consists in the many references to pediatric literature, so selected as to be easily accessible by the student, enabling him to ascertain the sum of knowledge on any given disease.

A Treatise on Diseases of the Skin. For the use of advanced Students and Practitioners. By HENRY W. STELWAGON, M.D., Ph.D., Professor of Dermatology, Woman's Medical College, Philadelphia. Fourth edition, revised. Handsome octavo of 1,135 pages, with 258 text-illustrations, and 32 full-page lithographic and half-tone plates. Philadelphia and London: W. B. Saunders & Company. 1905. Cloth, \$6.00 net; Sheep or Half Morocco, \$7.00. Toronto: J. A. Carveth & Co., Limited.

This is the fourth edition of Dr. Stelwagon's book, which is too well known and greatly appreciated to call for any extended notice. The very definite, clear and practical nature of the book, the comfort found by the busy practitioner in the details of treatment given, and the brief yet satisfactory way in which each subject is finished and disposed of—above all, the accuracy and authority which are characteristic of this text-book—have led to its deserved success. In the present edition the author deals with the three new therapeutic agencies which have recently been added to the resources of the dermatologist, viz., the Finsen light, the Roentgen rays, the high-frequency current, and a good many changes and additions have been made, redundant material being omitted, so that the book is not much larger. We commend it cordially to our readers.

Lectures on Auto-Intoxication in Disease, or Self-Poisoning of the Individual.

By CH. BOUCHARD, Professor of Pathology and Therapeutics; Member of the Academy of Medicine and Physician to the Hospitals, Paris. Translated, with a preface and new chapters added, by Thomas Oliver, M.A., M.D., F.R.C.P., Professor of Physiology, University of Durham; Physician to the Royal Infirmary, Newcastle-upon-Tyne; formerly Examiner in Medicine, Royal College of Physicians, London. Second Revised Edition. Crown octavo, 342 pages, extra cloth. Price, \$2.00 net. Philadelphia: F. A. Davis Company, Publishers, 1914-16 Cherry Street.

The names of Prof. Bouchard and Prof. Oliver are a sufficient guarantee that the book will rank as a classic. Everything that can be said on a subject which has sprung into great prominence during the last decade, is to be found, concisely stated, in this volume. A most interesting and useful part of the work is the careful attention given to treatment of the various diseases which naturally come under discussion—a feature which commends itself to every working physician in this Nihilistic age. Altogether it is a very desirable monograph to study.

Progressive Medicine. A quarterly digest of advances, discoveries and improvements in the medical and surgical science. Edited by Dr. H. A. HARE and H. R. M. LANDIS. Vol. IV. December, 1905. \$6.00 per annum. Philadelphia and New York: Lea Bros. & Co.

This volume deals with diseases of the digestive tract and allied organs, the liver, pancreas and peritoneum (Dr. J. D. Steele); genito-urinary diseases (Dr. Wm. T. Belfield); diseases of the kidneys (Dr. J. Rose Bradford); anesthetics, fractures, dislocations, amputations, surgery of the extremities and orthopedics (Dr. Jos. C. Blondgord); and a practical therapeutic referendum (Dr. H. R. M. Landis). The conclusion of the seventh year finds this quarterly far in advance of any other, in the epitome and bibliography of current medical literature.

Selections.

The Abrupt Onset of Typhoid Fever.

The importance of the irregular types of typhoid, especially of those cases in adults with abrupt onset, is emphasized by M. Manges, New York (Journal A. M. A., December 30), both on account of the importance and difficulties of their diagnosis and their high mortality. He notes briefly some of the literature of the subject, and remarks that a distinction must be made between these cases and those that seem to be abrupt, but are not—the perforative cases. He finds from the records that the cases with true abrupt onset formed about 10 per cent. of all cases in the Mt. Sinai Hospital; they are, therefore, not infrequent. Cases of abrupt onset may be ushered in by various symptoms, either with chills, single or repeated, severe pains in the head, abdomen or other parts of the body, or by violent nephritis, pleurisy, grip, diphtheria, cerebrospinal meningitis, etc.; still another type are the hemorrhagic cases. A unique case in which the initial symptoms were tachycardia and heart failure is mentioned. Some cases of paratyphoid fever must also be differentiated from these cases of sudden onset. The cases resembling cerebrospinal meningitis are usually readily differentiated by their low leucocyte count, though clinically they may run an identical course for several days. The pneumo-typhoid and pleuro-typhoid types are well known and hardly require description. The types beginning with pain, simulating appendicitis or with pain in the head, are noticed, and cases where the diagnosis was difficult are mentioned. Another type is that marked by sudden high fever, with or without chills, the fever sometimes reaching its maximum of 105 to 107 in the first twenty-four hours, and often suggesting severe poisoning rather than typhoid fever. Death usually occurs at the end of the first week. Fortunately these foudroyant cases are rare. The hemorrhagic cases of typhoid are often of sudden onset and run a rapidly fatal course. Malaria may complicate the onset of typhoid, and, aside from this, repeated small chills are very common in the beginning, of the attack and repeated severe chills without any malarial cause may also occur. Sudden onset in the throat is rather rare and appears in the shape of the characteristic Bouveret ulcers or severe pharyngitis. Diphtheria of the pharynx may be associated with sudden onset of the disease in some cases, examples of which have been previously

