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# THE Canadian Practitioner

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

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## Original Communications.

### A STUDY OF THE MICROSCOPICAL APPEARANCES OF CYSTIC DEGENERATION OF THE CERVIX UTERI.\*

BY W. P. MANTON, M.D. (HARV.), F.R.M.S., DETROIT.

Reported for the CANADIAN PRACTITIONER.

I wish to call the attention of the Society to-night to the pathological changes produced by cystic degeneration of the cervix uteri. In order to thoroughly comprehend these, however, it will be necessary to briefly review the normal histology of the cervical glands.

These glands, as you are well aware, are in form both saccular and tubular, and so very numerous that Tyler Smith—who was one of the first, I believe, to describe them with any accuracy—was able to count upwards of 500 in a portion of the cervix comprising only three rugæ and their interspaces. From this, he estimates that in a well-developed virgin cervix uteri, there must be at least 10,000 of these glands. The secretion from these tubules is a clear, viscid, alkaline, glassy mucus, coagulable in alcohol,—which is ordinarily produced in small amounts, but, under stimulation, as in disease, may be poured out in large quantities. The lining epithelium of the glands is cylindrical, which, as Wyder† has pointed out, just before the age of puberty acquires ciliæ. The

epithelium is said to rest upon a structureless membrane, which is so intimately connected with the subjacent tissue that it cannot be separated. This latter consists largely of fibrous elements, and is consequently firm and compact, so that the general appearance of the cervical mucosa is whiter and thicker than that of the uterine body. Into the lumen of nearly all of the larger glands, one or more minute, papilla-like bodies may be seen projecting; thus often giving the glands a branched appearance. A fine capillary loop may be traced into many of these papillæ.

If we now turn to the condition under consideration, we shall find that the histological appearance of the glands and surrounding tissue is quite changed. At first, when the cysts are quite small, they retain the normal characteristics of the glands, which appear only dilated. As the process of dilation goes on, however, it is found that the ciliæ disappear, the cylindrical epithelium becomes broken, irregular, and sometimes granular in appearance, and is finally replaced by a layer of polymorphous cells. This irregular polymorphous layer gradually becomes disintegrated and replaced by granular material, which is evidently the debris of the cells. In places, even this latter may be removed, and nothing left but the basement membrane or an irregular, ragged surface.

The subjacent tissue also becomes changed; and, instead of appearing firm and compact, as in the normal, it is very open and net-like, with scattered large and small round cells, often

\* Read before the Detroit Obstetrical and Gynecological Society, November 4th, 1885.

† Arch. f. Gynakologie, Vol. xiii., 1878, p. 13.

filling the mesh-spaces. The cervical mucosa appears much thinner in parts; the blood-vessels are engorged, and there are evidences of inflammatory action.

While these changes have been going on in the epithelium, etc., the glands—normally 0.5,—1 micro-millimetres long, by 40-80 micro-millimetres wide\*—have dilated to many times their normal diameter, so that they may appear on the surface as minute vesicles, varying in size from a pin's head to that of a millet seed. This has led to the terms, acne and herpes, of the German and French authors. The feel of these little cyst to the examining fingers has been likened by Mundé to "shot buried under the mucous membrane."

When a number of these hyper-distended glands rupture, a raw, red-looking spot is seen—a so-called ulcerated patch. These "ulcerations" have always been supposed to be due to loss of epithelium; but Ruge and Veit maintain that this view is incorrect, as "the surface is covered with a single layer of epithelium. The cells are smaller than those which line the normal cervical canal, and being narrow and long have a palisade-like arrangement. The thin layer of cells allows the subjacent vascular tissue to shine through, hence the redness of color."†

From my own observations I cannot wholly corroborate this. Distension of the gland is not the only process at work, for there is, as I have just shown, an absolute degeneration—caused, perhaps, by the pressure within and the inflammation without—of the epithelial lining of the cyst, which, in the later stages, leads to almost, if not complete destruction. Such a cyst rupturing would present a spot devoid of epithelium. As Ruge and Veit further state that they have only seen this appearance in preparations which have been taken from the cadaver, and have remained in weak spirits for a long time, I thought the conditions which I had observed, particularly the loss of epithelium, might be due to post-mortem changes, as all the specimens which

I have as yet examined have been taken from the dead body.

Since preparing this paper, however, I have come across an article by Fischel, of Prag, who states that he finds on comparing specimens taken from the living subject with those from the cadaver, that "the post-mortem changes do not essentially alter the histological appearance of the erosion."\* We may, therefore, safely assume as correct the observations recorded above.

The great importance of recognizing this condition of cystic degeneration, when present, and removing it by proper treatment before attempting trachelorrhaphy, or any like operation upon the cervix uteri, becomes at once apparent. With the surfaces of the wound filled with this unhealthy, rapidly-secreting gland structure, it cannot be expected that healing by first-intention will or can result. And even in cases where no operation is contemplated, the demolishing of these cysts affords the patient much relief; for they are a constant source of irritation, and help to keep up the congestion of the parts by pressure upon the adjacent tissues and blood-vessels.

I am of the opinion, too, that these cysts, from the extreme irritation just mentioned, which they are capable of causing, may enter largely into the ætiology of cervical cancer.

83 Lafayette Ave.

### THERAPEUTIC NOTES.

BY W. H. MONTAGUE, M.D., L.R.C.P. EDIN., DUNN-VILLE, ONT.

#### CONJUNCTIVITIS.

In conjunctivitis, nothing gives such speedy relief as a 4 per cent. solution of the muriate of cocaine dropped into the painful eye. The writer has used it in a large number of cases, and has always been delighted with its action.

When the conjunctiva is exceedingly painful and tender to light, the cocaine acts like magic, the sufferer experiencing almost immediate relief. The pain ceases, the eye may be opened without any pain from exposure, and the injection is greatly lessened. In many cases the trouble

\* Kölliker, Gewebelehre, Leipsic, 1861, p. 562.

† Hart and Barbour, Manual of Gynæcology. Second Edition, 1883, p. 278.

\* Arch. f. Gynak., 1880. Bd. xv., p. 76.

ends after two or three applications of the solution. In other cases it is necessary to follow up with an astringent collyrium to which is added morphine sulph. It is best to advise the patient that in an hour or so the power of accommodation may be slightly affected, in order that the dilatation of the pupil may cause no alarm.

If there were no other use to which cocaine could be put, I would, even at its present extravagant price, feel myself compelled to keep a solution on my table. The preparation I am now using is that of McKesson & Robins, and I secure it in the United States at 15 cents per grain.

#### PRURITUS VULVÆ.

The same remedy works most admirably in this troublesome affection. For three months this summer I had under treatment a young woman, who was carrying her first child. The suffering which she experienced from the pruritus was almost unbearable. After trying faithfully the various powders, ointments, and washes, whose use is spoken highly of, I hit upon a recommendation to use cocaine.

The 4 per cent. solution greatly ameliorated the symptoms, and the 10 per cent. solution completely removed them. I applied it in all three times, and left a small quantity with my patient, with directions to apply it if the itching returned. I delivered her on October 6th, at which time she stated to me that she had found necessity to use the application but twice, and that at intervals of over three weeks. In two other cases I have found the remedy to be of equal value.

It will certainly be of great service when the remedies usually applied are found to have no effect.

#### PRURITUS ANI.

In three cases of pruritus ani, or itching piles of long standing, I found cocaine to be of service. The parts should be thoroughly washed with Castile soap and water, and dried with a coarse flesh towel, after which the cocaine, in 4 per cent. solution, may be applied with a fine hair pencil.

Frequent applications are necessary, the effect being not nearly so protracted here as in pruritus vulvæ.

#### A NEW DIURETIC.

Caffeine, given in doses of three or four grains every three hours, I have found to be a valuable stimulating diuretic. In one case of which I have notes it increased the secretion more than double in 24 hours, and greatly lessened the specific gravity of the urine. In appearance and taste the caffeine might be easily mistaken for quinine; but the crystals are longer and the bitter taste less persistent in the mouth. Before using it should be triturated in a mortar, and I have found its taste masked well by the following combination :

R. Caffeine ..... gr. iii.  
 Pulv. zinziberis..... gr. iii.  
 Sach. alb ..... gr. ii.  
 ℞. Sig.—One every three hours.

Like many other of the remedies advised for asthma, I have found caffeine entirely valueless in the disease.

#### IVY POISONING.

The dermatitis resulting from the juice of the rhus toxicodendron is rather a common affection in this district. I find some remarkably susceptible. One farmer, who has consulted me four or five times, declares that he has in no single instance handled it or come in contact with it. He believes that the wind blowing from the vine upon him when he is sweating affects him, and I am confident that he is right.

Not too stimulating applications should be used. Sodæ bicarb., in strong solution, has a beneficial effect. Bromine is lauded as a specific, but opening the bottle is not unlikely to cause a funeral in the druggist's family.

Weak solutions of the acetate of lead, or of the sulphates of zinc or copper, may also be tried. I have in a large number of cases used the following formula, taken from the *Canadian Journal of Medical Science* three years ago. I find it to be very effective.

R. Fl. ext. gelsem. semp..... ℥ii.  
 Acid, carbolic ..... ℥ss.  
 Glycerine..... ℥ss.  
 Aquam ad ..... ℥iv.  
 ℞. Sig.—Moisten a cloth and apply.

Lately I have been using almost entirely the following formula, advised by Duhring in the latest edition of his work on Dermatology :—

R Fl. ext. grind. robustae . . . . . ℥ii.  
 Aquam ad . . . . . ℥viii.  
 M. Apply frequently with a cloth.

The inflamed parts should be bathed twice or thrice during the day with water and Castile soap, and the bowels should be opened freely for a couple of mornings with Epsom salts or seidlitz powders—preferably, I think, the former.

#### PEMPHIGUS VULGARIS.

I have found this a most troublesome disease, resisting treatment stubbornly and exercising a marked depression upon the vital powers of its little victims. With the most careful and painstaking treatment, we will not seldom be disappointed in seeing the eruption spreading until a large portion of the body is affected with the disease in some stage or other. I do not think there should be any difference of opinion with regard to the value of arsenic in this disease. The cases I have had lead me to think very highly of its use, although I cannot agree with Morris when he declares arsenic to be as valuable in pemphigus as quinine is in ague. The external treatment I believe to be important. The blebs should be opened while they are yet very small and their contents evacuated, care being taken that the little patch of raised cuticle is not detached. Frequent gentle washing with Castile soap should also be practised. For local application I use the following ointment:—

R Ungt. picis liq . . . . . ℥ss.  
 Vasin ad . . . . . ℥i. M.

I firmly believe that this has an influence in preventing the spread of the disease. It is of the greatest importance that the depression should be controlled by a liberal diet and stimulants if necessary. The spots of discoloration disappear rather slowly.

RUSSIAN MEDICAL STUDENTS.—It is stated that medical schools in Russia are becoming so crowded that systematic efforts are being made to diminish the number of applicants by imposing certain restrictions, one of which is to allow only those who have received an education at a gymnasium.

#### REPORTS OF CASES.

BY DR. CAMPBELL, SEAFORTH.

The following cases were reported at a late meeting of the Huron Medical Association held in Clinton. They were reported as ordinary cases with which the active country practitioner has frequently to contend—therefore the reports would be of more use than those of rare cases which he might never meet with in a lifetime. The papers were very well received by and favorably commented on by the members of the Association.

