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# CANADA MEDICAL • RECORD

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## Original Communications.

### FRACTURE OF BONES AND OSSIFICATION OF MUSCLE IN TABES DORSALIS.\*

J. BRADFORD McCONNELL, M.D.,

Associate Professor of Medicine and Neurology, Vice-Dean of the Medical Faculty University of Bishop's College, Montreal, Physician Western Hospital.

Each case of Tabes Dorsalis, that one meets with, presents some new symptoms and features, not observed in our preceding cases. This Protean character of the manifestations of this disease thus relieves their study from the monotony which is apt to

\* Case exhibited at meeting of Montreal Branch, British Medical Association.

obtain in recording cases with greater uniformity of symptoms. The following case illustrates some of the rarer effects observed in this disease, depending on trophic disturbances.

Mrs. M., aged 32, was admitted to the Western Hospital on February 9th, 1895. Complained of inability to walk or stand, numbness in the legs, defective vision, and symptoms referable to the bladder. She was born in England in 1863, coming to Canada in 1883; she was then in good health; she married in 1884, but has not had any children. Some four years after marriage she was treated for a gastric attack which lasted two weeks. She then suffered from some uterine disease, was told she had "ulceration"; there was considerable leucorrhœa. She was treated with internal remedies and local applications for about 3 months; at that time she noticed difficulty in walking.

Besides scarlatina, whooping cough, and measles, has not had any other illness. There is no definite history of syphilis, although some circumstances not noted would lead to the inference that such was not improbable. Her family history is good.

She dates her present illness from the floods of 1888, her house in Griffintown being in the inundated district. Some two weeks after, she complained of shooting pains in both legs; the joints were not swollen. She has not been free from these pains since, but they have been less during the last four months.

In October, 1891, three years after her attack of what she calls rheumatism, while putting a stick of wood in the stove, her right hip suddenly gave away, the leg becoming two inches shorter than the left one. She suffered none, and had no treatment other than rest. Was able to move about until the fracture occurred, although during the two previous years she noted a weakness in the limbs which was gradually becoming more marked, so that she required to lean on a chair or other support in moving about; locomotion was more difficult at night. She describes a sensation as of pricking with pins and needles in both feet, followed later by numbness, which was also progressive. During the last four years has had gastric attacks lasting 7 or 8 days, consisting of pains in the region of the stomach, and vomiting, appearing usually about the menstrual period. About the time of the fracture the eyes gave evidence of disturbed vision. In December, 1894, while trying to get downstairs, she fell, and fractured the left leg. Both fractures occurred above the trochanters in the neck, and were not accompanied by pain, and but slight irritation of the surrounding parts.

About a year ago there began to appear in the right side of right hip a bony plate, which has gradually increased in size, now measuring about 3 inches in length and 2 inches in breadth, triangular in shape, the base upwards, occupying the position of the tensor vaginae femoris muscle. During the last two years has passed her urine with difficulty; now takes some fifteen minutes to empty the bladder.

At present she appears fairly well nourished; the lower limbs are atrophied, especially below the knee, and the power of the limb very much lessened, and the movements not under her control. The movements at the hip are very free in all directions; there is a complete *intra-capsular* fracture of the neck of both femurs; but little attempt at union has apparently been made, and no evidence of any great amount of callous having been thrown out is now apparent, though crepitus can easily be brought out on forcing the roughened ends together, and the manipulation causes no pain. There is loss of muscular sense; sense of touch present, but referred to opposite foot; is analgesic in both limbs; pricking with the aesthesiometer, and other stimuli, gives a sensation of burning, noticed only two to four seconds after contact. Both patellar reflexes are absent. The sense of warmth and cold is present. The muscular sense is diminished in the arms also; with the aesthesiometer two points are felt at the finger tips only when they are 15 to 18 mm. apart, except in the thumb, index, and middle finger of the left hand, where it is 6 to 8 mm.

The eyes were examined by Dr. Stirling. There is left ptosis; sees double in near vision; pupil immobile to light; changes during accommodation; left v. 5-9 right, v. 5-5 left. Color perception normal; fundus normal, no pallor of disc, yet field is much contracted for colors and form, and concentrically.

The features of interest in this case are: anomalous analgesia, in which different painful irritants gave her only a sensation of burning; allochiria, or irritation of one limb being referred to the other; the fact that the peripheral nerves appear to have been the earliest to have undergone the degenerative changes. The deep anæsthesia is evidenced by the painless condition of the hip after the fracture. There is also delayed sensibility.

The progressive atrophy in the lower limbs is not accompanied by any fibrillar contractions, and the lessened power indicates degeneration in the peripheral motor nerves, which is most marked at parts remotest from the cord. This case thus lends sup-

port to Dejerine's view, that atrophy is due rather to peripheral neuritis than to involvement of the anterior roots or horns in the cord, and points to the new views in regard to the pathological anatomy of this affection, which locates the primary changes in the nervous tissue of the posterior roots, and even in the peripheral sensory trunks and nerves, rather than in the posterior horn and columns of the cord.

The fractures observed in this case are chief elements of interest, the fragility of the bones being caused undoubtedly by the same influences, which produce the muscular atrophy, and are the result of destruction of the conducting tissue between these parts and their trophic nerve centre, or possibly some defect in the sensory portion of the nervous arc. Although we have a symmetrical condition at present in the two hips, the fact that several years elapsed before the second fracture occurred, would show that the degeneration was not so much of primary spinal origin, as from the roots, or peripheral, as its progress was unequal on either side. The brittleness and fragility is explained by *Richardière* to be due to a thinning of the bone throughout, owing to enlargement of the Haversian canals, and destruction of the osteoblasts. It is interesting to note in this connection a description of a similar resorption of bone, in a form of Greek Lepra, or Elephantiasis, described by Dr. Evaristo Garcia, called in Columbia, South America, where it is very prevalent, mal de San Antonio; and reported recently by Dr. A. S. Ashmead, in *New York Medical Journal*, in which a slow form of disease of the nerves, beginning with anæsthesia of the extremities, is followed by atrophy of the muscles, and complete resorption of the bones.

Among the rarest of the complications of Tabes is ossification of the muscles. Obersteiner, in the last issue of the *Annual* of the Universal Medical Sciences, states that this condition has been thus far but seldom observed, mentioning a case reported by Lockering, of Sheffield, where a substance of bony consistence, seven inches in length, appeared in the right rectus femoris muscle of a tabetic patient.

In this case the bony plate occupies the position of the tensor vaginæ femoris, and is quite movable beneath the skin, the base of the triangular mass corresponding to the attachment of that muscle to the anterior part of the outer lip of the crest of the ileum, and appearing as it did some three years after the spontaneous fracture here, cannot be regarded as the result of calcification of callous thrown out at that time, but apparently is a calcareous infiltration of a muscle undergoing atrophy.

## REPORT OF A CASE OF PAPILOMATA OF THE OVARIES AND TUBES, REMOVAL, RECOVERY.

By A. LAPHORN SMITH, B.A., M.D., M.R.C.S., Eng.  
Professor of Clinical Gynaecology, Bishop's College.

Owing to the comparative rarity of this disease, a brief report of a typical case which recently came under my care may prove of interest.

Mrs. H., 40 years of age; mother of two children; last child 15 years ago; one miscarriage 12 years ago. Menstruation began at 13 years of age; always normal till marriage at 23. Menstruation now lasts five days, normal in quantity but exceedingly painful. Bowels moved every four days, but even then only by taking medicine, and before they move there is an intense bearing down pain, all over lower abdomen. Coitus is so painful as almost to be impossible. Locomotion and riding in carriage causes severe pain, and it also pains her to sit down. She has a bad complexion and a dirty tongue, and complains of a bad taste in the morning. But the pain, which began 2 years ago, and has been steadily growing worse, is the symptom for which she is compelled to seek relief. On examination externally, a moderate amount of fluid is found to distend the abdomen; and by bimanual palpation the uterus is found to be retroverted but not fixed, and the appendages very much enlarged and nodular, appearing about as large as two oranges.

After two days spent in the usual preparations for abdominal section at my private hospital, the patient was placed in the Trendelenburg posture, and the abdomen opened. About a pint of dark serum was mopped out, when there was at once seen a large bunch of warty growths completely filling the pelvis, and rising to half way between the pubis and the umbilicus. They were of a glistening white, very much resembling white currants both in color and size, but none were to be seen on the peritoneum other than that portion lying in the pelvis. They were removed in bunches, their connection with the tubes was so friable that they broke off at the slightest touch, leaving a freely oozing surface. When enough of them had been removed to permit the ovary and tube to be seized, these were tied and removed. The two sides presented exactly the same appearance. As there were a great many smaller bunches adherent to the back of the uterus and to all the posterior surface of both broad ligaments, these were all

removed by scraping them off with the ends of the fingers. The oozing was now very free, but was eventually stopped by ligatures on the ovarian and branches of the uterine arteries. The bleeding from the back of the uterus still continuing, a purse string silk suture was placed just below the surface all around the bleeding area, and when this was tightened, the bleeding was completely arrested.

I might here add that without the Trendelenburg posture, this operation would have been a desperately difficult one on account of the bleeding; but being able to see the bleeding surfaces, it was a comparatively easy matter to grasp them with a long Pœan forceps, and encircle them with a ligature.

The uterus was then fastened to the anterior abdominal wall, after scarifying the opposite surfaces, and the incision closed with through and through silk worm gut sutures. No drainage tube was employed; in fact, from being an ardent advocate of the tube, I have come to consider that its usefulness has gone. With our ligatures securely tied, all oozing stopped and the peritoneum thoroughly cleaned, what need of a tube? The Trendelenburg posture has done away with the need of it.

Although the patient suffered a good deal of pain, necessitating four small hypodermics of morphia, she made an excellent recovery, getting up in three weeks and going home in four and a half, and I have since heard from her physician that she is feeling perfectly well.

The most interesting points in connection with these cases are, first their pathology, second their diagnosis, and third their prognosis.

As is well known, two different pathological conditions may present somewhat similar appearances with those found in my case. The most common is due to papillomatous cysts of the parovarium. These cysts sometimes become so filled with warty growths sprouting into their cavity from their lining membrane that the cyst finally bursts through the broad ligaments, and turns inside out, as it were, presenting a dense mass of warty material. Some of them become detached, and are carried by the movement of the intestines to distant parts of the peritoneum, where they become engrafted. I once saw Olshausen in Berlin operate on such a case, and the abdomen was so filled with these masses growing from every portion of the peritoneum that there was nothing left for him to do but to sew the patient up without attempting their removal.

In other cases again, which may be called primary papilloma of the ovary, the warty growths begin on the inside and penetrate through to the outer surface of the ovaries, and gradually spread until the ovaries and tubes are covered with them, and even the adjoining surfaces, of the broad ligament. This seemed to be the case in my patient, the warts being very numerous on the peritoneum, lining the recto-vaginal pouch, and on the back of the broad ligaments; but there was no evidence of infection on any other part of the peritoneum; after the ovaries and tubes had been tied off and the warts removed, the broad ligaments appeared quite natural apart from the oozing from the raw surfaces. An analysis of trustworthy lists of abdominal sections shows us that papillomatous cysts of the ovaries are rare before 25 years of age, the period of life when they are most frequent being between 25 and 50 years.

In some cases the warty growths take on malignant action, forming a sort of cauliflower epithelioma, while in other cases they become very hard, either fibrous or even cartilaginous; but in the specimen under notice they are extremely soft and friable.

As to the diagnosis, it would of course be almost impossible to diagnose the exact pathological condition before the abdomen was opened. The complexion of the patient and the presence of fluid must have led one to suspect malignant disease. Indeed, Bland Sutton says\* surgeons are alarmed when they meet with this condition, as they mistake it for cancer or sarcoma. There is, however, he says, no cause for alarm, as the warts quickly disappear after the removal of the primary tumors.