published by Manges. Another type, illustrated by a case, is that of suddenly occurring severe nephritis with continuous fever, and the grip type is still another of special importance and gravity as regards the diagnosis. The progress of the case, the roseola, the Widal reaction, etc., alone enable us to differentiate these cases. Manges explains these cases of sudden onset by a silent development of the germs in the system without presenting any marked clinical features until the disease is well developed. In some cases, however, a rapid development of the organisms in the body must be invoked to account for the condition. This rapid growth is favored by pre-existing infection of some kind, or other causes lessening the power of resistance. Whatever may be the explanation, the clinical fact remains that in about 10 per cent. of cases of typhoid an abrupt onset may occur with aberrant clinical manifestations, and that in any cases of severe acute illness of sudden onset with marked disproportion between the severity of infection symptoms and the clinical findings, a properly applied test for the Widal reaction must never be omitted. The fact that this reaction occurs more early in cases of typhoid fever of acute onset gives it a peculiar value in these cases.

Acute Hemorrhagic Pancreatitis.

C. F. New, Indianapolis (Journal A. M. A., December 30), reports a case of acute hemorrhagic pancreatitis occurring in an insane woman aged 35. The attack began with nausea and vomiting, soon followed by severe epigastric pain and tenderness, requiring opiates, and followed later by fever, tympanitis, rigidity and general jaundice. Death occurred suddenly within thirty-six hours from the onset of the disease. The autopsy revealed the pancreas except a small portion of the head and tail, involved in a soggy mass of coagulated blood, together with lesions of the liver, kidneys and spleen, an atheromatous condition of the larger arteries and some fatty degeneration of the heart. The author discusses the symptoms and points out the difficulties of the diagnosis. The pancreas is seldom alone diseased, its functions can be more or less fully performed by other organs, or by a small intact remnant of its own tissues. Still, he says, there are some things that should arouse suspicion of its involvement. Fitz has laid down a rule that when a previously healthy person or sufferer from indigestion is suddenly seized with violent pains in the epigastrium, followed by vomiting and collapse, and within twenty-four hours by a circumscribed epigastric swelling, tympanitis and

resistance, with slight rise of temperature, one should suspect acute pancreatitis. The crystals described by Cammidge (see abstract in the *Journal A. M. A.*, July 29, 1905, p. 359) are also claimed to be pathognomonic. The only practical treatment is surgical.

Physiology of the New-born.

Landois (*Geburt. u. Gynec.*) from his observations of fifty new-born infants during the first ten days finds that the mother is able to feed and satisfy the child after an average of 45.1 hours. The minimum is 9.8 hours and the maximum 72 hours. Primiparæ on the average satisfy the child in 43.8 hours, the minimum being 29 hours and the maximum 71 hours. Multiparæ average 39.7 hours, the minimum being 9.5, and the maximum 72 hours. The infant drinks during the first day about five grammes, the maximum being 50 grammes and the minimum 0 grammes. The child is as a rule able to suck about the fourteenth hour. Children in whom the umbilical cord has been tied late drink more than those in whom the cord has been tied early.—*Medical Age*.

Uric Acid Diathesis.

Almost every layman, and a multitude of doctors, continually speak of being "full of uric acid," meaning by this that they have muscular stiffness, or that the urine shows an excess of urates or even uric acid crystals. In the majority of instances this excessive deposit of urates or uric acid depends not on any abnormality in bodily metabolism, but on conditions of the urine which cause the precipitation or deposition of these solids. There is either a condition of acidity or a minimum quantity of mineral salts, and as a result precipitation takes place. For this so-called "uric acid diathesis" physicians prescribe large quantities of lithium and copious draughts of water. There can be no doubt that the water is advantageous, but the lithium only does good until a certain degree of alkalinity is reached, when it is of little value, and if the doses are large it acts as a depressant to the general system. It is quite true that persons who eat heartily, drink alcohol, and take no exercise, are not infrequently overloaded with effete materials representing imperfect metabolism, which cause disagreeable symptoms. It is also perfectly true that exercise, a proper diet, and the use of plenty of drinking water will overcome these symptoms, but this does not prove that the patient is a sufferer from "uric acid diathesis."—*Hare's Text-book of the Practice of Medicine*, 1905, p. 753, and *J. A. M. A.*

Miscellaneous.

