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CANADA MEDICAL RECORD

AUGUST, 1898.

Original Communications.

CASE OF GENERAL PARALYSIS.*

By FRANCIS W. CAMPBELL, M.D., L.R.C.P., London, D.C.L.,
Prof. of Medicine, University of Bishop's College Faculty of Medicine, Montreal.

MR. PRESIDENT AND GENTLEMEN :

Dr. Baudwy, in his work on Diseases of the Nervous System, says, "Never lose sight of the fact that paralysis is always a *symptom*, never a *disease*. If you always recollect this you will invariably seek to make a correct diagnosis of the cause." Whether this is possible in all cases is a matter of grave doubt. Certain it is that in the case which I will this evening report to the Society I was and am still unable to positively satisfy my own mind as to the pathological condition which was present. As the paralysis was all but entirely motor, sensation being but comparatively little affected, I incline to the belief that the *corpus striatum*, generally recognized by physiologists as the generator of motor power, was the seat possibly of some extravasation which under the influence of the ergot was arrested, and by the iodide of potassium caused to be absorbed. The slight symptoms of impaired sensation which were present may have been due to the sympathy of the *thalamus opticus*, which, as is well known, is most intimately connected with the *corpus striatum*. Of course this is only theory, but, as the patient fortunately completely recovered, it is all I or any one else can offer in explanation.

Archibald Ferguson, aged 21 years, 5 ft. 9½ inches high, weight 132, of spare habit and by trade an engraver, con-

* Read before the Medico-Chirurgical Society of Montreal.

sulted me for the first time on the 1st of Feby., 1879, complaining of a slight numbness in his fingers and inability to smartly jerk the graver (an instrument of his trade), also a weakness and numbness in his limbs, and difficulty in walking over uneven surfaces. This condition he had only noticed during the previous two or three days. His previous health had been excellent, and his habits of life fairly regular. Never been a teetotaller, but always temperate. Never has had syphilis, but in Sept., 1878, had a gonorrhœa, for which he was treated by a physician. Took balsam of Copoiba, which induced a very copious "Copoiba rash," and as it was mistaken for Small-Pox, he was sent to the Small-Pox Hospital, where he remained four days, when he was discharged. He continued in good health, and regularly attended to his work. On the 26th of Jany., 1879, he took a cold bath, and when but partially dressed he went out on a gallery and exposed himself to a low temperature for several minutes. About the 29th of Jany. first felt his fingers numb, and noticed that he had difficulty in guiding his tools; also felt his feet heavy, but had no sensation of what is commonly described as "pins and needles" in them. His condition 1st Feby. as noted by me is as follows:—"Considerable loss of power in right hand, not so much in the left; legs and arms, he says, feel heavy and numb. When sitting has perfect power over the lower extremities, can move and place them where he desires. Sensation seems perfect; is able to detect readily the touch of a finger or of two fingers, and when the feet are rapidly touched in succession is able to follow closely and correctly. Is able to distinguish two compass points at a distance of half an inch. Reflex excitability slightly impaired. On attempting to rise there is much stiffness in his movements, and he assists himself slightly by putting both hands to the chair. On walking he raises his feet higher than is natural, and replaces them on the ground in an uncertain floundering way. Being blindfolded no difference is detected in his manner of walking. Placed him on the sofa and examined his spine very carefully, but could not discover any point of tenderness. Ordered him gr. viii. of iodide of potash with vi. gtts. tinct. of nux vomica every 4 hours.

February 5.—Patient returned to my office this evening. Stated that on the way up, while crossing a street, he had fallen, owing to sudden weakness in his limbs. His condition as noted this evening is as follows: "Numbness in fingers and legs increased; has now also some numbness in swallowing. Is able to walk, but still lifts his feet with an unsteady gait. In replacing them there is much loss of power, it being done apparently with much uncertainty. While testing his walking capacity, in turning he would have fallen had I not caught him. Bowels and bladder quite regular. Is quite conscious when he has the desire to evacuate both, and can eject a stream of urine with some force. Pulse 84, full and regular. Tongue clean and appetite good. Has not any headache; ordered mustard to the whole length of the spine.

February 6.—To-day was sent for, found him sitting in a chair, still complaining of a feeling of weight and numbness in the legs, also numbness in hands and during the act of swallowing. While sitting is able to retract his limbs and strike them out with force, the left better than the right. Able to walk as mentioned in yesterday's report, but has to turn with great care or he will fall. Pulse 82, temp. 98½. Tongue clean and appetite fair.

February 8.—Paralysis seems to be increasing, other symptoms as before. Sensation is good.

February 11.—To-day met Dr. R. P. Howard in consultation. Is now only able to walk with assistance. Gait is unsteady and uncertain, feels his legs of great weight. No feeling of pins or needles in them. Right leg and arm has less power than the left. Some numbness on swallowing, but not very decidedly marked. Reflex action all but lost. Spine examined very carefully, and did not find any point of tenderness. Sensation in both feet almost perfect. Diagnosis uncertain. Suggested chronic inflammation at the base of the brain. Ordered dry cups to the nape of the neck and a mixture containing iodide of potash ten grains, and fluid ext. of ergot (Tilden's) ʒi. every four hours. Has been sitting up, but is ordered to bed.

February 12.—Condition worse than yesterday. Numbness in swallowing very distinct, also especially well marked.

at the tips of all the fingers. Has much less power in limbs, arms about the same. Applied 6 or 8 cups to the nape of the neck. Pulse 96, temp. 99.

February 15.—Patient has during the last two days rapidly got worse. Power in upper extremities decidedly less. Is, however, able to move them fairly well. Limbs are now totally paralysed, cannot make the slightest movement. Reflex excitability entirely lost. Sensation is, however, hardly as perfect as on Feby. 1st. Two points are distinguished fairly well one inch apart, well at $1\frac{1}{2}$, and perfectly and rapidly at 2 inches. Touching with rapidity one leg and then the other with the finger patient is able to follow correctly. Bowels costive, for which he was ordered castor oil. Urinates freely, but not with much force. To-day applied the cups along the entire length of the spine. Appetite fairly good.

February 21.—Paralysis of legs still perfect. Other symptoms as before. Ordered an addition of ten drops of tinct. of nux vomica to each dose of his mixture. Discontinued cups to spine and began the use of Faradic electricity three times daily. The electric excitability of the muscles of the arms and thighs is good. Those of the leg respond very feebly. Pulse 88, temp. 98.

February 26.—Thinks that the numbness in swallowing is less; also less in fingers; arms have a little more power. A faint attempt at movement of the toes is discernible. Bowels open every day. Urinates freely—and the urine is a fair specimen of healthy urine. Pulse 88, temp. 98.

February 28.—Feels his arms getting stronger—the right especially has gained during the last two days. Numbness in swallowing about gone. Much less in fingers, which now perspire freely—before being dry. Is able to-day to make the faintest motion toward flexing the right leg on the thigh, some slight movement in toes of both limbs; other than this no movement on left leg. Muscular waste of limbs has been gradual, but not more than was to be expected from want of use. There has been little muscular waste of the body; sensation in both legs as last reported. Electricity still applied thrice daily. Bowels move daily. Pulse 88, temp. 98.

March 5.—The improvement noted in last report continues; arms are both much stronger, the right is now quite equal to the left; limbs continue to improve, the right one especially. Is now able to lift it from the bed, and attempts to pass it over the opposite knee, in which, however, he fails. In the left there is a decided improvement, but not equal to that of the right. Muscles of legs now respond much better to the electric current. Reflex excitability is returning. Feels much better in health, appetite good, tongue clean. Pulse 84, temp. 98½.

March 10.—Patient continues to improve. Is to-day able to lift the right leg so as to pass it freely over the left knee, also able to flex it, but has not much power to rapidly extend it; left leg is improving, but is not so advanced as the right. Sensation has decidedly improved. Two compass points can be distinguished as on Feb. 1, viz., ½ an inch apart, about the same in both limbs. The feet still feel heavy. General health improving.

March 15 —To-day is able to cross with ease either leg over the other, and to flex and extend them tolerably rapidly. Electric excitability so great now in all the muscles of both legs that the force of the current has to be reduced. Numbness in the throat when swallowing is entirely gone; in the fingers it still remains to a very slight extent. Patient describes it not so much a numbness as a feeling as if the skin over the tips of the fingers was thickened. Notices an improvement in urinating (although this function did not ever seem to be very markedly affected); can eject the stream at once, and with more force. Appetite is good, and bowels are regular.

March 20.—Improvement has steadily continued, and he is now able to move his legs freely in bed. Is to sit up for two hours.

March 21.—Was up yesterday for two hours, and was able to bear some weight on his legs. The heavy feeling in his feet is gradually disappearing.

March 25.—The improvement during the past four days has been steady and marked. Has been up every day, gradually increasing the length of time till to-day he was able to sit up eight hours. There is now not any numbness in

fingers, and the power in his legs has gained so rapidly that during my visit he was able to walk fairly well in a narrow passage, by supporting himself with his hands placed upon the wall. Reflex action rapidly improving. General health is rapidly improving. From the 21st of February to this date electricity has been applied three times daily. Instructions given that for the future it is only to be applied morning and evening. The mixture which from the same date has been given every four hours is to be given three times daily.

May 1.—Still improving; is now able to walk without any assistance. Is in excellent spirits at his rapid recovery.

May 5.—To-day went down stairs without assistance. Heavy feeling in legs about gone.

May 12.—Walked to-day from Craig st. to the river and back; had some slight difficulty in lifting his feet at street crossings, otherwise is able to walk well. As his appetite is failing, his mixture is ordered to be discontinued, and replaced by another containing quinine, phosphoric acid and nux vomica.

May 21.—Walked to my house to-day, and says he is able to walk about as well as ever he did. Reflex action is natural, and the muscles of his legs are gaining fullness.

July 1.—Patient returned from the country looking hale, hearty and strong, and went to work. He has continued well up to date.

SOME LEADING EUROPEAN GYNÆCOLOGISTS.

By A. LAPTHORN SMITH, B.A., M.D., M.R.C.S., England, Montreal, Canada.

This letter will give a short description of what I saw at Leipsic and Brussels, and will conclude my series of three articles on the above topic.

Sänger, of Leipsic, is a man of about forty-five years of age, and, like all the great men I have seen over here, is a tremendous worker. Although he is a titular professor of the University he has no beds at the public hospital, but he invited me to his private hospital, No. 24 Koenig Strasse, where he has twenty-five beds and attends rich and poor alike. He told me that he had had no death there since seven months,

during which time he had performed two hundred and twenty operations, seventy of them being laparotomies, either vaginal or abdominal. He attributes his success to his very vigorous asepsis, he and all his nurses and assistants preparing their hands for twenty minutes before the operation. Since ten years he has been using coarse sand and soft soap for his hands, followed by alcohol and then sublimate water. He uses nothing but silk, which is prepared as follows: 1st, it is boiled in 1-100 of washing soda to remove the dirt and then in Bergman's solution, namely 10 of sublimate, 200 of alcohol, and 800 of water. It is then wound on little pieces of wood on which the size is marked, and kept in sublimate alcohol. The patient is always shaved the day before, and her skin is prepared with soap and water, ether and alcohol and sublimate. The preparation of the patient occupied three-quarters of an hour. The assistant in charge of ligatures burned them instead of cutting them. The first operation was for the removal of a five pound fibroid by abdominal hysterectomy. He removed it with clamps very quickly, and then tied each artery separately with No. 6 silk. He only crosses his first knot once. His hemostasis is very perfect, and he keeps on tying until the wound is absolutely dry. His method of sewing up the abdominal wound is peculiar; he passes silk sutures on two needles from within, every centimetre apart, including the whole abdominal wall, but only the very edge of this skin. Before tying them he puts in another row of interrupted No. 3 silk sutures so as to bring the fascia and muscles together exactly and these remain permanently. Between the through and through stitches he placed superficial silk ones every half centimetre so that they were very close together. The wound was then covered with a light strip of iodoform gauze and covered with a large strip of plaster very carefully sealed. Next day he did a precisely similar operation. He takes about one hundred minutes to do the operation, being the most careful man I have yet seen. Ether was the anæsthetic used, and the inhaler was a large wire mask covered with rubber, completely covering the face, so that a comparatively small quantity was employed. As the patient was only 26 years of age he left one ovary and tube in the peritoneal cavity so as to prevent her from having the

nerve stornis of the artificial menopause. The third morning he removed a hernial sac from the left inguinal canal, which contained a rudimentary uterus, a tumor of the right tube and ovary and a rudimentary left tube. This was a very rare case, there being only a few on record. The fourth morning he performed implantation of the ureter into the bladder. I was fortunate in seeing this operation, as this was only the third time that it has been done in Germany—once by Wurtzel and once by another operator whose name I forget, although it has been done in America several times, I think by Boldt, of New York. On opening the abdomen he found that she had closed tubes, and that one ovary contained a large cyst. He cut out the cyst and left the rest of the ovary, after carefully sewing up the flaps with fine interrupted silk ligatures. He opened up the closed tubes by cutting off the fimbriæ and sewing the mucous to the peritoneal edge so as to make a new pavilion. The patient, who was a young woman, had had a very severe first confinement, during which the uterus and ureter were torn across, and when they healed there was a utero-ureteral fistula and her urine poured constantly from the cervical canal. Sanger began by cutting the ureter off level with the uterus after putting a temporary ligature on it. He then sewed up the hole in the uterus, after which he dissected out the ureter from its original home beside the iliac artery until he had it free to a distance of six inches. He then closed the long opening in the peritoneum, after which he threaded the ureter attached to a bodkin, so to speak, between the peritoneum and the abdominal wall, into the top of the bladder where he carefully stitched it. I have since heard that the operation was a perfect success. I was perfectly delighted with the few mornings I spent with Sanger, and I have no hesitation in classing him among the world's gynæcologists of the first rank.