With regard to the prognosis, it is much better than one might at first suppose, considering the resemblance between these warty masses and malignant disease or epithelioma. The prognosis is quite favorable, provided all the warty masses have been removed, in which case it is not usual for the disease to recur. Skin warts appear suddenly, and almost as suddenly disappear. Thus the life of a wart is often very transient. So with peritoneal warts; but as long as the seed supply continues, new warts spring up, last for a time, and die, to be succeeded in their turn by a new crop. When the tumors are removed, the supply of germ epithelium ceases, the warts die and the crop is not renewed.

In my case the immediate result seemed very satisfactory. The pain has gone, the bowels are regular, appetite and strength improved, and the dirty complexion has cleared up. As only a few months however, have elapsed since the removal of the growths, it is too soon yet to say what will be the ultimate result.

In view of the possibility of these growths taking on malignant action, their early removal cannot be too strongly recommended.

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\*Bland Sutton, Tumors, p. 399.



## Selected Articles.

### FIVE YEARS' EXPERIENCE WITH THE COLD-BATH TREATMENT OF TYPHOID FEVER.\*

By WILLIAM OSLER, M.D.,

OF BALTIMORE, MD.,

Professor of Medicine in Johns Hopkins University.

During the first year of the hospital service, typhoid fever was treated symptomatically. The number of severe cases admitted was unusually large, and there were eight deaths among thirty-three patients—a percentage of 24.2. For the past five years ending May 15, 1895, systematic hydrotherapy has been used—the method of Brand, with certain minor modifications. In the first report (vol. iv) the plan was given, but I may repeat here that each patient receives a tub-bath of twenty minutes at 70° F. every third hour, when the rectal temperature is at or above 102.5° F. Frictions are applied in the bath, and a warm drink or a stimulant is given afterward. In a large proportion of the cases no other treatment is employed. If the pulse is feeble, whisky is given, and strychnine. The diet is either wholly milk or in part broths and egg-albumin. It may be noted that all the cases come under my immediate care or, in my absence, that of Dr. Thayer, the Associate in Medicine.

In estimating the value of any plan of treatment, it is important that all circumstances should be taken into account. In the previous report I dealt with the statistics as so many patients admitted, of whom so many died; and this, I think, should be done in all institutions—give the total number of cases of each disease treated to a conclusion, and the number of deaths, irrespective altogether of the length of stay in the hospital or the condition on admission. General hospitals are everywhere liable to be repositories of the more severe or troublesome cases, and in typhoid fever more particularly of protracted cases, in which serious symptoms have developed late in the disease. A high rate of mor-

\*From forthcoming "Studies in Typhoid Fever," No. ii, Johns Hopkins Hospital Reports, vol. v.

tality in any given acute disease may be an indication of a special usefulness of the institution. As already given, the general statistics of the hospital in typhoid fever are :

Cases admitted during the six years ending May 15, 1895 .....	389
Number of deaths .....	34
Percentage of mortality .....	8.7
Cases admitted before the introduction of hydrotherapy .....	33
Number of deaths .....	8
Percentage of mortality .....	24.2
Cases admitted since the introduction of hydrotherapy .....	356
Number of deaths .....	26
Percentage of mortality .....	7.3
Number of cases bathed .....	299
Number of deaths among the bathed cases .....	20
Percentage of mortality in the bathed cases .....	6.6

The percentage 7.3 represents the total mortality during the past five years ; but as it does not represent the mortality of the cases treated by hydrotherapy, the figures must undergo a further analysis. Many circumstances interfere with the systematic carrying out of the plan, among which the following are the most important :

In the first place, a number of cases are admitted in the second week, and even in the third week, with a falling temperature, and the fever constantly below  $102.5^{\circ}\text{F}$ . Cases, too, are admitted early, which have low temperatures and mild symptoms throughout. Brand and others urge that these should also be bathed ; but in a large proportion of all such cases this appears superfluous. There are exceptions, however—cases in which the fever is low on admission, and even remains low for a week or ten days, to be followed by active and threatening symptoms. Nos. XXII and XXIX of the fatal cases were of this kind, and in both one could not but regret that the baths had not been used from the outset. In the very mild cases, seen more frequently in private than in hospital service, the baths are unnecessary. Last year we admitted an unusually large number of such mild cases.

In the second place, some patients are admitted late in the disease, and are too ill to bathe. A patient brought in at the end of the third week, with high fever, rapid, feeble pulse, meteorism and diarrhœa, stands, I believe, a much better chance, with careful sponging, to reduce the fever, than he does with tubbing every fourth or fifth hour and the disturbance unavoidable in the lifting out of bed. There were five patients admitted in too feeble a condition to bathe, not one of whom died.

Thirdly, there is a group of cases which on admission present serious complications—hemorrhage, signs of perforation, very intense bronchitis, pneumonia, pleurisy or intense meteorism, with severe diarrhœa. On account of hemorrhage the baths were postponed on several occasions. There was no instance in which on admission the pulmonary symptoms seemed to contra-indicate the treatment.

Fourthly, there are cases which were not bathed at first because the diagnosis seemed doubtful. Two of the fatal cases, to which reference will be made shortly, were not recognized clinically as typhoid fever. Each autumn we have a certain number of cases of malaria that present features closely resembling typhoid fever—so much so that baths have been given. These are instances of the so-called estivo-autumnal fever in which the organisms may at first be difficult to find. In other instances, with a strong suspicion of malaria for a day or two, the symptoms of typhoid fever have developed subsequently, but the temperature meanwhile has fallen below the bathing-point. In several cases the condition at first resembled tuberculosis.

And, lastly, the baths have been frequently changed to cold sponges, on account of hemorrhage, profound weakness, tenderness, and swelling of the abdomen, signs of perforation, and in a few cases because of the active protestations of the patient. The sponging, when thoroughly done, is almost as formidable a procedure as the cold bath; indeed, we have had patients ask to have the baths resumed.

The following are among the most important reasons which caused transient suspension of the method: hemorrhage, 13 cases; perforation, in which condition even the sponging is rarely allowable, but in which the extremities may be bathed without disturbing the patient; great weakness and prostration, 11 cases; active mental symptoms, for one day in one case, for two days in another; extreme tenderness of the abdomen, for one day, one case; severe bronchitis, intense laryngitis, after operation on abscess of parotid, severe phlebitis, pleurisy, each one case. In many of the fatal cases the baths were suspended for 24, sometimes 48, hours before death.

There were several instances in which the symptoms of relapse were so slight that the treatment was not rigidly enforced.

Of the 356 cases treated during the five years, 299 were bathed; of these, 20 died, a mortality of 6.6 per cent.

Of the 57 cases that were not bathed for various reasons, usually because of the mildness of the disease, 6 died,—a percentage of 10.3. This high ratio of mortality in the unbathed cases is, of course, due entirely to the circumstance that conditions, mentioned later, interfered with the use of the baths in a group of cases of unusual severity. In the 6 fatal cases, the histories of which are given in full in another place, in two, Cases XI and XVIII, the diagnosis was wrong; in the one, in an old man of 70, with consolidation of the lower lobe, the disease was thought to be lobar pneumonia, and in the other the patient had been in the hospital the year before with entero-colitis, and on re-admission with severe diarrhœa, typhoid fever was not suspected.

In Case XXVII the disease was at first thought to be tuberculous cerebro-spinal meningitis; the temperature was low, the nervous symptoms marked, and it was not until parotiditis developed that our suspicions were aroused about typhoid fever.

In Case XXVIII, after twelve days of moderate fever, severe symptoms developed, with tympany and abdominal tenderness and diarrhœa. It was thought best to use the cold sponges; death was probably due to perforation.

In Case XXXII the patient was admitted, bleeding profusely from the bowels.

In Case XXXIII the fever was low, only touching 104° at entrance, and subsequently not rising to the bathing-point. Death occurred from thrombosis of the middle cerebral arteries.

Two advantages are claimed for hydrotherapy in typhoid fever—a mitigation of the general symptoms of the disease and a reduction in the mortality. Our experience during the past 5 years bears out these claims.

In general hospitals, to which cases rarely are admitted before the end of the first week, the full benefits of the cold bath, as described by Brand, cannot be expected; nevertheless, in any large series, the severer manifestations appear to be less common. As has been urged so often and so ably by many writers, the beneficial action is not so much special and antipyretic as general, tonic, and roborant. The typhoid picture is not so frequently seen, and we may have 20 or more cases under treatment without an instance of dry tongue or of delirium among them. It is a mistake to claim, as do the too-ardent advocates of the plan, that severe nervous symptoms are never seen. I have taken the pains to go carefully over our records on this point. There were

in the first 3 years 13 cases, in the past 2 years 9 cases with delirium. Most of these were protracted cases which had from 75 to 120 baths.

A far more important claim is that the use of the cold bath reduces the mortality from the disease. The comparison from death-rates as a measure of the efficacy of any plans of treatment is notoriously uncertain unless *all* the circumstances are taken into account. Our own figures for the past 5 years, for example, illustrate this—6.2 per cent. in the bathed cases, 10 in the unbathed cases—as the latter group is made up entirely of cases too mild to bathe and 6 patients in whom either the disease was not recognized or who were too ill on admission to treat.

Statistics have a value in this connection only when the figures on which they are based are numerous enough to neutralize in some measure their notorious mobility. Small groups of cases are useless; 24 per cent. of mortality in our first year in 33 cases, and a series of nearly 50 bathed cases without a death, illustrate the liability to error in discussing a few cases. Unfortunately, typhoid fever is a disease in which the cases may be reckoned by hundreds and thousands, and the average mortality in general and special hospitals throughout Europe and America is easily gathered. The rate may be placed between 15 and 20 in each 100 cases. In the Metropolitan Fever Hospitals, London, the death-rate, as given in the report for 1893, was 17 per cent.

The cold-bath treatment, rigidly enforced, appears to save from 6 to 8 in each hundred of typhoid patients admitted to the care of the hospital physician.

While I enforce the method for its results, I am not enamored of the practice. I have been criticized rather sharply, for saying harsh words about the Brand system. To-day, when I hear a young girl say that she enjoys the baths, I accept the criticism, and feel it just; but to-morrow, when I hear a poor fellow (who has been dumped, like Falstaff, "hissing hot" into a cold tub), chattering out malediction upon nurses and doctors, I am inclined to resent it, and to pray for a method which may be, while equally life-saving, to put it mildly, less disagreeable.

ON THE ADMINISTRATION OF THE SALICYLATES  
IN ACUTE RHEUMATISM.

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By P. W. LATHAM, M.A., M.D.

Extracts from a paper read before the Cambridge Medical Society.

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(From the *St. Louis Medical and Surgical Journal*, October, 1895.)

We have now become so familiar with the successful treatment of acute rheumatism by means of salicylic acid and salicylates, that it may seem somewhat superfluous for me to address you on the subject. But cases have come under my observation in which objections have been taken to the use of these remedies, on the ground either that they disagreed with the patient, producing nausea, vomiting, etc., or that notwithstanding fairly large doses of the drug, the pains have not been relieved, the temperature has not been reduced, or, most serious of all, cardiac or other complications have arisen during the time the patient was taking the medicine, and when apparently he was under its influence. Now it is in preventing the development of these complications that, when properly administered, the remedy so strikingly shows its power, truly acting as a distinct specific.

In my Croonian Lectures, in 1886, I spoke *à propos* of rheumatism, as follows: "Here is a disorder which, under different treatment, may exist for weeks, stationary, so to speak, in its intensity, the great heat and nervous and vascular excitement and pain and swelling exactly of the same amount to-day as they were weeks ago; a disorder which, less than fifty years ago, was said to be often such in itself, and such in its appalling incidents, as to need, from time to time, that medicine should put forth the full compass of all its powers. Every organ, or system of organs, which, either directly or indirectly, can receive the impression of remedies, are from time to time called to bear all that they can possibly endure; and it is often only when the powers of medicine are pressed even to the verge of destroying life that life is saved.