Reminiscences of Dr. Thomas Addis Emmet.

One of the most interesting figures in medicine still with us is undoubtedly Thomas Addis Emmet, of New York, who has recently been persuaded to make public some reminiscences of his earlier days (*a*). How much medical education in America has altered since his student days is shown by the fact that, although he numbered Robley Dunglison and J. K. Mitchell among his teachers at the University of Virginia, yet he passed "a creditable examination" at the graduation in medicine, "without having dissected more than the sartorius muscle, without having written a prescription, or having attended an obstetrical case." Of the academic instruction, of the time Dr. Emmet gives one specimen, which should render its author, Dr. Wallace, known to fame. The subject was hernia, the weather hot, the professor a man of twenty-one stone, and the lecture was as follows: "When you come to operate for hernia you will find little you have been taught to expect, and I cannot now enter into a fuller explanation, but it is, in a nutshell, cut until you come to the gut, and you will be a damn fool if you cut it; good-day." Dr. Emmet's earliest professional work was as emigrant refuge physician in New York, and as illustrative of the horrors of an outbreak of cholera, he tells us. "On two occasions, when a larger number of bad cases than usual had been admitted, I found next morning all the patients and nurses had died since my last visit.—*Medical Press and Circular*."

Cheerfulness in the Sick Room.

Too much cannot be said about the value of cheerfulness in the sick room. An easel, with a bright, pretty picture, changed as often as possible, is an attractive thing in the sick-room. A bright bit of china, any curios or dainty bit of bric-a-brac, borrowed for the time, will help to relieve the monotony of the long wait in bed or even more tedious confinement on a single floor during the long convalescence. A growing plant which is coming into bloom or a fernery will often give a great deal of pleasure. Try to furnish quietly a series of dainty surprises to the invalid in the preparation of the food and the china service. Use first one pretty cup and then another, unless, indeed, she fancies one and insists upon it, as often happens. Above all things, be calm and equable, in spite of querulousness, and humor fancies where they are not a source of absolute harm. A nervous person should never attempt to be a nurse. It requires abundance of nerve and presence of mind to meet

the emergencies that may arise, the sinking spells that come over even a convalescent, and that, if not met with proper stimulants, may result in the most fatal consequences.—*Family Doctor*.

Surgery During the Russo-Japanese Naval War.

At the meeting of the Association of Military Surgeons of the United States, Surgeon-General Suzuki, of the Imperial Japanese Navy, made an address on his experiences during the Russo-Japanese naval war. He served on the flagship of Admiral Togo as surgeon-in-chief of the combined fleets. He considered the treatment and management of wounds and the sanitary arrangements of the fleets.

The instructions issued by him before leaving the naval base were: (1) the strictest attainable asepsis; (2) conservative surgery; (3) avoidance of amputations on war ships, and transference of the wounded to hospital ships as soon as possible after the engagement. From February, 1904, to August, 1905, out of 1891 casualty deaths, 1,448 were due to shipwreck through mines, and only 563 to wounds in battle. Of 1,791 wounded during the same period, 647 were transferred to hospital with only 32 deaths. The methods used were those generally employed.

He divided the proper treatment of the wounded in war into two stages: during action, only first aid; after action, temporary relief in the ship's surgery, the patient being then transferred to the hospital ship.

General Suzuki then discussed the proper location of the ship's surgery, which he said should be below the water line; the transportation of the wounded; the supply of dressing materials, which, with praiseworthy liberality, had been made amply large for all the needs of the fleet; he described the first aid package issued by him; the attention paid in the Japanese navy to the eyesight of gunners; the number and character of the wounds inflicted; the sanitary arrangements, among which may be particularized the diet, consisting of biscuit, 6 ounces, or bread, 3 ounces; rice, 12 ounces; barley, crushed, 4 ounces; meat, preserved, 5 ounces, or fresh, 7 ounces; fish, preserved or fresh, 5 ounces; vegetables, fresh, 15 ounces, or dried, 3 ounces; tea, $\frac{1}{2}$ drachm; barley, roast, 3 drachms; sugar, 6 drachms. To this must be added the following weekly allowance for cooking: Peas or beans, $2\frac{1}{2}$ ounces; wheat flour, 2 ounces; sugar, $3\frac{1}{2}$ ounces; soy, 3 ounces; sesame oil, 1 drachm; salt, $1\frac{1}{2}$ ounces; fat, 1 ounce. Supper