Zweifel, of Leipsic, is the *geheimrath* or chief professor of gynæcology, and has a large number of beds in the public hospital for women, which is a spacious and beautiful building. He is about sixty-five years of age. I saw him perform a very difficult operation for vesico-vaginal fistula in a woman who had had hysterectomy several years before in another

city. As the day was dark he used a very nice electric head-light supplied from the street current. The nurses did all the shaving and scrubbing in the operating room while the assistants were getting ready. As it was high up he had the greatest difficulty in paring the edges and in passing the ligatures, and then he found that in paring the fistula he had opened into the peritoneal cavity. He at once, without rising from his seat, made a nine-inch incision in the abdomen, and instead of using Trendelenburg's posture to get the intestines out of the way, an assistant took the bowels out of the abdomen and held them back so as to give him room, and in this he had great difficulty. As Leipsic is Trendelenburg's town, I was surprised to see any one in Leipsic open the abdomen with the patient horizontal. He finally succeeded in closing the fistula so that it stood the test that the bladder being distended with water none escaped either into the peritoneum or into the vagina. He closed the abdominal incision with one layer of catgut for the peritoneum, a second for the fascia and a third for the skin with a sort of sewing-machine lock stitch, with two needles, which I had never seen elsewhere, and which made a fine union of the skin. His assistant then operated on a ventral hernia, which had followed laparotomy. As he did not employ Trendelenburg's position he had a good deal of difficulty in keeping the bowels in. I saw a very interesting operation performed by Dr. George Trendelenburg's assistant. It was a colotomy for cancer of the rectum and uterus, and instead of opening the colon in the inguinal region, he made a median incision near the epigastrium and drew the transverse colon out two or three inches and sewed it there. Then he made another incision two or three inches to the left of the first, but only through the skin. The loop of intestine was passed under the skin and brought out of the second incision and carefully stitched there. The first incision was carefully closed and sealed with collodion, after which the bowel was opened at the second incision and the mucous membrane sewed to the skin, where the pent up foeces poured out. By this ingenious operation invented by Wurzel and Van Hacker, of Innsbruck, perfect control of the artificial anus is obtained, simply by pressing a pad over the

colon as it passes under the skin, and the patient can have one or two evacuations a day.

Trendelenburg, of Leipsic. Although not a gynæcologist yet he has next to Lister done more for gynæcological surgery than any other man living, and I made him a visit especially to tell him that we thought of him and thanked him every time we did an abdominal hysterectomy or other piece of difficult pelvic surgery. Those of my readers who have never seen a bad pair of pus tubes removed in the pre-Trendelenburg days can have no idea of the misery which the operator endured nor of the danger to which the patient was exposed. As the work was all done in the dark the intestines were often torn or infected without our knowing it, or some little artery would be steadily pumping into the peritoneum without being seen. Now all that is changed; the intestines are out of the way, and we cover them with sterilized towels, and we have a large well lighted space to work in, so that we tie every oozing point until the peritoneum is perfectly dry and clean. As I did not see any nice table there it would be quite appropriate if the abdominal surgeons of America were to present him with a solid silver Trendelenburg table. I attended one of his clinics at which there were over a hundred students present, and it was easy to see how much he was beloved by them. He is a man of over fifty, but of exceeding modest appearance, and, as he called batches of students down to the arena to examine the patients who were wheeled in, he gave each one the marks he had earned.

Jacobs, of Brussels, although only thirty-five years of age, has by his enormous industry reached one of the highest positions in Europe. I am told that he is not connected with the University, the position of professor of gynæcology there being held by a military surgeon; nor has he any beds at any of the public hospitals of Brussels; but he has forty-five beds at his own private hospital, which is the most beautiful I have yet seen either in Europe or America, its cost having been over a hundred thousand dollars. The nurses are Catholic sisters. He has opened the abdomen by the vagina, mostly for hysterectomy, seven hundred times, with a death rate of less than two per cent., and he has performed

over one hundred abdominal laparotomies for removal of the uterus and appendages with less than two per cent. of deaths. His method of disinfection is peculiarly his own, so I will describe it : 1st, he scrubs the patient with green soap dissolved in alcohol and shaves her himself. If the operation is a vaginal one, then he uses a sponge on a holder to scrub the vagina. The field of operation is then scrubbed with equal parts of saturated solution of carbonate of ammonia and biborate of soda. He then scrubs with alcohol, then with two per cent. of formaline. The first morning he did a perineorrhaphy, taking a great deal of time to do it, but doing it beautifully—using black silk for most of the stitches, only three of them being of silk worm gut. The stitches were only one-eighth of an inch apart. He then sealed the wound with alternate layers of iodoform and collodion, so that it was quite air and water proof. He obtains his silk from a Bordeaux chemist already sterilized, wound on glass tubes and inclosed in other tubes sealed with a rubber band. The Bordeaux firm buys it from a Philadelphia firm, which in turn buys it from an English firm, which in turn obtains it from China. He has also the daintiest operating room I have ever seen, all the tables being of polished brass and plate glass. Next day he removed the uterus, tubes and ovaries by the abdomen for double pyosalpinx, an ovarian cyst and a fibroid tumor. One peculiarity about his method is that he cuts first and ties only the vessels which spurt as he goes along, his object being to put four or six ligatures at the most on the isolated arteries and not on the nerves. And this reminds me of his answer to the important question which was the main object of my visit to Brussels. Why, I asked, did he abandon vaginal hysterectomy with clamps in which he had become so wonderfully successful? Because, he said, with the clamps you compress the nerves and cause the woman so much suffering for two days that it takes her two weeks to get over it, while if you tie only the arteries and close up the peritoneum she will be practically well the next day. In this case, as the tubes were adherent to the whole anterior surface of the rectum, he carefully detached this with scissors until he had entirely freed the two large tubes as thick as sausages. He then removed them in one

piece with the uterus at the level of the internal os, and cauterized the cervical canal, and sewed the two flaps of the cervix together. The denuded rectum was cleverly covered by sewing the anterior flap to it. He had the fewest assistants I have yet seen, one of them being dispensed with by using an abdominal speculum or retractor at the lower end of the incision, and this was held tightly drawn down by having a chain and a weight attached to it, and he did not have any side holders. In closing the abdomen he used thin buried silk worm gut for the peritoneum and fascia, and larger ones for the fat and skin, and he dressed it with plain dry sterilized gauze ; but this was covered most thoroughly with diachylon plaster, several layers, each piece overlapping the other. He was very careful, and took nearly two hours to the operation, chloroform being used ; he tells me that he considers half an hour more of no consequence compared with the importance of thorough hemostasis. Like Säger, he brings the skin sutures very near the edge of the wound.

Next day he removed one ovary and tube from a young woman; although he told me that his experience with conservative surgery was far from satisfactory. In cases in which he had cut out the half of an ovary they had suffered for many years afterward from cicatricial contraction in the portion that was left, while in cases in which he had removed the uterus for fibroid, leaving the ovaries, the latter had, within two years, completely atrophied. Moreover, he said that, since we had ovarian extract at our command, we no longer have anything to fear from the artificial menopause. To every woman when this occurs he gives extract of cows' ovaries every morning in a glass of port wine which makes it so palatable that they do not know they are taking it. He says he has even cured insanity with it. The next day he removed tubes and ovaries from a woman whose peritoneum was covered with miliary tubercle, which he said he had several times seen cured by laparotomy. He allows his patients to eat heartily the day before the operation, but not for several days after ; he does not fear distension of the bowels, which, he says, always means sepsis. He never gives strychnine, but gives them plenty of morphine if they are in pain. He thinks that the high death rate of certain cele-

brated operators is due to their working at such great speed that rigorous asepsis is impossible. Next day he removed a cancerous uterus by the abdomen, first getting rid of the appendages and fundus down to internal os. He then split the cervix down the middle so as to get his left forefinger into the vagina, previously stuffed with sublimate gauze, rendering the removal of the cervix very easy, as he had only to cut it all around as it lay on his finger, at the same time feeling if the vagina was infiltrated. He also feels if there are infected glands in the broad ligament and removes them. In all his work Jacobs is an artist, using his knife like a paint brush, while in his plastic work one would think he was sketching with a pencil. I had the pleasure of spending an evening with him at his palatial residence, 53 Boulevard, Waterloo, full of rare works of art, and was astonished to see him and one of his assistants sit down at the piano and play Wagner's most difficult pieces at sight, while another sang. This concludes my series of three articles, and I trust that my efforts to share the priceless privilege I have enjoyed of seeing these great men at work will be appreciated by those who cannot get away, and who must see these things through the eyes of others.

Progress of Medical Science.

MEDICINE AND NEUROLOGY.

IN CHARGE OF

J. BRADFORD McCONNELL, M.D.

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BUZZING IN THE EARS AND ITS TREATMENT BY CIMICIFUGA RACEMOSA.

The *Medical Bulletin* (July) contains a translation from an article by Drs. Robin and Mendel, an epitome of which we give.

The nature of the sounds are obscure; they probably represent the reaction of the auditory nerve to all direct or reflex excitations. The buzzing occurs mostly in the course of different diseases of the ear, external, middle, or internal, especially auricular sclerosis, also in various neuroses, neurasthenia, hysteria. The noises are continuous day and

night and very varied in character, resembling the buzzing of a fly, the roar of steam, the splash of waves, or the simmering of a kettle, sometimes musical. The attacks are occasional or persistent. If wax is the cause, its removal is indicated; and if otitis or a polypus, their appropriate treatment removes the symptoms. For the other varieties the air-douche, the instillation of iodized vapors, electricity, bromides, and iodides have been used with but indifferent results. Cimicifuga he has found to be almost a specific. In large doses it causes nausea, vomiting, depression of strength, headache, and intoxication. On the heart, it resembles the action of digitalis. It has been used as a stomachic and cardiac tonic, and in chorea, headache, and neuralgia, and as an expectorant, as an antispasmodic in parturient women, a sedative and hypnotic in pruritus and as a diaphoretic. 10 to 60 drops of the fluid extract may be given daily, the average quantity being 30 drops. The more recent the development of these subjective sounds the more efficient is the treatment, and is not of much use if case is over two years' standing. The tinnitus will usually disappear within one day after beginning the treatment.

THE ANTAGONISMS OF DISEASE.

The co-existence of two or more distinct diseases in the same subject is an interesting fact. In many instances the different affections may be traced to the operation of a common cause, and may, therefore, be looked upon as parts of one general process. In other cases, however, the co-existent maladies are essentially distinct in origin and nature.

The converse of the preceding statement occasionally happens, and the advent of one disease is the signal for the improvement of another which had previously been in existence. In some cases the first ailment returns upon the cessation of the second disorder. In other instances the first is cured by the evolution of the second malady. It has long been remarked that the occurrence of pulmonary emphysema militates against the development of pulmonary tuberculosis. The course of vaccinia exerts a beneficial influence upon that of whooping-cough, etc. So marked are these conflicts between certain affections that it has been proposed to drive out one disease by the introduction of a second which is known to be hostile, and, indeed, the suggestion has, in some cases, been acted upon in practice.

This is undoubtedly a very interesting subject for clinical investigation, but it does not appear to have been, as yet, very much cultivated. It has, however, been of late made the subject of an excellent paper read by Dr. Harry Camp-

bell before the Brixton Medical Society and published in the *British Medical Journal*.* Dr. Campbell divides his remarks into two heads: those relating to the prophylactic and those to the curative effects. The first class does not admit of much discussion, since our knowledge of such effects is limited. His second class our author subdivides into five groups: those which act by metastasis, those which produce mechanical effects, the beneficial effects of trauma, of febrile disorders, and, finally some miscellaneous cases showing the same beneficial action of disease. The abrupt variations in the symptomatology of functional nervous affections is not so surprising, since we have long ago learned to recognize this as a characteristic feature of such disorders. It is not so plain, however, why a gonorrhoeal discharge should disappear upon the occurrence of epididymitis, why rheumatism or gout should leave one joint to fasten upon another, or why gout should suddenly transfer its manifestations from the articulations to the viscera.

From time immemorial the relation of diseases of the skin to those of the digestive organs and general system has been recognized. The variations in the condition of the skin, however, are not always in accordance with those of the internal organs, for in not a few instances the disease upon the surface causes, or at least is coincident with, amelioration of the internal disorder. Several interesting examples of this influence are related by Dr. Campbell. He mentions a case of eczema which alternated in intensity with severe dyspepsia, the latter being improved when the skin was diseased and *vice versa*. Another case was that of a patient who twice suffered from urticaria, which on each occasion terminated in a copious hæmatemesis. He refers to the alternation of glycosuria and eczema, deafness and vertigo, eczema and asthma. It is known also, that eczema may depend upon the presence of renal disease, and it is quite probable that the cutaneous disease is excited by the elimination of morbid material which has a toxic effect upon the blood and tissues when retained.

Dr. Campbell refers briefly to a number of cases in which an injury acted beneficially upon the health. Rheumatism, psoriasis, and disorders of the nervous system have been improved or cured consecutive to an injury or operation-wound. Many of our readers have doubtless witnessed such occurrences.

The improved conditions of nutrition which not infrequently follow a severe attack of fever are widely recognized.

* "The Beneficial Effects of One Disease as Regards Another." By Harry Campbell, M.D., F.R.C.P., *British Medical Journal*, April 30, 1898.

It is not at all uncommon for the general health to improve notably after an attack of typhoid fever. When fever occurs in a diabetic the sugar may temporarily disappear from the urine. Fever may cause the suppression of a purulent discharge or the absorption of callus. Chronic enlargement of the tonsils may subside temporarily or permanently under an acute fever like scarlatina or pneumonia. Dr. Campbell instances cases of improved health following cholera, rheumatism cured by typhoid fever, anæmia cured by scarlet fever, etc.

The favorable influence of fever upon mental affections has long been noticed. Among the febrile disorders which have acted in this way is erysipelas. Lannois has recorded a case of epilepsy which was improved by erysipelas, but made worse by typhoid fever. In this connection we may refer to a paper recently published by Dr. Robert Hessler of the Central Indiana Hospital for Insane.* Dr. Hessler observed the case of an epileptic who was attacked by erysipelas. Prior to the acute illness the man had been subject to numerous convulsions. The erysipelas caused the temperature to rise to 104° and there was delirium at the crisis. After recovery from the erysipelas the convulsions practically ceased. The very few that occurred thereafter were light: *petit mal*. Encouraged by this result, he treated experimentally several cases of chronic epilepsy with erysipelas antitoxin. Decided benefit followed the injections, and in the opinion of Dr. Hessler, the results certainly justify a more extended application of this method of treatment for one of the most intractable of diseases. Dr. Campbell enumerates quite a long list of diseases which have been benefited by an intercurrent attack of erysipelas. Influenza, also, although it notoriously exerts, as a rule, such a depressant influence upon the nervous system, sometimes appears to have potent curative effects. Our author speaks of gonorrhœal cystitis and chronic catarrh of the upper respiratory track cured by influenza.

Finally, among miscellaneous cases showing the same beneficial action of disease Dr. Campbell mentions chronic rheumatism disappearing after the supervention of cancer, paralysis agitans removed by hemiplegia, migraine banished by an acute auditory affection, etc.