"And now, with or without the administration of a purgative, as the occasion requires, the patient is placed fully under the influence of salicylic acid, and in from forty to sixty hours, not unfrequently in a shorter time, the pains in the joints have subsided, the limbs can be freely moved, and the bodily temperature has reached the normal condition. But more than this—and here the remedy shows its signal power—in no case of rheumatism that has

come under my care during the last six years, either in hospital or in private practice, has there been developed, where the heart was previously sound, any cardiac complication, such as endocarditis or pericarditis. If this can be maintained and ensured, we have, indeed, in our hands a most potent remedy. Cardiac complications constitute the chief danger of acute rheumatism, and the danger, if the disease is taken in hand soon enough, may with our new remedy be averted.

"Eight years' further experience has only confirmed what was then stated. I have seen numbers of cases where complications have been developed before the patients came under my care, but I feel strongly that these complications might be prevented, or at least materially lessened, by earlier and more energetic treatment, and it is for this reason chiefly that I venture to address you to-day.

"Now, what are the conditions to ensure success?"

"Principally, the true salicylic acid obtained from the vegetable kingdom must alone be employed. If you have to give large doses, avoid giving the artificial product obtained from carbolic acid, however much it may have been dialysed and purified. An impure acid will very quickly produce symptoms closely resembling delirium tremens."

The causes of failure with this remedy, as far as I have been able to judge, are :

1st. Insufficient doses at the commencement.

2nd. The non-administration of a purgative.

3rd. Feeding with substances other than milk, such as beef tea, broths, etc., especially in the earlier stages.

As this plan of treatment works prosperously day after day in its immediate effects, so day after day it gives an earnest of the remedial impression it is exercising upon the whole disease. It abates the fever, it softens the pulse, it reduces the swelling, and it lessens the pain. In short, it subdues the vascular system like a bleeding, and pacifies the nervous system like an opiate; and often in the course of a week the acute rheumatism is gone. In three days there is often a signal mitigation of all the symptoms; and in a week I have often seen patients who have been carried helpless into the hospital, and shrieking at the least jar or touch or movement of their limbs, risen from their beds and walking about the ward quite free from pain.

Now, if, in the treatment of acute rheumatism, you were to choose one indication and abide by it, and were to trust one class

of remedies, and to it only, you would find more cases that admit of a readier cure by the method now described than by either of the two former. You would find the aggregate of morbid actions and sufferings, which constitute the disease, more surely reached and counteracted and more quickly abolished by medicines operating upon the abdominal viscera only than by those which influence either the blood vessels only or the nerves only.

I would still recommend that the natural salicylic acid, or its salt, should be employed in preference to the artificial acid when large doses are to be administered. I admit that what are termed the "physiologically pure" preparations may be as good; but I prefer using the natural products, owing to the complete safety which, with ordinary care, attends their administration. In a paper in the *British Medical Journal*, of December 10th, 1881, I first called attention to the danger of using the artificial acid. The impurities then existing in it amounted to as much as 15 per cent. By improved methods of preparing it, in 1884, these impurities were reduced to 5 per cent., and now it is so carefully prepared, that the product is said to be "physiologically pure." In the *Pharmaceutical Journal* of November 22nd, 1890, you will find a very exhaustive paper by Professor Dunstan, giving an account of these impurities, with a report also, by Professor Charteris, of the poisonous effects which two of these impurities, viz., ortho-creosotic acid and para-creosotic acid, have on the animal system. The same journal also contains a report of an interesting discussion on the subject which took place at the Pharmaceutical Society.



# Progress of Medical Science.

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## MEDICINE AND NEUROLOGY

IN CHARGE OF

J. BRADFORD McCONNELL, M.D.

Associate Professor of Medicine and Neurology University of Bishop's College,  
Physician Western Hospital.

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### THE MOST SUITABLE AMERICAN CLIMATE FOR CONSUMPTIVES.

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By A. H. STEWART, M.D.,

*In American Practitioner and News.\**

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He presumes that in a climate where tuberculosis is prevalent, it either favors the development of the specific organism or renders the inhabitants more susceptible to its action.

Laboratory experiments show that moisture, darkness, bad ventilation, and moderate warmth increase the vitality and virulence of these specific organisms, and increase their power to propagate their species, and that dryness, light, especially sunlight, moving atmosphere, and extreme temperature, either hot or cold, especially the latter, lessen the vitality and virulence of these organisms and diminish their fructifying powers. Observation has also shown that cold and moisture, and, to a less extent, warmth and moisture, retard the transpiration of the fluids of the body, both through the skin and respiratory mucous membrane, diminish the excretion of urea and carbonic acid, induce congestion of the internal organs, especially the lungs and kidneys, favor colds and catarrh of the respiratory mucous membrane, lessen hæmoglobin and other vital constituents of the blood and tissues, and in this way weaken potential and kinetic cell energy, and favor tuberculosis. While, on the other hand, cold and dryness, and, to a less extent, warmth and dryness, increase the transpiration of the fluids of the body, facilitate excretion of urea and carbonic acid, relieve overtaxed viscera, favor oxygenation, increase hæmoglobin

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\*Read at the June meeting of the Kentucky State Medical Society, 1895.

and other vital constituents, and thereby increase latent and active cell energy, favor constructive metamorphosis, and therefore oppose tuberculosis. It has been further shown that if to dryness there be added a considerable degree of rarefaction, with its usual favorable accompanying influences, sunshine, lowered humidity, lower temperature, and increased diathermancy (power of transmitting radiant heat), the above beneficial effects are doubly intensified, with the additional benefits of accelerated and strengthened heart action and respiration, increased appetite and assimilation, increased thoracic and pulmonary ventilation, and increased absorption of infiltrated exudation and broken down *debris*. The latter obviates the necessity of forcible expulsion by cough and expectoration, removes so much additional culture soil for the tubercle bacillus, and even an additional amount of bacilli themselves. In this way these climatic attributes exert both a direct and indirect beneficial influence on the body organism, and thus favor the healing of morbid conditions in the lungs.

As the reduction of atmospheric pressure comes at the rate of half a pound to the square inch of surface for each thousand feet of ascent, and as lowered temperature through atmospheric expansion, which also gives rise to lowered humidity, comes at the rate of about three degrees for each thousand feet of ascent, these favorable climatic conditions are naturally found in the greatest abundance in such high, dry regions in the interior of Continents as the Alps in Europe, the Rocky Mountains in the United States, and the plains of Nubia and plateaus of Abyssinia in Africa, where solar and terrestrial radiation are the greatest. Consequently these places are fast becoming the Meccas for the consumptives of these respective countries.

The Adirondacks in New York, the Lower Alleghanies in North Carolina and Georgia, the pineries of Georgia and South Carolina and Florida, while offering many advantages to invalids, have no direct therapeutic influence on tubercular lesions and cavities. Such climates are found chiefly in the great plains and plateaus of the West, where moisture lessens as they are approached from the East or West, and sunshine and dryness increases. Thus, while the annual rainfall at New Orleans is 65 inches, in Yuma, Arizona, it is only 2 inches; the average per cent. of cloudiness at St. Louis is 52; Prescott, Arizona, 24; Colorado and New Mexico stand unrivalled in their claims as suitable climates for consumptives, and at Denver and Colorado Springs better results have been obtained than anywhere else.

New Mexico is one of the driest States in the Union, average rainfall 10 to 12 inches, and not more than 25 or 30 cloudy days in the year ; it has a lower altitude and warmer climate in its southern parts than Colorado, and patients who cannot remain in the latter place and in northern parts of New Mexico often do well in the southern parts and in the northern parts of Texas, such as El Paso, and later can come to northern New Mexico or Colorado. In no part of New Mexico does vegetation rot, but dries up ; meats do not decompose, on account of the absence of moisture. Asthma and hay fever are unknown among the natives, and a vast majority of cases of incipient tuberculosis are cured entirely by a sojourn here of from six months to three years.

Many localities west of the Sierra Nevadas, Santa Barbara, Los Angeles, San Diego and Pasadena are noted health resorts, but are not so good as more inland resorts, and north-western Texas and southern and western New Mexico possess the most advantages for tuberculous subjects, as they possess curative influences nearly or quite equal to that of the climate of higher and colder regions, without many of these objectionable features, and many can go there who would not be benefited in the latter places. The most suitable American climate may be included in the nine degrees lying between the 31st and 40th parallels north Latitude and the nine degrees lying between the 101st and 110th meridian west Longitude. The chief objections to the lower regions are the winds and sands which they float, but the same disadvantage occurs in Colorado, and the health resorts are usually protected by hills and mountains.

As a general rule, persons suffering from valvular lesions, rapid action of the heart, emphysema, pneumonia, pneumo-hydrothorax, "existing hæmoptysis," advancing bronchiectasis, hypersensibility of the nervous system, double cavities, pyrexia, great debility or advanced age, should not go to the higher altitudes. Yet many such persons do well in the highest, coldest portions of the central Rocky Mountain regions, but many of these will do better in the lower, warmer, drier sections referred to. Unless hæmoptysis actually exists, such cases usually do well at moderately high altitudes, from the fact that the conditions which give rise to hæmoptysis are rapidly relieved. Many cases of valvular disease and many cases of apparently hopeless pulmonary tuberculosis do well at high altitudes, yet great care should be exercised in the selection of such cases. But cases of incipient tuberculosis do

the best, and from this class most recoveries are recorded. Patients with constant, continued fever, great debility and advanced age should strictly avoid high altitudes.

### LEUCOCYTOSIS IN PNEUMONIA—INFLUENCE OF DIGITALIS ON LEUCOCYTOSIS.

Stienon (*La Presse Médicale*, July 13, 1895 in *Medicine*) finds that the leucocytes in pneumonia, while varying greatly in number, are generally increased. With the crisis, the small mononuclear lymphocytes increase as well as the eosinophiles. During the period of fever the polynuclear corpuscles abound. In case of delayed resolution or of suppuration, the polynuclears remain in increased numbers, and the small mononuclear forms do not show the commonly-met-with multiplication. In some cases mononuclear forms predominate during the febrile as well as afebrile period.

Hans Naegeli-Akerblom (*Centralblatt für Innere Medicin*, Aug. 10, 1895) confirms the existence of leucocytosis in pneumonia. He traces a connection between the fact, observed by Von Jaksch and others, that in favorable cases leucocytosis is marked, and the clinical observation of Pétresco as to the favorable influence of large doses of digitalis, believing digitalis to be a producer of leucocytosis.

He had an experience with fifty-five cases, in which eleven were lost. But of the fatal cases one was complicated by empyema, two by tuberculosis, one by severe icterus; four of the cases came under treatment *in articulo mortis*; one received no medicament; the two remaining fatal cases were over seventy years of age. The writer, therefore, justifiably regards his results as very favorable.

Experiments on animals and man showed him that polynuclear leucocytosis followed the administration of digitalis.

His conclusions are as follows:

1. Digitalis is one of our most powerful remedies in the treatment of pneumonia.
2. Its influence on the heart, lungs and blood is favorable.
3. When employed in large doses it tends to cut short the course of the pneumonia.
4. In large doses it exerts a favorable influence in inducing leucocytosis (polynuclear). Daily doses of 1.0 to 5.0 Gm. are borne without harm.
5. The employment of cold water in conjunction with the digitalis is to be recommended, as by this means, also, is hyperleucocytosis induced.

## TREATMENT OF THE FULGURATING PAINS OF LOCOMOTOR ATAXIA.

Blondée (*Revue de Thérapeutique*, April, 1895, in *Buffalo Medical Journal*) describes a novel way of treating these obstinate pains, by the following simple methods: Its *rationale* consists in the elongation of the spinal cord in the canal, without suspension and the danger of luxation that accompanies that method. The patient is told to perform the following exercise each evening before going to sleep: lying flat upon his back on the bed, he should flex his thighs upon the body and the legs upon the thighs, bringing the knees as near as possible to the chin, advancing the head to meet the knees as much as possible. A band is then passed about the neck and beneath the knees, enabling the patient to retain this position for five minutes. It is evident that the cord will be stretched, especially in the region of the dorsal columns of the spinal cord or the diseased portion.