ration: Biscuit, $3\frac{1}{2}$ ounces, or bread, 5 ounces; tea, $\frac{1}{2}$ drachm; sugar, 4 drachms. Water was supplied by two water ships distilling daily about three hundred tons of water, as well as by water transports. Every one was required to take a bath and to put on a change of clothing before going into action, and General Suzuki attributed to this fact the comparative freedom from sepsis of the Japanese in the war.—*St. Louis Medical Review.*

Fruits and Nuts as Food.

The Department of Agriculture has for several years been conducting a series of experiments to determine the dietetic value of different foods. In the majority of the dietetic studies, and all but one of digestion experiments, fruits and nuts constituted all or almost all of the diet. The results show that both fruit and nuts should be looked upon as foods rather than accessories to diet. The articles studied include tomatoes, apples, bananas, cantaloupes, grapes, verdal, cornichon, Tokay, muscat, scarlet haws, pears, pomegranates, persimmons, oranges, strawberries, watermelons, figs, almonds, and peanut butter. The only animal foods allowed were cottage cheese and eggs, and these were given in limited quantities. The cost of such a diet varied from fifteen to eighteen cents a day. Comparative experiments were carried along in which animal foods were employed under the usual conditions of living, and in these the daily cost ran from 26 to 30 cents. It was found that the food eaten supplied about 60 per cent. of the protein usually secured by the average meat diet, while health and strength continued the same, if not improved, and in two or three cases there was a slight gain in weight and flesh.

The main object of this series of experiments was to furnish data on the value of nuts as food. Fruits contain little protein, and nuts are relied on in this plan of eating to balance the ration. Fruits are rich in carbohydrates, and nuts contain fat. A pound of peanuts, which costs seven cents, furnishes 1,000 calories of energy at a cost of three and one-half cents. The average price per pound of the protein of nuts ranges higher than the corresponding average of meats, but the cost per pound of peanut protein is lower than for meats, eggs, milk, dairy products, and prepared cereals. Although peanuts supply protein and energy for a smaller sum than bread, they are outranked by dried beans, which at five cents a pound will supply for ten cents over 200 grammes of protein and 3,040 calories of energy.—*Scientific American.*

Primary Erysipelas of the Larynx.

L. Blum (*Deutsche Medizinische Wochenschrift*) reports two cases of primary erysipelas of the larynx. The diagnosis was difficult but was confirmed by the spread of the disease to the face. One case was preceded by a subacute laryngitis lasting several weeks. The other developed after the crisis of an attack of croupous pneumonia. Only one case showed any signs of stenosis.—*Lancet Clinic*.

Less Medical Students.

Reports from the various medical colleges throughout the country show a most decided falling off in the number of new students enrolled. Medicine does not seem to be at present as attractive a calling as it once was. Naturally the higher requirements for admission to most colleges, together with the rigid examinations required by the different State Boards, has something to do with deterring young men from embarking upon the uncertain sea of medicine. Should this state of affairs keep for another ten years those engaged in practising the medical art will not find the struggle for existence as strenuous as it is now.—*Medical Age*.

The philosophy of pain has never been understood, though theologians have written unnumbered tomes to explain it. That it is beneficent is certain, for it would have ceased long ago if it were malevolent. It is an axiom of physiology that the pain sense is necessary to warn us of dangers to existence. To escape all pain is therefore impossible and would be quickly fatal if it were possible. These seem truisms to the physician who sees so much of pain, but the layman is likely to look on it as an unmixed evil and magnify its horrors. It is but an easy step to the belief that the moribund are always in agony. Such suffering is the exception rather than the rule. Designedly or not, according as we look at it, nature obtunds the sensibilities when the blow descends. Injured persons in great shock never suffer. There is so little of the horrible that the very thought of an artificial euthanasia is repugnant. The discussion is generally raised by supersensitive people, who magnify the matter until they believe it to be of vast importance. The pains may not be as great as many believe. Men often learn to ignore habitual pains. Until we know all the uses of pain and its effect upon the moribund, artificial euthanasia is an idle discussion. As a rule, nature provides euthanasia in her own beneficent ways.—*American Medicine*.

SICK!