Such cases as Dr. Campbell has brought together are both interesting and instructive. We cordially agree with the concluding hope of Dr. Campbell that his paper will do something to stimulate inquiry in the direction indicated.—
The Medical Bulletin, July, 1898.

* "Epilepsy and Erysipelas," Journal of the American Medical Association, May 14, 1898.

THE SMEGMA BACILLUS.

J. L. Miller, B.S., M.D., in *Medicine*, July, 1897, contributes an article on the subject. This bacillus is one of several which stains in a manner similar to the tubercle bacillus and resembles it in size and form.

The cause of the retention of the stain is supposed to be a combination of fat or fatty acids with the protoplasm. Crystals of fatty acids possess similar tinctorial qualities to the tubercle bacillus. The points in the paper are included in the summary :

1. Over the entire surface of the body and exposed mucous membrane, and especially on the genitalia, bacilli are found which resemble morphologically and in tinctorial qualities the bacillus tuberculosis.

2. From the external genitalia they frequently gain access to the urine, especially in women, and may be a source of error in the examination of the urine for tubercle bacilli.

3. The smegma bacillus presents wide variations in size and form, thus rendering morphological differentiation frequently impossible.

4. While most smegma bacilli are most readily decolorized by any of the solutions commonly employed, occasionally they possess equal or even greater resistance than the tubercle bacillus.

5. Methods of decolorization where acids are employed alone are especially fallacious ; acid alcohol or dilute alcohols, unless long continued, are equally unreliable. Better, but not free from error, is the use of absolute alcohol for at least five minutes ; in ammoniacal urine, however, such prolonged use of alcohol may also remove the stain from the tubercle bacillus.

6. Attempts to remove the fat or fatty acids from the bacilli by ether, chloroform or other solvents fail to furnish us with a means of differentiation.

7. We must rely on means of excluding the smegma bacillus from the urine. It has never been demonstrated in the bladder, and apparently seldom invades the deep urethra ; therefore, by cleansing the external meatus and withdrawing the urine with a catheter we can exclude this possible source of error.

THE INTRACELLULAR ROOTS OF THE GALL-DUCT SYSTEM, AS DEMONSTRATED BY NATURAL INJECTION, AND THE ICTERIC NECROSIS OF THE LIVER CELLS.

Dr. Gustav Fütterer, in *Medicine*, July, 1898, concludes from experiments and the results of others that :

1. The roots of the bile-duct system are inside of the liver cells, as intraprotoplasmic channels, which form complicated networks, and which closely surround the nucleus.

2. An intranuclear system of bile channels communicating with the intraprotoplasmic channels does not seem to exist.

3. The intraprotoplasmic channels are in direct communication with the bile capillaries.

4. Under normal conditions the intraprotoplasmic channels are not visible, and if stagnation of bile distends them and makes them visible as networks, this happens at the cost of the protoplasm and the life of the cells.

5. While the protoplasm under such conditions perishes very quickly, the form and structure of the nucleus remain intact for a long period.

6. The bile is secreted in the form of minute drops, which first appear around the nucleus.

7. We should now use the terms: *Bile ducts*, *bile capillaries* and *bile channels*.

CONTRIBUTION TO THE STUDY OF PARALYSIS IN DIPHTHERIA.

In the *Archiv für Kinderheilkunde*, Bd. xxiii, Heft 1-3 Katz gives the result of his pathological research in three cases of death from paralysis in diphtheria. He examined very carefully the whole central and peripheral nervous system in each case. The basal ganglia, internal capsule and cerebral cortex showed no changes; but in all three cases, especially in the first, alterations were evident in the structure of the ganglionic cells, the peripheral and central nerve fibers and muscles, accompanied by more or less marked changes in the spinal cord, medulla oblongata, and pons. Of the cranial nerves the oculomotorius, trochlearis, abducens, facialis, glossopharyngeus, hypoglossus and vagus were more or less diseased. The peripheral nerves were moderately diseased in only one case; the phrenic nerve was extensively diseased in another. Hemorrhages in the nervous system were seldom found. A varying grade of fatty degeneration of the muscle fibres of the diaphragm were present.

To summarize his findings, the most prominent pathological feature was disease of the ganglionic cells, manifested either in direct necrosis or in reparable degeneration, chiefly fatty, of the cell elements. Furthermore, nerve fibers in trophic relation to the ganglionic cells showed degeneration. In the milder grades of ganglionic cell disease, the medulla of the nerve fibers was slightly affected. The

degeneration occurs usually earlier and with more marked severity in the medulla oblongata than in the spinal chord. Due consideration must be given the fact that disease of the medulla oblongata is more readily detected than that of the spinal cord.

Clinically, the pathological disturbances in the nervous system are manifested during convalescence in recoverable pareses, weakness, loss of appetite, slight tremor, and apathy. Paralysis of the soft palate is particularly common, since in addition to nuclear involvement the part is affected locally. The changes in the nervous system arise through the action of the diphtheria toxins. The cell activity may be disturbed immediately, but as a rule not until degenerative changes appear.—*Medicine*.

THE VALUE OF ELECTRICITY IN FUNCTIONAL DISEASES OF THE STOMACH.

Max Weiss summarizes his experience of the treatment of functional disorders of the stomach by electricity as follows (*Treatment*, June 9, '98): In parietic conditions of the œsophagus and cardia (viz., rumination), galvano-faradization is of great value. One pole of a galvanic battery is connected with the opposite pole of the secondary coil of a Dubois-Raymond, the other (usually the anode) with a broad electrode placed over the sternum. The free pole of the secondary coil is connected with an electrode, which can either be introduced into the œsophagus or stomach by means of a sound, or placed over the inner margin of the sterno-mastoid. The sitting lasts five minutes if the electrode is used internally; ten if applied externally. Cases of gastralgia and of hysterical vomiting require external galvanization, with a large electrode applied over the dorsal vertebræ, and a smaller one over the epigastrium. Five milliamperes should be employed at first, and the strength of the current subsequently increased to twenty-five milliamperes. Obstinate gastralgia, due to the cicatrization of a gastric ulcer, often yields to a current of fifteen milliamperes. Motor insufficiency of the stomach, with dilatation, is best treated with internal faradization, which may be advantageously combined with massage. Internal electrical treatment is also of value in correcting secretory disorders of the stomach, excessive acidity usually requiring galvanization, and subacidity faradization. Enteralgias are considerably benefitted by systematic galvanization of the abdomen, with the cathode placed over the dorsal spine and the anode upon the epigastrium.—*The Charlotte Medical Journal*, July.

THE PHYSIOLOGICAL AND PATHOLOGICAL RELATIONS BETWEEN THE NOSE AND THE SEXUAL APPARATUS OF MAN.

Dr. John N. Mackenzie (*British Medical Journal*) states that an intimate physiological relationship exists between the sexual apparatus and the nose, and especially the intranasal erectile tissue, is evinced from the following facts: (1) In a certain proportion of women, whose nasal organs are healthy, engorgement of the nasal cavernous tissue occurs with unvarying regularity during the menstrual epoch, the swelling of the membrane subsiding with the cessation of the catamenial flow. (2) In some cases of irregular menstruation, in which the individual occasionally omits a menstrual period without external flow, at such times the erectile bodies become swollen and turgid, as in the period when all the external evidences of menstruation are present. (3) The monthly turgescence of the nasal corpora cavernosa may be bilateral or confined to one side, the swelling appearing first in one side and then in the other, the alternation varying with the epoch. (4) The periodical erection may be inconsiderable and give rise to little or no inconvenience, or, on the other hand, the swollen bodies may occlude the nostril and awaken phenomena of a so-called reflex nature, such as coughing, sneezing, etc. (5) In some cases there seems to be a direct relationship between the periodical engorgement of the nasal erectile bodies and the phenomena referable to the head that so often accompany the consummation of the menstrual act. (6) As a natural consequence of the phenomena above described, the nasal mucous membrane becomes, at such periods, more susceptible to reflex-producing impressions, and is, therefore, more easily influenced by mechanical, electrical, thermic and chemical irritation. (7) The condition (engorgement and increased irritability of the nasal mucous membrane) indicated above, together with the phenomena that accompany them, are also found during pregnancy at periods corresponding to those of the menstrual flow. There is also reason to believe that similar phenomena occur during the lactation and menopause. (8) Vicarious nasal menstruation is a familiar condition. It may precede the uterine flow, or it may occur from suppression of the normal flow. (9) This vicarious hemorrhage may represent menstruation during pregnancy, or it may appear toward the close of menstrual life, or after the removal of the uterus and its appendages. Vicarious nasal hemorrhages also occur in boys at or near the age of puberty. (10) There is a well-known sympathy between the erectile portion of the generative tract and other erectile portions of the body. (11) The occasional dependence of phenomena

referable to the nose during sexual excitement. The data derived from clinical observation are as follows:— (a) In a fair proportion of women suffering from nasal affections the disease is greatly aggravated during the menstrual epoch, or when under sexual excitement. (b) Cases are also met with in which congestion or inflammatory conditions of the nasal passages make their appearance only at the menstrual period, or at least are only sufficiently annoying at that time to call for medical attention. (c) Occasionally the discharge from nasal catarrh will become offensive at the menstrual epoch, losing its disagreeable odor during the decline of the ovarian disturbance. (d) Excessive indulgence in venery seems to imitate inflammation of the nasal mucous membrane. (e) The same is true of the habit of masturbation. (f) The co-existence of uterine or ovarian disease exerts sometimes an important influence on the clinical history of nasal disease.—*The Charlotte Medical Journal*, July.

THE ELECTRO-THERAPEUTICS OF RHEUMATISM.

Dr. Rainlar, in *Codex Medicus*: The electro-therapeutics of rheumatism are referable more specially to the sub-acute and chronic forms. In acute articular rheumatism no form of electricity is to be recommended. It is very valuable in the sub-acute and chronic forms and in gouty conditions.

There are five different modifications or phases of the current: (1) galvanism, (2) faradism, (3) static or Franklinic, (4) sinusoidal and combining the first two (5) galvano-faradic. Of these forms the galvanic, faradic, galvano-faradic, and static forms, are the most reliable in the rheumatic condition.

There are two ways of applying electricity: (1) constitutional, and (2) local. General or constitutional galvanism acts as a tonic or stimulant to the entire system. The local application to a muscle causes contraction and increased blood supply, thereby increased nutrition.

Where there is much muscular involvement, a primary and secondary current from the faradic coil of about three to five minutes' duration, applied directly to the muscles, is sufficient. At first use currents of moderate strength, the electrodes being well moistened with a saline solution, the current gradually being increased to the maximum power of endurance. This to be followed by weak, interrupted faradic primary currents.

Where the joints are affected galvano-faradic currents are applied over the joints from ten to fifteen minutes' duration. In almost all cases in sub-acute rheumatism at least

two sittings per week are necessary, while chronic cases require daily or not less than three treatments per week.

Case I. This case had previously been in bed for six weeks with inflammatory rheumatism. Subsequently the wrist-joints became enlarged and painful on pressure, and some of the extensor muscles of forearm were atrophied. A course of galvanic with occasional use of slowly interrupted primary faradic current was kept up for two months when the case recovered without deformity.

Case II. Had severe pain in lower part and back of thighs. Pain so bad often had to lie in bed. Great pain on rising from bed in the morning. There had been a history of rheumatism.

Galvanism was applied to back, the anode being placed on the upper dorsal and cervical regions and the cathode over the lumbar. At the end of three months' treatment no tender spots or pain was present.

Case III. Patient female, age 34. Complained of loss of power in left leg. History of rheumatism. Muscles of calf of leg and thigh much wasted, cold and moist. Sensation much impaired. Pain more intense when in bed and sitting erect for any length of time. Galvanism to entire limb was used every day, and at end of two weeks the pain ceased entirely. The atrophied muscles had increased in size and contractile power. Applications then made every two days, when limb soon reached its normal condition.—*The Charlotte Medical Journal*, July.

THEORIES AND CONCLUSIONS ON THE MODERN TREATMENT OF TUBERCULOSIS.

Dr. Denison, of Denver, discussed this subject interestingly and intelligently at the Denver meeting of the American Medical Association. He said :

Representing the benefit to patients suffering from tuberculosis as 100 per cent. 45 per cent. are affected by climate and changes involving mental influence, exercise and out-of-door life ; 30 per cent. are due to good feeding, local supervision, and medical treatment ; 25 per cent. to inhaling, local medication, surgical interference, specific medication, and antitoxin treatment. So saturating the blood with creosote, for instance, that the bacillus will be stopped in its growth and the patient not be injured thereby, is, I think, a mere speculation. I doubt whether inhaled substances ever reach the air vesicles and terminal bronchioles where the disease is located. The more a lung is diseased with tuberculosis and the accompanying infiltrating and shrinking

process, the less is the possibility that inhaled medicaments can reach the affected parts. The reciprocal relation of diseased and healthy lung in the same thorax, and of the heart and blood within a given chest with reference to respiration, does not seem to me to have been sufficiently recognized by any one. I would like to demonstrate more clearly than has been done heretofore the fact that (1) correct inhaling, or, more properly, exhaling, (2) altitude above the sea level, (3) rightly directed gymnastic training, all work on the same principle of mechanical distension of the air cells. We have failed to recognize the mechanical conditions within the chest which govern respiration and blood circulation. The blood does not flow alone because the heart pumps it, but because the lung mechanism draws it in and forces it out again. Any system of training to be of use must depend upon the mechanical distension of the air cells. I wish to make my protest against the surgeon's hasty interference in operating upon anal fistula while tuberculosis is in the lungs; it may be considered a means of elimination, and unless such elimination is provided for, an operation should not be performed. If the disease is due to a special toxin working in the system, it must be only through the development in that system of the proper antitoxin, or the appropriation of it from outside the body, that the disease may be opposed. The opposers of antitoxin are inconsistent in that while they admit the existence of a toxin, they deny the possibility of an antitoxin. I firmly believe a considerable percentage of tuberculosis could be held in check, if not cured, if with the present advanced technic in the manufacture of the tuberculin preparations, the physicians using them had the required knowledge to determine what patients could be treated by this method and how far the treatment should be pushed. The serum treatment of tuberculosis is, as yet, a beautiful dream, which I hope may be realized. My conclusions are that combined methods are superior to any given branch of treatment; that seasonable change of residence to a well selected, high-altitude climate, with its possibilities of out-door life, is the best possible method for retarding the advance of consumption; that exercise is necessary to promote cell activity and distention of the cells; that it is a mistake to overwhelm the body with frequent injections of undetermined animal serums producing a cumulative toxæmia; that the key to the direct method of specific treatment comes through the skillful determination of the proportion of infection, the balance between vital resistance and the disease.