CASE I., *Apoplexy*.—Diagnosis—Hemorrhage left side; complete insensibility; paralysis of right side. Death the fifth day. No autopsy. *History*—Mrs. H. McK., aged 77; a native of Scotland; a fat, heavy woman, with short neck and full face; was found lying on the floor of her bedroom at eight o'clock on the morning of the 25th September. She was lifted into bed by her daughter and daughter-in-law. She remained insensible, breathing hard, and when her two sons returned late in the evening they became alarmed and drove to my office. They thought that she had fallen accidentally and injured her head. I told them that, in my opinion, they were putting the effect for the cause and the cause for the effect; that it was a case of apoplexy caused by the bursting of a blood-vessel on the brain, but would know better when I examined her. Reached the patient by midnight, sixteen hours after the attack. Found the right side completely paralyzed, with the reflexes abolished, both pupils contracted, the patient insensible, speechless and unable to protrude her tongue. The urine was passed involuntary. The temperature was 102°, the pulse 90; the face was slightly flushed, her breathing somewhat stertorous and there was some puffing of the cheeks. The left side was natural, and retained full motor power with the reflexes intact. Had no croton oil or I would have given her a dose, but instead, gave a good dose of calomel mixed with fresh butter, pushing it well back on the tongue; gave an enema which, however, came right back, the bowel evidently being paralyzed. Put mustard to the soles of the feet, calves of the leg and nape of the neck; drew off the water and told

them to keep her quiet with head and shoulders raised, and ordered cold cloths to the head, and left. They were told to give her water and milk as frequently as she was able to swallow (which she did with difficulty). Saw her next day and found her about the same, only the pulse was more rapid. Put two drops of ol. crotonis in castor oil upon her tongue and gave another enema, which came back as before. Passed a catheter, but found only two tablespoonfuls of urine in the bladder. It seemed to be passed involuntary, as it was secreted. She continued from this time to swallow with difficulty. Told them that the case would end fatally, and that if they wished another medical man to see her they were at liberty to call one in. They chose Dr. Elliot, of Brucefield, who saw her the same evening, and drove to my office to report. He agreed with me as to the cause of the trouble and the gravity of the prognosis. He recommended feeding with a tube, which at my next visit I offered to carry out, but the friends objected, and as she was swallowing a cupful and a half of milk in the twenty-four hours I did not insist. Saw her again on the 29th and found the coma more pronounced, the pulse 120, weak and intermittent, with snoring respiration and puffing of the cheeks. She had a good motion of the bowels, the urine came away as secreted, pupils both contracted as before, the paralysis of the right side still more pronounced, bed-sores breaking out, evidently from the low state of vitality, on the paralyzed side. She used the left hand freely to remove flies from her face, and pulled up the left leg when tickled on the sole of the foot. Told them that it was a hopeless case and that she might die before my next visit. Was of opinion that there had been increased hemorrhage into the left side of the brain. Was on my way out next morning (the 30th) when we met the sons coming for the coffin. She died early on the morning of the fifth day.

*Remarks.*—No post-mortem was allowed, therefore we were unable to verify our diagnosis, but were thoroughly convinced as to the correctness of our previous diagnosis as to hemorrhage into some part of the brain on the left side. The arcus senilis was well marked and the arteries at the wrist were of an ather-

omatous character, which, taken with the symptoms already described and the age of the patient, all pointed to hemorrhage as the cause of the apoplectic state in which we found the old woman. The fatal result also went to corroborate our diagnosis. It is unfortunate that we seldom can procure an autopsy in those interesting cases in the country. It is here that medical men in the city, and especially those connected with hospitals, have a decided advantage.

CASE II., *Carbuncle or Anthrax*.—Death from blood-poisoning. F. L. R., aged 70; a native of England; had been a pretty hard drinker in his earlier days, but had been more temperate in his later years. He was of a gouty diathesis and had a broken-down constitution. He had trembling hands, flabby muscles and an aged appearance. He was attacked with a carbuncle on the back of the chest between the shoulders. Saw him on the 29th of September, eight days from the commencement of the attack. Found him going round and even able to go out of doors. The carbuncle was as large as the mouth of a soup-plate and very tense. Made the usual orthodox crucial incision to relieve the extreme tension. There was no hemorrhage of any consequence. Used iodoform dressings and ordered lin seed poultices. Put him upon good doses of quinine, milk, beef tea, and a moderate amount of brandy or whiskey, with opium at night to procure rest and allay irritation. Told him to go about and take fresh air as long as he felt able. Was sent for again on October 3rd and found him in bed and much weaker. The temperature, which was very little above the normal at my first visit, was now 104°, with a pulse of 120, weak and inclined to intermit. He wandered occasionally in his mind. Ordered more stimulants, and at shorter intervals, with quin. sulph. gr. x every three hours.

October 4.—Visited him again and found him still weaker, and passing feces and urine involuntarily; wandering more than ever in his mind. Told the friends that he could not recover.

October 6.—Visited him this evening about six o'clock and found him completely insensible and unable to help himself in the least. Pulse

140, and intermittent. Temperature normal, extremities turning cold; phlegm collecting in the bronchial tubes and throat; sinking fast. He died at nine o'clock same night.

*Remarks.*—The chances were against this patient from the first, on account of his age and gouty diathesis, taken in connection with his previous intemperate habits. It was the largest carbuncle I had ever seen, and pyemic poisoning set in, to which his weakened constitution had to succumb. Might try the caustic treatment on a similar case by way of a change. The constitutional treatment could hardly be improved upon. Quinine, opium, fresh air, cleanliness, good nourishing diet in the liquid form and stimulants in accordance with his previous habits. Pyæmia and exhaustion are the usual causes of death. Both causes contributed to the fatal result in this case; the pyæmia being the principal cause of the exhaustion. The immense size of the carbuncle was also an important factor in the case, and no doubt contributed largely to the fatal result.

### Selections.

#### OERTEL'S TREATMENT OF DISORDERS OF THE CIRCULATION.

Within the last year a medical work has appeared in Germany, which has met with such a demand from both the profession and the laity, that a second edition has been issued. The work is of interest to the public mainly, we presume, because it sets forth the author's method of reducing superfluous fat; to the medical man because of its original, and as it would seem, highly effective treatment of disorders of the circulatory and respiratory apparatus. So far as we are able to ascertain, the work has not yet appeared in this country either in the original or in translation. However, the *Berliner klinische Wochenschrift*, No. 33, 1885, contains a digest of its salient points, and, for the sake of our readers, we propose to recapitulate a few of its main features.

The work in question is by M. T. Oertel, of Munich, and is entitled "*Therapie der Kreislaufstörungen, Kraftabnahme des Herzmuskels, Ungenügender Compensationen bei Herz-*

*fehlern, Fettherz und Fettsucht, Veränderungen im Lungenkreislauf, etc.*" The object to be gained by the author's therapeutic measures is the removal or amelioration of the various symptoms which depend primarily upon disorders of the circulatory and respiratory organs, such as cardiac debility, fatty heart, general obesity, valvular disease of the left side of the heart, and impediment from any cause to the pulmonary circulation. These symptoms, such as dyspnoea, sweating, scanty urination with albuminuria, cardiac palpitations with a sense of oppression, hæmorrhagic spots upon the extremities, œdemata, etc., result directly from loss of the normal equilibrium of the circulating fluids; that is, venous plethora on the one hand, and arterial depletion on the other. Death results, in such cases, when not from apoplexy or intercurrent affections, either from secondary disease of the kidneys and dropsy, or from cardiac paralysis. This last, again, is the consequence of organic lesions, fatty infiltration or degeneration, atrophy, etc.; or, if the cardiac muscle be healthy, it is the result of exhaustion of the heart or of paralysis of its nerve-apparatus from overdistension of its cavities with blood.

An opportunity was given Dr. Oertel to test his skill in the person of a physician who had been humpbacked since childhood. Of late the embarrassment to the circulation and respiration, occasioned by the deformity, had greatly increased, in consequence, the author thinks, of corpulence and the habit recently formed of taking about seven times as much liquid into his system as had been his wont. This additional burden the already hypertrophied heart was unable to sustain, and dangerous symptoms followed. The indication then was to reduce the bulk of fluid in the system as well as the superfluous fat. Blood-letting was inadmissible, since it would result in hydræmia; and as the kidneys were in a state of chronic hyperæmia, the water had to be eliminated by the skin and lungs. Accordingly, careful experiments were instituted to ascertain the most effective mode of accomplishing this. Accurate measurements showed that the greatest amount of water was eliminated, first, during mountain climbing; secondly, though not con-

stantly, after hypodermic injections of pilocarpine; thirdly, by hot-air baths, and lastly, by steam baths. In this way a man of 165 pounds in weight could be made to lose from a tenth to a fifth of the entire weight of his bodily fluids. At the same time, of course, a minimum supply of liquid nourishment should be injected, care being exercised that the urine voided be sufficient in quantity to hold its solid ingredients in solution.

A second indication was to get rid of superfluous fat. This was to be attained by appropriate diet and mode of life. In attempts of this kind, the author lays down the principle that care must be exercised to determine whether or not the heart be fatty, since upon its condition must depend the dietary. If the heart be sound, Oertel restricts the daily allowance of food to at least 156 grammes of albumen, 43 of fat, and 114 of hydrocarbons. If, owing to sluggish pulmonary circulation, from any cause, the oxygenation of the blood is inadequate to the consumption of the amount of these carbohydrates, they must be cut down to about twenty-five grammes of fat, and seventy of the sugar and starches, while the albumen is increased to 170 grammes *per diem*. In order to facilitate the digestion of so large a quantity of albuminous food, by keeping the digestive fluids as concentrated as possible, he allows no liquid to be taken with the meal, and not until an hour and a half subsequently. Furthermore, he found by experiment, that where restricted diet is inadmissible, the fat of the body can be reduced by the amount of water injected. The effect, he thinks, is to invigorate and accelerate the circulation, and to cause the obliteration of vessels supplying the adipose tissue, its nutrition being thus abolished, and its element absorbed. By a series of careful experiments he ascertained the comparative amounts of urine voided and water consumed, and found that, even if the latter be very limited, the former is largely in excess. Contrary to other experimenters, he also ascertained that the white of eggs, eaten in large quantities, does not appear in the urine. Next he tried the effect of mountain climbing in restoring the equilibrium between the venous and arterial systems, believing

venous stasis would be overcome by muscular contractions and the increased suction force of the thoracic viscera on the one hand, while on the other, the pulmonary circuit would be more completely emptied, and the arterial system better filled.

By means of Von Basch's sphygmomanometer, Sommerbrodt's sphygmograph, and two self-registering thermometers, one in the mouth, the other in the axilla, he discovered that in mountain climbing the blood-pressure is at first augmented; soon followed by diminution of the arterial tension and dilatation of the vessels, which effect is perceptible as late as the following day. Owing to the muscular activity, the generation and elimination of bodily heat are increased, thus favoring a more active tissue metamorphosis. The depletion of the venous system is furthermore promoted by the excessive elimination of water by skin and lungs. Observations upon thirty-five perfectly healthy individuals showed but in one instance, under the effect of climbing, traces of serum-albumen, and in two, traces of hemi-albumen in the urine. The effect of preëxisting albuminuria was not noted. Oertel is of the theoretic opinion that climbing would exert a beneficial influence upon a heart which, although weak, yet possesses no serious organic disease or degeneration of its muscular elements. In such a case as that of the physician already cited, such vigorous exertion might be hazardous, and experience alone could determine the result. He thinks the effect ought to be to develop an advantageous hypertrophy through the augmented force of its contractions, just as exercise develops any other muscle.

The plan of treatment, the principles of which we have necessarily so briefly stated, was tried upon the physician with brilliant results. By methodical and gradually increased mountain climbing, appropriate diet and lessened ingestion of liquids, the venous stasis was relieved, the pulse became full, slow and regular, and the respiration deep and easy. The heart was evidently reinvigorated. The corpulence was lost entirely, but the albuminuria did not wholly disappear until after three years, and the last vestige of dropsy not until the treatment had been followed for more than



two years. In all, Oertel has treated fifty-one cases of disordered circulation after this fashion.

This mode of treatment is one that recommends itself to careful attention, if for no other reason, because it does away with the deleterious effects of the prolonged employment of internal remedies which are but too often powerless. It is therefore highly rational, and the patient and physician alike should be consoled for the length of time necessary for this system of therapeutics by the reflection that a chronic disease requires chronic treatment.—*Journal of American Medical Association.*

#### REMOVAL OF THE OVARIES ON ACCOUNT OF UTERINE TUMORS.

The operation which is generally known as Battey's, consists in the removal of the healthy or only slightly diseased ovaries, to produce a premature menopause. Various indications have been given for this operation, and the number of cases in which it has been performed increases almost daily. By this constantly enlarging experience the value of the operation will be determined, and the cases to which it is legitimately applicable will be decided.

Apart from any danger in the operation, it must always be regarded as a very grave act to remove a woman's ovaries while she is still in the reproductive period of life. Notwithstanding the statements of some writers as to the persistence of sexual desire and pleasure in woman whose ovaries have been taken away, this is not the chief point; if woman were created simply as the minister of lust, to receive and give sexual pleasure, there would be great strength in the argument. But she was made to be a mother, to bear a most important part in the continuance and in the increase of the race, and if her ovaries are removed, this chief end of her existence is at once and forever gone. Just as the late Dr. Gross stated as to making an artificial vagina when the uterus is absent—an operation which he unqualifiedly condemned—you do not by the operation fit a woman to be wife, but to be a prostitute. So in ablation of the ovaries a woman is denied wife's true crown, maternity, and may be degraded to a prostitute's condition. We must think that

the argument as to the continuance of her sexual gratification, used by some of the advocates of the operation, is an appeal to the lower elements of human nature, and may be cast aside. Questions relating to this gratification are rarely proper or necessary topics for professional conversation, and we imagine many women would shrink from answering them, if not actually resenting their presentation.

Still further, we believe that an unmarried girl who has had her ovaries removed has no right to enter marriage—her necessary sterility debars her from it, and this she ought to be told before her consent to the operation is given.