(Elwin L. Sabin in "In Lighter Vein," in the *November Century*.)

When mother's sick the house is all
 So strangely hushed in room and hall!
 But mother never will admit
 She's suffering a single bit!
 She won't let people do a thing—
 There's nothing anyone can bring—
 She just lies there, and tries to fix
 Herself by cunning little tricks!
 And as for doctor—why, the word
 She scouts as being most absurd.
 And when he comes he has to guess
 At symptoms that she won't confess;
 And then he's apt to frown and say:
 "You should have had me right away.
 I'll come again this evening"—for
 It's bed, you see, a week or more!

When father's sick—I tell you, now,
 You ought to hear the dreadful row!
 The talk of "Dying," and the groans!
 The orders in convulsive tones!
 The hasty runnings to and fro:
 To rearrange the pillow—so;
 To fix hot-water bag and shade;
 For mustard plaster, lemonade!
 Appeals to get the doctor, quick—
 And "Can't you see I'm awful sick?"
 And then the doctor sits and hears
 While father grunts his pains and fears.
 He leaves some drops, and tells us: "Hum!
 Unless I'm needed I sha'n't come
 Again. I think he'll do all right."
 And father's up, perhaps, by night!

Elliott Schmidt has, says an exchange, discovered in a pre-historical sarcophagus a vesical concretion. It lay between the two iliac bones of an adolescent sixteen years old. The age of the tomb has been estimated at 7,000 years or more. Examination of the vesical concretion showed that it consisted exclusively of uric acid with an envelope composed of phosphates.

Treatment of Erysipelas of the Face.

Z. Edwards Lewis, of New Rochelle, N.Y., treats erysipelas of the face with ichthyol. It may be used in any strength, but a 40 to 50 per cent. solution is his standard. The solution is painted carefully over every bit of the inflamed surface and over at least half an inch of all adjacent sound skin. According to the virulence of the attack and to the time that has elapsed from the onset, he regulates the frequency of reapplication—from six hours to three days. The face should not be washed for reapplication unless there is a material decrease of tumefaction. The fresh solution, as it is applied, revivifies all that remains.

The effect of the application is immediate, and in a very short time the patient gives expression to the relief felt. Tumefaction subsides—sometimes with astonishing rapidity—and generally there is uninterrupted recovery. Applications are repeated at increasing intervals till a thorough washing, after a three days' interval, shows no disease. The applications are to be made without friction, with a soft brush or pledget of cotton, preferably the former.

The conditions of general health and bodily functions are to be inquired into, and any needed regulations secured. Loaded *primæ viæ* and imperfect depuration are a serious bar to remedial progress.

The sole objection to the treatment is cosmetic. It looks almost as bad as a silver nitrate stain, but is not so permanent, most of it being removed by one washing. The feelings of the patient and of onlookers may be conserved by covering the face with a mask of soft white muslin or linen, carefully adjusted. If this sticks, a little gentle dabbing with wet cotton will loosen it. Obviously, not the slightest force is to be used in the removal.

In cases where the elevation of temperature is too great to be negligible, a good antipyretic of the coal-tar series is indicated; and the added effect of this in soothing irritability and pain is often a desideratum.—*N. Y. Med. Jour.*, July 22nd, 1905.

Professor Eberth, Director of the Pathological Institute in Halle and discoverer of the bacillus of typhoid fever, celebrated his seventieth birthday on September 21st. He was born in Würzburg, and received his medical education there. In 1865 he was appointed professor of pathological anatomy in Zurich, and was called to Halle in 1874.

Cheap Alcohol.

The number of deaths and of cases of blindness due to the use of wood alcohol again directs attention to the importance of a cheap alcohol in the arts. Germany has solved this problem by employing free of tax a denaturized spirit—that is, an alcohol that has its taste so far altered that it cannot be used as a beverage. This has been proposed in this country, and so far has met with some objections, and it is claimed that the spirit would be redistilled. Germany has a tax on spirits used for drinking purposes, and if they can simply employ a method of this kind it surely ought to be possible to safeguard the revenue derived from alcohol in this country. The importance of Germany in the production of chemicals has largely been influenced by the fact that they are able to obtain at practically cost price ordinary ethyl alcohol. At our doors is an unlimited supply of cheap alcohol, the price never exceeding 12 cents a gallon and often falling as low as 8 cents. This alcohol is made in Cuba from molasses, and is now largely a waste product, as it does not pay to distil the alcohol, there being little or no market for it. The high price of alcohol has admitted of the exploitation of the dangerous wood alcohol with all its attendant evils. This would be largely overcome by the use of a denaturized ethyl alcohol, which is quite as cheap as if not cheaper than the ordinary wood alcohol.