— *The Charlotte Medical Journal*, July.

THE HUNTERIAN LECTURES ON SURGERY OF THE KIDNEY.

Henry Morris thus summarizes his lecture delivered at the Royal College of Surgeons of England on Renal Calculus: the Difficulties and Errors in Diagnosis in their Relation to Exploration of the Kidney; Unsuspected, Quiescent, and Migratory Calculi (*British Medical Journal*):

The conclusions at which I have arrived are the following:

1. That the aim of the surgical treatment of renal calculus should be to extend the application of nephrolithotomy, and thereby restrict the necessity of nephrotomy and nephrectomy.

2. That more frequently than not the failure to find a stone is not in reality a failure of treatment, because there are so many curable morbid conditions which mimic renal calculus, and which are discoverable only by exploration.

3. That the theory that a stone in one kidney, whether that kidney is itself painful or not, reflects or transmits pain to the opposite kidney is quite unproved; that it is a dangerous theory, calculated to lead to very erroneous practice; and that the surgical principle with regard to exploratory operations should be that with pain, paroxysmal or continuous, on one side only, the kidney on the painful side should be explored.

4. That nephrectomy for calculus conditions is not often called for, and should be done only in exceptional cases. Nephrotomy for calculus pyonephrosis is the proper operation, at any rate as a primary operation, because of the frequency of double calculus disease. Experience has shown that kidneys from which stones weighing eight hundred and thirty grains and one thousand three hundred grains have been removed are functionally sufficient to maintain life during the blocking of the ureter or suspended action of the kidneys of the opposite side.

5. That nephrectomy while the opposite organ is occupied by calculus is fraught with the greatest danger to life; whereas nephrectomy, after the opposite kidney has been freed of stone, will probably be followed by recovery from the operation and possibly very good health for many years afterward.

6. That when renal calculus causes reflected or transferred vesical or ovarian pain, the removal of the calculus will be followed by complete cure of the bladder or ovarian symptoms.

7. That in some cases renal calculus conditions are attended by very remarkable nervous symptoms, sometimes

with, sometimes without, high temperature, and that information as to the cause of these symptoms is needed.

8. That unsuspected renal calculi are a source of very real danger to their possessors; and when, whether by accident or by the systematic examination of the urine, we have cause to suspect the presence of a calculus, we should recommend its removal, regardless of the fact that it is not causing renal or transferred pain.

9. That quiescent calculus is as dangerous to the individual as unsuspected calculus, and ought to be removed by operation.

10. That the hitherto accepted teaching, that a renal calculus, if causing only mild symptoms, or attacks of severe colic of only recent occurrence, should be treated on the expectant plan, ought to be discarded as unsound in theory and dangerous in practice.

11. That the same principle should be applied to renal calculus which has long been the rule in regard to vesical calculus—namely, when suspected it should be searched for, when known to exist removed, without waiting in the hope that it may become encysted or spontaneously expelled.

12. That the very low mortality of nephrolithotomy puts this operation upon the same footing for renal calculus as lithotripsy in the most experienced hands for vesical calculus.
—*The Charlotte Medical Journal*, July.

SURGERY.

IN CHARGE OF

GEORGE FISK, M.D.

Instructor in Surgery University of Bishop's College; Assistant Surgeon Western Hospital,

NOTES ON OPERATIVE WOUND INFECTION.

By FREDERICK LOUIS BRUSH, M. D.

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“Our sutures must have been infected.” The phrase, begun with antiseptics, has done baneful service all along the line of surgical progress, and is now often heard wherever surgery is practiced and operative wounds fail to unite properly. Let the burden be lifted from the shoulders of the much-abused catgut, and placed where it belongs. To determine the manner of wound infection in a given case is generally a difficult problem, but it is much simplified when we put aside two or three conceptions which have been doing duty too long. The following propositions will, perhaps, bring out the point aimed at.

1. The technique of aseptic surgery is thoroughly developed. Instruments, clothes, and so forth, can be and are, as a matter of fact, made sterile. Hands and the skin-field of operation are sometimes sterile—sometimes approximately so. Suture material, as used in the New York hospitals, is, with very rare exceptions, sterile.

2. The few pathogenic germs remaining in the skin after careful preparation will not cause suppuration, providing all else is well done. This is fairly well proven.

3. Infection is, then, the result of a blunder by someone.

4. The two chief factors in getting infection, under our present methods, are: first, a break in the aseptic chain during the operation, usually toward its close; and, second, the approximation of bruised and ill-nourished tissues, and the failure to obliterate spaces in the deeper parts.

Infected catgut? Yes, but infected when the finger-tip of an assistant was drawn along its length after touching the instrument from the operator's hand, that had been wiped on the front of the once-sterile coat, which had just come in contact with a soiled table-edge.

In regard to the second point, it may be said that the feeling of safety engendered by aseptic methods has undoubtedly led us to underrate, to a certain extent, the value of skillful mechanics in surgery, but one has only to note the fact that the surgeon who deals neatly and carefully with the tissues, and pays but small heed to asepsis, is getting better results than his brother of the rigid technique and the bruising hand. It is a question of giving the worst or the best chance to the few inevitable micro-organisms.

5. Hospital assistants, on the average, enter operative work with better prepared hands than the operator, and they preserve, on the average, a better cleanliness throughout. Yet they are expected to take the blame in nearly all cases of operative wound infection. This is, of course, of no moment personally, but of considerable importance to surgery, which can only be advanced on a basis of fact. "He was attending a pus case?" Yes. His work is a constant contact with surgical dirt, but tests have shown that his hands are, on the average, better prepared than are those of his chief. It is only a choice betwixt contact with suppurating wounds, chair backs, car straps and a dozen other articles—all about equal in hand-soiling qualities.

The theories of wound suppuration seem to be satisfactory; the practice of preventing it is becoming so. Much work is being done in a way that leaves little to be desired; but in many places it remains to give up a few old cherished ideas as dangerous, and to better recognize the two salient points above mentioned.—*The Post-Graduate*, Feb. '98.

A CONTRIBUTION TO THE TREATMENT OF GONORRHŒA.

By HERMANN GOLDENBERG, M.D.
N. Y. Medical Journal, Jan. 22, 1898.

In his introduction to the *Comments on Materia Medica, Pharmacy, and Therapeutics of the Year 1896*, Dr. Squibb remarks: "It is agreeable to report that in a general way the craze for novelties has somewhat subsided during the past year, although there are abundant evidences that the mill is still grinding, especially in that ever-fertile source of supply, Germany."

In the face of this statement it is with a feeling of hesitation and with a plea for excuse that I join the ranks of those who advocate a new drug. It is true that new remedies, having the indorsement of eminent authorities, are placed upon the market in such rapid succession that one has hardly time to become familiar with their use before a superior substitute is recommended. This probably is the cause of the indifference and skepticism displayed by many physicians as regards new remedies. Yet we are scarcely warranted in carrying our conservatism to such a point as to reject those new drugs whose chemical composition is such as to promise advantages over the older ones.

Whoever has to deal with gonorrhœa knows that, notwithstanding the multitude of remedies and methods at our command, but few of them come up to our expectations, and this, in my opinion, applies even to the much-lauded Janet's method. I had practiced the early irrigation treatment with permanganate of potassium long before Janet published his first paper, and have advocated it under proper restrictions without, however, being carried away in my enthusiasm, as some of my colleagues have who make use of every opportunity to proclaim this method as the ideal one in every case and in every stage of gonorrhœa. Although it is true that this procedure gives good results if the patient presents himself at the very earliest stage of gonorrhœa, it is contraindicated when the inflammatory symptoms are pronounced. In this connection I would remark that complicated appliances are unnecessary in practicing this method. For irrigation of the anterior urethra an ordinary irrigator, placed at a proper height and provided with a glass tip will answer the purpose, while for flushing the posterior portion of the canal a large hand syringe, holding about five ounces, with a porcelain or glass tip which fits sufficiently tightly to close up the meatus is to be preferred. In this way we overcome the resistance of the cut-off muscle with greater ease than with the Janet method; the pressure can be re-

gulated according to the degree of muscular resistance and the sensitiveness of the patient.

While the Janet method, therefore, has a certain field of usefulness, particularly in hospital practice, its disadvantages in private practice are sufficiently manifest to preclude its general employment, as even in those cases where it is applicable few patients are willing to spend the necessary time and money.

For this reason any kind of treatment which the patient is able to carry out himself will always enjoy the greatest popularity, and it must be our aim to prescribe such remedies as, when properly used, will destroy the gonococcus without injury to the urethral mucous membrane.

We are indebted to Neisser for the introduction of the nitrate of silver for this purpose, which for a long time has been a favorite means for the destruction of the gonococcus. As the effect of this drug is only superficial, owing to its forming insoluble combinations with albuminous substances, and as the gonococcus penetrates at an early period into the deeper layers of the epithelium—and even into the connective tissue—the physician has long been desirous of obtaining a silver compound which would not form insoluble, and consequently inert, albuminates.

Recognizing this want, synthetic chemists have endeavored to prepare silver compounds which would be free from this disadvantage, such as argentamine and argonin. Although it must be conceded that these preparations exhibit a more penetrating effect than nitrate of silver, and must be regarded as valuable acquisitions, I have, during the past few months, become familiar with a new silver salt which has proved even more effective. This remedy, known as protargol, is a light yellow powder, readily soluble in water, containing 8.3 per cent. silver in firm combination with a highly diffusible proteid base. Its solutions, which are clear and of neutral reaction, are not precipitated by alkalies, albumin or acids, and hence its effect is not interfered with or impaired by the presence of these substances. It is advisable to preserve the solutions in dark bottles. Owing to its chemical constitution, its combination with a highly diffusible base, there is reason to believe, *a priori*, that it exerts a more penetrating effect than any other compound yet brought before the profession.

Although since July I have had an opportunity of testing protargol in more than sixty cases in dispensary and private practice, I am well aware of the difficulty of presenting accurate statistics as regards the duration of the affection under its use, and of instituting comparisons with other anti-

gonorrhœal agents. Particularly with reference to the rapidity of the cure, I coincide with Neisser, who lays more stress upon the reliability of the remedy than upon the rapidity of its action. The period of experimentation and the quantity of clinical material are sufficient, however, to afford me a fair general estimate of the value of the new drug, which agrees in the main with that expressed by Neisser*—namely, that it surpasses all other agents hitherto in use for the treatment of gonorrhœa.

As to the mode of application, this will depend upon whether the inflammation is localized in the anterior urethra or has invaded the posterior portion of the canal. In the former case the patient is instructed to inject a one-per-cent. solution with an ordinary urethral syringe holding three drachms ; this is retained for from ten to fifteen minutes, and the injection is repeated three times daily. In posterior urethritis the injections are made by me with a hand syringe having a capacity of five ounces of the kind already described, or with the Guyon instillator. The strength of the solutions for the posterior urethra has varied from one half to one per cent.

The treatment was found absolutely painless, and unattended with any evidences of local irritation or general disturbances. The injections were kept up, although less frequently, even after the disappearance of gonococci, until the urine became perfectly clear and free from filaments (*Trippefaden*). Examinations for gonococci were made, after Gram's method, at intervals of a few days, and the permanence of the cure was tested by ordering the patient to drink a moderate amount of beer while still under treatment. In some cases, after the disappearance of the gonococci, a slight discharge persisted, which subsided under the conjoint use of astringent injections (Utzmann's solution or ichthyol).

Besides its employment in injections, I have tried, as an abortive method in two acute cases, insufflations of the pure powder through an endoscopic tube introduced up to the cut-off muscle. The effect of this mode of application was satisfactory to a certain extent, as shown by the rapid disappearance of the gonococci and a cure within a few days. On the other hand, considerable irritation resulted from the introduction of the endoscopic tube, and until a more agreeable method of insufflation has been devised, we shall have to dispense with this mode of application in acute cases. That the irritation was not due to protargol, but to the instrumentation, was proved by the excellent results obtained with the pure pow-

* *Dermatologisches Centralblatt*, No. 1, 1 897.

der in four chronic cases of anterior urethritis, with gonococci, which had not been cured by previous topical treatment with nitrate of silver. Equally good results were obtained in some subacute and chronic cases, with gonococci, from the use of a ten per cent. protargol ointment (lanolin, 95 ; olive oil, 5), applied by means of a steel sound retained in the urethra for fifteen minutes. It is obvious that by this means of application the protargol is forced more thoroughly into the follicles and lacunæ, and remains in contact with the urethral mucosa for a longer period.

I intend to try gelatin urethral bougies of protargol as soon as I can have them made in the proper manner.

In conclusion, I can but confirm the statement of Neisser that no other remedy gives such uniformly good, reliable and quick results as have been witnessed from the use of protargol.

SURGICAL TREATMENT OF EPILEPSY.

A very interesting clinical contribution on the *Surgical Treatment of Epilepsy*, with a report of fourteen cases, is offered by Dr. Andrew J. McCosh, of New York, in the May number of the *American Journal of the Medical Sciences*. The writer unhesitatingly acknowledges the unreliability of statistics of cerebral operations, especially in connection with focal epilepsy ; and also admits that the hopes of several years ago in this field of surgery have not been fulfilled, which has led many good operators to desert the pursuit of cerebral surgery. And yet progress is being made—limitations are becoming understood and appreciated. This is pretty well shown in the deductions given by the above named writer :

“ The experience of the last twenty years has taught the neurologist and the surgeon many useful lessons concerning the diagnosis of cerebral lesions, and the possibility of their relief by operation. While it cannot be claimed that great advances have been made in this branch of surgery, yet we are in a better position than formerly to determine in what cases operation should be advised. There are numerous reasons, however, why we cannot, with much confidence, promise that benefit will follow the operation. Prominent among these are the following :

1. Uncertainty in diagnosis. In the motor areas of the cortex the location, if not the character, of the lesion can be determined with reasonable certainty ; but the diagnosis of lesions in the frontal, occipital and deeper regions is still apt to be unreliable. Any one who has witnessed many

brain operations can testify as to the disappointment of the surgeon and, perhaps, the surprise of the neurologists when the suspected area of the brain contains no lesion visible, at least, to the naked eye. In the practice of most surgeons this has occurred so frequently that many of us feel very sceptical as to what will be found in any given case when the skull has been opened.

2. The inaccessibility of certain portions of the brain. While it is true that every point of the cortex can be reached, and that we can gain access to some of the deeper convolutions, yet certain portions of the brain must always remain inaccessible to the surgeon.