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## SURGERY

IN CHARGE OF

FRANK R. ENGLAND, M.D.

Prof. of Surgery and Lecturer on Clinical Surgery University of Bishop's College.  
Surgeon Western Hospital.

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## SARCOMA TREATED BY THE TOXINES OF ERYSIPELAS.

For a long time it has been known that an intercurrent attack of erysipelas frequently retarded the growth of a malignant tumor and in exceptional cases resulted in a permanent cure. Many such cases have been reported.

Since the discovery of the organism of erysipelas by Fehleisen, patients suffering from inoperable malignant tumors have been treated by inoculation with pure cultures of the streptococcus *erysipelatis*. Some of the cases subjected to this treatment showed signs of improvement, others were not benefited, and to some the treatment proved fatal. More recently Coley and Bull have obtained better results by using sterilized cultures of the organism of erysipelas instead of the active cultures. This it would seem is an important advancement, as it is not attended by the risks incident to an attack of erysipelas. Erysipelas under any circumstances is a grave disease, and it must be fraught with special dangers when occurring in one already suffering from a

grave affection. To amputate at the hipjoint in a young child for sarcoma involving the lower end of the femur must always be a serious matter. To excise the superior maxillary bone for malignant disease is even worse. If an early diagnosis has been made, and the case is in the hands of a skillful surgeon, recovery from the operation will probably occur, life be prolonged, and possibly the disease eradicated. The deformity, however, which results must remain to a greater or less extent throughout life.

Thirdly, malignant disease often affects structures which cannot be completely removed by the most radical operation. The writer intends to watch this treatment in the hands of different representative men of large medical centres, and later will pronounce upon the results of this treatment.

The sterilized culture used first by Coley is to be found in the shops in a diluted form to be used in doses of from 5 to 30 minims. The treatment should be commenced by injecting 5 minims every alternate day, increasing the dose gradually, according to the severity of the reaction obtained. The temperature after the injections at times reaches an extremely high point.

In April last I saw a case of sarcoma of the femur under the care of Dr. Gibney at the Hospital for Ruptured and Cripples, New York. The sterile erysipelas culture was injected. The patient, a little girl, had been under treatment only two or three weeks. The limb was said to be rapidly decreasing in size, and the reactions following the injections were becoming less marked. In this case the temperature on one occasion after an injection rose to  $106\frac{1}{2}^{\circ}$  F.

#### TAPPING THE VETEBRAL CANAL.

This method was first recommended by Quincke in 1891 as a means of distinguishing between serous, purulent, and tubercular meningitis. The operation is done with the understanding that there is an open communication between the subarachnoid space surrounding the spinal cord and the ventricles of the brain. The terminal cone of the cord is situated at the level of the first lumbar vertebra, and if a puncture is made below this point it is not likely that any of the divergent strands of the cauda equina will be injured. The patient's body should be bent forward while the puncture is being made. In semi-comatose children and in adults, narcosis is not required, and aspiration is also unnecessary, as the cerebro-spinal fluid will ooze out drop by drop, or spurt out if it is under much pressure.

Augustus Caillé, of New York (*New York Medical Journal*, June 30, 1895), has had a personal experience with tapping the spinal canal in four cases, and gives the following description of his method of procedure:—

“After locating the third and fourth lumbar vertebræ, I place the middle finger of my left hand upon the spinous process of the third, and the index finger on the spinous process of the fourth lumbar vertebra, pressing firmly upon the bone. I now mark with the nail of my right index finger the interspace between the two fixed points, and puncture precisely in the median line, with a large-sized hypodermatic needle attached to its syringe, which is entirely used as a handle and not for the purpose of aspirating. No undue force should be used in propelling the needle forward; it readily enters the spinal canal, and can be moved about freely if it is in the right place. The syringe may now be unscrewed from the needle, which remains *in situ* and permits the fluid to escape into a sterilized bottle for subsequent examination.” He expresses the opinion that tapping of the spine may be safely employed to relieve pressure symptoms in various forms of disease. In chronic hydrocephalus it is a safer procedure than tapping the cranium. For diagnostic purposes its value is firmly established.”

#### ANAL FISSURE OR ULCER.

Harrison Cripps, of St. Bartholomew's Hospital, London (*Brit. Med. Jour.*, July 20, 1895), states that if a case of this kind is of comparatively recent origin, if muscular fibres are not exposed, and there is no undermined muco-cutaneous surface or sinus present, there is a fair chance of a cure being effected by simple remedies. The motions must be kept soft by a laxative; a teaspoonful of the confection of senna early every morning is effective. Capsules of 15 to 30 drops of the fluid extract of cascara sagrada may be taken at bed-time, or the following dinner pill: Pil. col. co., 10 grains (0.65 gramme); pil. rhei. co., 20 grains (1.3 grammes); mix and divide into six pills, one to be taken at dinner time. The anus should be gently washed with soap and water night and morning, and on no account should paper be used in the closet, the part being cleaned with a sponge or cotton-wool and water. Two ointments may be prescribed: the one a soothing ointment to be applied five minutes before the motion is passed, the other an astringent ointment to be used at night. It is better for the patient to apply this with his finger than by any form of ointment introducer, for the ulcer is just

at the orifice, and if the patient strain down it can be effectually applied. Six grains (0.39 gramme) of morphine to 1 ounce (31 grammes) of unguentum petrolii form a good soothing ointment ; for an astringent ointment, subsulphate of iron, 10 grains (0.65 gramme) to 1 ounce (31 grammes) may be used, or tannic acid in the proportion of 20 grains (1.3 grammes) to the ounce (31 grammes). Another ointment he has seen occasionally effectual is composed of 15 drops of carbolic acid and 10 grains (0.65 gramme) of powdered camphor to 1 ounce (31 grammes) of simple ointment or unguentum petrolii.

*Operative.*—Palliative treatment may have failed, or the case from the first may be one better treated by operation. If the ulcer is of old standing and the muscular fibres exposed, or if the edges be undermined or a sinus present, palliative treatment is mere waste of time, for by an operation properly performed the patient may be cured. It should be done as follows : At bed-time two days preceding that of the operation the patient should take two pills (pil. col. co., gr. iv ; pil. rhei. co., gr. vj ; mix and divide into two pills) ; this will insure the bowels being well opened the day before the operation. On the morning of the operation, and an hour before its performance, the bowels should be washed out by an injection of a pint of hot water. The patient being under ether in the lithotomy position, the sphincter is gently dilated. The ulcer is now thoroughly examined with a fine probe to see if any fistulous tract exist, and the extent to which the edges may be undermined. If a sinus exist it must be laid open ; if there is no sinus, or if present after it has been divided, a speculum is introduced into the rectum. The surface of the ulcer is then divided in the middle by a clean cut. The incision should commence on the mucous membrane half an inch above the ulcer and end on the skin half an inch or a little more below it. The depth should be such as partly to divide the external sphincter, and to accomplish this it would have to be at least a third of an inch in depth in the middle. It is quite true that in many cases a more superficial incision will suffice, but as superficial incisions are often insufficient, it is better to make a bolder one at once. Moreover, the depth of the wound makes little difference in the time taken in its healing. After the incision has been made, a narrow strip should be cut with a pair of scissors off the two edges, which will otherwise overlap and interfere with the healing. A strip of lint smeared with eucalyptus-ointment, laid in the cut, and covered



with a pad of aseptic cotton-wool, completes the operation. For a fortnight the patient should be kept in a recumbent position, and, as in all other rectal operations, the wound should be thoroughly washed and redressed night and morning. A dose of castor-oil is given to open the bowels on the fifth day, and after this a mild laxative every alternate evening. When the patient is allowed to get up, it will do him no harm to walk about a bit, but he should sit as little as possible till the wound is completely healed. Nothing retards the healing of a rectal wound so much as the congestion produced by long sitting.

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### THE TREATMENT OF GONORRHOEA IN THE MALE BY URETHRAL IRRIGATION WITH POTASSIUM PERMANGANATE.

Dr. Cumston (*Journal of Cutaneous and Genito-Urinary Diseases*, October, 1895) reports excellent results after two years experience in the treatment of that common and disagreeable affection, specific urethritis, by daily irrigation of the whole urethra. The strength of permanganate solution used is 1 to 3000. Little pain is experienced by the patient after the second irrigation. At the same time this solution has been found quite strong enough for the destruction of the gonococcus. The solution should be given at blood heat and the average number of irrigations to effect a complete cure has been fifteen. A pint is the quantity of solution used at each irrigation, an ordinary douche pail or irrigator, with a conical bulb rubber catheter attached, perforated by three pin point holes at the base of the cone, thus giving a recurrent flow, is all the apparatus required. A coverslip preparation of the pus is always made at the commencement of treatment; a second after, the fifth irrigation, and from time to time up to the end of treatment.

It is found that the gonococci have considerably decreased in number after the fifth irrigation, and they have generally disappeared after the 10th. His conclusions after treating 30 cases by above method:—

I. The average duration of the affection is 15 days.

II. Complications, such as cystitis orchitis, epididymitis arthritis or bubo are very infrequent. Chordee is less frequent under this treatment, although some of my cases suffered from it.

III. Ardor urinæ only lasts at most four days, usually two.

IV. That gleet is infrequent if the treatment has been properly carried out.

## LAPAROTOMY FOR PERFORATION IN TYPHOID FEVER.

PARKIN (*British Medical Journal*, January 26, 1895) gives the history of a case in which the perforation was promptly diagnosed and operated on only two hours after it had occurred. The patient died three days after the operation. The author states that this added one more to the list of twenty such cases which had been so treated with only one recovery. There is no doubt that perforation in the course of the enteric fever is almost invariably fatal, and any recovery from such a complication can only be regarded in the light of an accident, unless surgical treatment be adopted.

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## TREATMENT OF OBSTRUCTION OF THE BOWELS BY ELECTRICITY.

ALTHAUS (*British Medical Journal*, January 26, 1895) gives the details of two cases in which he was enabled to produce passages from obstructed bowels by means of electricity. An insulated sound with free metallic end was introduced into the rectum, and a moistened conductor applied to the parietes chiefly in the region of the sigmoid flexure. The primary faradic current was sent through, and its force gradually increased until the patient experienced a decided feeling of vibration in the bowel. This was done in one patient at ten o'clock A.M., and the same evening he had a copious movement.

In the second case the application was made at half-past five P.M., and a good motion followed at one o'clock A.M. The method employed by Boudet and Laral of injecting some salt-water in the rectum to act as an electrode is also mentioned. The author states that if electric injections were made soon after the appearance of bad symptoms, and laparotomy followed quickly after failure of electricity, the electrician, as well as the surgeon, would have a better chance of saving the patient's life than now, when they are often called in too late.

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## PERITYPHLITIC ABSCESS NOT DUE TO APPENDICITIS.

HOMANS (*Boston Medical & Surgical Journal*, December 13, 1894) gives the details of a case of abscess in the right iliac region occurring in a child 4 years of age. There was pain to right of and around the umbilicus, also distention of abdomen and ten-

derness. The pulse was 120, and temperature 103° F. A dose of oil produced only a slight movement. On opening the abdomen the healthy bowels were seen, and to the right of the umbilical region was a level surface of grayish color. This was the roof of an abscess, and on it lay the healthy appendix. The abscess was evacuated and recovery ensued, the appendix not being disturbed. Except for the youth of the patient and the fact that the appendix was normal, the case did not differ from others that are called appendicitis when operated on, and in which the appendix does not happen to be seen.

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## RESTORING PERSONS APPARENTLY DEAD FROM CHLOROFORM.