My Changes of View in Appendicitis Work.

R. T. Morris says that although formerly he used to forbid morphine altogether, his views on the subject have changed and he now gives it cautiously in cases in which there is great restlessness. The drug is still regarded as a double-edged sword, however. Both gauze packing and iodoform gauze have been abandoned altogether, as well as the use of buried sutures of silkworm gut. A standard length of one and one-half inches for the incision has been adopted for nearly all instances, including cases of abscess and peritonitis, and it has been found safer to deal with adhesions by touch than by sight. The time limit has also been greatly reduced, and now it is common to have the time from the first incision to the last suture occupy not more than seven to eight minutes. All patients are operated, even if moribund, a preliminary infusion of salt solution being given; adhesions are freely separated if necessary but not otherwise, and the idea of flushing out the abdomen has been dropped. After eliminating the features which seemed

to have a special death-rate of their own, viz., gauze packing, iodoform gauze, long incisions, and the expenditure of time in unnecessary detail of work, one hundred consecutive operations were published with a 2 per cent death-rate. The author does not favor the removal of the normal appendix in the course of other operative work, and he now uses a cigarette drain in all cases in which pus or septic debris have been left in the peritoneal cavity. The dictum of operating as soon as the diagnosis is made holds good, with certain exceptions, but it is still a question what to do with patients who are convalescing from the attack. In interval cases it now seems best to operate only when on palpation the appendix is found to be the definite seat of chronic infection or of adhesions which cause symptoms.—*Medical Record*.

Cerebro-Spinal Meningitis.

N. B. Foster, in the *American Journal of the Medical Sciences* for June, believes that in cerebro-spinal meningitis there is no method or drug that has any apparent effect on the course of the disease. Efforts toward decreasing the suffering of the patient and preserving his strength is the most we can do at present. The patient should be isolated; the room should have free ventilation and be somewhat darkened. Restraint is nearly always necessary to prevent self-injury, and this is best effected by passing a folded sheet around the back of the neck, and under the arms anteriorly, the ends being tied to the sides of the bed. The ankles are thickly padded with cotton-wool, and bandages passed over this, and made fast to the bed. Of medicinal treatment the most important indication is for sedatives, and of these opium is doubtless the best. In some cases of extreme delirium, huge quantities of the drug may appear to produce no effect: bromides and chloral may be added to morphine, but his experience has been that there are cases in which the delirium and convulsive seizures cannot be controlled by drugs in doses within the bounds of safety. Under such circumstances a do-nothing policy is best. The delirium *per se* is not an indication for treatment of any sort, but the ceaseless activity that attends it is very wasteful of the patient's vitality. Potassium iodid has been used largely in this disease, but he has never noted any influence on the course of the disease. He is convinced that lumbar puncture has a therapeutic as well as diagnostic value. In all cases in which the symptoms have persisted for more than a few days, he is accustomed to perform lumbar puncture every two or three days. He has observed (1) lessening the delirium when delirium was present,

(2) alleviation of headache, often to entire cessation, (3) awakening from a semi-comatose condition to consciousness, and an ability to rationally answer questions. One lumbar puncture is not sufficient; the fluid slowly reaccumulates, marking the return of stupor and headache. It is a palliative means only, not a curative one.—*The Cleveland Medical Journal*.

Carbuncles.

Creel has relied on ecthol given internally, in doses of a teaspoonful, in cases of carbuncles, flax-seed poultices applied locally, emptying of pus, scraping out of dead tissue and cleansing with peroxide of hydrogen; after this a topic application of ecthol on absorbent cotton every four to eight hours. The average duration of this treatment in his cases was ten days.—*Journal of the American Medical Association*.

Ebstein gives rest and warmth as important factors in treatment of the morbidly lean. The diet, however, is the main point in the conduct of the case. He favors a diet rich in fats, as more conducive to the taking on of flesh than the carbohydrates, and being less liable to cause fatty accumulation about the heart. The introduction of fats into the dietary regimen should be gradual and accompanied by careful management of the bowels.

What the "Grip" Is.

Asked what made him look so ill, an Irishman replied, "Faith, I had the grip last winter." To draw him out, the questioner asked, "What is the grip, Patrick?"

"The grip!" he says. "Don't you know what the grip is? It's a disease that makes you sick six months after you get well."—*Ladies' Home Journal*.

THE STRATEGY OF SAMUEL.—Proud Father—"I tell you, sir, that boy of mine will be a wonder."