3. The character of the lesion. This may be such as to render its removal either impossible or inadvisable, as, for example, a disseminated malignant or even tubercular growth; or it may be of such an ill-defined character that with the naked eye it is impossible to distinguish diseased from healthy brain tissue. The change in the cells may be so slight that, after the removal of a portion of the cortex, even with the microscope it is difficult to affirm that the lesion was sufficient to produce the epileptic seizures; on the other hand, the fault may lie in an altered blood-supply rather than in cell degeneration.

4. The post-operative lesions. As the result of operation, a cicatrix may remain in the cerebral tissue, thickening of the membranes or adhesions between the pia and dura may result, or, finally, a depressed cicatrix may become adherent to the cortex, any of which lesions may continue to act as a source of cortical irritation. In recent years these post-operative lesions have been frequently advanced as reasons for the failure of cerebral operations. I think, however, that their importance has been exaggerated. I believe that in a few cases they may act as a strong irritant, especially when the cerebral tissue of that particular patient has become exceedingly sensitive, owing to long continued irritation. The theory, however, that such irritating cicatrices are of common occurrence seems to me to be somewhat invalidated by the fact that in recent traumatic cases extensive operations on skull, membranes, and even brain can be done almost with impunity as far as fear of future epilepsy is concerned. Most of us are familiar with the extensive lacerations and loss of cerebral tissue which occur as the result of injury, and yet, if the depressed bone is thoroughly removed, it is rare to see epileptic seizures follow as the result of the traumatism.

5. The damage which has already been done to the neighboring cerebral structures by the lesion for which the operation is performed. The gross lesion may be removed,

and yet, in cases where the irritation has persisted for years, the secondary damage is often irretrievable.

This same condition will also probably explain why excision of the irritated centre in the cortex will so often fail to cure the patient. The sclerosis which has extended from the diseased "centre" to neighboring convolutions will continue to act as a cortical irritant. It is true that a few brilliant cures have resulted after such incisions, and in cases of epilepsy which are distinctly focal it is a perfectly legitimate procedure to excise that portion of the cortex which, under electrical stimulation, is shown to be the centre for the affected muscles. Unfortunately, however, the majority of cases thus treated have not been cured. This may be due to the sclerosis established before the operation or to the post-operative cicatrix. If for a period of months after the operation there be a temporary cessation of the convulsions, the cicatrix rather than the sclerosis may be blamed."—*The Clinical Review*, June, '98.

AN OPERATION FOR SLIPPING PATELLA.

Dr. Whitman presented a boy 13 years old, on whom he had operated sixteen months ago for slipping of the right patella. The capsule had been divided on the outer side, and considerable difficulty had been found in reducing the dislocation on account of the contraction of the tissues. A tuck was taken in the capsule on the inner side. The patella was now over the external condyle. When he left the hospital it had been in the median line. For a time he had worn a knee cap as directed, which he had long ago discarded. This case was not presented as a fair test of the operation, as the dislocation was but part of the disability and deformity attending hemiplegic contraction of the right side of the body. It had, however, relieved pain and discomfort.

Dr. Gibney said that it was still a question what is the best treatment for slipping patella. He had transplanted a fragment of the tibia with the insertion of the ligamentum patella in a girl 14 years old. Union in the new position was secured, and the limb was put up in plaster-of-Paris. In spite of a little suppuration, the recovery was good. The ultimate result, however, was in doubt, as the patient was lost sight of.

In another young woman the slipping had occurred repeatedly, followed sometimes by acute inflammation. A splint had been applied, and she was wearing it still to keep the patella in place. In a boy of 4 years, the slipping patella had been easily reduced, and it is probable that massage and the growth and development of the muscular fibres will be sufficient to remove the trouble.—*New England Medical Monthly*, June, '98.

OPERATION FOR FISTULA.

(*Mathews' Med. Quarterly, October, 1897.*)

Henderson gives his plan for avoiding transverse section of the anal sphincters in operation for fistula. He makes a long incision in the line of the muscular fibres, and splits the muscle sufficiently to allow the fistula to be dissected out. In complicated cases with multiple fistula he cuts the sphincter attachments at the coccyx, thus giving room for getting behind the sphincter and dissecting out multiple fistula tracts without making trans-section of muscle.—*The Post-Graduate.*

TWO HUNDRED AND FIFTY BASSINI OPERATIONS FOR THE CURE OF INGUINAL HERNIA, WITHOUT MORTALITY.

By W. B. DE GARMO M.D. (*Jour. of Am. Med. Assoc., Oct. 2, 1897.*)

The author reports two hundred and fifty operations on two hundred and sixteen patients; the operations having been carried out by the method of Bassini, except that kangaroo tendon was used for the deep sutures instead of silk. The youngest patient operated upon was five months old, and the oldest over eighty years. Ninety-three of the cases were scrotal hernia; fifty-five were irreducible; seventeen were in a state of strangulation at the time of the operation; and in fifty-five cases it was necessary to exercise more or less omentum. The largest hernia operated upon was two feet in circumference, extending two-thirds of the distance to the knees, in a man fifty-three years old; followed by prompt recovery, and, so far, eighteen months after the operation, permanent cure.

The success of the Bassini operation is believed due to the removal of all abnormal structures from the canal and the bringing down of two muscular layers to form a new posterior wall. The contents of the canal, aside from the protrusion of the hernia, were found to have been an ovary in three instances, testicle in nine, and enlarged veins in a number of males, and enlarged veins, resembling a varicocele, in one female. Bunches of extra-peritoneal fat are frequently met with. Numerous cysts were found, some connected with the cord and others not.

Two hundred and seven of the cases healed by primary union, and, of the fifty-five operations on children under fourteen years of age, there was only one failure to obtain primary union.

Six of the total number of cases had recurred, and three of the recurrences had been reoperated upon, with apparent success, leaving three actual recurrences. The history of the six failures are reported, and, in every instance, the cause of the failure is indicated by the case of history.—*The Post-Graduate, Jan. '98.*

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Editorial.

CARDIO-PULMONARY MURMURS.

The recognition of the true import of murmurs heard over the heart is of great moment to the patient, whether from the possible results and prognosis in regard to personal suffering or longevity, or in regard to his eligibility for life insurance. The various organic murmurs when carefully studied can ordinarily be readily made out and distinguished from those which are classified as functional; the danger is rather in mistaking one of the latter for the result of structural changes. Still greater care is required in discriminating between the different varieties of functional murmurs. Hæmic murmurs occurring in the course of anæmia are usually recognized by their soft character and low pitch and confined to the cardiac area, are louder in the recumbent and at the end of inspiration or beginning of expiration; they occur with the heart's systole and are associated with the other vascular murmurs of anæmia. The cardio-vascular are heard most distinctly at the fourth left interspace and louder in the upright position, loudest also at the end of expiration but ceases then. Any excitement of the heart increases it, and it ceases if the patient lies on his side. In regard to the third group, the cardio-pulmonary, our views have been considerably extended by the recent light thrown upon the subject mostly

by Potain and his pupils. Dr. C. F. Hoover, of Cleveland, Ohio, in a paper in the *New York Medical Journal*, Aug. 6th, 1898, gives us a resumé of the latest observations on this subject. He first reviews the history of the subject. Laennec did not explain the occurrence of these functional murmurs. Cases are mentioned by Wintrich in 1854, B. W. Richardson in 1860, Skoda in 1863, Choyan in 1869, Weiss in 1880. The controversy between Austin Flint and G. Balfour is referred to. Flint's presystolic murmur without disease of valves Hoover thinks were cardio-pulmonary.

The most common location, he states, of the cardio-pulmonary murmur is over that portion of the præcordial area which enjoys the greatest degree of antero-posterior excursion during the cardiac systole. This point is over the conus arteriosus, or the pulmonary area. He points out the insufficiency of Naunyn's and Balfour's claims, that these murmurs are due to actual regurgitation owing to relative insufficiency of the mitral valve. Functional pulmonic murmurs heard over the pulmonary area, in chlorosis and anæmia, he argues, by exclusion are mostly cardio-pulmonary. If it was hæmic it should be heard loudest over the aortic area, as the pressure is four to six times greater there. In regard to the interpretation of the cardiac activity as seen and felt over the chest wall, and to define the relation of the various phases of cardiac cycle to the phases of cardiac excursion, he states:—

“A great source of error in timing murmurs over the heart is due to a misinterpretation of the cardiac impulse. The interpretation of the impulse, as described by Vaquez, is the one that is most acceptable to my mind. The palpable apex impulse is divided into two phases:—First, a progressive elevation; secondly, an instantaneous impulse. The auricle contracts, filling the ventricle until tension on the ventricular wall announces the commencement of the ventricular systole, at which instant the auricular systole ceases and the expulsion begins, the auriculo-ventricular valves being closed. This closure is responsible for the sharply defined impact which terminates the systolic impulse of the ventricle. Over the apical region the impulse does not sustain a constant relation to the cardiac cycle. The time of

the impulse depends largely upon the conformation of the thorax and the relative position of the heart in the mediastinum. Sometimes the intercostal space is protruded by the apex; sometimes the impulse disappears, giving what Marey called a 'negative impulse.' This paradoxical term was selected by Marey to describe the simultaneous recession and hardening of the apex during the systole. The closure of the mitral valve may follow the commencement of the systolic impulse, may precede the palpable impulse, or may be synchronous with it.

"The more accessible the heart and the larger the præcordial area of activity the more readily can we identify the phases of the impulse with the phases of the cardiac cycle. It is a common clinical practice to estimate the beginning of the cardiac systole with the beginning of the impulse. For this reason the pulse of aortic insufficiency and the pulse of mitral stenosis are described as being delayed. The delay is only apparent. The first portion of the cardiac impulse in both instances is diastolic. The estimated lapse of time between the closure of the mitral valve and the carotid pulse in cases of mitral stenosis and aortic insufficiency is found to be what it normally is—viz., about twelve one-hundredths of a second. In the London *Lancet* of 1887 Dickenson speaks of the 'error' of calling the so-called 'murmur of mitral stenosis a presystolic murmur, when it is really a murmur of insufficiency.' The error is Dickinson's, because he failed to recognize the auricular element in the elevation of the ventricle.

"In making a clinical examination of the heart, what we really palpate and inspect is not the apex impulse alone, but the increase in the antero-posterior diameter of the heart. The apex impulse is merely incidental to this anterior heaving of the heart. The term apex has come into common use because that portion of the heart is most commonly accessible to view and to touch. When the heart is dilated or the lungs are retracted we say the apex impulse becomes broadened. What really occurs is the increase in the antero-posterior diameter of the heart becomes accessible over a larger portion of the ventricles. As I have remarked above, this increase in the antero-posterior diameter of the heart

may be partly produced by the systole of the auricle and is not occupied entirely by the ventricular systole. The beginning of the ventricular systole is marked by the closure of the atrio-ventricular valves. Observers differ widely upon what point in the cardiac elevation the closure of the valves occurs."

A cut is given showing the points in the cardiographic tracing where various observers have placed the closure of the mitral valves. It is marked at the beginning of the elevation by P. Hilbert, at little above this by Martius, in the middle by Landois and at the top by Marey. The latter is accepted by Potain. Roy and Adami accept the point of Martius, but Dr. Hoover thinks that as the latter's tracings were taken from the exposed hearts of animals and with considerable pressure on the heart wall, and the negative tension in the normal state was removed, all lessened the effect of the auricular systole upon their tracings.

The gallop rhythm is not due, he thinks, to interruptions of the cardiac impulse such as might be produced by contraction of the papillary muscle but by the force of the auricular systole. A common observation is the transition from a presystolic cardio-pulmonary murmur to a gallop rhythm.

Cardio-pulmonary murmurs from their chronicity are presystolic, mesosystolic, telesystolic, diastolic and telediastolic.

"The murmur may be produced either by compressing the lung between the heart and the thoracic wall during any portion of the cardiac impulse, or by aspirating a portion of the lung lying in contact with the heart when the heart in any portion of its cycle recedes from the contiguous lung. When the cardio-pulmonary murmur is due to compression of the lung, it may have either a soft, blowing, or a vibratory character. The latter is the more common. When the murmur is due to aspiration, as is always the case when the murmur occurs during the diastolic phase, it has the soft, blowing character."

The cardio-pulmonary murmur may be palpable as a thrill which appears very superficial. They are heard only on a sharply defined area, are not transmitted, and do not

gradually fade in intensity as endocardial murmurs do ; they may disappear under a forced inspiration or expiration, may disappear in the horizontal position, or appear then only.

As a certain thickness of lung is necessary to produce the murmur, it is influenced by the condition of the heart in regard to its size and position. The systolic murmur is usually vibratory, which if it were produced at pulmonic orifice would be unlikely. The diastolic is blowing in character, caused, he thinks, by the aspirations into the infundibula from the bronchi in the latter case, and air being suddenly pressed into the bronchi in the other.

The presystolic murmur is the most misleading, but is distinguished from mitral stenosis by the fact that it disappears on forced expiration, absence of hypertrophy and dilatation of left ventricle and other conditions not consistent with mitral stenosis.

The systolic murmur is heard commonly at the portion of the præcordial area which undergoes the greatest excursion, over the conus arteriosus dexter and mesocardium of right ventricle, sometimes over the apex or other portions of the right ventricle ; it is soft and blowing, or sawing. It may appear and disappear during inspiration or expiration or by changes in the position of the body. When it does not disappear under these conditions, to distinguish it from a relative insufficiency it must be very superficial in character if signs of myocardial insufficiency are present, but if none of the latter exists, and no disturbance of the circulation between the right and left hearts, he thinks the murmur is cardio-pulmonary in origin.

The telesystolic murmur occurs after the systolic valve closure and before the diastole. He explains its production as follows :

“After the closure of the atrio-ventricular valves the systole of the ventricle continues producing the oscillations in the aorta and in the heart tracings which are interpreted as records of the papillary muscle contraction and the outflow remainder waves. During this silent portion of the ventricular systole a piece of lung is compressed between the chest wall and the ventricle, thus producing the faint super-

ficial sound, audible over a small, sharply circumscribed area, which in my experience has always been the apex area."

The diastolic cardio-pulmonary murmur may occur associated with a systolic, and heard over the apex or over second interspace to the right of the sternum. There will be absence of any pulse signs peculiar to aortic insufficiency, and it may not be possible to make it disappear.