LEEDHAM-GREEN (*Birmingham Medical Review*, February, 1895) calls attention to the König-Maas system of rapid compression of the precordium as used in Göttingen. The case on which he tried it was a child four months old. The operation of circumcision had nearly been completed when the child became deadly pale, the pupils dilated, and the respiration and the heart's action ceased. The child was apparently dead. The surface became pale and cold, the eyes shrunken, pupils widely dilated, and there was a collection of froth at the mouth. Rapid compression (about 120 per minute) of the precordium was followed by a faint gasp and ultimate recovery. Seven minutes had elapsed during which neither heart-beat nor respiratory effort could be detected. Sylvester's method, which was first used, was totally inadequate.

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## GYNÆCOLOGY.

IN CHARGE OF

A. LAPHORN SMITH, B.A., M.D., M.R.C.S., Eng.

Professor of Clinical Gynæcology University of Bishop's College,

Surgeon Western Hospital.

Gynæcologist to the Montreal Dispensary and Samaritan Hospital for Women.

*Puerperal Fever.*—As the gynæcologist is so frequently called to the aid of the general practitioner in the accidents of labor, we venture to begin our retrospect by some reference to an interesting clinical lecture recently delivered by Professor Pinard at the Baudeloque Clinic, Paris (*Medical Press and Circular*, Aug. 16, 1895). He remarked that the later the date after labor that fever supervened, the less serious it was, while the most serious cases were those in which the fever began on the second or third day. He

therefore urged his hearers to take the temperature, not in the axilla, which was unreliable, but under the tongue every evening for the first three days. He also places much reliance upon the rapidity of the pulse for diagnosing. He recommends three grades of treatment : first, intra-uterine irrigation, night and morning, with a 1-4000 solution of biniodide of mercury. (We have found a 1-40 Condy solution to be equally effective.) Second; if the temperature remains high on the evening of the third day, he recommends continuous irrigation with a 1-600 carbolic acid solution. Third, if on the evening of the fourth day the temperature and pulse remain high, he advises curetting. This should be followed next day by another irrigation after the gauze packing has been removed. If this fails, he considers the case beyond the reach of human aid. (We would like to add to the above excellent advice : make sure that your irrigator really enters the uterus, as we have known cases in which the attendant was unable to get the irrigator into the uterus, and the douches which he thought were intra-uterine were only cervical. This was due to kinking of the uterus at the level of the internal os. To perform intra-uterine irrigation surely, the anterior lip of the uterus should be seized by the vulsellum, and drawn down until the canal has been straightened, when there will be no difficulty in introducing the return flow catheter. We have also found it of great benefit to introduce a wick of sterilized absorbent gauze up to the fundus, which is allowed to hang out in the vagina, thus keeping the canal open ; for if the discharges are infected, and then kept pent up in the uterus, by the closing of the canal, the uterus becomes an abscess cavity. We would also like to call attention to the importance of removal of the uterus in desperate cases, as quite a number of recoveries are on record after this treatment.)

*Bicycling for Women.*—Dr. Bannan, a female physician, has recently (*N.Y. Medical Record*) brought a charge against bicycling for women. She claims that, owing to the form of the saddle, the weight of the body rests upon the soft parts of the perineum instead of on the tuberosities of the ischium. Although we are inclined to think that the saddles would be more comfortable if a little wider, owing to the greater distance apart of the tuberosities in women, yet we absolutely deny that there is any foundation for her insinuation that riding the bicycle is akin to masturbation, and therefore immoral. We have inquired from several lady riders, whom we can depend upon, to tell us the truth freely and

frankly, and they all agreed that nothing could be more absurd. In our own opinion, it would be as unreasonable to call walking an immoral exercise for men because the clothing rubs against the genital organ, as it is to call bicycle riding immoral for women because their genitals rest upon the saddle. For women who are suffering with pus tubes and ovaries and pelvic peritonitis, we admit that bicycle riding is injurious, because it calls the psoas and iliacus muscles into active play, as does the sewing machine; but so would the bicycle be injurious for men with diseased testicles, and such men would not dare to ride. Apart from this one exception, we can see nothing but benefits to be derived from the bicycle for women. They are suffering for want of muscular exercise in the open air and sunshine, and nothing will be more likely to induce them to take it than the fascination of the bicycle. As a celebrated New York gynæcologist recently stated, he had ordered at least one thousand women to walk four miles a day in the open air, but he did not believe that ten of them had obeyed him; while of the ten women for whom he had prescribed four miles a day on the bicycle, every one of them had more than carried out his orders.

We see one source of danger to men in riding the bicycle,—that is, the ungraceful, stooping position they assume, and which is technically called “scorching”; but women riders are free from this fault. One gynæphobe physician, who is opposed to bicycling or any other form of exercise for women, recently stated that the gynæcologists were recommending it in order to fill their offices with such women; but if he saw as we do how many women are sick for want of fresh air and water and exercise which riding the bicycle would make them take, he would see as we do that it is the very thing that will diminish the numbers that come to us.

*Abdominal Surgeons.*—We sometimes hear the statement made that there is no need of specialists; but this is not the opinion of Jonathan Hutchison, one of the greatest living surgeons, who, in his recent address before the British Medical Association, stated that as soon as he found by personal investigation that the death rate of the abdominal surgeon and gynæcologist was much lower than his own, he resolved that he would cease to do this work, and he would in future send these cases to those who could get the best results.

*Lacerated Cervix; immediate suture.*—In the *N.Y. Medical Record*, August 31st, Dr. Dudley of New York makes a strong plea for the above. The immediate operation is easy to perform while

the vagina is relaxed, and the cervix can be readily drawn down to the vulva. The advantages are manifold and manifest. First, bleeding from the circular artery is at once arrested; secondly, septic absorption is prevented; thirdly, involution is not interfered with; and fourthly, the formation of cicatricial tissue in the angle of the tear is prevented, thus saving the woman from the many reflex disturbances which we encounter so often.

For the immediate operation, all that is required is the bullet forceps or vulsellum, and an Emmet needle threaded with medium sized sterilized catgut. The bullet forceps can be sterilized by heat, while the needle and catgut may be preserved in a little bottle of absolute alcohol, so as to be ready at a moment's notice.

We need hardly draw the attention of our readers to the importance of the immediate repair of laceration of the perineum, as we presume that this procedure is now generally followed. If for no other reason than the closing up of a common avenue for the entrance of sepsis or puerperal fever, it is well worth the trouble. A darning needle will do for the purpose; but the best instrument is the large curved perineum needle mounted on a handle. This and a tube containing half a dozen threads of sterilized silk worm gut in alcohol should be found in every obstetric bag; for if the laceration is to be repaired at all, it were better that it were done quickly, while the woman is still under the influence of the anæsthetic or while the parts are benumbed by the stretching they have just undergone.

*Vaginal versus Abdominal Method of Removing Diseased Uteri and Tubes and Ovaries.*—Henrotin, of Chicago (*American Journal Medical Sciences*, October), points out the indications for and advantages of each method in a very clear and able article. In all cases in which there is gonorrhœal infection of both tubes and ovaries necessitating their removal, the uterus should be removed at the same time by vaginal hysterectomy. But when only one side is affected, and the woman is young, it is better, he thinks, to enter by an abdominal incision, as also in the case of large fibroids and when disease of the appendix vermiformis is suspected. We have not yet become converts to the vaginal method; its principal advantage of avoiding an abdominal scar is more than counterbalanced by the difficulty of operating in the dark. To our mind, the abdominal incision, with the patient in the Trendelenburg posture, is the ideal one; every adhesion is seen and ligatured before being cut, and every oozing surface dried; while in cases where the uterus

must come out, the abdominal method leaves a clean, closed, dry line as the only evidence that the peritoneum has been cut and the uterus and appendages have been removed. As far as hernia is concerned, this is an accident which is daily becoming more rare, especially since we are in the habit of leaving the stitches in for four weeks instead of four days, as was done some years ago. By our present method the abdominal incision has had time to become strong before losing the support of the silk worm gut stitches, the presence of which, moreover, hardly causes the slightest irritation or inconvenience.

*The Ligature in Oophorectomy.*—Penrose (*American Journal Obstetrics*, August, 1895) calls attention to the large number of deaths on record, owing to slipping of the ovarian artery out of the bite of the ligature. In most of the cases the Staffordshire knot had been employed. Tait himself admits that he has seen the ovarian artery slip out of the knot, and hemorrhage take place into the broad ligament, causing an operative hæmatocele as many as fifty times. Penrose therefore recommends the ligature of ovarian artery at its pelvic and uterine ends, when the tubes and ovaries can then be removed without any bleeding whatever. We think that this accident would never occur if the following method, which we always employ, were more generally followed: a medium silk ligature three feet long is caught in the middle with a Cleveland ligature carrier,—a most valuable instrument,—and passed through a portion of the broad ligament free from vessels, and below the level of all bleeding points. It is then divided, and one-half made to encircle the pelvic side of the ligament. Care is taken to make the two ligatures cross each other once or twice, and to see that we are tying the two ends of the same ligature. They are then tied in a surgical knot,—that is, crossing the ends twice in the first knot and once on the second. A few seconds must be devoted to allowing the stump to be squeezed and giving the knot another pull before placing the second knot. The same thing is then done with the half of the stump nearest the uterus.

The next step is, we claim, the most important one—namely, to encircle the whole stump with the ends of the ligature of the uterus side. An important precaution on cutting the tubes and ovary away is to keep the lower blade of the scissors well away from the ligature, as otherwise the ligature may be cut. Since the general adoption of the Trendelenburg posture, hemorrhage has almost ceased to be a cause of death, as the stumps and all other

cut or torn surfaces can be so readily seen and ligatures can be applied without difficulty. In cases of pus tubes of long standing, very profuse bleeding sometimes follows their removal, owing to denudation of the posterior surface of the uterus. We formerly found this difficult to arrest, until lately we have tried the plan of running a purse or puckering string all around the edge of the oozing surface. When the two ends of this are tied, the raw surface is covered with neighboring peritoneum, and bleeding at once stops.

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## PHARMACOLOGY AND THERAPEUTICS.

IN CHARGE OF

ROBERT WILSON, M.D.,

Lecturer on Materia Medica and Therapeutics University of Bishop's College.

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### ON PERMANGANATE OF POTASSIUM AS AN ANTIDOTE TO OPIUM AND MORPHINE POISONING.\*

The October number of the *Therapeutic Gazette* contains an able article by Leedon Sharp, LL.B., M.D., on the above subject. Since the time that Moore brought prominently before the profession the question, whether or not potassium permanganate is an antidote to poisoning by opium or its alkaloid morphine claiming that it had certain chemical antidotal powers, different views have been held by the general practitioner. The usual number of devotees to new and untried remedies have found it work "beautifully," and lauded it inordinately; the more conservative thought there might be something in it, and have tried it as occasion arose, but, like wise men, chary of trusting to new remedies alone, have supplemented it with the older methods of treatment; while a minority were satisfied to leave alone innovations of which they had barely heard and never read. Leaving the first and last class out of the question, and taking the opinion of those who, keeping abreast of the times, had tried potassium permanganate, one is surprised, in reviewing the literature, to find how few are the cases of poisoning by opium or its alkaloid which have recovered under the exhibition of Moore's antidote alone. Sharp reports in his thesis being able to trace only one case,—that of Dr. C. H. Callender, who, through an accident to his carriage, had no medicine case with him, the only drug being potassium

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\*Inaugural thesis delivered by Leedon Sharp, LL.B., M.D., at the University of Pennsylvania (*Therapeutic Gazette*, Vol. XIX, p. 651.)



permanganate, and the only other treatment being walking about, the patient having been well rubbed with whisky previous to his arrival. In this case two ounces of laudanum had been swallowed, the patient recovering. One point brought out in this case is the fact that the permanganate acted better when given hypodermically, increasing force and number of respirations; this is important, in view of the fact that Moore's claims were made on the results of experimentally mixing albumen, morphine and potassium permanganate, and then demonstrating oxidization of the morphine into an inert substance; the statement that 1 gr. of the permanganate was antidotal to 1 gr. of the poison, and the statement that morphine, after absorption into the blood, was excreted by the gastric and intestinal mucous membranes, and there meeting with the antidote, was rendered inert.