But that the ovaries may and ought to be removed for certain diseases cannot be doubted. The interests of the individual become paramount, and those of the race are given no weight; her life must be saved, even at the sacrifice of all possibility of her having offspring. Now it is in the discrimination as to these cases that not only scientific knowledge and professional experience, but also ethical considerations enter: the removal of the normal ovaries is always a question in morals, as well as in medicine, and cannot be evaded in either relation without evil results.

One of the applications of Battey's operation has been considered at some length by Dr. Notta in a recent number of *L'Union Médicale*. It concerns hemorrhagic fibro-myomata of the uterus. Notta goes so far as to suggest that it is probable these growths give the sole indication for the operation. His views are in direct opposition to those expressed by Dr. E. Schwartz, in the recently issued thirty-seventh volume of the *Nouveau Dictionnaire de Médecine et de Chirurgie Pratiques*. The latter states:

"Notwithstanding some successes from this intervention, we think it should not be resorted to unless ablation of the uterus is absolutely impracticable and medical treatment insufficient, for when one makes a patient run the risk of laparotomy, it is necessary at least to give her decided chances of cure; now hysterectomy appears in this connection the sole rational operation, and if in some cases Hegar's operation has acted favorably, more frequently still it has not attained its end."

Of course removal of the ovaries, or of the

uterus, ought not to be done until medical means have been ineffectually tried, but certainly the latter operation carries greater risk to life than does the former, whether called by the name of Battley, or of Hegar, and therefore should be rejected if anything like as good results can be secured by the other.

Notta gives the following conditions as indicating removal of the ovaries: The uterine tumor of mean, especially of small size, and directly inaccessible, causing incoercible metro-rhagia, which places the patient's life in danger, she being still young, and medical means for the cure of the hemorrhage having failed.

He quotes from a recent thesis of Tissier which includes 171 cases of castration in women suffering from uterine fibro-myomata, to the effect that there were 25 deaths, or a mortality of 14.16 per cent. In 135 of the remaining 146 the desired end was attained; that is, the uterine hemorrhage ceased, and the menopause occurred.

These statistics probably present the operation in its most favorable light, but even those of Wiedow do not justify resort to it unless other methods of treatment have failed. It sometimes happens that a tumor which has caused grave hemorrhages, becomes pedunculated in the uterine cavity, and its removal through the vagina can be done with little risk, and the integrity of the woman's sexual organs is kept. Patient waiting, palliation, and temporizing are required; the result is more slowly attained, a brilliant successful laparotomy is not proclaimed in societies and journals, but the ultimate condition of the patient is every way preferable, for she has undergone no mutilation, and the possibility of maternity remains to her. On the other hand, the tumor may become pedunculated in the peritoneal cavity, the hemorrhage ceasing with this change in position of the growth.

We are persuaded that in some cases of uterine fibroids causing metrorrhagia, a masterly inactivity, so far as surgical means are concerned, or simply an armed expectation, is the wiser plan. If one knows how to arm himself with patience, and to inspire the sufferer with confidence, he may find that the great majority of his cases of uterine fibroids will get on well without surgical treatment. Thorborn regarded 10 per cent. as a most liberal estimate of those cases that require the aid of the operating surgeon.—*Med. News.*

## TREATMENT OF DIABETES MELLITUS WITH CLEMENT'S SOLUTION OF ARSENITE OF BROMINE.

BY S. MACSMITH, M.D.

John S., aged 32 years, was admitted to the Germantown Hospital October 28, 1884, a pronounced case of diabetes mellitus; was sick six weeks previous to being admitted, at which time his domestic relations were such as to produce profound mental anxiety, which caused him to be delusive for several weeks, and when he applied for admission his spirits still remained much depressed, but he was rational and conversed intelligently; it should also be stated that there was possibly a hereditary predisposition to this disease, as the patient claimed his father suffered from a similar affection.

The patient's urine was examined and found to have a sp. gr. of 1.050, the amount voided in twenty-four hours being one hundred and three ounces, which readily responded to the several tests for sugar; the amount of sugar was not ascertained, but, as the urine contained very little urea, the high sp. gr. indicates a rather large percentage of sugar.

The patient was restricted to a nitrogenous diet, and placed on the several modes of treatment familiar to the profession, but without much, if any, improvement; his urine was frequently examined between October and the following April, and showed the sp. gr. to range from 1.040 to 1.050, the amount voided from eighty-five to one hundred ounces; he also became very much emaciated.

Some time in April we noticed, recommended by Dr. Austin Flint, jr., the arsenite of bromine, "Clement's solution," for the treatment of diabetes mellitus, and as all other agents had proven of no avail, we concluded to give this solution a trial, and report the following results: The drug was first administered in doses of three drops each ter in diem, increasing to five drops. After giving this solution for four days the urine was examined and found to have a sp. gr. of 1.018; amount voided in twenty-four hours, forty-two ounces; three days later the urine was again examined, sp. gr. 1.016, amount voided twenty three ounces, in which condition it remained until the patient's death, of which

a post-mortem showed the immediate cause to be phthisis pulmonalis.

Being encouraged by the above results, and rather predicting that something might be done for such unfortunate cases, we concluded to investigate still further the efficiency of this preparation, and therefore have, up to this present writing, seen nine cases treated in the manner above related with most happy results. Two of these cases were, as the one cited, quite chronic and subsequently died of phthisis pulmonalis, but the remaining seven of more recent development have increased in weight and assumed the responsibilities of life as in former years, and their urine is frequently examined with negative results; perhaps it would be presuming somewhat if we were to speak of these cases as being cured, for they may not have been under our notice long enough, but we can certainly join with Dr. Flint in recommending this preparation for trial at least, and possibly predict for it as being the future treatment of diabetes mellitus.—*Phila. Med. News.*

#### LAWSON TAIT AND KEITH.

Dr. Dudley, of Chicago, thus describes a visit to Birmingham and Edinburgh:—

Dr. Dudley visited Birmingham, in response to a polite telegraphic invitation from Mr. Lawson Tait. On the train he occupied the same compartment with a sleek, well-fed, high-church London clergyman of the most conservative order, who intimated in no uncertain manner that the conservative people of London looked down upon the inhabitants of the radical city of Birmingham as a semi-barbarous community. So decided were the denunciations of the radical party in general and of Birmingham in particular, which as the chief stronghold of radicalism, always returns John Bright and Chamberlain to Parliament, that Dr. Dudley, in an apologetic manner, explained that he was only going into the jaws of the Philistine to witness an operation by a distinguished surgeon, from whom he hoped to learn something. The clergyman inquired who the surgeon was, and upon hearing the name of Lawson Tait, exclaimed: "O I know all about him; he is just

as bad as any of them;" which means that Mr. Tait is a radical in politics, as he is in surgery.

Mr. Tait's ridicule of antiseptics is well known. His rapid method of operating conveys to the casual observer the idea of haste and almost of carelessness. But closer observation very soon shows him to be one of those rare operators, where dexterity amounts almost to a sleight of hand. An ovariectomy, in his hands, does not impress the observer as a capital operation. It seems almost as trivial as opening an abscess. His methods of operating did not materially differ from those of Dr. Bantock. In closing the wound he used but one needle, threaded with a piece of long silk, introducing this as if for a continuous suture, but did not draw the thread tight. After the introduction of the needle, he left a long loop before the reintroduction. Then, after taking the last stitch, he lifted the free loops of silk on the index finger, and severed them with the scissors, thereby converting the continuous into an interrupted suture. These were tied in the ordinary way, and the wound was dressed in a manner which would be eminently acceptable to his most bitter antiseptic enemy.

During the day Mr. Tait performed ovariectomy, lumbo-colotomy, perineorrhaphy, and excised a urethro-vulvar cyst, besides attending to a large number of consultations, in one of which Dr. Dudley accompanied him to a distance of forty miles. This was for him only a moderate day's work. It is indeed evident that no other man in England controls a larger practice in abdominal surgery.

During a brief visit in Edinburgh, Dr. Dudley was pleasantly entertained by Thomas Keith, who had just returned from a consultation with Dr. Homans, in Boston, but unfortunately Dr. Keith did not operate during this time, although a large number of patients were waiting for him at the Royal Infirmary. His son, Dr. Skene Keith, kindly invited Dr. Dudley to an ovariectomy, his forty-eighth operation. Up to this time he had only lost one or two patients. His operation presented some interesting peculiarities. He used probe-pointed scissors of a peculiar pattern, instead of the director, in going down through the deeper layers of the abdominal walls. By pressing firmly against

the adhesions with a sponge at the point of their attachment to the cyst, he literally sponged them away from the tumor. It was surprising to note the facility with which rather firm adhesions were thus broken. It is much easier to tear them from the tumor with the sponge than to tear the tumor from the adhesions. The breaking of the adhesions in this way is also much more gentle, and in the opinion of Dr. Keith, diminishes the danger from shock. The adhesions were ligatured with fine cat-gut as fast as they were divided. In passing the ligature a forceps, similar to the ordinary compression forceps, was used. This instrument had blades more than half an inch long, of very small diameter, terminating in sharp points, so sharp that when the blades were closed they could be thrust through the soft tissue like a large needle. Grasping the ligature in the point of these blades, the tissue to be ligatured was transfixed. The ligature was then pulled through and the forceps withdrawn. The pedicle was transfixed and ligatured, with fine silk, in the same way.

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#### DEATH OR COMA.

The close similarity which is occasionally seen to connect the appearance of death with that of exhaustion following disease, was lately illustrated in a somewhat striking manner. An infant, seized with convulsions, was supposed to have died about three weeks ago at Stamford Hill. After five days' interval, preparations were being made for its interment, when, at the grave's mouth, a cry was heard to come from the coffin. The lid was taken off, and the child was found to be alive, was taken home, and is recovering. Such is the published account of the latest recorded case of suspended animation. We need not now attempt a dissertation on the physical meaning of coma. It is well known that this condition may last for considerable periods, and may at times, even to the practised eye, wear very much the same aspect as death. In the present instance, its association with some degree of convulsion may easily have been mistaken by relatives, dreading the worst, for the rigid stillness of rigor mortis. This is the more likely, since the latter

state is apt to be a transient one in infants, though it is said to be unusually well marked in death from convulsions. One cannot, however, help thinking that the presence of the various signs of death was not, in this case, very carefully inquired into. It is hardly possible that, had the other proofs as well as that of stiffening been sought for, they would have been missed. It is true that hardly any one sign short of putrefaction can be relied upon as infallible. In actual death, however, one may confidently reckon on the co-existence of more than one of these. After a period of five days, not one should have been wanting. Besides rigor mortis, the total absence of which, even in forms of death which are said not to show it, we take leave to doubt, the *post mortem* lividity of dependent parts affords sure proof, as its absence suggests a doubt, of death. Then there is the eye, sunken, with glairy surface, flaccid cornea, and dilated insensitive pupil. Most practitioners, probably, are accustomed to rely upon stethoscopic evidence of heart-action or respiration. These alone, indeed, are almost always sufficient to decide the question of vitality, if they be watched for over two minutes. There is no information as to whether the child so nearly buried alive was seen by a medical man. It is difficult to believe that, if it had been, some sign of life would not have been observed. Still, the case is a teaching one, even for medical men, and warns us to look for a combination of known tests where any doubt exists as to the fact of death.—*Brit. Med. Jour.*

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It is rumored that Prof. Matthew Hay, of Edinburgh, has been elected Professor of Pharmacology in the Johns Hopkins University. By this appointment five of the chairs in the future medical department of this university have been filled. These are Physiology, Chemistry, Pathology, Hygiene, and Pharmacology. The incumbents of the four first-named are, in order: Dr. H. Newell Martin, University Professor of Biology; Dr. Ira Remsen, University Professor of Chemistry; Dr. William H. Welch, formerly Pathologist to Bellevue Hospital, New York; and Dr. John S. Billings, U.S.A., who will lecture on public hygiene.—*Med. Times.*

## THE ENTRIES AT THE ENGLISH MEDICAL SCHOOLS.

By the courtesy of the Deans, Subdeans, Wardens, and Secretaries of the various medical schools in London and in the provinces, we are enabled to publish the following authoritative list, which contains a summary of the number of students who have entered at the several schools this session.

Schools.	A.	B.	C.	D.	E.
St. Bartholomew's Hospital.....	132	16	0	4	143
Charing Cross Hospital.....	37	10	16	0	63
St. George's Hospital.....	30	7	0	0	37
Guy's Hospital.....	59	17	0	15	76
King's College.....	47	14	0	17	67
London Hospital.....	77	31	0	1	103
Middlesex Hospital.....	30	5	5	0	40
St. Mary's Hospital.....	62	17	0	12	69
St. Thomas's Hospital.....	89	0	0	23	89
University College.....	67	0	0	69	67
Westminster Hospital.....	27	8	0	0	35
London School of Medicine for Women.....	19	1	0	0	20
Cambridge University.....	104†	0	0	0	104
Bristol Medical School.....	30	1	0	0	31
Owens College, Manchester.....	54	13	5	27	72
Queen's College, Birmingham..	17	11	1	7	29
Yorkshire College, Leeds.....	37	4	0	†	41
The School of Dental Surgery..	0	0	22	0	22
National Dental Hospital.....	0	0	14	0	14

A. Number of students who have entered for the full curriculum.

B. Number of students who have joined for special courses.

C. Number of Dental students.

D. Number of students who have joined classes for preliminary scientific instruction.

E. Total, excluding students attending classes for preliminary scientific instruction.

\* In compliance with the regulations of the University of London, students attending these classes are not counted as medical students.