He gives a report of a case of telediastolic murmur over the pulmonary area associated with a soft systolic murmur over apex and over aortic area. Second sound clear. In the second left interspace was a loud superficial murmur post-diastolic, heard best, as all these murmurs are, with the ear direct on chest. Most of these disappear on forced expiration. In the horizontal position systolic over apex becomes louder, diastolic clear. Systolic and diastolic clear over pulmonary area and post-diastolic disappears.

The phenomena, he states in conclusion, are entirely independent of the respiratory act. "The essentials for the production of the sounds are: A certain volume of lung must be implicated. The lung must occupy such a position relative to the heart and chest wall that the heart will have complete mastery over its excursion. The relations may be such that the rapid excursion of the lung will occur during any portion of the cardiac cycle. The duration may be holosystolic (during the entire systole) or merosystolic (during a part of the systole). The merosystolic murmurs may be presystolic, mesosystolic, telesystolic. With reference to the diastole, the murmurs may be holodiastolic (occupying the entire diastolic phase) or merodiastolic (occupying part of the diastolic phase). The merodiastolic murmurs may be protodiastolic, mesodiastolic, telediastolic. The murmurs produced by compression of the lung are often vibratory in character. Those produced by aspiration are always softly blowing in character.

"It is not always possible to demonstrate the cardio-pulmonary murmur as such, when present, though it may be diagnosed by exclusion. When a murmur is present and is not associated with any evidences of modification of the pulse wave, and when there is no enlargement of either side of the heart, or any disturbance of the circulatory equili-

brium between the pulmonary and aortic circulations, I believe that we are justified in interpreting the murmur as belonging to the cardio-pulmonary class."

These explanations of Potain and his followers give us a reasonable cause for so-called functional murmurs which we have not heretofore had, and may explain a large proportion of the cardio-hæmic as well as the cardio-vascular. It is important to remember that they are not always systolic in time as hitherto taught, and the fact that they are usually recovered from should make us careful in giving a prognosis in any case until we are satisfied that we have organic troubles present, or by exclusion can diagnose it as one of the cardio-pulmonary class, and therefore a more hopeful condition for the patient.

CONTRACT MEDICAL PRACTICE.

The only method that is at all likely to be successful in abating this prevalent evil is the passing of stringent prohibitory laws which will be applicable to every practitioner in the country. Undoubtedly, many hold the position of lodge physician simply as a matter of self-preservation; for were he to drop the appointment through a conviction that it would be to the general interests of the profession, if some *confrere* is at hand ready to accept it, the net result is a personal loss. We are pleased to see the radical manner in which the Connecticut State Medical Society has dealt with this question. At the meeting at New Haven, May 26th, 1898, the following resolutions were passed:—

"*Resolved*, That the Connecticut Medical Society declares it to be derogatory to the dignity of its members to render professional services at a stipulated fee *per capita* per annum, to the members of any lodge, society, association, or organization, or to enter into any contract for such services with any lodge, society or organization, provided that professional services rendered any hospital, dispensary, orphan asylum, town poor, or other public charity, shall not be prohibited by this act.

"*Resolved*, That any member of this society violating the above resolution is guilty of a breach of professional etiquette, and is subject to the rules and regulations governing the same."

Personal.

Dr. Denny (Bishop's 1894) is located in Shediac, N.B.

Dr. Vidal (Bishop's 1890) of Belt, Montana, paid a visit to Montreal in May last.

Dr. Roddick, Professor of Surgery in McGill, has returned from his European trip.

Dr. Philippe Dubé (M. D., Bishop's 1880) is practicing at St. Sylvestre, Lotbiniere Co., P. Q.

Surgeon Col. Neilson, R. C. A., has been appointed director-general of the Militia Medical staff.

Dr. D. A. Hart (M. D., Bishop's 1874) has removed from St. Lamberts to Montreal, where he will continue to practice his profession.

Dr. Longeway (Bishop's 1886), of Great Falls, Montana, made a short stay in Montreal in May last, while *en route* to visit his friends in the Eastern Townships.

Dr. C. Marshall (Bishop's 1876) of Huntingdon, Q., was selected to represent the Huntingdon District on the new Board of the College of Physicians and Surgeons, elected on the 13th July last.

Dr. M. Goltman (Bishop's 1892) located in Memphis, Tenn., has been appointed surgeon to the Shelby County Poor and Insane Asylum. He is one of the editors of the *Southern Lancet*.

Dr. (Miss) Maude Abbott (M. D., Bishop's 1894) has, after a sojourn of about three years at the Continental and British Medical centers, returned to Montreal and entered upon the practice of her profession.

Dr. Natrass, Surgeon No. 2 Regimental Depot, and Dr. Belton, Surgeon No. 1 Regimental Depot, R. R. C. I., and Dr. Birkett, Surgeon Victoria Rifles, have left for a course of instruction at Aldershot and Netley.

Dr. Montgomery (M. D., Bishops 1894) has been appointed surgeon to the Pulp Company at Grand Mère, Que. It employs several hundred men, and so rapidly is the industry increasing that this number will be considerably increased in the near future.

The students of Bishop's College Faculty of Medicine will learn with very deep regret of the death of one of their number, Mr. Joseph Barsalou,, of St. Johns, Que., a fourth year student. He died in June last of phthisis. We extend our deep sympathy to his sorrowing parents.

Dr. Casey A. Wood (M. D., Bishop's 1877) was, at the annual meeting of the American Medical Association held recently at Denver, Colorado, elected chairman of the Ophthalmological section, with Dr. Williams, of Boston, as secretary. The meeting for 1899 will be held at Columbus, Ohio. The attendance at the Denver meeting was very large, fully 2,000 members being present.

Surgeon Lieut.-Col. F. W. Campbell, Royal Reg. Canadian Infantry, Dean of Bishop's College Faculty of Medicine, was principal medical officer of the Brigade Camp of the 6th Military District at St. Johns in June last, and of the Brigade Camp of the 5th Military District held at La-prairie in July last. He has also been appointed medical examiner for candidates for the Royal Military College, Kingston, in the 5th and 6th Military Districts.

Dr. Laphorn Smith, who has been absent in Europe for the last three months, has returned to Montreal and reopened his private hospital. He will also resume his service at the Samaritan and Western Hospitals, and at the Montreal Dispensary. Following the example of the European gynæcologists, and at the request of several practitioners of Montreal, he will begin a series of private courses lasting a month each, for physicians only, during which especial attention will be devoted to diagnosing abdominal and pelvic diseases.

Book Reviews.

The International Medical Annual and Practitioner's Index. A work of reference for medical practitioners. 1898, 16th year. E. B. Treat & Co., 241 West 23rd street, New York; Chicago, 199 Clark street. Price, \$3.00.

The following physicians are the contributors to the volume: Herbert W. Allingham, F.R.C.S., Fletcher Beach, M.B., F.R.C.P., James Cantlie, M.A., F.R.C.S., Prof. H. D. Chapin, M.A., M.D., J. E. Cooney, L.R.C.P., D.P.H., T. D. Crothers, M.D., E. Harry Fenwick, F.R.C.S., W. Soltan Fenwick, M.D., F.R.C.P., T. Calcott Fox, B.A., F.R.C.P., J. Dundas Grant, M.A., M.D., F. de Haviland Hale, M.D., F.R.C.P., Prof. G. M. Hammond, A.M., M.D., Henry Handford, M.D., M.R.C.P., David Hardie, M.D., Irvine S. Hagues, Ph. B., M.D., Robert Jones, F.R.C.S., Richard Lake,

F.R.C.S., Priestly Leech, M.D., F.R.C.S., Prof. W. Oliver Moore, M.D., Thomas More Madden, M.D., A. Mitra, L.R.C.P., L.R.C.S., Geo. Lane Mellins, M.A., M.D., Wm. Murrell, M.D., F.R.C.P., Prof. Theophilus Parvin, M.D., Jos. Priestly, B.A., M.D., D.P.H., Prof. A. W. Mayo Robson, F.R.C.S., A. D. Rockwell, A.M., M.D., Prof. Robert Saunby, M.D., F.R.C.P., Samuel G. Shattock, F.R.C.S., James Shaw, M.D., Prof. W. Gilman Thompson, M.D., Charles E. Todd, M.D., A. H. Tubby, M.S., M.B., Chas. Lloyd Tuckey, M.D., S. Watson Williams, M.D., M.R.C.S.

This annual is a book of over 600 pages, its *résumé* covering the different departments of medicine and surgery, chiefly from a therapeutic point of view. It is growing in the appreciation of the profession, last year's sales being noted for the largest in its history. The above list of eminent contributors is a guarantee for the thoroughness and character of the material collaborated. Besides being a culling of the wheat from the chaff of literature, a number of original articles appear, bringing important subjects up to date. Part I. considers all new remedies, the various new drugs, their character, action and uses, including also reference to the progress in electrotherapeutics and in hypnotism and suggestion.

Part II., which occupies the greater part of the book, discusses new treatment in medicine and surgery. The subjects are taken up alphabetically. An immense amount of information is condensed into these pages. One of the more important articles is that on congenital dislocation of the hip and its treatment, including a *résumé* of its pathology and symptoms. Skiagraphs and a number of wood cuts illustrate its pathology and the most recent methods of treatment. A number of excellent photogravures illustrate recent methods of treating Potts' disease. An atlas of the bacteria pathogenic in the human subject, by Samuel G. Shattock, M.D., is of great interest. It will be completed in two parts, the other half appearing in next year's annual. The text describes the methods of investigating these organisms, and a series of beautiful plates in colors clearly portray the characters of these micro-organisms. Articles appear on sanitary science, with inventions, and at the end of the book is a list of the new books published during the year. This annual is compact, well printed and bound, and teems with the latest points in medical progress, and the moderate price at which it is sold, considering the quantity of matter it contains, are all elements tending to make this one of the most popular of year books.

The Nervous System and its Diseases. A Practical Treatise on Neurology for the Use of Physicians and Students. By Charles K. Mills, M.D., Professor of Mental Diseases and of Medical Jurisprudence in the University of Pennsylvania; Clinical Professor of Neurology in the Woman's Medical College of Pennsylvania; Professor of Diseases of the Nervous System in the Philadelphia Polyclinic; Neurologist to the Philadelphia Hospital, etc. Diseases of the brain and cranial nerves, with a general introduction on the study and treatment of nervous diseases, with four hundred and fifty-nine illustrations. J. B. Lippincott Company,

Philadelphia. London, 6 Henrietta st., Covent Gardens. 1898.

Dominion Agent, Charles Roberts, 593 Cadieux st., Montreal.

In medicine neurology has probably received more special attention in the way of monographs and text-books than any other department, and the subject has now grown to be one of considerable proportions. The present volume, which represents only one-half the subject, is a work as large as most of the text-books on the practice of medicine. The recent histological methods have given a more correct view of the construction of the nervous system, and it is only by getting at the fundamental principles and true conceptions of its structures that mooted points can be properly solved and much of the written matter hitherto accepted removed from the domain of speculation and theory and reduced to truthful demonstration. Hence the localization and correct knowledge of tracts and the physiology of the nervous system has made its study now more of an exact science, and may come within the comprehension of the general reader. In this work of Dr. Mills we have what may be looked upon as a new and extended edition of Dr. Gower's comprehensive and classical work. The book consists of two chapters. In the first is given nine sketches of the nervous system, its development, general anatomy, physiology and chemistry. In the second general pathology and etiology, symptomatology and methods of investigation, electro-physics and electro-medical apparatus, electro-diagnosis and electro-prognosis, electro-therapeutics, static electricity, general therapeutics and formulas. A few paragraphs are given on nomenclature and terminology. He endeavours to follow the suggestions of Prof. Burt G. Wilder, of Cornell University, namely, the use of appropriate and of possible pre-existing mononyms for all parts, and the employment, not of heteronyms, but of paronyms, of these Latin terms. He advocates that as far as possible for each part of the central nervous system there be found a name consisting of a single Latin word; that for each such Latin name there be found an English equivalent, not a translation but a paronym, a word having the same derivation and the same sound, but spelling and meaning may be different. As an example, aqueduct for the *e tertio ad quartam ventriculum*; porta the faramin of Monro; posteribrum the posterior perforated space. A table is given of a number of mononyms or single word terms; the advantages of such a change is quite evident. A table is given also of synonyms of gyres or convolutions and lobules. In regard to positions and relations of parts, such terms as cephalic, caudal, dural, ventral, dextral and sinistral are to be used instead of superior, inferior, posterior, etc. Wilder's table is given of a provisional classification of encephalic parts, according to segments, relations to cavities. Symptomatology and methods of investigation are gone into in detail, and the directions given are so clear and full that the tyro in nervous diseases can be fully initiated into the various methods of eliciting the evidences of derangement. The descriptive text is amply supplemented by cuts which demonstrate the methods adopted. Thus a cut shows the methods of using Bruce's medico-facial goniometer; another shows the skull landmarks and their names; others illustrate cranio-metrical methods and outlines of various sizes and shapes of the head, sensory dis-

orders and their terminology, and the special method of studying cutaneous sensibility, visual and ocular disturbances and the other special senses. How to use the various dynamometers; The reflexes and how to examine them; Vaso-motor, trophic and secretory symptoms; Electro-physics and electro-medical apparatus are fully and lucidly discussed, and the diagnostic uses of electricity made clear; the methods in electro-therapeutics are also explained. In general therapeutics are discussed such remedies and means as hygiene, diet, climate, hydrotherapy, massage movement treatment, systematized active exercises, vibratory therapeutics, the Weir-Mitchell rest treatment, suspension treatment, psychic therapeutics, hypnotism, local remedies, cold and hot applications, the revulsion, lavage, thyreoid treatment, cerebrin and testicular therapy, serum and nuclein therapy, various medicinal remedies, their dosage and untoward effects. At the end of the section a large number of formulas of drugs, useful in neurological practice are given for their internal, external and hypodermatic administration, and a *résumé* of Corning's intramuscular injection and congelation of oils in the treatment of chronic local spasm called *Elæomyenchysis*.

The diseases of the brain, its membranes and nerves, are then taken up in the remaining two-thirds of the book, which has over one thousand pages. The articles we have examined give evidence of a thoroughly exhaustive treatment from all points of view. We miss nothing of importance which was extant in the books of less recent authors, and there is woven into the text the results of the most recent investigations, and there is here what is so very essential in the complicated and abstruse subject of neurology, frequent illustrations by wood cuts and photogravures. We are quite convinced that this work fully carries out the ambition of the author to produce one of similar proportions and rank to that of Gowers' with the most modern matter added.

Conservative Gynecology and Electro-Therapeutics.