Sharp, in his remarkably careful and well-controlled experiments, arrives at the conclusion that, even granting the poison to be excreted (after absorption) by the gastro-intestinal mucous membrane, it had already done its deadly work, and as far as saving the patient's life was concerned, might be considered inert, whether the antidote (given by the mouth) was administered or not *if the antidotal power depended on chemical action alone*. Sharp is inclined to question this chemical action, and by experiment demonstrates about 6 per cent. of morphine in the filtrate and precipitate of a mixture of equal parts of morphine and potassium permanganate solutions, while Wormley\* found traces of morphine in a mixture of two parts permanganate and one part morphine, and basing his conclusions on his own series of experiments, and Dr. Callender's case, thinks the best method of administering the antidote is by hypodermic injections.

He draws attention to three important facts which have a material bearing on the experiments of Moore and others, on the lower animals: (a) The large size of the lethal dose in the lower animals, notably dog and rabbit,—10 grains not being fatal to the average dog; (b) the susceptibility of the dog, and especially the rabbit, to poisoning by potassium permanganate; (c) in cases where experiments have been carried out by investigators on themselves, the drug had been taken by the mouth, followed quickly by the antidote, also by the mouth, thus bringing it into *direct contact with the poison* in the stomach, before much has been absorbed.

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\*University Magazine, Vol. VI., p. 747 (Philadelphia).

Sharp asks some pertinent questions, and finds the answers in the results of his investigations.

1. Has potassium permanganate any antidotal properties?

He answers yes, but not to the extent claimed by Moore and others, for while there is only one case (that of Callender's, noted above) where life was saved by the permanganate alone, there is hardly one reported where life would not have been saved by the other measures used, independently of the permanganate. At the same time, the animals treated by the poison and its antidote, although they died, lived much longer than those used as controls, and treated with morphine alone.

2. Is its action chemical or physiological?

When brought in direct contact, as where the permanganate is administered immediately after ingestion of morphine, to a certain extent chemical; when administered some time after ingestion, and when absorption has taken place, there is no evidence to prove that it acts chemically on morphine in the tissues; therefore it must be physiologically.

3. Is it physiological?

From cases cited, his own experiments, and those of Binz and Sydney Ringer,\* he concludes that potassium permanganate has an influence (a) on *respiration*, increasing it in frequency and force, but doubts whether this increase is due to any action of the antidote in the poison; but while admitting that it *may* not be due to permanganate absorbed into the system, thinks it may be due to some of the products of this drug; † (b) on the vaso-motor system, causing dilatation of peripheral arterioles; and on (c) blood pressure, causing a steady and perceptible fall (succeeding a brief rise at time of administration), due either to stimulation of vasodilators or vaso-constructive paresis.

4. Is permanganate of potassium a reliable antidote?

(a) Given by mouth immediately after ingestion (also by the mouth) of poison—yes; (b) given some time after ingestion of poison, where it has had time to be absorbed into the blood and tissues,—no, although its physiological effects noted above in (3) point to it being a valuable adjunct to other measures; the good effects being due to these physiological actions and to the fact that permanganate gives up some of its oxygen in the presence of organic substances; the increased O in the tissues

\*Journal of the American Medical Association, Vol. II, p. 630. Article by Jones.

†See editorial on permanganate, in the Journal of the American Medical Association, Vol. I, p. 755.

due to increased respiration, and that liberated by the permanganate, being of paramount importance in a condition where the patient dies almost as much from  $\text{CO}_2$  poisoning as from the toxic effects of the drug. That the O in the tissues is antidotal to the  $\text{Co}^2$  poisoning, and not to the morphine poisoning, he proves by a supplemental series of experiments with the combined use of peroxide and morphine in the animal, and by their mixture external to the body, the former not preventing death, and the latter not rendering the active principles inert. As the result of his investigations, Sharp draws the following conclusions :

1. The susceptibility of lower animals to morphine is so low as to render unreliable any experiments on them in arriving at any results referable to man.

2. The dose of permanganate of potassium necessary to counteract the enormous lethal dose of morphine in the lower animals must of itself prove fatal.

3. The exhibition of the permanganate, either by stomach or hypodermically, has a marked influence in prolonging the life of rabbits poisoned by morphine.

4. The action of the permanganate, when given separately, and not immediately following the dose of morphine, is not chemical: (a) because there is no proof of a chemical action to be adduced from cases reported or from experiments; (b) because there is evidence that it does not act chemically.

5. The action of permanganate of potassium is physiological: (a) because there is no proof that it acts chemically except when brought in direct contact in the stomach; (b) because its exhibition by stomach or hypodermically increases the number of respirations; (c) because its exhibition has an appreciable effect on the circulation, seen in the dilated peripheral vessels, and on the blood itself (favoring clotting).

6. That it is not a reliable antidote: (a) because there is no proof that when given after absorption of the morphine, it is *per se* a reliable antidote; (b) because there is proof that when given after absorption of the morphine, it has no apparent effect.

7. That permanganate of potassium, like strychnine, caffeine and atropine, has some valuable properties useful in the treatment of morphine poisoning, but as yet undetermined.

The remarkably careful and thorough investigation of Dr. Sharpe on this subject is of peculiar value, coming, as it does, at a time when the mind of the profession at large is still undecided as

to the merits of Moore's so-called antidote. While the claims of permanganate of potassium have been before us now for some time, fortunately, opium poisoning is not of sufficiently frequent occurrence to justify a rapidly formed opinion from clinical data alone; and while this report places permanganate in its proper rank as a remedial agent in this condition, it teaches a lesson of caution to those who are too willing to worship at a new shrine and follow after strange gods.

The report being on the value of permanganate, of course only incidental mention was made of the value of oxygen in morphine poisoning; but we think there can be little doubt that, while the wise physician will not bind himself down to any one procedure or any one drug, the exhibition of respiratory, cardiac, and nerve stimulants (such as atropine, caffeine and strychnine), with the forced inspiration of pure oxygen, is to-day the most rational and most successful method of combating the conditions found in opium poisoning.

The emergency ward of every hospital should place in the first rank of its appliances, a cylinder of oxygen and an inhaler, or face mask, the usual bivalve nitrous oxygen inhaler of the dentist, with its supply bag, forming an admirable method of administration, while the practitioner, who is within reach of a druggist, should remember the ease with which a fairly pure supply of the gas may be obtained from manganese dioxide, by heating in a Florence flask with sulphuric acid, passing through a wash-bottle, and in lieu of a proper inhaler, using a cone of stiff brown paper, whose small end has been bound around a glass tube inserted in the rubber supply pipe, removing it from the face at every expiration of the patient.

#### STYPTICIN, A NEW HÆMOSTATIC.

This is cotarmine hydrochloride, mentioned by Gottschalk at the Gynæcological Congress at Vienna, as a useful styptic for hæmorrhage, administered as a 10 per cent. solution for injection, and internally in from  $\frac{4}{16}$  to  $\frac{8}{16}$  gr. doses.

#### PERMANGANATE OF CALCIUM.

Nordas (*Gaz. Méd. de Paris*) states that when permanganate of calcium is brought in contact with organic matter, it decomposes into oxygen, manganese dioxide, and lime. Its oxidizing and antiseptic powers are very great; experiments prove it to be more powerful than bichloride of mercury, quite free from toxic properties, and is not caustic.

## A NEW TREATMENT FOR PERTUSSIS.

Chateaubourg, in *Médecine Moderne*, describes the following treatment for this distressing and rebellious ailment:—subcutaneous injections of a 10 per cent. solution of guaiacol and eucalyptol in sterilized oil (olive). After the third injection, the fits of coughing are reported to diminish notably, appetite returns, vomiting rapidly ceases, and as the improved general condition begins to show the good effects of the treatment, the cough disappears.

## INERT COD LIVER OILS.

The *Druggist's Circular*, in a late issue, has a timely warning anent cheap cod liver oils, which is worth noting. A marked discrepancy in prices having been noticed by those buying wholesale; the increase in the number of wines and other preparations containing the active principles of the oil; and the demand for empty cod-liver oil barrels, led to investigation, with the startling result that the oil, from which the various active principles, grouped under the name of "Gaduol", had been extracted (for use in the various wines, etc., of cod-liver oil) had been sold as refuse, and found its way back into the market again, *stored in the empty barrels used for the genuine oil: verb sap. sat.*

## A CANCER CURE.

Dr. E. G. Goodman, in the *North Carolina Medical Journal* again brings forward the claims of *Phytolaca* (*Decandra*)—the *Poke*—as a cure for epitheliomatous growths. He uses the expressed juice of the leaves, applied locally in the form of a plaster, and remarks: "It has a selective action for the morbid tissue, follows out all the irregularities of the epithelioma, causes, as it were, its liquefaction and removal, and then acts as a cicatrizant for the open sore," and says he has *seen* "large epitheliomatous growths disappear in a few weeks, leaving nothing but a scar to mark its place, its application being painful, but quite harmless to the patient." Advocates of the scalpel or of the later erysipelas-prodigiosus toxine serum will please note, and take a back seat accordingly; several questions arise to one's mind on reading this note—does the disease have a tendency to, or does it ever, recur in the scar which marks the Ebenezer of this dread disease?—does it also cure the glands, which are presumably affected in "large epitheliomatous tumors (cured in a few weeks)?—shall we join the ranks of those who advertise "cancer cured without the knife"?

It is our misfortune not to have seen the issue of the Journal which contains Dr. Goodman's article, and therefore cannot say whether the usual array of statistics (after the style of laparotomy and hysterectomy reports) accompanies, but it sounds too good to be true. It is worth while remembering that Poke is an emetocathartic and depresso-motor, causing death by arrest of respiration through paralysis of the organs concerned, and its local application causes intense pain. Among the other remedies which have been vaunted as cancer cures, one recalls Chian turpentine (from Pistocia Terebenthis), recommended originally by Clay, for internal inoperable cancers, now rarely used, and if at all, only as a possible palliative; arsenious acid, as a caustic, used by Sir Astley Cooper in the form of an ointment, with spermaceti cerate (a dram to the oz. cerate), as a local application, the danger of absorption being too great to permit its use except in selected cases. Among the newer remedies, we find Condurango bark, as an alterative: Pyoctanin (*Methyl-violet* or *yellow pyoctanin*—an anilin dye) given in from 1 to  $7\frac{1}{2}$ , or even 15, grs. a day—subcutaneously (Stilling), and the serum containing the toxines of the erysipelas and prodigious microbes—(Cassar, Berlin; Coley, America), the latter acting best on sarcomata, having little effect in carcinomata, less on melano sarcoma, and osteo-sarcoma giving least satisfactory results of any other form (Coley).

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## LARYNGOLOGY AND RHINOLOGY.

IN CHARGE OF

GEO. TILLERIE ROSS, M.D.

Professor of Laryngology and Rhinology, University of Bishop's College.  
Laryngologist Western Hospital.

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### LARYNGEAL TUBERCULOSIS.

Loeb (*N. Y. Medical Journal*) discusses the effects of Paquin's anti-tubercle serum in the treatment of nine (9) cases of this disease, and claims from results obtained, which were carefully recorded, that this serum should rank equivalent to the antitoxine of Behring and Roux as a remedial measure. While nominally the subject considered is termed laryngeal tubercle, in reality pulmonary symptoms were prominent in each case reported. It is not, therefore, as a local remedy simply that good results are claimed, but as being antagonistic to tubercle with existing evidence of systemic dissemination. Prof. Klebs (*Journal American Medical Asso-*

*ciation*) gives results of treatment in eight cases of tuberculosis of children by anti-phthisin which seemed beneficial except in two of the patients. He says that this non-success was due to existing septic conditions, and that "although the material reported was small, I believe it sufficient to show that particularly in tubercular affections of childhood, anti-phthisin offers most favorable prospects; the selection of cases is of the greatest importance, cases only being taken which present neither septic complications nor conditions of exhaustion or marasmus. Cases also fail to recover where there is great extent of tubercular disease. Such treatment is preferably conducted in hospitals." These results are said to be satisfactory as far as they have gone, and the treatment is claimed to be worthy of trial.