† After the "Previous Examination" list is published, some others will probably be added.

‡ Students for these classes enter the "Science and Art Department."

It will be seen that, according to these returns, 647 students have entered this year for the full curriculum at the metropolitan medical schools. This is the largest number since 1881. The number of entries for the full curriculum during the five years 1881-1885 has been :

1881 .....	732
1882 .....	622
1883 .....	605
1884 .....	587
1885 .....	647

The influence of the new school-buildings recently erected at St. Mary's Hospital and at the Westminster Hospital will be noted in the increased numbers entering at these schools. The number of entries at St. Bartholomew's shows a considerable decline since the first year of the quinquenniad, while at University College the number has sunk to very little more than half what it then was. The number of students entering at St. Bartholomew's in 1881

was doubtless abnormally large. University College has suffered from the operation of two causes. In the first place, a large number of the class of students who were formerly attracted there by the special facilities for instruction in biology and physiology, now go to the University of Cambridge (where, it will be noted, the number entering is larger than at any school in the country except St. Bartholomew's); and, in the second place, the small size and imperfect construction of the hospital, always a drawback, has doubtless had greater weight with parents and guardians under the circumstances above indicated. The large number of students attending classes for instruction in the preliminary sciences is a further proof, if proof be needed, of the truth of this observation. Excluding these two schools, the number of entries at the metropolitan medical schools this year does not fall far below that of 1881.—*Brit. Med.*

*Jour.*

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CREDE : DESCRIPTION OF A USEFUL NAPKIN  
FOR WOMEN DURING MENSTRUATION, AND FOR  
RETAINING PROLAPSE OF THE VAGINA AND  
UTERUS (*Arch. f. Gyn.*, xxiv. 2).—This napkin  
is constructed on the principle of the T-bandage,  
and consists of two portions, the one to pass  
between the legs and the other to go around  
the abdomen. The former buttons before and  
behind on to the latter, and may be thus readily  
changed as often as is necessary, without dis-  
turbing the latter. The latter fits snugly over  
the hips, and has three to four buttons in front  
and behind. The portion which lies over the  
vagina is broad behind and in front where it is  
attached to the abdominal piece, and should be  
loose enough to allow of the insertion of wool  
or cotton next the vulva, into which the blood  
flows. This cotton need ordinarily be changed  
but twice daily. By making a species of bolster  
out of cotton, and affixing it to this vulvar por-  
tion, Credé has found this bandage invaluable  
in cases of prolapsus uteri et vaginae, where  
an operation was impossible or inadvisable. It,  
when thus constructed, is also of use to assist  
in the retention of the various pessaries which  
are used under such conditions. In this paper  
cuts of the napkins are given.—*American  
Journal of Obstetrics.*

## M. PASTEUR ON HYDROPHOBIA.

Professor Pasteur read on Monday evening to the Academy of Sciences a statement, of which the following is the substance.

M. Pasteur some time ago succeeded in rendering proof against rabies some sixteen out of every twenty dogs experimented upon; but to ascertain that immunity had really been given, he had to wait four months after the inoculation had taken effect. He, therefore, set himself to obtain virus of different degrees of strength, with the object of obtaining prompt and more certain results. This was effected by the following means.

A rabbit was inoculated with a fragment of tissue taken from the spine of a rabid dog. The incubation of the poison occupied fifteen days. As soon as the rabbit was dead, a portion of its spinal marrow was in turn inoculated into a second rabbit, and so on until sixty rabbits had been inoculated. At each successive inoculation the virus became of increased potency, and the last period was not more than seven days. Having ascertained that exposure to dried air diminishes the virus, and consequently reduces its force, M. Pasteur supplied himself with a series of bottles containing dried air. In these bottles were placed portions of the inoculated spinal marrow of successive dates, the oldest being the least virulent, and the latest the most so. For an operation, M. Pasteur begins by inoculating his subject with the oldest tissue, and finishes by injecting a piece dating from two days only, whose period of incubation would not exceed one week. The subject is then found to be absolutely proof against the disease.

At the beginning of July a young Alsatian, named Joseph Meister, who had been severely bitten in several places by an undoubtedly rabid dog, presented himself at the laboratory. His case, left to itself, being considered hopeless by M. Pasteur, Professor Vulpian, and other high authorities, the patient was submitted to the same series of inoculations that had been so successful on dogs. As a proof, a series of rabbits were simultaneously subjected to the identical processes. In ten days thirteen inoculations were made with pieces of spinal marrow containing virus of constantly-increasing

strength, the last being from the spine of a rabbit which had died only the day before. The youth thus operated upon by the successive administrations of weaker virus was made proof against the virus of the intensest strength. It is now one hundred days since he underwent the last inoculation, and he is in perfect health. Those rabbits, on the contrary, which were at once inoculated with the strong virus, without first being rendered fit to receive it, became affected within the proper incubation period, and died with the usual symptoms. The first inoculation practised upon Meister was sixty hours after he had been bitten. M. Pasteur has, at the present moment, another human patient under treatment who was bitten a few days ago by a mad dog.

M. Pasteur said it would now be necessary to provide an establishment where rabbits might always be kept inoculated with the disease. In this way there would constantly be a supply of spinal tissues, of both old and recent inoculation, ready for use. Before the sitting was adjourned, M. Pasteur received an enthusiastic ovation from both the Academy and the public present.  
—*Brit. Med. Jour.*

## NEPHROLITHOTOMY.

Nephrolithotomy is still a new operation on its trial, but there can be no question that, if it could be established as a reasonable safe procedure, it would be a very valuable means of treating, and perhaps curing, a small but important class of cases. It is, therefore, of interest to record that, on September 16th, Mr. Victor Horsley removed from the kidney of a middle-aged woman, a patient in University College Hospital, a stone weighing two ounces and a quarter. Symptoms of renal calculus had been present for four years. Since the operation the urine, which was before foetid, has become normal, and the whole of the operation-wound, with the exception of the track of the drainage-tube, healed by first intention within five days. This result is the more gratifying and encouraging, as the stone is, we believe, the largest ever yet removed from the pelvis of the kidney.—  
*Brit. Med. Jour.*

## VERATRUM VIRIDE IN PUERPERAL CONVULSIONS.

We have often been surprised at the little acquaintance many practitioners, who are usually well posted as to advances in medicine, show in regard to the use of veratrum viride in puerperal convulsions. Few, if any, of our distinguished Eastern Professors or authors of text-books on midwifery give more than a passing mention of the fact that this drug is used by some "country practitioners" for puerperal eclampsia. But the records in favor of its adoption as the principal remedy in this disease are so convincing that we feel we but do a serviceable thing in calling attention to the subject. These favorable reports come mostly from practitioners in the Western States.

Our attention has been specially attracted to this subject at this time by noticing reports of the two cases appended by Dr. F. K. Powell, of Dancyville, Tenn., in the *Transactions of the Medical Society of the State of Tennessee*, for 1885. His first case was the wife of a farmer, and occurred in 1881. She was a primipara, plethoric, having a headache, full-bounding pulse, etc. In a few minutes after his arrival, she had a severe convulsion. She was first freely bled, and then he gave her ten drops of tincture of veratrum viride combined with potassium bromide, and repeated the dose at intervals until her pulse was controlled. She had no convulsion after time had been allowed for the medicine to act. In a short time the os dilated, pains grew stronger and more effectual, and she was delivered of a well-developed boy in a few hours, without any fur her trouble. Treatment was continued for some time after the child was born.

His next case was a negro woman—a primipara—and had had frequent convulsions for a day before he saw her. She was half unconscious; her pulse was full; pains weak; os dilated and rigid, and the indications portended a tedious and difficult labor—such an one to relieve which many authors would advise turning and delivery. The patient was bled, and ten drops of tincture of veratrum viride were given at short intervals until the pulse was controlled. It acted like a charm. Labor oc-

curred on the next day, without any symptom of a convulsion.

The doctor adds the advice to use fluid extract of veratrum viride hypodermically when the woman is unconscious. He was led to try the remedy by the great success he had had with it in subduing convulsions in children suffering from malarial fever. These reports are valuable when taken in connection with many cases reported by different physicians during the last few years.—*Virginia Medical Monthly*.

## THE TREATMENT OF SCARLET FEVER.

Dr. Bedford Brown, of Alexandria, at the meeting of the Medical Society of Virginia, said that he had seen malignant cases with cold extremities and tongue, with a body temperature of 107° F. He used

℞. Acid. salicylat . . . . .	ʒij
Tinct. aconit. radice . . . . .	gtt. xij
Infus. digitalis . . . . .	ʒjss
Spts. ammon. aromat. . . . .	ʒij
Syr. aurant. cort. . . . .	ʒss
Aquæ . . . . .	ʒj

M. Sig.—Teaspoonful for a child five years old every three hours.

This combination reduced fever more decidedly than any other antipyretics he had used; it acted also as a diaphoretic and diuretic. A tepid bath or a wet pack increased its action. Alcoholic stimulants benefited malignant cases, tending to collapse and coma; as also cases, on the other hand, having high fever, rapid pulse, and extreme restlessness. Such agents, also, generally arrested adenitis. In dangerous cases, frequent baths were too exhaustive. When extensive suppuration and pyæmia threatened, tincture of iron, Fowler's solution, and quinia sulphate acted well. To arrest acute nephritis and renal dropsy, he enveloped the body with a flaxseed-meal poultice covered with oil-silk. When the kidneys were engorged, the urine bloody, with dropsy of the chest and abdomen, a full dose of calomel, followed by compound powder of jalap, would often do good. Such cases bore purgation. But if the renal dropsy was attended with cool skin, great pallor,

feebly pulse, and great prostration, then frequent purgation was not well borne. In such cases he used lumbar poultices, digitalis, acetate of potash, with occasional saline cathartics. A morbid element in scarlatina often developed rheumatism; hence frequent cardiac complications. When these occurred he resorted to the active agents named in the foregoing prescription. Alkalies and salines should be used in renal complications. He had been disappointed with the diaphoretic action of pilocarpin. Potassium iodide was often useful in nephritic sequelæ of scarlet fever.—*N. Y. Med. Journal.*

### CONDUCT OF THE THIRD STAGE OF LABOR.

Prochownick communicates to the *Centralblatt für Gynäkologie* a paper upon the management of the after-birth period. Referring to the recent criticisms of Credé's method, he states that in none of these was included the objection, which he regards as the most important. This is the pain that the method causes, and the unwillingness of some patients to submit to it; while, it may be urged, the majority of women would not complain, yet many nervous, sensitive women would. Our own opinion, on the other hand, is, that this suffering, usually, is not great—certainly not as great as that which was endured for hours in the previous stages of labor—and is so brief that few object.

Prochownick gives his own method as follows: Immediately after the birth of the child the flat hand is laid upon the woman's abdomen, and, after the lapse of a few minutes, slight friction is made upon the fundus for the exciting of energetic after-pains. After the third uterine contraction has taken place, he asks the patient to flex her lower limbs, placing the soles of her feet against the foot-board, and make an expulsive effort, which in primiparæ raises the accoucheur's hand, which frequently in the parous sinks down between the recti muscles, that have been separated by pregnancy. If the placenta is not expelled, this must be repeated once or oftener, even to the seventh contraction. He states that in only one case did he have to wait longer than the

seventh contraction. He is favorable to the use of ergot at the close of, or just after, the second stage of labor.