A Practical Treatise on the Diseases of Women and their Treatment by Electricity. Third edition, revised, rewritten, and greatly enlarged. By G. Betton Massey, M.D., Physician to the Gynecic Department of Howard Hospital, Philadelphia; late Electro-Therapist to the Infirmary for Nervous Diseases, Philadelphia; Fellow and ex-President of the American Electro-Therapeutic Association, of the Société Française d'Électrothérapie, of the American Medical Association, etc. Illustrated with twelve full-page original chromo-lithographic plates in twelve colors, numerous full-page original half-tone plates of photographs taken from nature, and many other engravings in the text. Royal octavo. 400 pages. Extra Cloth, Beveled Edges, \$3.50 net. The F. A. Davis Co., Publishers, 1914-16 Cherry st., Philadelphia; 117 W. Forty-Second st., New York City; 9 Lakeside Building, 218-220 S. Clark st., Chicago, Ill.

While this is the third edition of Dr. Massey's book, it is practically a first one, as the earlier editions were largely treatises on the use of electricity in fibroid tumors, while this includes a consideration of the medical and surgical diseases of women, with

special reference to the use of electricity in this treatment. The ground the book covers, he thinks, will be of more value to the average physician and his patient than books devoted to the details of operations, that, however necessary at times, are often only properly of service as last resorts, and are thus incapable of application except at hands that have had more than book training. The first chapters are devoted to a consideration of the nature of the affections of women and the methods of examination. Chapter IV. deals with the phenomena attending the transmission of galvanic currents through living organs, electrolysis is explained and the reason of the separation of the anions and cations given, and the possibilities and advantages of cataphoresis pointed out, also the bactericidal action of electricity and its alterative action. The typical methods of applying the electric currents in the diseases of women are then described, and photogravures made from photographs of a professional model illustrate the methods and show the various motor points. The various electrodes are shown, menstrual derangements and catarrhal affections of the utero tubal mucous tract and their consequences are described. Eight exquisitely colored plates illustrate various affections of the os and cervix. The chapter on fibroid tumors is the most extensive, and is very freely illustrated; the varieties of tumors are described and the methods of using electricity pointed out. A detailed table is given in an appendix containing the results of the treatment of eighty-six cases. It is shown that 85.33 per cent. of the cases were successes. Cuts showing the growths before treatment and the condition after are very gratifying and convincing, and clearly prove the advantages of the method in preference to the knife in suitable cases. What should be done in hysterics and hysteroid affections which are on the border line between gynæcology and neurology is pointed out.

He considers constitutional treatment desirable for most of the cases suitable for electro-therapeutics. The author's methods and results of mercuric cataphoresis as a cure for cancer forms a very interesting and important chapter. He shows that the active principle of sarcoma and carcinoma can be killed by cataphorically impregnating the tumor with nascent oxychloride of mercury, of sufficiently massive dose, while the cancer-holding tissues are not killed.

The cosmetic applications of electricity are described in chapter twenty-one.

In Part II. the rudiments of medical electricity are given, such as the physics of the galvanic or direct current; electro-motive force resistance, unity of current, freely illustrated, various kinds of batteries described and illustrated, and other electric apparatus, how to handle the galvanic current. The faradic and static currents are similarly treated. Chapter twenty-seven describes the sinusoidal current and its effects, and the next and last chapter electric light as an illuminant and as a therapeutic agent.

This is an exceedingly interesting book, and should be welcomed by physicians generally. Surgical methods have so monopolized the attention of the medical world of late that a therapeutic method so potent as is here pointed out should be eagerly studied and utilized to the advantage of both physician and patient.

Egbert's Hygiene and Sanitation.—A Manual of Hygiene and Sanitation. By Seneca Egbert, A.M., M.D., Professor of Hygiene in the Medico-Chirurgical College of Philadelphia. In one handsome 12mo. volume of 360 pages with 63 engravings. Cloth, \$2.25 net. Lea Brothers & Co., Publishers, Philadelphia and New York.

The object of the author in this volume is to give in a compact form a plain statement of the fundamental principles and facts of hygiene and sanitation largely from an American point of view. He has given the results of his own observations, and consulted the more massive works and the recent literature of the subject, and reduced all to a convenient synopsis suitable for the busy general practitioner, the student and the lay reader.

In the introduction a cursory history of what has been done for public health in the past as far back as Hippocrates 400 B. C. is given.

The wonderful improvement in the death rate which has occurred in communities where the principles of modern hygiene are applied.

The reasons are pointed out why physicians should thoroughly comprehend everything pertaining to this science in all its branches, and most recent developments in regard to general and public sanitation, and more especially in regard to personal or domestic sanitation.

The more general adoption of courses of study on hygiene in schools and colleges is urged. Bacteriology is the heading of the first chapter; after the introduction, a brief review of this modern science is given. A knowledge of this subject is indispensable for a proper comprehension of most of the diseases humanity is liable to and for intelligently combatting their deleterious effects.

The atmosphere and water receive detailed consideration, and the subject matter is freely illustrated by wood cuts. The chapter on food gives a resumé of the physiology of the process of digestion, the value of the different classes of foods, special foods, stimulants and beverages. The fact that beef tea as ordinarily made has no nutritious value, is not food, simply acts as a stimulant to the vital and nervous functions. Very sensible directions are given for the use of alcohol, and its true usefulness pointed out.

In the chapter on personal hygiene, exercise, clothing, bathing and light are discussed. School hygiene, disinfections and quarantine are interesting chapters. The use of formaldehyde is described, and Koch's and Jasper's table of the comparative value of a number of disinfectants given.

The remaining chapters are on the disposal of sewage, vital statistics and the examination of air, water and food. This volume, while not entering deeply into many of the subjects, gives all the essentials from the most modern standpoint, and the interesting and clear manner in which it is written should commend it as a most desirable addition to the shelves of students, practitioners and all interested in the physical and mental welfare of the race.

Saunders' Medical Hand Atlases. Atlas of Legal Medicine.—By Dr. Von Hofman, Professor of Legal Medi-

cine and Director of the Medico-Legal Institute at Vienna. Authorized translation from the German. Edited by Frederick Peterson, M. D., Clinical Professor of Mental Diseases in the Woman's Medical College, New York; Chief of Clinic Nervous Department, College of Physicians and Surgeons New York. Assisted by Aloysius O. J. Kelly, M. D., Instructor in Physical Diagnosis, University of Pennsylvania; Adjunct Professor of Pathology, Philadelphia Polyclinic, etc. 56 plates in colors, and 193 illustrations in black. Price \$3.50 net. Philadelphia, W. B. Saunders, 925 Walnut st., 1898. Canadian Agents, J. A. Carveth & Co., Toronto, Ont.

Atlas and Abstract of the Diseases of the Larynx. By Dr. L. Grunwald, of Munich. Authorized translation from the German. Edited by Charles P. Grayson, M. D., Lecturer on Laryngology and Rhinology in the University of Pennsylvania; Physician in Charge of the Throat and Nose Department Hospital of the University of Pennsylvania. With 107 colored figures on 44 plates. Price \$2.50 net.

Atlas and Epitome of Operative Surgery. By Dr. Otto Zuckerkandl, Private docent in the University of Vienna. Authorized translation from the German. Edited by J. Chalmers Dacosta, M.D., Clinical Professor of Surgery in Jefferson Medical College, Philadelphia; Surgeon to the Philadelphia Hospital, etc. With 24 colored plates and 217 illustrations in the text. Price \$3.00 net.

Atlas of Syphilis and the Venereal Diseases, Including a Brief Treatise on the Pathology and Treatment. By Prof. Dr. Franz Mracek, of Vienna. Authorized translation from the German. Edited by L. Bolton Bangs, M.D., Consulting Surgeon to St. Luke's Hospital and the City Hospital of New York; late Professor of Genito-Urinary Surgery and Venereal Diseases, New York; Post Graduate Medical School and Hospital. With seventy-one colored plates. Price, \$3.50 net. W. B. Saunders, publisher, Philadelphia, 925 Walnut street, 1898. J. A. Carveth & Co., Canadian agents, Toronto, Ont.

We have already referred to the first volume on internal medicine and clinical diagnosis, containing sixty-eight colored plates. Besides these five completed volumes, two others, one on diseases of the eye and one on skin diseases, are in course of preparation.

This series of hand atlases are authorized translations of Lehmann's medical land atlases, one of the most extensive and celebrated works of this kind. It has been translated into English, French, Italian, Prussian, Spanish, Danish, Swedish and Hungarian. The present English edition has been translated from the German by leading American specialists in each subject. The books measure 5½ in. by 7½ inches; are printed on good paper and strongly bound in green cloth. The plates appear on firm bristol board. The coloring is exceedingly well done, portraying the exact color of the tissues and parts as they appear at the examinations.

Each plate has accompanying it a detailed description of the conditions present. The volume on forensic medicine is one of the largest, and its photogravures and colored plates well executed, and will be invaluable to those called upon to give expert testimony as thoroughly trustworthy representations of conditions and appearances but seldom seen except by experts with extensive experience. Some of the illustrations, while true to the normal conditions, are ghastly in appearance, and the numerous representations of various forms of death, suicide and murder depict conditions only paralleled in a "Chamber of Horrors." In the volume on laryngology some one hundred pages are devoted to a *résumé* of the affections of the larynx.

The volume on surgery is largely a *résumé* on operative surgery. Clear descriptions of the various operations are given, and the more important ones illustrated. But most modern text-books contain the same amount and kind of information. The volume on syphilis gives a very thorough presentation of the multiple aspect of this affection, the numerous exquisite plates giving a realistic conception of the abnormal appearances. A summary description of the disease in its various stages is given at the end of the work and the methods of treating it. Very brief reference is given also to gonorrhœa and its treatment. These volumes will form a most useful addition to the medical library, and are equivalent to numerous clinical lectures and demonstrations, such as one would receive at a special practical course in any good hospital or post graduate clinic.

The price at which they are sold seems insignificant when compared with the amount of superior artistic demonstrations contained in each volume.

Cutaneous Medicine. A Systematic Treatise on the Diseases of the Skin. By Louis A. Duhring, M.D., Professor of diseases of the skin in the University of Pennsylvania. Author of *A Practical Treatise on Diseases of the Skin, and Atlas of Skin Diseases.* Part I.—Anatomy of the skin, physiology of the skin, general symptomatology, general etiology, general pathology, general diagnosis, general treatment, general prognosis. Part II.—Classification, anæmias, hyperæmias, inflammations: Both freely illustrated. J. B. Lippincott Company, Philadelphia; London, 6 Henrietta St., Covent Garden, 1898; Dominion Agent, Charles Roberts, 593 Cadieux St., Montréal.

Dr. Duhring's work on diseases of the skin has been one of the standard authorities in this department of medicine. It was to be found on the shelves of every progressive practitioner, and was translated into French, Italian and Russian.

Like in other departments of medicine, after a few years most books become antiquated and must be replaced by those embodying all the recent advances. And such we have in the present edition.

In volume I general topics are discussed; the descriptions and illustrations of the anatomy of the skin are excellent; the numerous cuts are all exceedingly well executed, and give a clear idea of

every minute detail of the skin structure and of the hair and nails. Thoroughly practical are the general directions in regard to treatment and replete with all the most recent improvements. Under anæsthetics and analgeses, the recent intracutaneous methods of Schleich are given. Eucaine, however, which has distinct advantages over cocaine, is not mentioned.

All the various internal remedies are discussed in detail, and the use of the numerous local remedies pointed out. In volume II. skin diseases are placed in nine classes; the anæmias, hyperæmias, inflammations, hæmorrhages, hypertrophies, atrophies, neoplasms, anomalies of secretion of the glands, and the neuroses; this volume describes the first two groups and part of the third. Each affection is given an exhaustive treatment, as evidenced by the numerous foot notes denoting the source of information; the more recent literature has been drawn upon in the construction of the truly classical text. The different varieties of each affection are well depicted in the very excellent photogravures which are freely distributed throughout the book. These will be of the greatest assistance towards making a diagnosis to those who may not be over familiar with the rarer and more doubtful forms occasionally met with in practice. This will undoubtedly be when completed the most thorough, practical and authoritative treatise on dermatology that has ever been published.

A System of Practical Medicine. By American authors. Edited by Alfred Lee Loomis, M.D., LL.D., late Professor of Pathology and Practical Medicine in the New York University, and William Gilman Thompson, M.D., Professor of Medicine in the Cornell University Medical College; Physician to the Presbyterian and Bellevue Hospitals, New York. Volume IV. Diseases of the nervous system and mind, vaso-motor and trophic disorders, diseases of the muscles, osteomalacia, rachitis, rheumatism, arthritis, gout, lithæmia, obesity, scurvy, Addison's diseases. Illustrated. Lea Brothers & Co., New York and Philadelphia, 1898.

In this the fourth and concluding volume of the American System of Practical Medicine, we have some of the best known workers among American physicians. There are some twenty-four writers. Among them such names as Pearce Bailey, Charles L. Dana, F. X. Dercum, Landon Curtis Gray, C. A. Herter, A. Jacobi, Charles K. Mills, J. J. Putnam, M. Allen Starr and W. Gilman Thompson.

The volume is largely taken up with diseases of the nervous system.

Dr. F.G. Finley, of Montreal, contributes the section on diseases of the peripheral nerves, while the various affections are considered with unusual brevity for a system of medicine, yet the terseness is not associated with any incompleteness in the treatment.

The diagnosis and localization of spinal cord disease, by Dr. M. Allen Starr, is one worthy of the closest study, and contains the knowledge necessary for recognizing its various affections. Each symptom is considered which is present in disease of the cord. We notice the modern terms neuron and axon appear through the articles. Photogravures show the result of descending degeneration

in the motor tracts, and ascending degeneration, and the groups of cells in various segments of the cord. A table gives the muscles supplied from the group of cells in the various segments of the cord, another the localization of muscular reflex acts in the spinal cord, and another the localization of skin reflexes in the spinal cord. A diagram giving the distribution of the sensory neurons in the skin with the name of each nerve on the area, and a colored plate giving the areas of anæsthesia upon the body after lesions in the various sections of the cord will be helpful to the student. Also plate three, giving the cervical and sacral enlargements of the spinal cord in cross sections, showing the various neurons in the gray matters, the directions of the axons, and the varieties of fibres in the different columns of the cord in different colors. The traumatic neuroses are treated in a masterly manner by Morton Prince, M.D. The older idea that railway brain and spine was a distinct clinical affection is discarded, and is regarded as simply neurasthenia, hysteria and certain localized nervous affections when caused by an accident, and the affection follows psychical as well as physical shock. Trauma, he points out, acts either physically, psychically or physiologically. While he finds that a neurotic tendency exists in most of the cases, yet in this country in a considerable proportion of cases this heredity does not exist. The pains which are observed in these cases he thinks are largely of a psychical nature, due to the concentration of the mind on the part that was injured. A pain that has existed anywhere is felt after the exciting cause is removed, because the mind imagines the persistence of the diseased process. There is also, he believes, a natural tendency for any pain vibrations once started to continue for a long time as the result of a single excitation, as if there was an absence of an exhibitive influence, like the continuous vibration of a single pull of a string of a musical instrument. The author terms this "persistence of pain" or its revivification under the influence of attention *algogenesia*. Most of the articles in the affection of the brain cord and the functional nervous disorders are written by the men who are best qualified to do so in America, and we have as a result one of the best available expressions of the subject of neurology as it exists at the present time.