The recital of details in these recorded cases brings forcibly to the writer's mind some phases of his experience at Berlin in December, 1890, when studying the action of Koch's tuberculin. It will be remembered that this fluid was being then tested with great expectations, owing to the high standing of the originator of it. Time and experience having proved the unreliability of the fluid as a cure for tubercle, its reputation descended with a rush from the pinnacle of enthusiasm to the depths of oblivion and neglect. The wonderful affinity, however, of the fluid for tubercular tissue was not forgotten in the reaction of feeling that followed the crushed hopes of many, and to-day we find veterinary surgeons practically applying this quality for diagnosing tubercle in suspected cattle. It is said to be the most reliable test known.

In the same field of research we find at a later date the serum treatment of rabies, anthrax, etc., fully established. Then the success attending Behrings and Roux's antitoxine of diphtheria confirmed in reputation ere now by time and experience has revived an impetus to investigate and elaborate in the same direction a serum or lymph cure for tuberculosis, and Kleb's anti-phthisin and Paquin's anti-tubercular serum are some of the results of this revival. In view of our experience on this subject we may well receive with utmost caution any vaunted remedy for the disease in question, and it is plain that the results afforded by nine cases treated on any system of cure cannot commend itself as being of much practical value.

At the same time it were a mistake to err on the side of absolute skepticism, for I feel persuaded that some of us will see the day when a reliable serum for cure of tubercle will have been elaborated

and its claims to just recognition established. In this connection the evidence of a late post mortem examination at Royal Victoria Hospital made on the lungs of one of Koch's earliest tuberculin patients is interesting. The pathologist of the Hospital, Dr. Adami, says :—

“In both apices were to be seen the results of the treatment in 1890-91—abundant signs of arrest of the tubercular process. The most interesting feature of the specimen was the evidence it gave of the extent of pulmonary tuberculosis capable of being arrested by Koch's treatment. Both apices had clearly been the seat of extensive tubercular change. There was extensive tubercular pleurisy, much caseation and the development of numerous cavities in the two apices. The treatment that the patient had undergone during his year's stay in the Berlin hospital had succeeded in bringing the lesion to a standstill during four years by “interstitial fibroid change.” The second attack fatal in result was thought to have originated in the old arrested foci of the disease.

Gleitsman, at the last meeting of British Laryngological Association, in a discussion upon Laryngeal Tuberculosis, says although curettement as the most modern and radical treatment of laryngeal tubercle deserves our greatest attention, other endo-laryngeal measures may be necessary as incisions, curettement, submucous injections, electrolysis and galvano cautery, as well as extra-laryngeal operations, viz., intubation and laryngotomy. It is claimed that by curetting we improve or cure the throat lesion, and a better chance is afforded the patient to fight the lung affection. It is the best way of relieving the distressing dysphagia due to tubercular infiltration of the arytenoid region. As the duration of life in a consumptive is in direct ratio to his ability to eat and digest, we easily estimate the vital importance of removing the dysphagia. Lennox Browne says lactic acid alone does not an atom of good ; we must first curette. Improvement in the pharyngeal and laryngeal conditions at once causes improvement in the pulmonary disease. Any serious bleeding is not apt to follow curetting if the wound be not a ragged one. Dr. Luc advises phenol-sulphricinate for infiltration of larynx, having used it with good effect. Heryng says that curetting reduces œdema when present instead of causing it, although in some few cases œdema may arise from slight operation on larynx. This author advises 2% solution pyoktanin painted over the wound after bleeding ceases, to avoid septic infection. Professor



Sommerbrodt says that the more creosote a patient can tolerate the better the effect. This statement needs modifying, for although a patient's digestive tract may in some cases tolerate large doses of creosote, one needs to be constantly on the outlook for kidney irritation. The writer has two cases of laryngeal tubercle which he is curetting, and each one is taking twenty-five (25) drops pure creosote three (3) times a day in a mixture of glycerine and cod liver oil, with evidently good effect. There are pulmonary symptoms present in one case, not in the other. Carbonated creosote has been introduced for those who cannot take the ordinary drug. It is said to contain 8% cid carbonic and 92% creosote. It is naturally better tolerated in large amounts, but the present price is objected to by some patients.

*Apropos* of Serum-therapy an American journal advertises Paquin's anti-tubercle serums, stating that a number of prominent physicians are using it with *profitable results*. The satisfactoriness of results is estimated evidently by the profit made in its distribution hypodermically. How deserving of sympathy are the patients whose unhappy existence is an essential factor in such traffic. It is to be hoped our medical societies will soon agitate for the passage of a law similar to what has just been enacted in France, regulating the sale and traffic of therapeutic serums (*La Tribune Médicale*, October, 1895). This law not only regulates the sale of serums, so that druggists can sell only on physicians' prescriptions, but guarantees the purity of composition of such products through scientific supervision. This regulation assures against the danger of impure serum as well as against the sale of fraudulent imitations.

Anti-phthisis is said to be the same as the original Koch's tuberculin deprived by precipitation of its toxalbumens. Certain precautions are requisite in its employment. It is prepared in this country under Prof. Klébs' supervision at Winjah Sanitarium, Ashville, N.C. Dr. Von Ruck claims better results in incipient Pulmonary Phthisis than by any other known remedy, and that topical application to laryngeal ulcers heals them.

# Medical Society Proceedings.

## MONTREAL MEDICO-CHIRURGICAL SOCIETY.

### ANNUAL MEETING.

The twenty-fifth annual meeting was held on Friday evening, October 4th, 1895.

Dr. G. P. Girdwood, President, in the chair.

There were present: Drs. J. G. Adami, D. B. Alexander, J. H. B. Allan, T. J. Alloway, G. E. Armstrong, G. A. Berwick, A. D. Blackader, E. H. P. Blackader, G. A. Brown, F. Buller, J. C. Cameron, K. Cameron, G. G. Campbell, F. R. England, D. J. Evans, J. J. Gardner, W. Gardner, G. P. Girdwood, N. D. Gunn, D. F. Gurd, H. D. Hamilton, W. F. Hamilton, J. Alex. Hutchison, J. M. Jack, R. C. Kirkpatrick, H. A. Lafleur, F. A. L. Lockhart, C. F. Martin, W. Mills, J. A. Macphail, J. B. McConnell, R. T. McKenzie, J. Perrigo, A. Proudfoot, T. D. Reed, T. G. Roddick, G. T. Ross, F. J. Shepherd, A. L. Smith, Jas. Stewart, J. W. Stirling, W. J. Telfer, A. S. Wade, G. Wilkins, and C. F. Wylde; forty-five in all.

The minutes of the last annual meeting were read and confirmed, and the reports of the Treasurer, Secretary and Librarian were read and adopted.

The following officers were elected for the session 1895-96:

President, Dr. A. D. Blackader; 1st Vice-President, Dr. F. G. Finley; 2nd Vice-President, Dr. J. W. Stirling; Secretary, Dr. G. Gordon Campbell; Treasurer, Dr. J. M. Jack; Librarian, Dr. F. A. L. Lockhart; Council—Drs. G. P. Girdwood, J. G. Adami and G. E. Armstrong.

### ANNUAL ADDRESS OF THE RETIRING PRESIDENT.

Dr. G. P. Girdwood delivered the annual address as follows:—The proceedings in which you have just taken part warn me that another year has completed its course, and it becomes my duty to read the annual address. I have to carry my thoughts back to a year ago, when you honored me by electing me to preside at our meetings, and, gentlemen, before I briefly review the work that has been done in the Society, permit me to thank you, not only

for the honor you conferred upon me at that time, but also for the kindly courtesy which I have received from one and all, for assistance so often required, always so cheerfully given, which has enabled me to conduct the business of the Society with, I trust, satisfaction and benefit to all interested. But, gentlemen, although I have to thank every member of the Society, I must especially return thanks to the other officers of the Society, who have so largely contributed to the result—the energetic Secretary, the careful custodian of our funds, and the members of the council, one and all.

On looking back over the records of the past twelve months, I find that death has been busy amongst our members, and we have to deplore the loss of three of our younger associates. Dr. E. A. McGannon, of Brockville, one of our country members, who from his distant residence was not often able to come to our meetings, but always kept us in mind, and forwarded us such subjects and notes of cases of interest as came in his way. Dr. E. E. Duquet, who had devoted himself to the care of those unfortunates who from some causes had lost their reason and become insane, a class of the community whose misfortune appeals to our care and requires the utmost watchfulness and the highest qualities of mind and education on the part of the physician. And Dr. E. P. Williams, who was associated with the teaching staff of McGill College, where he was making a name for himself by his devotion to his profession, and especially its pathological department, who lost his life by accidental blood poisoning whilst fulfilling the duties required of him in the alleviation of human suffering; a young man of bright promise, who had endeared himself to those associated with him by his earnest work and his many sterling qualities. Gentlemen, we mourn their loss.

The membership now numbers 120.

Our financial statement our Treasurer has read to us. I would that the outlook were brighter; but by putting our shoulders to the wheel, and by paying in our subscriptions at the time they are due, we shall keep the Treasurer in funds, and be able to carry on any work that may be needed.

We have had 19 meetings with an average attendance of 40.3, an increase of average of 7 over last year; our largest attendance 63, smallest 18. We have had brought before us in all 88 subjects of interest by 38 members, a very good measure of success. Of these, living cases 16, pathological specimens 40, case reports 13, papers 16, discussions 3.

We have had amongst these highly interesting case reports and pathological specimens and results of recent surgical methods and appliances, physiological experimental work, and observations of numerous cases of one sort collected together, and results tabulated, a number of papers, and cases of great interest to those whose time is occupied in general practice, as well as to the specialist in each branch.

The prominent feature of the year is the introduction of the practice, suggested by Drs. J. C. Cameron and J. Bell, of setting apart special nights on which some subject of general interest to the Society has been introduced by three members, and a subsequent discussion taken part in by the members generally. This practice, I think, has been so much appreciated by the members as to commend itself to them for future and further extension. I must congratulate the Society on the number of younger members who have brought before us their experience and ideas.

Amongst the subjects to which the Society has directed public attention, one was the practice of spitting about in public places and public vehicles. In this connection a representation was made to the management of the Street Railway Company, to which representation a courteous reply was received, and I see that notices are placed in the cars against the practice. Upon this subject I think a more energetic protest may be made, and a more public one. I think we might induce the Board of Health to obtain the assistance of the School Boards and teachers to inculcate the dirtiness, uselessness and danger to health of this habit, whereby micro-organisms or dirt in which they may grow are distributed broadcast, and thus encourage early development of cleanly habits, and educate the young to a more cleanly and therefore more healthy life than their predecessors.

The Society this year sent a deputation to call the attention of the Harbor Commissioners and engineers connected with the harbor improvements to the probable source of danger to the health of the citizens, by the emptying of the city drains into the slack water basin at present under construction. The attention of the Board of Health was also called to the same question by the Society, and representations made by that body to the authorities.

I think, gentlemen, that our Society ought to have, as my late predecessor has said, a permanent resting place and a home of its own. He pointed out the possibility of some well-disposed and

wealthy citizen aiding in the erection of some permanent home. If this should be carried out, I think it will be the result of the Society performing public duties by calling the attention of the general public to those steps and to such regulations as will help on public sanitation, and thus bring about a more healthy condition of city and dwellings, and in the end lead to a monetary value in the reduction of the rate of life insurance, or its equivalent,—the addition of larger profits on the policy. If we could show an increased longevity as the result of our efforts, I think there would soon be a generous outpouring by the recipients to those who had been the cause.