We believe the hand which is applied to the abdomen should not be flat, but concave—the manual concavity fitting to the uterine convexity—for then the uterus is defined, limited, a larger surface embraced, and any relaxation of the organ prevented, or at once recognized and remedied. Besides, a flat pressure, acting only upon the anterior wall, may, if this be greatly relaxed, so depress it as to prepare the way for uterine inversion. Certainly the part of Prochownick's plan which makes the woman a voluntary participant in the expulsion of the placenta, is good.—*Medical News.*

PHOSPHIDE OF ZINC IN DYSMENORRHOEA AND STERILITY.—In Mathews Duncan's lectures on Sterility in Women, he places dysmenorrhœa in the list of the best demonstrated sources of, or attendants on, such conditions. But, even if we consider dysmenorrhœa the cause of the sterility, the question of the treatment of the menstrual difficulty does not in many cases admit of ready answer. Certainly there are cases of dysmenorrhœa which may be rapidly and satisfactorily treated by dilating the cervical canal, this dilatation being by double-bladed dilators, rather than by other means. But there remains a large number of cases that present no indication for this method of treatment, and which, of course, are not benefited if it be tried. Now, some of these may possibly be cured by the use of phosphide of zinc, as recommended by Decoux, who found this medicine very useful in many cases of dysmenorrhœa and of amenorrhœa. Decoux narrates a case where it twice proved effective in curing sterility associated with the former disorder. In addition to the success of this medicine in dysmenorrhœa, amenorrhœa, and sterility, he has found it remarkably useful in cases of hysteria, ataxia, anæmia, and neuralgia. He gives two granules of four milligrammes each, morning and evening. Only the crystallized preparation should be used, as the powder is inert. He states that its preparation is so difficult, that, with a single exception, one scarcely finds in commerce any but an impure product, which is partly or completely ineffective.—*Med. Record.*



### THE ACTION OF DRUGS AT A DISTANCE.

At the last meeting at Grenoble of the French Association for the Advancement of Science, MM. H. Bourru and P. Burot, of Rochefort, presented reports of some very curious experiments with certain hystero-epileptic patients. MM. Bourru and Burot are attached, we believe, to the School of Naval Medicine at Rochefort, and their trustworthiness appears to be vouched for by the *Revue bibliographique Universelle*.

The most striking experiments were those illustrating the action of certain medicines at a distance. The hystero-epileptic patient being placed in a chair in the presence of the physicians, a fragment of opium is brought near him; it throws him into a heavy sleep.

Chloral placed at the back of the head caused a light sleep. Various emetics, such as ipecac and apomorphin, being placed near the patient, always, we are told, without his knowledge, caused vomiting.

In the same way alcohol caused a state resembling drunkenness; purgatives produced intestinal contractions; phosphorus produced tremor and hallucinations, etc.

All these phenomena were observed minutely, and sources of error, such as those of voluntary deception, of unconscious or conscious suggestion, were believed to be excluded. It is highly probable, however, that the patient, through some of his senses, knew the character of the drug brought near him. The only interesting scientific fact is, therefore, that of the capacity shown to control the organic functions, so that at a certain suggestion diarrhoea, nausea, sweating, palpitations, etc., may be produced.

This capacity was further illustrated by observations in another case. Dr. Mabile, of La Rochelle, had a hystero-epileptic subject whom he mesmerized one evening, saying that at a certain moment he would bleed from the nose. At the hour specified the epistaxis occurred. In later experiments stigmata were brought out upon the arm by "auto-suggestion."—*N. Y. Med. Record*.

Extract of sweet pea is said to be the homoeopathic remedy for diabetes.

### SULPHUROUS ACID AS A DISINFECTANT.

At a recent meeting of the Académie de Médecine (*Jour. de Méd. et de Chir. fran.*), M. Dujardin-Beaumetz gave an account of some experiments made by him at the Cochin Hospital. He says that sulphurous acid is the best disinfectant, and that it destroys all the organisms contained in the rooms, with the exception of the bacillus anthracis. He has tried the bottles of compressed sulphuric acid recommended by M. Pictet, of Geneva, but their high price is a serious obstacle to their use. It is better to burn, in the closed room, about one ounce of sulphur for each cubic metre of air. The sulphur is mixed with a little alcohol on a saucer placed on sand. Sulphurous acid spoils many colors, and all metals, but the latter can be protected by a thick layer of grease.—*Brit. Med. Jour.*

### CUTANEOUS ANODYNE.

Dr. R. G. Gouch, of Richmond, Va., recommends the following prescription as one of the best he has ever found as a lotion for itching cutaneous surfaces, whether the skin is broken or not. He has used it with invariable success, and it has now become a popular application with the people as well as the doctors of this city:—

R. Sodæ bibeat ..... ʒj  
Acid. carbol ..... gtt. xv  
Glycerin ..... ʒj

M. Sig.—Apply as lotion with camel's-hair brush, or by dropping from bottle on the itching surfaces.—*Virginia Medical Monthly*.

LUMBAR NEPHRECTOMY.—Mr. Clement Lucas operated in Guy's Hospital, on October 20th, for a large hydronephrosis occurring in a woman, aged 35, who had been tapped, with temporary relief, in the spring. The tumor was exposed by the oblique crucial incision practised by Mr. Lucas, and removed without injury to the peritoneum. The patient suffered little from shock, and has had no subsequent pyrexia. A week after the operation she was far advanced toward recovery, having had no symptom to cause anxiety.—*Brit. Med. Jour.*

THE EARLY CONTAGIOUSNESS OF THE INFECTIVE EXANTHEMS.—M. Lancereaux, in a recent communication to the Académie des Sciences, stated that a series of facts, collected in his hospital wards, convinced him that small-pox, measles, and fever were transmissible from the onset. The period of incubation varied; it was from eight to ten days in inoculated small-pox; from ten to twelve in spontaneous small-pox. A mild form of small-pox might, by transmission, provoke a violent or a mild form.—*N. Y. Med. Review.*

HEMORRHAGE FROM A TOOTH-SOCKET.—Dr. Blackville reports a case of hæmophilia in which obstinate bleeding followed the extraction of a tooth. Ergot and witchhazel were given internally, and Monsel's solution applied locally, without checking the hemorrhage, when it occurred to him to fill the alveolar cavity with dry plaster of Paris, a few repetitions of which completely controlled the flow.—*Med. and Surg. Reporter.*

GONORRHOEAL WARTS.—Nusbaum washes them twice daily with salt and water, and then sprinkles them with calomel. The reaction of the residual sodium chloride, and calomel produces mercuric chloride. This treatment, he claims, cures the warts rapidly, without causing pain or detention from business.—*Med. and Surg. Reporter.*

### Therapeutical Notes.

It is said that the oxyuris vermicularis, or thread-worm, may be readily dislodged from its favorite habitat in the rectum by the injection of from two to three ounces of ol. morrhue, repeated once or twice.

#### HUGHARD'S HÆMOSTATIC PILLS.—

R. Ergotine.....  
 Quin. sulph..... āā gr. xxx.  
 Digitalis pulv.....  
 Ext. hyoscyami..... āā gr. iii.  
 M. Ft. pil. No. xx.

Sig.—Five to eight pills daily.—*L'Union Médicale.*

#### POMADE OF DR. JULIEN'S FOR PRURITUS VULVÆ.—

R. Zinci oxidi ..... 25 grammes.  
 Acidi salicylici..... 1 gramme.  
 Glycerini amyli ..... 25 grammes.  
 Sig.—Apply as needed.—*Phila. Med. Times.*

THE COLD DOUCHE IN INSOMNIA.—The following is recommended as a very efficacious means of producing sleep in insomnia associated with eruptive or continued fevers: The patient's shoulders are covered with a cloth and the ears plugged with cotton. Then the head being held face down over the edge of the bed, a fine stream of cold water is dropped upon the neck and occiput. The water should fall from a height of eighteen inches during a period of three or four minutes. The head is then dried, and the patient made comfortable in bed. As a general rule, sleep follows in a very short time.—*Concours Médical.*

HOPEINE.—This is said to be an alkaloid obtained from hops, the American hops yielding by far the largest percentage. It is a white powder, crystallizable in needles, of a bitter taste, aromatic odour, and soluble 1 in 100 of water, 50 in 100 in alcohol. In the adult, a dose of 1 to 3 centigrammes produces sleep, lasting from two to six hours, and is not followed by the unpleasant after-effects of morphia. In large doses it causes nausea and vomiting and constipation. The dose varies from one milligramme to four centigrammes, according to age and sex. It causes neither dysuria, cutaneous itching, nor, save constipation, any gastro-intestinal trouble, and is therefore indicated in genito-urinary affections and in irritable stomachs. Further experiments are necessary before assigning to hopeine its proper therapeutical place.—*L'Union Médicale.* R. Z.

#### RESERVE MEN AND SANITARY PRECAUTIONS.

—In order to prevent the introduction of syphilis into their homes, the reserve men of the Russian army, before being dismissed, are to be examined, and, if necessary, detained in hospital until it is safe to allow them to return home.

THE  
**Canadian Practitioner.**  
 (FORMERLY JOURNAL OF MEDICAL SCIENCE.)

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

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

TORONTO, DECEMBER, 1885.

**MEDICAL EXPERTS AND THE  
 INSANITY PLEA.**

It is generally admitted that the evidence of medical experts does not receive so much consideration, nor carry so much weight in the courts of law as we might naturally expect. This is especially true as regards the subject of insanity. A physician who has come in close contact with lunatics, and studied lunacy carefully in our asylums for the insane, should be able to detect more quickly than others the signs of insanity in all its various phases; and, as a matter of fact, he is. Unfortunately, however, as it seems to us, there appears to be a tendency on the part of some very able alienists to exaggerate the importance of every deviation, however slight, from that proper equilibrium of the mental faculties which so essentially constitutes sanity in each individual. The effect of such tendency, when pushed to its extreme logical conclusions, is to consider every murderous or rebellious act an insane one, and every criminal a lunatic. Not unfrequently we have in the courts the unfortunate spectacle of two sets of experts giving opposite opinions. While such differences of opinion are not confined to physicians, but frequently exist on a bench of judges, still these occurrences are unfortunate.

We regret to have to refer to this subject at the present time, when there is connected with the execution of Riel such an amount of political excitement, but are impelled to do so on account of the position assumed by Dr. Daniel Clark, and the comments of various newspapers in connection therewith. Dr. Clark, whose eminence and ability necessarily give considerable importance to his statements, has publicly

expressed the opinion that "this unfortunate man" was insane. He has founded this opinion not so much on what he discovered in the prisoner during his interviews, but what he heard from other sources. While he has a perfect right to his opinion, we doubt if he will find many who agree with him; on the contrary, we believe that at least nine-tenths of the physicians of this Province will agree with us in saying, the evidence all goes to show that Louis Riel had a perfect appreciation of the difference between right and wrong, that he calculated carefully in each case the chances which would accrue from both rebellions, that he showed a wondrous ability in his management of men, whether in his *Councils of State* or on the field of battle, and that he was, in short, a responsible being in every respect.

Until experts can furnish a correct and precise definition of lunacy, and a clear distinction between moral depravity and moral insanity, their opinions and statements are likely to be received with as much reserve in the future as they have been in the past, and the decisions will be left to the plain common sense of judges and juries, who, apart from certain niceties connected with the various intricacies of the human intellect, have proved to be about as well qualified to give an opinion on this question as the most skilled among our physicians.

We accept cheerfully Dr. Clark's statement that he has nothing to do with the political aspect of the case, and we think it unfortunate, on that account, that his views should have been published in such a way at that particular time.

His expression of opinion after Riel's death was, in the interests of the public, useless, while, from a scientific point of view, it would have been very interesting; and we regret exceedingly that he did not adopt the more dignified course of waiting until the popular excitement had ceased, and then expressing his views to the profession through the proper channels, *i.e.*, the medical journals.

**CORRECTION.** — We regret exceedingly the errors which occurred in Dr. Burt's excellent paper last month. For *m. m.* was substituted *ins.*, and for *erection*, *election*.

## PNEUMATIC DIFFERENTIATION.

A few months ago we made some remarks on the treatment of pulmonary diseases by compressed air. The remarks were founded on the lectures delivered in London by Dr. Theodore Williams.

Within the last year or so, a cabinet has been constructed, called the Pneumatic Differentiator, with which to carry out the compressed air treatment.

Dr. Herbert F. Williams, of Brooklyn, brought it to the notice of the profession in the *New York Medical Record*, January 17, 1885. He gave the results of its trial in sixty-four cases of various pulmonary complaints.

Dr. Houghton, of Chicago, has published in the *Journal of the American Medical Association* his experience with the cabinet in a number of pulmonary cases.

Dr. Vincent Bowditch, of Boston, in an August number of the latter journal favourably commented upon this mode of treatment. We give in Dr. Houghton's own words a description of the cabinet and the results sought for by its use:—

"The cabinet is an air-tight chamber, in which the patient sits or reclines, breathing from the outside through a flexible tube. We exhaust a small portion of the air about him, causing a deep, easy and pleasant inhalation, filling every part of the lungs with the air or spray, producing a stronger and more regular circulation, bringing the blood into complete relation with the oxygen of the air, and introducing the medication in every recess with ease; we have now simply aided the patient to take a deeper breath than he otherwise could. We can then either produce a compression of the air about the body, compelling an evacuation of the lungs, and repeat the former movement, or we can continue the rarefied condition and let the patient expel the air by his own efforts. In this latter way we produce the same effect upon the lungs that a dumb-bell does upon the muscles of the arm, for the effort is to *exhale* and not to *inhale*. We thus have such complete control over the movements of respiration, that we can increase or diminish the force, frequency and depth of each breath at our

pleasure, and without the slightest effort or discomfort on the part of the patient.