Mental diseases are included in the volume, each of the affections being written by well-known specialists. The articles on rheumatism, gonorrhœal arthritis, gout, obesity and scurvy are written by Dr. W. Gilman Thompson. This System of Medicine reflects in a thorough manner the present state of medicine, sifted carefully by the most able specialists from recent literature, and vivified by their personal experience and observation. We have a practical guide to the specialist and general practitioner, and a lasting monument to the literature of the continent, carved by the most illustrious of our many able workers.

The typography and binding are excellent and a credit to the publishers, Messrs. Lea Brothers & Co., who have placed before the profession of late so many useful and estimable works.

A Manual of Modern Surgery, General and Operative. By John Chalmers DaCosta, M.D. Cloth, \$4.00;

half morocco, \$5.00. Publisher, W. B. Saunders, Philadelphia.

This, the second edition, is somewhat larger than the first, containing 881 pages with 386 illustrations. The work is a credit to the author and publisher in every way. Much of the text has been rewritten, and all of it thoroughly revised from the first edition without altering its scope, which was that of a work to stand between the text-book and the compend.

Among the changes made in this edition are the addition of articles on the use of the Röntgen Rays, electrical injuries, wounds inflicted by modern projectiles, and sections on the surgery of the spleen, pancreas, liver, gall, bladder, female breast, etc.

There are many other points of addition and improvement too numerous to mention, which go to complete a most admirable manual for the busy practitioner and the student.

The sections on fractures and dislocations is well illustrated and very complete, yet terse and to the point. The tone of the work throughout is simply descriptive and fact-stating without that tedious element of theory discussing so prominent in some larger works. These considerations indicate the boon to students which the work so plainly shows itself to be.

International Clinics. A quarterly of clinical lectures on Medicine, Neurology, Surgery, Gynæcology, Obstetrics, Ophthalmology, Laryngology, Pharyngology, Rhinology, Otology and Dermatology, and specially prepared articles on treatment and drugs by professors and lecturers in the leading medical colleges of the United States, Germany, Austria, France, Great Britain and Canada. Edited by Judson Daland, M. D., Professor of Clinical Medicine, Philadelphia Polyclinic, Instructor in Clinical Medicine and Lecturer on Physical Diagnosis, University of Pennsylvania, etc.; J. Mitchell Bruce, M. D., F. R. C. P., London, Eng.; and David W. Finlay, M. D., F. R. C. P., Aberdeen, Scotland. Volume II, eighth series, 1898. J. B. Lippincott Co., Philadelphia; Charles Roberts, 597 Cadieux st, Montreal, Dominion agent.

There are thirty-six clinical lectures in this volume, illustrated by some fifty-seven plates and cuts. Many of these are of great interest. The Treatment of Functional and Lateral Curvatures by Light Gymnastic Exercises, by James K. Young, M. D., is valuable. Besides detailed directions of the exercises, a number of photogravures from a model illustrates the various movements. The Etiology and Classification of Cystitis, by N. Senn, M.D., Ph.D., LL.D., is a lengthy and exhaustive paper on the subject. Among the most interesting are: The Treatment of Acute Failure in Chronic Heart Disease, by Alexander McPheran, M. D.; The Operative Treatment of Sclerotic Catarrh of the Middle Ear, by Seth Scott Bishop, B. S., M. D., LL.D.; Some Forms of Gastralgia, by Prof. C. A. Ewald; On the Relation between Heart Disease, Pregnancy and Confinement, by A. Pinald, M. D.; Sprue its Cause, Signs and Symptoms, Pathology, and Treatment, by James Cantlie, M. D., F. R. C. S.; Atonic and Nervous Dyspepsia and its Treatment by Intra-gastric Electrization, by A. D. Rockwell, M. D.;

Toxic Polyneuritis, by Professor R. Von Jaksch; The X-rays in Surgery, by James Mackenzie Davidson, M. B. C. M.; Cirrhosis of the Liver, by W. Hale White, M. D.; Sterility, by H. C. Coe, M. D.; Cataract Operations; Mules' Operations illustrated by skiagraphs; Capsulotomy; Operation for Pterygium, by L. Webster Fox, A. M., M. D.; Baldness, its Varieties, Causes and Treatment, by Jay F. Schamberg, A. B., M. D. Among practitioners away from centres of clinical teaching these volumes become a perennial source of clinical information, and touching every branch of medicine the subscriber to these series of volumes may keep thoroughly abreast of the progress being made in each department. The present volume is a particularly valuable one from the standing of the writers and the practical character of the treatment of the subjects under consideration.

Electricity in Diseases of Nose, Throat and Ear. By Scheppearel. G. P. Putnam's & Sons, publishers, New York.

The author having in view the systematizing of this subject has collected the more valuable parts of many publications on the application of the potent energy of electricity to rhinology, laryngology and otology, forming an erudite compendium very appreciable to the worker along the line of study. The personal experience of the author, well recognized as extensive, is added, with deductions and statistics which are calculated to aid the student or practitioner. Chapters one to five contain so much bearing on general principles, means of generating current, arrangement of cells, etc., that to the man already familiar, more or less, with the subject, a greater condensation might be regarded as desirable. Chapter seven begins the more practical portion of the work bearing on examinations by the different methods of direct laryngoscopy, transillumination, etc., also the work of the electric cautery, electrolysis, etc., ending at the eighteenth chapter with massage by the aid of electro-magnetic appliances, after which the various diseases incident to this portion of the human economy are detailed in extenso and the advantages of electricity elaborated. Finally, the utility of the X-rays is demonstrated and its value shown here as well as in general surgery.

The entire volume abounds with eminently practical suggestions, most of which although familiar to the laryngologist brings before the general practitioner a *résumé* of up-to-date work in this line of more than ordinary merit.

Dudley's Gynecology.—A Treatise on the Principles and Practice of Gynecology. By E. C. Dudley, A.M., M.D., Professor of Gynecology in the Chicago Medical College, Chicago. In one very handsome octavo volume of 632 pages with 422 engravings, of which 47 are in colors and two colored plates. Just ready. Cloth, \$5.00 net; leather, \$6.00.

In no department of Medicine are the writers so numerous as in gynecology. The present volume is the latest addition to the many available ones now published. Dr. Dudley has endeavored to produce a practical treatise for the use of practitioners and stu-

dents. He adopts a pathological classification, preserving the anatomy of each pathological process by treating the subject under five heads :—I. General Principles ; II. Inflammation ; III. Tumors, Malformation and Tubal Pregnancy · IV. Traumatism and Displacements and Pelvic Massage. The subjects are also taken up in the order of etiological sequence as far as possible. This is certainly more simple and comprehensive than studying all the affections of an organ or region together, and to the reader well versed in pathology the study of the affections of the female generative organs is much simplified and more readily grasped. Thus under the head of tumors, all the growths of the vulva and vagina are first taken up, then those of the ulna and then those of the ovary and parovarian cysts. Under the head of inflammation a similar order is followed. In the first discussion of an organ its anatomy is described. In the matter of diagnosis and differential diagnosis very great care is given to the details, and numerous tables are given containing the distinctive features and emphasizing the differential points. Such tabular statements as are given in regard to the distinction between oöpharotic, paroöpharotic and parovarian cysts, the differentiation of ovarian cysts from other conditions which may be mistaken for them, differential diagnosis of normal gestations and ovarian cysts and between uterine myoma and ovarian cystoma are examples of these useful tables. While the text is full and includes descriptions of the subjects brought up to the latest accepted views, the book is unusually well illustrated, and mostly original cuts and plates are seen, and two out of three pages have some form of illustration. Color is freely used in them, which in most cases enhances the value of the figures in demonstrating the various abnormal conditions. The student can almost educate himself in the various operative measures, so clearly is the technique shown in the illustrations.

Among the many new cuts are a series showing the methods of massage as applied to the pelvic organs, the various manifestations can be readily learned from these illustrations. The book is a thorough reflection of the accepted views of surgical gynecology at this date, is free from padding and repetitions, and written in a style well adapted for conveying instruction to the student and general practitioner on account of the plentiful headings, tabular style of presenting facts, its differential diagnosis tables and numerous illustrations.

PUBLISHERS DEPARTMENT.

GOVERNOR OGILVIE'S OUTFIT.

The newly appointed governor of the Yukon, Mr. Ogilvie, who will shortly leave for Dawson City to assume his duties, is now busy equipping himself for the rigors of that extremely cold climate. In the place of blankets he and his party are taking eiderdown sleeping bags and eiderdown quilts made of strong canvas on the outside and lined with a pure natural wool. By an ingenious device the down interlinings are arranged in such a way that when the bag is in use every seam is protected by a layer of down, either inside or outside; and therefore provides absolute immunity from even the lowest temperature. The bag is waterproof and windproof, and its weight is about that of two pair of blankets.

(Weight is an item of considerable importance in an arctic outfit.) The bags and the quilts are made by the Alaska Feather and Down Co., the well-known makers of high class bedding and down goods in Montreal.

SANMETTO, LISTERINE AND CHLOROFORM.

Three great blessings to suffering humanity. Sanmetto and Listerine being as great as Chloroform.

H. DRENNAN, M.D.

VERDERY, S. C.

SANMETTO IN URETHRAL AND BLADDER DISEASE—IN PRE-SENILITY AND ENLARGED PROSTATE.

In nearly thirty years practice I have never written to the proprietors of any medicine extolling its virtues, but after some years constant use of Sanmetto I can but say it is my sheet anchor in all urethral and bladder diseases. In pre-senility it has no equal. Have recently used it in two cases of enlarged prostate, with marked benefit in both cases.

GEORGE E. GILPIN, M. D.

BERKELEY SPRINGS, W. VA.

SANMETTO.

I have been using Sanmetto for the past three years in my practice. Have prescribed it in chronic cases of irritable bladder, urethral canal, irritable and enlarged prostate gland, sexual perversion, dropsy and cystitis. I have found, and know it to be an excellent remedy for all the above-named diseases. I am more than much pleased with Sanmetto. Every physician should be made acquainted with Sanmetto.

J. P. HAWKINS, M. D.

AVONDALE, ALA.

Appletons' Popular Science Monthly for September will contain a sketch of Charles Goodyear, the discoverer of the vulcanization process in connection with the rubber industry. The important place which rubber occupies in the arts is largely due to our acquaintance with this process. Goodyear's contribution to the advancement of civilization seems to be not generally appreciated.

LITERARY NOTES.

The leading article in *Appletons' Popular Science Monthly* for September will be a discussion of Geological Water Ways Across Central America by J. W. Spencer. This subject is of special interest just now because of the imminence of the Nicaragua Canal. It will be fully illustrated.

MAGAZINE NOTES.

Dr. Moritz Busch, who has been sometimes described as Bismarck's Boswell, and who enjoyed terms of special intimacy with the great Chancellor, is the author of an important paper on Bismarck and William I., which will be published entire in *The Living Age* of Sept. 3. It was written with a view to publication after Bismarck's death, and it contains so much that was communicated to the author by Bismarck himself that it is almost autobiographic.

The relations of England and America continue to be much discussed in the English reviews. Two noticeable articles, looking at the question from slightly different points of view are reprinted in *The Living Age* from the Nineteenth Century. One is by Frederick Greenwood and the other by Sir George Sydenham Clarke.

AUGUST LADIES' HOME JOURNAL.

All those who are fond of bright, entertaining fiction for midsummer reading will find the August *Ladies' Home Journal* entirely to their taste. As usual, the August issue of the *Journal* is largely given up to short stories, there being nine in the one number, and all by well-known writers. These include a picturesquely weird story by Julian Hawthorne; a strongly realistic tale by Clara Morris, the actress; a humorous adventure by John Kendrick Bangs, and romances told in a tender key by E. H. Mayde, Abbe Carter Goodloe, Sewell Ford, and Bettina Welch. Virginia Woodward Cloud graphically pictures "A Girl of Salem" in vigorous verse, and Julia Magruder concludes her novellette, "A Heaven-Kissing Hill."

There is genuine humor in Robert J. Burdette's "Tongueless Liars," and fresh interest in "Summer Piazza Stories." "Shall Our Girls go to College?" is answered by Edward Bok, who also writes in advocacy of "Giving Allowances to Girls." Mrs. S. T. Rorer tells what is "The Best Diet for Bloodless Girls," and identifies the various kinds of mushrooms growing in the woods that are fit for food. There are practical articles in needlework, millinery and on a variety of homely topics, and the musical feature is a song, "When I Wait at the Bars for Nell." By The Curtis Publishing Company, Philadelphia. One dollar per year; ten cents per copy.

INTESTINAL ANTISEPSIS IN FEVERS.

Though the Typhoid, Malarial and Yellow Fever epidemics in Cuba have not yet reached this country, it is well to guard against them by taking precautionary measures. If it be true, that the *materies morbi* of these diseases belong to the bacillus group, the remedies manifestly are an antiseptic and an antipyretic. As an intestinal antiseptic we have nothing better than salol. The consensus of opinion is in this direction. When we add the antipyretic and anodyne effects of antikamnia, we have a happy blending of two valuable remedies, and these cannot be given in a better or more convenient form than is offered in "Antikamnia and Salol Tablets," each tablet containing $2\frac{1}{2}$ grains antikamnia and $2\frac{1}{2}$ grains salol. The average adult dose is two tablets. Always crush tablets before administering, as it assures more rapid assimilation. It is not our desire to go into the study of bacteriology here; our aim is simply to call attention to the necessity of intestinal antiseptics in the treatment of this class of diseases. If in the treatment of these diseases, an intestinal antiseptic is indicated, would not the scientific treatment of the conditions preceding them be the administration of the same remedies? Fortifying the system against attacks is the best preventive of them.