Friend (wearily)—"What wonderful thing has he done now?"

Proud Father—"Why, the other day he ate all the preserves in the pantry. I overheard him say, as he smeared the cat's face with the stuff: 'I'm sorry, Tom, to do this, but I can't have the old folks suspect me.'"—*Smart Set*.

RESPIRATORY AFFECTIONS: SYMPTOMS AND THEIR TREATMENT.

By JUSTIN HEROLD, A.M., M.D.,

Former House Physician and Surgeon, St. Vincent's Hospital, New York City; Former Coroner's Physician, City and County of New York; Member of New York County Medical Association, County Medical Society, Medical Society of the Greater City of New York, Medico-Legal Society, Society of Medical Jurisprudence, and New York Academy of Medicine.

Mathematical precision, it must be admitted, has its place no less in medicine than in its legitimate field in the study of the higher classics. This precision, in the therapeutic sense, applies to the exact dosage of preparations used by the busy practitioner in his every-day experience. How often do we attain proper results from the use of drugs; how often results that are not only improper, but even dangerous? Precision in dosage can only be obtained by constant study on the part of our co-laborer, the pharmaceutical chemist—study embodying experimentation, the comparing of results, re-experimentation, and, finally, the circulation of the decisive product in the hands of the practitioner.

The past few months have afforded me, and no doubt others, opportunities to test the efficacy of the therapeutic qualities of the various remedies vaunted as certain to relieve the harassing symptoms attendant on the diseases produced by the bacillus of that nineteenth-century infant, "La Grippe."

I refer to this epidemic particularly, because it had not manifested itself in such virulent form since the memorable grippe epidemic of 1889. The author of this paper, in the past few months has had occasion to employ the several preparations recommended for the relief of the distressing respiratory symptoms attendant upon "la grippe." These manifestations, from my view-point, have been characterized principally by cough and dyspnea, in other words, "dyspneic cough." Expectorant mixtures, anodyne solutions, together with hypodermic medication, produced in me a disgust; and why? Simply and undeniably for the reason that the ordinary cough mixtures contain the opium preparations in such combinations as to leave a depressing effect, which, especially in cases of the grippe of the "depressing or melancholic" type, enhances the already depressed feeling. Combinations of expectorants with stimulating ingredients had no less the same effect.

The feelings of the physician are not heightened when his "stand-bys" serve him so poorly; neither are the feelings of the patient calculated to give him increased confidence in his physician. Where lies the fault—in the opium, in the morphine, in the codeine, in the heroin? No, the fault lies in the unstable (or whatever you may call it) combination, or ill-combined ingredients. In seeking for a remedy to relieve the harassing night cough of an attack of "bronchitis due to grippe," in a member of my own family, I chanced to come across a preparation of heroin, which, of all remedies tried, gave relief. I refer to Glyco-heroin (Smith).

Glyco-heroin, in all the cases in which I have used it, has never caused vomiting, an important point for the physician. Is not the stomach the physician's best friend in the treatment of diseases other than obstructive or malignant affections? Another important point noted was that this preparation of heroin—Glyco-heroin (Smith)—never played pranks with the structures composing the vaso-motor system. Now, what do we, in treating disease, want in addition to a good stomach and a stable nervous attachment? We want rapid action. That I effected through the use of Glyco-heroin.

You cannot produce toxic effects with this preparation, as its effects are lasting, and in most cases do not necessitate the use of the drug at very frequent intervals. Glyco-heroin allays cough, without doubt better than any remedy I have used this winter, and that without the sometimes disastrous results of other preparations of the papaver group. Respiration is stimulated, not in number, but in the depth of the inspiratory act; thus full and complete oxygenation takes place, an important adjunct to the helpful effects of drugs in general, and saving the patient that expensive tank of oxygen. Given full and complete oxygenation, all other symptoms must accordingly diminish; thus temperature and pulse-rate are reduced to a normal condition. Elimination of noxious products not being interfered with, the excretion of urine is brought to the normal under the use of Glyco-heroin. It is well known that diminished quantity of urine follows as a result of inflammatory diseases of the respiratory tract; thus the standard quantity of urine is enhanced by the judicious use of Glyco-heroin. In the case of tuberculosis it acts not only as a respiratory sedative, but also as a stimulating expectorant, as the following case will attest:

CASE I.—*Pulmonary tuberculosis, stage of cavities.*—W. B. C., aged 28 years, suffering from cough, expectoration,

emaciation, loss of appetite, loss of sleep, inability to lie in certain positions, of eight years' duration, weight 122 pounds. Physical examination revealed a number of cavities in both lungs, although the laboratory tests did not show any tubercle bacilli. Guaiacol, arsenic, eucalyptus, ichthyol, and creosote benefited him but imaginatively. Glyco-heroin in doses of one teaspoonful every two hours, to start with, to be taken from 8 a.m. to 6 p.m., benefited him to such a degree that, to quote from his letter to me, he "gained four pounds in four weeks." Lungs appear to take on a better action as regards respiration, thus giving him, indirectly, proper sleep, followed by the ability to eat with a relish. Coughs little at night; advised him to expectorate forcibly during day. Patient now finds relief by taking his doses every eight hours.