"In addition, the mucus which patients attempt to remove by coughing, and which they can often only detach in small portions and sometimes not at all, is by this method loosened and easily expectorated. The lungs can also be medicated and disinfected in a better manner than by any other method. The Semple Inhaler is the best spray-producing apparatus I have ever seen.

"The following are the solutions that I have found useful, the last four being prepared expressly for Semple's Atomizing Inhaler by Parke, Davis & Co. The vehicle consists of fluid cosmoline, and in combination with various oils and balsams, the spray being more like a smoke:—

## SOLUTION No. 1.

R. Sol. Lugol . . . . . ℥ss.  
Glycerin . . . . . ℥iii.  
Aque ad . . . . . ℥x.  
M.

## No. 2.

R. Hydrarg. Oxl. cor. . . . . gr. iv.  
Ammon. Chl. . . . . gr. x.  
Glycerin . . . . . ℥ii.  
Aque ad . . . . . ℥viii.  
M.

## No. 3.

R. Ammon. Chl. . . . . ℥ii.  
Glycerin . . . . . ℥iss.  
Aque ad . . . . . ℥iv.  
M.

## No. 4.

R. Calc. Hyphophos . . . . . ℥i.  
Glycerin . . . . . ℥i.  
Aque ad . . . . . ℥iii.  
M.

## No. 5.

R. Sol. Lugol . . . . . 20%.  
Sol. Acid Carbol. . . . . 1%.  
Ext. Hamamelis . . . . . aa ℥i.  
M.

## No. 6.

R. Ol. Picis liq. . . . . ℥ss.  
Fl. Cosmoline . . . . . ℥i.  
M.

## No. 7.

R. Ol. Eucalypti . . . . . ʒi.  
 Fluid Cosmoline . . . . . ʒi.  
 M.

## No. 14.

R. Acid Carbol . . . . . gr. x.  
 Fluid Cosmoline . . . . . ʒi.  
 M.

## No. 15.

R. Fluid Benz. Comp . . . . . ʒi.  
 Tinct. Cosmoline . . . . . ʒii.  
 M.

"The cabinet is an instrument by means of which the following results are sought :

"1st. The strengthening and developing of weak and poorly expanded lungs.

"2d. The arrest of pulmonary disease in its earlier stages.

"3d. The prolongation of life with comparative comfort in those cases of pulmonary disease in its later stages where a cure is impossible."

Both Dr. Williams and Dr. Houghton report a number of cases treated in this way. In cases of tuberculosis in the first stage the success has been remarkable, as well as in cases of asthma and chronic bronchitis. In the former class an allowance must be made for errors in diagnosis. It is a difficult matter to distinguish between early tuberculosis and catarrhal pneumonia.

Dr. Houghton arrives at the following conclusions :—

"1. Pneumatic differentiation is of undoubted service in all conditions of primary infiltration.

"2. Where the febrile movement has been unchecked for many weeks before treatment, improvement, if any, will show itself within the first ten or twelve applications; if there is no abatement of symptoms its continuance is of questionable utility, and it may be absolutely contra-indicated.

"3. That phthisical disease at the apices is more favorably treated than when at the base of the lungs.

"4. That it is possible by this means to more thoroughly medicate the lungs than by any other known method.

"5. That the expansion of the lungs by

differentiation is itself a therapeutic measure of great merit.

"6. That peri- and inter-vesicular exudation is capable of cure by this method, and even third stage phthisis is benefited, at least temporarily.

"My experience is that when the febrile movement is excessive, when the evidences of septicæmia are pronounced, it is not wise to use the pneumatic cabinet certainly until these symptoms have subsided. In cases of chronic bronchitis I have had so little experience that I can only say that if the proper remedy can be found its application is easy enough.

There are a number of cabinets now in use—one in Brooklyn, three in New York, one in Boston, one in Albany, and one in Cincinnati. It strikes one at first that this form of treatment is too mechanical for such a disease as pulmonary tuberculosis. We would have much more hope for it in chronic bronchitis and asthma. We would also very much fear that it will ultimately get into the hands of charlatans who will use it as a means of making money, and use it in improper cases.

This mode of treatment, however, may possess greater merits than would at first appear. That it is endorsed by so high an authority as Dr. Bowditch is certainly a strong point in its favor.

We hope to hear of further successful results of treatment, as any means whereby a disease so dreaded as pulmonary tuberculosis may be cured, or even partially relieved, will be hailed with delight by the profession.

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EXAMINING BOARD OF TORONTO UNIVERSITY.—

The following will constitute the Board of Examiners in Medicine for Toronto University: Physiology and Pathology—G. A. Tye, M.D., of Chatham; Medicine and Therapeutics—J. J. Cassidy, M.D.; Midwifery and Forensic Medicine—W. Britton, M.D.; Anatomy—D. B. Frazer, M.D., of Stratford; Surgery and Surgical Anatomy—I. H. Cameron, M.D.; Clinical Medicine—J. E. Graham, M.D.; Clinical Surgery—F. L. Grassett, M.B.; Hygiene and Medical Psychology—C. W. Covernton, M.D.

Medicine and Arts: Chemistry—R. F. Ruttan, M.A., professor of McGill College, Montreal; Biology—A. B. McCallum, B.A.

## TREATMENT OF INTERNAL HÆMORRHOIDS BY INJECTIONS OF CARBOLIC ACID.

This method of treating internal piles was first adopted by quacks, who obtained such success by its means that members of the regular profession tried it. It was found to be somewhat dangerous on account of the sloughing which was frequently caused; and this accident, occurring occasionally under the treatment of the irregular itinerants before referred to, often produced serious results. Even in the hands of the most conservative and careful surgeons it may happen. Many rectal surgeons, such as Allingham and others, pronounced rather strongly against the carbolic treatment, and very few favored it. Recently, however, it has been found that injections of carbolic acid, when properly used, are very efficient and safe in a large proportion of cases.

One of the strongest champions of the method is Dr. Kelsey, of New York. We have tried it in the manner recommended by Kelsey, and found it very satisfactory indeed. It seems especially suited for those cases of large piles in the aged and enfeebled, who are either unfit or unwilling for operation by ligature or clamp and cautery. We take the following, abbreviated, from rules given by Kelsey, in an article in the *New York Medical Journal*:—

1. Use purest carbolic acid, purest glycerine, and distilled water, in the preparations of solutions, which should be perfectly colorless, the acid being in perfect solution. The glycerine is added to the solution of carbolic acid in water, in just sufficient quantity to make a clear fluid.

2. Use only the finest and most perfect hypodermic needles.

3. The treatment is suitable for all varieties and sizes of internal hæmorrhoids, but not for external.

4. First give an enema of warm water, and let the patient strain the tumors as much as possible into view. Then select the largest, and deposit five drops of the solution as near the centre of the tumor as possible, taking care not to go too deep so as to perforate the wall

of the rectum and inject the surrounding cellular tissue. If pile does not protrude, draw it out with tenaculum. Watch for pain, which may appear at any time within twenty-four hours. The continuance of pain into the second day generally indicates that sloughing will follow. If there be no pain, a second tumor may be attacked on the second or third day.

5. There is no absolute rule as to strength of solution. For small tumors, not pedunculated, use five drops of a five per cent. solution; for larger, use five to ten per cent.

In large, vascular, prolapsing tumors, Mr. Kelsey uses sometimes a thirty-three per cent. or fifty per cent. solution, and occasionally the pure carbolic acid. In using these strong solutions, his object is to produce a circumscribed slough which will result in a radical cure.

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## ONTARIO MEDICAL ACT.

A large meeting was held in Toronto, November 16th, to consider the proposed amendments to the Ontario Medical Act. The Solicitor of the Council, Mr. B. B. Osler, Q.C., was present, and gave his opinion on various points as they arose.

The amendments proposed were considered and disposed of as follows:—

First—In section VI. add—"and provided that said colleges not mentioned in this clause must establish a medical faculty, and give lectures in each department for such a time as may be specified by regulations of the council."

This section was passed subject to the solicitor's views as to the proper wording.

Second—"That all actions brought against medical practitioners for malpractice must be instituted not later than one year from the date of such so-called malpractice." Adopted.

Third—"In regard to the proper payment of medical witnesses when summoned to give medical evidence for any court of law or equity, we recommend that they should be properly paid." Adopted.

Fourth—"That we recommend the appointment of a medical man in each division to act as taxing officer for all medical accounts in dis-

pute when so required, with similar powers to those of the taxing officers of the Law Society." This clause was dropped.

Fifth—"That the council shall have power to establish a code of ethics, and in the event of any violation of the code to punish the offender by suspension or erasure of his name from the register of the college, such action to be proceeded with by examination by the council, the same to have power to examine witnesses on oath."

Dr. Oldright moved in amendment, seconded by Dr. Johnson, "That the solicitor be requested to embody in the proposed amendments clauses similar to the English Medical Act of 1858, and clauses xiii., xvi., and xv. of the Dentists Act (England) of 1878." Carried.

Sixth—Security for costs in suits for damages for alleged malpractice:—"The plaintiff's and defendant's private examination might be placed before a judge of one of the Superior or High Courts, and if the judge thought it doubtful that a conviction would be obtained against the defendant he might order the plaintiff to give security for costs, so that if the judge at the trial dismissed the suit, or if the jury found for the defendant, the defendant would not, in fact, be saddled with damages, the damages here, of course, being his own costs, which too often the plaintiff cannot pay."

Dr. Adam Wright moved, seconded by Dr. Temple, "That the clause be dropped." Carried.

It will be seen that the meeting deemed it advisable to drop entirely two of the proposed amendments. Those in favor of the appointment of a taxing officer, thought that such an officer might be empowered by Parliament to tax medical accounts placed in court, with the effect that his approval would be equivalent to a judgment against the defendant. The solicitor thought it improbable that any such powers would be given. The general feeling appeared to be that such an appointment would be useless, and it was unanimously decided to drop the clause.

The amendment, by which it was proposed to compel the plaintiff in suits for alleged malpractice to give security for costs, met the same fate. Mr. Osler thought it would be impossible to have such a law enacted by the Legislature.

Those present agreed in this view, and decided by a unanimous vote to drop the clause.

During the discussion on the first clause it was contended that the University of Ottawa should be included in the list of those educational bodies named in the Act as entitled to choose a representative for the Medical Council.

There was considerable discussion in the third clause, and it was thought by many that the words "properly paid" were rather vague. It was, however, adopted.

In considering the 5th clause, it was feared by some that we might be conferring powers on the council which were too indefinite in their nature. Others objected to the establishment of a code of ethics by the council. It was finally decided by a unanimous vote that we should copy the English Medical Act, which would give the council sufficient powers to deal with licensed practitioners who were guilty of grossly unprofessional conduct, and at the same time throw sufficient safeguards around individual rights to satisfy the most timid.

### THE CONDUCT OF MEDICAL STUDENTS.

That most disgusting and senseless prank, the result of which was discovered on Parliament Street, in this city, has directed attention to the general conduct of those engaged in the study of medicine. The public were quick to accuse medical students of committing the act, even before any evidence could be shown for or against. The City Council discussed the matter, and the conduct of students upon the public streets was severely commented on. Fortunately, so far, there is no evidence to show that medical students have had anything to do with the matter. All this leads one, however, to enquire whether the conduct of students in the school, hospital, or on the street, is just what it ought to be. We are afraid that many of their acts will not meet with the approval of the wisest and best of our people. It might be said here, however, that it is wrong to accuse all students equally when these excesses are committed. As a general rule, a few of the older ones, who are more fond of play than of work, and who have

become rather degenerated than improved during their medical course, act as ringleaders to the freshman class. Members of the latter, innocent and uninitiated, are easily led to believe that it is the proper thing for medical students to make hideous noises on the streets at midnight, to whistle and shout in the opera house, to cut their names in the seats during lectures, and that if they do not acquire these accomplishments they are scarcely worthy to enter the noble profession. In a year or so, however, the majority have their eyes opened, and, seeing the folly of their ways, set about at once to mend them. By that time another freshman class appears on the scene, which has to pass through the same stage of development. Thus it goes on from year to year, and the good name of the student fraternity is tarnished by the foolish acts of a few brainless individuals.

By this it will be seen that these silly practices have descended from one generation of students to another, and the persons really to blame are the students of years ago. It is curious to observe how characteristics are thus transmitted.

However, with all their faults, the students of the present day compare very favorably with those of say twenty years ago. Their application to work is much greater, and there is much better order now than formerly.

There are still a number of practices which are very objectionable and should be frowned down by those who have the welfare of the profession at heart. Such diversions as shouting on the streets at midnight, breaking seats, dragging one another out of their seats are certainly very much beneath the dignity of medical students, and would be inexcusable even in boys' primary schools.

A notable difference exists in this respect between the students of our schools here and those of large continental or American cities. In the latter, the students act as full-grown men, and not as boys. Their recreations of a boisterous character are indulged in at their clubs or in the football-grounds, and not on the public streets.

Improvement in this respect is, however, but a matter of time. As our city grows larger, it

assumes the dignity of a metropolis, and students, as well as others, will feel it their duty to sustain its fair reputation in every way.

### SCHOOL DINNERS.

The annual dinners of the Medical Schools of Toronto took place in November.

The twelfth annual banquet of the Toronto School of Medicine was held in the Rossin House, Tuesday evening, November 24th. Mr. J. W. Peaker acted as chairman, while Messrs. A. B. Eadie and S. T. Barton occupied the vice-chairs. Among the doctors living outside the city, we noticed Drs. Savage, Heggie, Dales, Robinson and Pickard. We think it unfortunate that the graduates do not appear in larger numbers at these dinners. The banquet was in all respects a perfect success. The students turned out in large numbers, and were as enthusiastic as usual. The members of the Faculty and a large number of guests were present. Among the latter were representative students from different schools: Mr. Worthington, from McGill; Mr. Balfour, from London; Mr. Cregan, from Kingston, and Mr. McEdwards, from Trinity.

The speeches of the students were unusually good, although the chairman was over-modest in understating the numbers enrolled for this Session. Mr. W. C. Higgin responded for the graduating class, Mr. Geo. Watson for the freshmen, and Mr. D. A. Dobie for the ladies.

The annual dinner of the Trinity Medical School took place also in the Rossin House, on Thursday evening, November 26th, and was very successful in every way.

### TORONTO MEDICAL SOCIETY.

Dr. Cassidy, the President, entertained the members of the Society, at his residence, in a *right royal* fashion, on Wednesday evening, November 11. About fifty sat round the festive board and partook of a sumptuous repast. Dr. Cassidy, as chairman, proposed, in a very happy manner, a number of toasts, which received suitable responses. Dr. McPhedran, as First Vice-President, occupied the vice-chair. A most enjoyable evening was spent.



REMOVAL OF A LARGE UTERINE FIBROID.—Dr. Atherton, of this city, removed, a few weeks since, by hysterectomy, a large myofibroma, weighing sixty pounds. It had been growing for twelve years. The patient is thirty-five years of age, and is, we understand, making a good recovery.

The index appearing in this number, we have to hold over for our next issue a large amount of most interesting reading matter. Original communications, Societies' reports, our Montreal correspondence, book reviews, etc.

Our subscribers, by referring to the labels attached to their journals, will see up to what date their subscription has been paid. By forwarding at earliest convenience amount due they will very greatly oblige.

### Correspondence.

#### SMALL-POX.

To the Editor of the CANADIAN PRACTITIONER.

SIR,—There has been a very considerable diminution in the death-rate during the first two weeks of November, as compared with the month of October. The daily average for October was fifty-two—for the first fifteen days of November it was just half of this. There is every prospect now that we have seen the worst and that there will a steady diminution, and in the near future a complete disappearance, of the foul disease. Undoubtedly, the principal credit for this favorable change in the aspect of affairs is due to the thoroughness with which vaccination has been enforced by the leading manufacturers on their employees and their families. In the great majority of cases it was a practically enforced vaccination. Vaccination or dismissal has been the order of the day, and the wisdom of it is now evident. What with all their bluster the health board was unable to accomplish, private citizens accomplished silently.

During the past two weeks well organized and successful efforts have been carried out in isolating infected families, who could not or would not be removed to the civic hospitals.

Had these measures been put into force three months ago, the epidemic would never have reached its present proportions. The health board is greatly to blame for its apathy in this and many other directions. Time and again was their attention called to it, but the only answer forthcoming was, they intended to rely on what they were pleased to call "moral suasion." Montreal has learned several lessons from this epidemic. One of these is that lay boards of health are a delusion, and another is that in the appointment of a medical health officer, religion and politics should be rigidly excluded. It is hoped that these lessons will bear some fruit.

The qualifications of a health officer of a great seaport town should be of a very high order. The appointment should not rest, as it now does, with a few addled-headed aldermen, but should be entrusted to the Federal Government. The appointment is one which has a direct interest to the whole of the Dominion, as many places know to their cost this day.

If proof were needed of the great efficiency of Jenner's immortal discovery, it would be found in the statistics of the present epidemic. In a future letter your correspondent will deal more fully with this subject.

Of all the painful occurrences connected with this epidemic, none have been more so than the sickening revelations published in regard to the way in which the sick of St. Roch's Hospital have been treated. This hospital has had for its medical superintendent Dr. Nolin. In spite of the recommendation of several of the leading physicians of the city, St. Roch's Hospital is still carried on as a small-pox hospital.

"Dirt, foul smells, and mismanagement were the characteristics of St. Roch's Hospital" when visited by the Montreal members of the College of Physicians and Surgeons. They found "no ward book, the hospital physician (Dr. Nolin) apparently relying upon his memory to keep him sufficiently posted as to the treatment and progress of his numerous patients."

It may appear to outsiders scarcely credible that no record was kept of the cases in an hospital having over one hundred inmates, but such are the melancholy facts. It seldom falls

to the lot of any physician to have opportunities like those of Dr. Nolin for the study of one disease. What a valuable mass of information could have been given to the scientific world if all these cases of small-pox in St. Roch's had been carefully observed and recorded!

We all remember what good use Dr. Osler made of his opportunities while connected with the small-pox hospital of this city some ten years ago. If Dr. Nolin had even recorded every day observations, which any second-year medical student could easily have done, the profession would have been thankful.

Fortunately for the credit of the medical profession of this city, the superintendent of the Protestant hospital, Dr. J. Gardner, is a man whose ability, energy and training eminently fit him for his onerous position.

When Dr. Hingston is called upon to give to the world a second edition of his work on the "Climate of Canada," it will be necessary for him to entirely change that portion where he says, "Indeed, in considering the few diseases which here afflict humanity, relatively to elsewhere, we have great reason to be thankful to the All-powerful Controller of the seasons as of our fate, that in separating us from the great branch of the European family, and in placing us where there are indeed no majestic ruins scattered around to prove past greatness, or add to present interest, He has prepared for us a land where we may not only live in peace with all men, but in the assurance that no noxious exhalation will imprint its morbid impress on our countenances—that no pestilential effluvia will enter our nostrils—that no serpent will instil its fatal poison into our veins—that with our breath we will draw no plague into our blood—and that, though He exposes us to much heat in summer, and to a temperature in winter which pinches us till we cry out with Jacques: 'This is no flattery;' yet, through our intelligence, He keeps us in health, comfort and safety. More than once, during my professional career, I have endeavored to map out one single disease, or form of disease, we might claim as peculiarly our own; but, so far, I cannot boast of having made the discovery, unless one, which is cer-

tainly not met with in Great Britain—the 'Mal de Raquette,\*' be termed a disease."

In the light of recent experiences—experiences that were upon us before the "Climate of Canada" was issued to the public—the above quotation is curious reading.

For the second edition we would recommend, in place of the above, the following sentence: "Owing to the great carelessness and ignorance of certain hospital authorities, the dense stupidity and superstition of a large number of the population, and the incompetency of the health board, Montreal lost, in the year 1885, over three thousand of her population from the ravages of small-pox—an easily preventible disease."

#### NURSING BY RELIGIOUS COMMUNITIES.

The nursing of our small-pox patients in the public hospitals has been entirely entrusted to the religious sisterhoods. In the Roman Catholic hospital it is carried on by the Grey nuns, and in the Protestant hospital by certain sisters of the Church of England. In this province, where ecclesiasticism has such an iron grip on the French element of the population, it is not to be wondered at that the Grey nuns should be entrusted with this important mission; but why it should be considered advisable to have Protestant patients nursed by a religious sisterhood is strange indeed. It is particularly strange to those who know how much superior the modern trained lay nurse is to the religious nurse. Every physician who has had any experience with the two classes will invariably prefer the lay one. The reason of this is not far to seek. It is the business of the lay nurse to nurse, while her religious sister has for her main object the furtherance of the private ends of her own "community." These ends may be very praiseworthy—in fact they often are—but they are not nursing.

We have a lamentable example at the Longue Point Asylum of the incompetency of religious sisterhoods in nursing. Dr. Hack Tuke has told to the world how very far short of what it should be is the nursing there. His report

\* "Mal de Raquette" is, according to Dr. Hingston, a pained affection of the flexors of the legs and thighs from overuse in snow-shoeing.

on the condition of this asylum is proof indeed, if such was needed, that the physical and mental well-being of the patients entrusted to them is not the first care of religious sisterhoods.

Montreal, Nov. 20, '85.

ISMENUS.

### PERMANGANO-PHENYLINE.

To the Editors of the CANADIAN PRACTITIONER.

SIRS,—In your last issue I find a communication to which I beg space for a brief reply.

Your correspondent, in the selection of his *nom de plume*, has certainly fallen upon a highly suggestive character. Without further waste of space, however, upon all that it suggests to my own mind, I may, perhaps, be permitted to say that the name and all that precedes it may be summed up in three words—self-complacency, pedantry, malignity.

“Without sin in that respect,” in his strictures upon the few professional sinners, to whom he refers as having been guilty of a serious scientific and moral offence, seems to have ransacked the whole dictionary of our language, and has failed to find a word sufficiently significant to convey the full extent of the meaning of our crime. He has, therefore, set himself to coining a word, which he calls “disfame”—shades of Webster! What a word! Why, I could have suggested a very common word that would have answered his purpose infinitely better, and left him more time for pursuing his medical brethren in their wicked wanderings. But, it seems to my poor judgment that your correspondent does not speak with the accuracy which would be desirable in one who undertakes to be so extremely oracular in his utterances. I dare say, in reply to his query, that the custom of giving testimonials has become too prevalent among the whole profession; and I shall be very happy to be one of the number to enter into terms by which this custom shall be discontinued *entirely*. I submit, however, that the method of cynical sneering at his professional brethren, and of holding them up to public derision, which has been adopted by your highly-cultured correspondent, is not likely to improve matters very much in any direction.

Now, I beg to say that “Without sin in that

respect” must have quite forgotten himself when he says that the giving of such testimonials as he challenges is not very common in the old country. I will venture the assertion that you cannot take up one single number of any of the leading British journals in which you will not find entirely similar advertisements to that of Permangano-Phenylene, with testimonials from the very highest medical and surgical authorities. The fact is, our medical journals everywhere teem with, and fatten upon, just such advertisements. I have taken the trouble to look over the advertisements in the London *Lancet* and other prominent British journals, and in every one I have found several of the same kind as that attacked. In the same number of your own journal in which “Without sin in that respect” appears, at least half a dozen may be seen, prominent among them being Little’s Soluble Phenyle, with the testimonials of three respectable physicians of this city attached to it.

It is no part of your correspondent’s business to inquire as to the process by which those ten sinners reached the conclusions referred to in their testimonials. That is a matter which ordinary decency would have permitted them to settle for themselves. The only point upon which “Without sin in that respect” has any right to raise a question is, whether or not the conclusions reached were scientifically accurate. Now, I am not a chemical analyst, nor have I presumed to be such; but I submit that all that is stated in my testimonial, or in any of the other nine referred to, does not require very brilliant scientific attainments, but a reasonable amount of common sense, and a little less cynicism than is displayed in your correspondent’s communication. Well, have we brought disgrace upon the schools we represent, or done any violence to the scientific pretensions any of us may make? This is the real question, and not whether or not we have had the time to pursue our scientific investigations to their legitimate conclusions. I am quite satisfied to stand or fall, on every word uttered in my testimonial, before the judgment of the best analysts that can be produced in the new or the old world. I have the positive opinion of as good men as either Dr. Russell or Dr. Baxter, or even your learned

correspondent, that what he is pleased to characterize as a "scientific falsehood" is simply and absolutely a libellous statement. I have taken the trouble to submit this preparation to one of the very best public analysts on the continent of America, and his reply is unequivocally and positively in direct contradiction of the statements of your correspondent and *his* authorities. This authority denies that a mixture of phenyle and permanganate of potash would result in a neutralization of the properties of either constituent. I will not pretend to say that the disinfectant preparation recognized as Permanganate-Phenylene is any more effective than either of its constituents would be. This, I believe, is not claimed for it. It does, however, contain two of our best disinfectants in an agreeable combination, very elegantly prepared, in my judgment, and without any resultant loss in the effectiveness of either constituent. This is all that is claimed for it; and if it fulfils these requirements, it certainly is a very pleasant preparation and worthy of all the commendation that has been bestowed upon it. Why, then, attack this preparation, and not Little's Soluble Phenyle, which is in no respect better? Why allow Scott's Emulsion, or Hydroleine, or a hundred other proprietary preparations, all of which are open to the same objection, to pass unchallenged? The fact is that the age is one eminently conspicuous for the presentation to the public notice of every conceivable form of fanciful, and too often, I fear, useless medicinal combinations. But if we must be censorious, let us also be impartial. If we wish to give vent to any superabundance of those refined graces which constitute so conspicuous a portion of your correspondents effort to scandalize his professional brethren, let us try to be generous enough to let our utterances cover the entire ground. "Without sin in that respect" seems to be very solicitous about the unfortunate position in which those ten sinners have involved themselves and the schools and societies they represent. It seems to me that he has shown himself to be a good deal more solicitous that his highly unbecoming stab in the dark may be effective in wounding where it is intended to wound. I beg of him not to be exercised over

much. We all feel comforted, I have no doubt, with the reflection that we are in good company, and that the list of such sinners as we is every day lengthening by the addition of names of gentlemen who do not willingly allow themselves to be professionally compromised. We have no fear, however much your correspondent may desire it, that such covert attacks will seriously detract from our reputations whilst they continue to be aimed after so cowardly a fashion. If "Without sin in that respect" thinks he is promoting the interests of the profession and the general public by such unwarranted demonstrations as those in his letter, he may rest assured that he has greatly erred; and that, while he may be gratifying his personal pique against some one or all of those concerned, he is not helping forward in the great object at which we should all be aiming, namely, a stronger bond of sympathy between the members of the profession, and more of that harmony so sadly lacking amongst us, and so much to be desired.