Now, why this beneficial action in tubercular disease, for this case was taken at random from my case-book, as are all the other cases? Simply because Glyco-heroin loosens cough, promotes the throwing off of the noxious material from the lung cavities, and thus gives relief, breathing becomes easy, oxygenation takes place with renewed vigor, and, by careful attention as regards regulation of dosage, patients of this class may live many years in comparative comfort as regards distressful symptoms.

CASE II.—*Acute laryngitis*.—George F. N., aged 14 years. coasting, perspiration, and no overcoat, a good combination to bring on an acutely inflamed laryngeal mucous membrane. Pain on swallowing, talks in whispers, temperature 101.5 deg. F., pulse 135, respiration 23, cough, barking like dog, uncomplicated case of laryngeal inflammation. Stokes' expectorant did not relieve, seemed to increase cough. Glyco-heroin, full doses of one teaspoonful every three hours, while producing much sleepiness, reduced inflammation, cough, and pain in three days. I then combined it with squills and syrup balsam tolu, to be given every four hours until completely relieved.

Glyco-heroin, in cases of laryngitis, seems to me to take the place of all heretofore vaunted sure cures, without reservation. Vomiting from the use of opium, morphine, codeine, etc., always delays a cure in cases of laryngitis; not so with Glyco-heroin, which in my hands thus far has not produced vomiting.

CASE III.—*Chronic bronchitis, asthma, and emphysema*.—Mrs. H. D., aged 44, has had asthmatic attacks, every fall and spring, for the past eleven years; not in winter, but only at the beginning and end of seasons. Iodines, senaga, squills, digi-

talis, and cupping gave relief, but with the penalty of a return of more severe attacks. Dyspnea, cough and expectoration in this case was something frightful to witness. In this case, prompt hypodermic injection of 1-8 grain of morphia relieved somewhat, followed by the use of Glyco-heroin, one teaspoonful every hour for three hours, then every four hours, and on the third day every six hours. In this case the Glyco-heroin seemed to continue the effect of the morphia.

A new point in favor of Glyco-heroin is that it enhances the effect of morphia when given hypodermically. Although in seven other cases of asthma, with attacks similar to the above, Glyco-heroin was administered, in two-hourly doses, with the remarkable effect that the cough and dyspnea ceased within four hours.

CASE IV.—*Pharyngitis*.—Miss D. F., aged 17 years, complained of fever, hoarseness, cough, and soreness in throat. Culture of reddened throat did not reveal any streptococci or Klebs-Löffler bacilli. Glyco-heroin, given every three hours, cured in two days. The after-cough was removed in four more days, by the administration of Glyco-heroin in doses of one teaspoonful every six hours.

CASE V.—*Acute bronchitis*.—Carl F., aged 22 years; chills, fever, soreness of throat, pain on swallowing; cough dry, no expectoration; Glyco-heroin, one teaspoonful every two hours, promoted expectoration, changed the character of the cough, and gave relief in a most happy manner. In my opinion there is no doubt that patient would have ended up in a pneumonia, unless he was relieved inside of 48 hours. As regards his cough, character of it was so completely changed that the bronchial disease seemed to "flow from him," as it were.

In whooping cough, 22 cases from my case-book show that I prescribed Glyco-heroin with permanent and speedy results, given in doses of five and ten drops, as indicated, to these little sufferers. It seemed to be borne well and efficaciously. Readers do not care much for the recital of cases; bare facts are meat from which all can subsist with profit. Glyco-heroin (Smith) is far superior to codeine, as sedative, in affections where a direct action upon the respiratory centre is looked for. For, certainly, its action must be direct where it is noted that respiration is deepened and prolonged. No vomiting, no nausea, no headache, no depressing of powers of mind or body, no untoward symptoms. Glyco-heroin is *par excellence* the remedy for conditions affecting the respiratory organs, whether in children or adults, in the weakly and in the strong.