Yours, very truly,

GEORGE WRIGHT, M.D.

Toronto, Nov. 27th, 1885.

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### Medical Societies.

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#### TORONTO MEDICAL SOCIETY.

(Reported by JAMES A. WATSON, M.D., Secretary.)

At a meeting of the above society, Oct. 22nd, Dr. Carson delivered an address on the application of the forceps to the breech, illustrated by the following case:

A delicate primipara, not young, was taken ill on Tuesday night. The membranes ruptured early, with the result of a lingering first stage lasting all the next day. About midnight on Wednesday night the second stage was reached with fairly good pains, and the breech became engaged in the pelvis. Chloroform was given. Three hours afterwards, no progress having been made, the patient becoming exhausted and the pains diminishing, after a consultation with Dr. Cameron, it was determined to interfere. Traction with the finger in groin having failed the use of forceps was

decided upon, and the question suggested for discussion was whether or not the Society considered this method of interference justifiable under the circumstances, notwithstanding the fact that it is either ignored or condemned in almost all text-books. The breech had not descended so far into the pelvis as to make it impossible to be raised to permit the introduction of the hand to bring down a leg, but considering that the liquor amnii had all drained away, that the patient was exhausted and naturally of feeble recuperative powers, and remembering McOlintock's teaching, that "the introduction of the hand into the uterus was the most dangerous operation in midwifery," Dr. Carson believed that the increased danger to the child, from the use of forceps, was more than counterbalanced by the increased safety to the mother. Another reason, though an unscientific one, for adopting this, was the husband's strong desire that the mother's life should be the sole object to be considered. He had been twice married before, and both wives had died in their first confinements, so that it was impossible not in some degree to sympathize with his anxiety in this case. Dr. Carson applied the forceps, and with two slight slips succeeded in effecting delivery without injury to the child. Both mother and child have since done well.

Dr. A. H. Wright had had no experience with forceps to the breech in these cases. He had considered it a useless and dangerous procedure until recently, when, from the reports of success attending several cases of this kind, he had to some extent changed his opinion; but would still try the finger, the fillet, or the whole hand even, first, only using the forceps as a last resort.

Dr. Wilson, in a similar case had applied, the forceps to the breech with success.

Dr. Spencer had a case last week like Dr. Carson's. By introducing his hand a long way he had succeeded in bringing down the feet, one at a time; the after-coming head was delayed at the brim, he then delivered with forceps; the child was dead. He had never seen any ill effects resulting from passing the hand within the uterus, though he had several times introduced his.

Dr. Carson, in reply to a question, said: "If I could recognize the presentation early, I would not then attempt by external version to rectify it, for I think I would be more apt to transform a comparatively favorable breech into a decidedly unfavorable cross-birth presentation, nor would I venture externo-internal version because of danger of rupturing the membranes and making cross-birth presentation."

Dr. Cameron being asked why he recommended forceps in this case, said: "I have seen them so applied in two cases. I have so applied them in two cases. All four did well. Harvey, of Calcutta, advised this plan, because it allowed the part presented by nature to come *as a whole*, whereas bringing down a foot broke up the presentation and had a tendency to cause extension of the arms above the head."

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### Book Notices.

*The Physicians' Visiting List for 1886* (LINDSAY & BLAKISTON'S). Philadelphia: P. Blakiston, Son & Co.

This is the thirty-fifth year of the publication of this very convenient visiting list. It has long been a favorite with the profession, and there is no reason why it should not remain so.

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### Personal.

Dr. W. S. Playfair has been elected an honorary Fellow of the American Gynecological Society.

Dr. George M. Sternberg, U.S.A., attended the International Sanitary Conference at Rome, in November, as the delegate from the United States.

Prof. W. B. Carpenter, of London, England, died in November, at the age of 73, from burns caused by the upsetting of a lamp, while he was taking a vapor-bath, for rheumatism.

Dr. E. O. Shakespeare, of Philadelphia, has been appointed by President Cleveland a Special Commissioner to visit Spain, and report to the State Department upon the recent epidemic of cholera, and its sanitary lessons.

Dr. Harvie has removed to Edgar to take the practice of Dr. N. A. Powell. The latter comes to join the already large army in Toronto, and will be cordially welcomed by the profession.

CANADIANS IN ENGLAND.—Normal Allen, Harold Hawley, and J. Rennie Logan, passed their examinations in anatomy and physiology before the Royal College of Surgeons, on Oct. 9th. Edward Foxton Kingston, passed in anatomy.

### Miscellaneous.

HYDROPHOBIA IN ENGLAND.—There is rather a serious epidemic of hydrophobia at present in London, and twenty deaths from this cause have occurred during the present year.

MEDICAL INSPECTOR OF SCHOOLS.—According to a recent royal decree, all Spanish towns of more than 100,000 persons are to appoint medical inspectors of schools. The town councils are to fix the salary in each case.

We would call the attention of our subscribers to the advertisement of Syr. Hypophos. Co., (LePage's), a sample of which has been submitted to us. We consider it worthy the notice of all those prescribing such a preparation.

"INTERNATIONAL JOURNAL OF MEDICAL SCIENCES."—On and after January 1st, 1886, *The American Journal of Medical Sciences* will be published every three months simultaneously in London and Philadelphia, under the title of the *International Journal of Medical Sciences*, under the editorship of Dr. Minis Hays, of Philadelphia, and Mr. Malcolm Morris, of London.

CELIBACY.—The Paris correspondent of the *British Medical Journal* writes:—According to Lagneau, the well-known statistician, there is a lower rate of mortality among bachelors under 22 years of age than among married men. Above that age the contrary is observed, and married men live longer than bachelors. Among bachelors 30 per thousand are criminals: among married men, 18 per thousand.

TO RENDER SEA WATER PALATABLE.—Sea water can be rendered palatable by removing the chlorides, and Thomas Kay, President of the Stockport (Eng.) Natural History Society, says citrate of silver will do this. He says that one ounce of citrate of silver will convert half a pint of sea water into a drinkable fluid, and a man can keep alive on it a day, or seven ounces will serve to sustain life a week. He proposes that bottles of citrate of silver should be secured in the lifeboats of ships, and used when absolutely required.—*Denver Medical Times*.

CIVIL SERVICE AT THE HOSPITALS.—At a recent examination in this city, one of the candidates was asked the following questions on "Practice:" "Give the highest specific gravity of the blood ever known in diabetes?" "In what country do you find most tapeworms?" "Number of ova laid by one segment of a tapeworm?" "In what part of the intestine do you find the most cysticerci?" We think the examiner might profitably add one or two more. "If a man has a tapeworm, and takes an anthelmintic, how much of the tapeworm will he pass at the first sitting?" "Will the worm like being passed?" and "If the worm does not like being passed, what is he going to do about it?" (*Medical Record*).—Wouldn't he tape-r off?

In the *Union Medicale* of August 15th, under the head of correspondence, appears the following letter:—

MON SHER RICHELLOT,—Thorens has related the sad ending of a duel at which he assisted. The wound caused pleurisy-empyema, and death ensued. Ought not we to recommend to the surgeons some precautions that one takes in every operation? We should demand that the foils should be passed through a flame, or put in carbolic acid, and that the combatants as well as the surgeons should wash their hands in carbolic solution. The surgeons should have carbolic solution ready to apply to a wound at once. We should like to have the pistols and balls disinfected. One fights sometimes for reasons that so little affect one's honor that the precautions deemed necessary for the slightest operation should be taken. One sees that the blades are sharp; we demand that they should be clean, medically.

P. DUROZIER.

**BRUTAL TREATMENT OF A PHYSICIAN.**—The following is an illustration of the sort of treatment to which physicians in the cholera districts bordering on the Mediterranean are exposed at the hands of the ignorant and frightened populace: At Puebla Larga, near Barcelona, a man died of cholera. The relatives told not a soul of what had happened, but, assembled in the front room of their cabin, awaited the arrival of the doctor on his daily round of visits, and when he came asked him quietly, as though all was well, to step in and see his patient. What was his astonishment on drawing near the bed to find that it held a corpse, and, on turning around, to see himself surrounded by the relatives, whose appearance had now become most threatening. They demanded of him what right he had to take their money without curing his patient, and called him a murderer, saying that this was the third person he had deliberately killed in one week. Then the wife of the dead man gathered all the medicines, pills, liniments, disinfectants, and the rest, which the unlucky physician had prescribed, and while the others held him down and forced open his mouth, she emptied the contents of all the boxes and bottles down his throat. For twenty minutes this man was held down while the fiend of a woman poured carbolic-acid solutions, hot liniments, drugs, one after the other, into her victim's mouth. An hour later he was dead. And in two days his father was also dead from the shock which the news of his son's fate gave him.—*N. Y. Medical Record.*

**REST DURING SICKNESS.**—Does the reader of these pages ever think of the work a sick man as much as a well one has to perform while he is lying on his back and taking what we call his "rest?" More than a thousand times an hour, between a hundred and fifty and two hundred thousand times a week, he has to lift the bars of the cage in which his breathing organs are confined, to save himself from asphyxia. Rest! There is no rest until the last long sigh tells those who look upon the dying that the ceaseless daily task, to rest from which is death, is at last finished. We are all galley slaves, pulling at the levers of respiration, which rising and falling like so many oars, drive us across an unfathomable ocean, from one unknown shore to another. No! Never was a galley slave so chained as we are to these four-and-twenty oars, at which we must tug day and night all our life long.—*Oliver Wendell Holmes, Atlantic Monthly, November.*

**CHEAP DYING.**—The cost of cremation by the new company in this city, it is said, will be only twenty-five dollars. The fact that a person dying in New York can have suitable mortuary rites performed for the comparatively small sum of twenty-five dollars is most interesting, and will, we feel sure, do much to rob death of its terrors. The company, indeed, promises to open up a new era in municipal mortuary history; for while there has been a great deal said and written here about cheap living, we have heard but very little of a serious and practical nature about cheap dying. Dying in New York is a luxury, and one about which most people show a strange amount of thoughtlessness and inconsideration. A citizen can live three years in Arkansas for the price of a conventionally respectable interment in New York. Yet few take such a fact as this into the slightest consideration in consenting to a demise. We are, indeed, acquainted with one conscientious old Irish woman, with a complication of diseases, who faithfully attends her Dispensary, because she is "on her relations," and she knows and admits that they cannot afford to bury her.

Such a spirit deserves a historical record and wide emulation. The fact is, we are much in need of a Society for the cultivation, not of plain living, but of plain dying. In these hard times it is often little less than criminal that a man subject his estate to the prolific expenditure of a funeral. We have heard of a gentleman who, at the solicitation of his wife, gave up tobacco and thereby, in the next fifteen years, saved over five hundred dollars, which all went at last for his burial expenses. Here was certainly a disproportion between effort and its result that is most painful to well-balanced minds, and very disheartening to the anti-tobacco propaganda.

We do not advocate extremes, however. It appears quite possible that if a person can die respectably for twenty-five dollars, not only is final dissolution within the reach of all, but it may even be a positive temptation, and lead to the cutting off of a large amount of agreeable, not to say lucrative, invalidism. The whole matter of cheap dying, in fact, needs much further discussion. At present the subject is in a state of painful confusion, reminding one, in this respect, of the Germ Theory, and of the Ninth International Congress.—*N. Y. Med. Record.*

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