And then it would be possible for this Society to supply a well-equipped work-room, where the members who are not connected with teaching bodies could be supplied with every convenience for original research and private rooms to work in, as in the Medical Society of Edinburgh

#### THE LATE DR. E. P. WILLIAMS.

The following resolution was passed :

That the President and members of the Montreal Medico-Chirurgical Society herewith tender to Mrs. Williams their sincere commiseration with her in the great loss that she has sustained in the untimely death of her only son, Dr. Edward Parmelee Williams. As a member of this Society, Dr. Williams had shown himself a keen and enthusiastic worker. As Demonstrator of Pathology and Assistant Curator of the Museum at McGill University, and as Assistant Pathologist at the Montreal General Hospital, he had made abundant use of the opportunities presented to him, and had been most active in bringing before the Society the results of his investigations. In his frequent publications before this Society he had not simply given promise of future distinction, but, young as he was, had brought before it results of researches which are of abiding interest.

Warm-hearted as a friend, as a comrade always bright and inspiring, and never sparing of himself in the exercise of his profession, this Society mourns his loss, and deplures that he should have been removed from its ranks and from the service of his profession at a time when the enthusiastic work of years was at last beginning to bear fruit. It begs with all respect to convey its sympathy to his widowed mother in her irreparable loss, and to his sister left thus suddenly brotherless.

# THE CANADA MEDICAL RECORD

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## Editorial.

### PHONOGRAPHY IN MEDICAL AND SCIENTIFIC WORK.

The inaugural address of the Society of Medical Phonographers was given last month by W. R. Gowers, M.D., F.R.S. London, President of the Society, his subject being "The Art of Writing in relation to Medical and Scientific Work." This Society, which is the first of its kind, is not quite a year old, having been organized in December, 1894, and has now a membership of 175. The object is the cultivation of shorthand writing among its members and the profession generally, and thus promoting the work of medical advancement by facilitating the acquisition of medical knowledge and augmenting its application.

Dr. Gowers points out the pressing need for such an acquirement by members of our profession; its advantages, and how best to obtain the knowledge. He considers it a reflection upon our means of recording progress, that the mechanical writing, given us by Caxton,—which through the centuries since has undergone little change,—is but little less clumsy than the symbols of speech given us by the Phœnicians and Egyptians, the first alphabetical writing given to mankind. The cumbersomeness of modern writing is evidenced by the fact that five different movements are required to represent each simple movement of speech, and often the number is doubled and trebled. Phonetic shorthand simplifies this, and produces the work of longhand in one-third the time, and with one-third the trouble.

The science of Medicine has progressed through observation; such observation must be recorded, and is better recorded at once.

As more can be written in shorthand, more detailed and minute observations will be made, and consequently greater accuracy will obtain, and transient phenomena, which would with longhand not be recorded, are noted, and a closer regard to facts is thus secured.

Dr. Gowers rightly claims that this minute observation will improve the observer, making him more precise in his work, and suggests as a motto: "Writing maketh a man exact." It involves the retention of a greater amount of knowledge by the memory, and it is remembered better than would otherwise be possible.

He points out the great advantage it would be to the general practitioner, who requires to observe and record as much as the advanced investigator does, as inferences drawn from unrecorded facts are apt to be influenced by the striking exceptional points, and his patient may suffer from judgments and decisions which would not have obtained where the events were all recorded in detail. It is of inestimable advantage to the student, in enabling him to make, with ease, and without drawing his attention from the subject, a perfect report of the lectures and demonstrations he attends, and through the ease with which it can be done, encourages him to record all his own personal observations in detail.

As shorthand can be learnt in a couple of months, or in one month by giving two hours a day to its study, any student could acquire the art during the holidays; but Dr. Gowers favors making it compulsory on all entering the study of Medicine, and expects soon to see this suggestion, which has already received the attention of the General Medical Council, adopted. A subject can be reported in shorthand with three times the speed of longhand, more than three times the ease of writing, and with a definitely greater legibility. The general acquirement of this accomplishment will lead to increased knowledge for the individual, and the medical community as a whole, and an increase of ability to learn, and thus make more effectual the work of our profession, for those depending on its ministrations. Dr. Gowers' address in behalf of the more general adoption of shorthand by the members of our profession is comprehensive and convincing, and without doubt the movement which has made such rapid progress in Britain will ramify widely, and similar organizations be established generally for the purpose of mutual aid in acquiring the methods of Phonography, and urging its adoption generally as a part of ordinary education.

In all departments of active life, we see continual progress

being made in finding "short cuts" for the attainment of objects which formerly were arrived at by roundabout ways and lumbering methods. Why should the progress of scientific knowledge be hampered by the hindrance imposed in reporting its detailed onward march, by cumbersome, tedious and ancient modes of recording, when, with a little effort, an art can be acquired, which enables one to take note of every detailed statement of a lecture, or minutest personal observation, or shade of thought, with such a minimum of effort, that it ceases to be a difficulty, or a burdensome labor. We are in full sympathy with the movement, and fully endorse all that has been said in favor of it by Dr. Gowers, and hope that within the near future there will be established in Montreal, the chief collegiate centre of the Dominion, a society advocating and practising this method of recording thought. The Society in England has a medical periodical and other publications, containing all necessary instruction for students, which can be obtained from the Honorary Secretary, Dr. Neil, Warneford Asylum, Oxford.

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#### DINNER TO SIR WILLIAM HINGSTON.

The Medical profession of Montreal, to the number of nearly one hundred and fifty, tendered a complimentary dinner to Sir William Hingston at the Windsor Hotel on the evening of the 5th of November. The large and representative character of the gathering, as well as the speeches of the various speakers, showed how fully all were in accord with the recognition by the Queen of the merits, professional and otherwise, of the guest of the evening, and that the distinguished honor conferred on Dr. Hingston was regarded also as an honor conferred on the entire Profession in this Province. The Chair was occupied by Dr. Craik, Dean of the Medical Faculty of McGill, and the Vice Chairs by Dr. Rottot, Dean of Laval Medical Faculty, Montreal, and Dr. F. W. Campbell, Dean of Bishop's College Faculty of Medicine. A large and representative committee had charge of getting up the Banquet—the secretaries being Dr. Hervieux and Dr. Proudfoot, and it is to be congratulated on the success which attended its efforts. Several Medical men from abroad were present, among them the Hon. Dr. Sullivan, Kingston; Sir James Grant, Ottawa; Dr. Wolfred Nelson, New York; Dr. Duchenois, Varennes; Dr. Slack, Farnham; Dr. Hart, Bedford. It is impossible within our limited space to give even



an outline of the remarks of the Chairman in proposing the health of the guest of the evening, Sir William Hingston. We never heard Dr. Craik speak more appropriately or in better form ; and his speech was received with unbounded enthusiasm. In the course of his remarks he said "that the honor in this instance has been most worthily and fittingly bestowed is, I am certain, the sincere conviction of everyone here present, and the conviction also of the community at large, and Sir William Hingston has only to look around him to-night, to realize in this large and representative gathering of his professional friends, the high place which he holds in their affection and esteem, and the appreciation of these qualities in him which have rendered his honors so appropriate and becoming."

Sir William Hingston made a very eloquent reply, in which he gave expression to his feelings for the magnificent testimonial from his professional brethren, his love for his profession, and his strong desire to be always in touch with his confrères.

The Toast of the Dominion and Provincial Parliament was proposed by Dr. F. W. Campbell, and responded to by the Hon. Dr. Sullivan, Sir Jas. Grant, Dr. S. Lachapelle and Dr. Guerin. In every way the celebration was a success, creditable to all who took part in its preparation.

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### PHYSICIANS' SUITS.

Quite recently in California, a physician sent in his bill for professional services, charging for sixty-six visits covering a period of thirteen months. Payment of the account was refused, on the ground that the visits were too frequent and not at all necessary. The highest Court in California decided for the plaintiff, and said that it would be very unfortunate for the sick if the physician was compelled to prove the necessity of each visit before he made it. In undertaking to treat a patient, it was decided that the physician contracts to give him reasonable care and attention, and in the event of neglect would be liable for the consequences.

## Correspondence

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We were much pleased to hear from our former and esteemed pupil, Dr. A. J. Richer, who graduated at Bishop's College in 1892. He has been now some eighteen months in Europe, studying at various medical centres, being now at Breslau. He will spend the winter chiefly in Berlin, and Paris, returning to Montreal in the spring. Besides posting himself in general medicine at various clinics, he has been doing some special work in Bacteriology. He sends us the following items for the RECORD :—

### THE TREATMENT OF GONORRHŒA IN NEISSER'S CLINIC.

Each case upon its application for treatment is subjected to a thorough examination, the secretions are examined microscopically, and inoculations in different culture media are also practised ; during the whole treatment the pus is subjected to a microscopical examination at least every four days. If the case be an acute one, Prof. Neisser recommends the salts of silver, but in fairly weak solutions ; he gives preference to argentamine in solutions of  $\frac{1}{4000}$  to  $\frac{1}{2000}$  ; the injections are continued (4 or 5 times in 24 hours) until the gonococci have disappeared, and even for 2 or 3 weeks after ; if in spite of this the secretions persist, but without gonococci, then astringent injections are used instead,—in fact, you treat the same as a simple urethritis. If during the course of the latter treatment the gonococci re-appear, then you return to the use of silver salts, but giving preference to argonine (arg. nit. and caseine) in 1 to 2 per cent solutions. If you find the affection has gained the posterior portion of the urethra, you may then use the ordinary silver nitrate in solutions varying from  $\frac{1}{400}$  to  $\frac{1}{100}$ , or preferably a solution of oxycyanate of mercury from  $\frac{1}{300}$  to  $\frac{1}{200}$ . If you have to treat a gonorrhœa which has become chronic, then Janet's method of *grands lavages* with potassium permanganate  $\frac{1}{4000}$  is recommended ; instead of permanganate you may also use astringents by this method, but in weak solutions.

## A NEW DOUBLE COLORATION OF GONORRHOEAL PUS.

Recommended by Dr. Schaeffer, assistant to Prof. Neisser, Breslau.

Make the following coloring baths, and use as directed under each formula :—

1. Fuchsin . . . . .	0.1
Alcohol . . . . .	20.0
Aqueous sol. Carbolic Acid, 5 per cent.	200.0

The preparation fixed and dried is plunged in this solution for 5 to 10 seconds only, and then washed.

2. Put 3 drops solution Methyl. Blue 10 per cent. in 10 c.c. of ethylene diamyle, and in this dilution plunge your preparation, leaving long enough until it takes a bluish tint, but not longer. Wash and mount in the usual way. In order to succeed, you must have the very smallest possible quantity of pus to color on the slide, otherwise, if the layer is at all thick, you will not succeed.

By this method the pus globules appear partly in pink and red, while the gonococci are colored in a deep blue.

## COCAINE AS A LOCAL ANÆSTHETIC.

As an occasional death is directly imputed to chloroformic anæsthesia, and not a few broncho-pneumonic complications are often enough observed after ethereal anæsthesia, surgeons generally have resorted to the use of cocaine anæsthesia when such was possible, and where general anæsthesia would either surely prove fatal, or where the operation, is so light as not to justify the use of the former.

In France cocaine is not as often employed as in Austria and Germany. Some surgeons in the two latter countries simply have a mania for using it, and in this class may be found the younger surgeons who always handle chloroform and ether with the greatest care. I mean by this that when they operate under general anæsthesia they are never free from anxiety.

During my term of assistantship at the Faculty Surgical Clinic in Cracow, I had occasion to see cocaine anæsthesias for all sorts of minor operations, from that of a puncture to the removal of enlarged cervical glands, in all, at least 150 minor operations without a single accident.

Of the major operations thus far I have only seen two, performed by Prof. Rydygier of Cracow: one was a gastro-enter-

ostomy, and the other a resection of the appendix. The solution used in Rydygier's clinic is a 2 per cent. solution; for the 2 last named operations he used respectively 6 and 4 Pravaz syringes full, while for minor operations, according to the extent and duration, 1 to 3 syringes full. The ordinary technique in these cases was followed, that of injecting the tissues in parallel lines on each side of the intended incision. During the two major operations mentioned, the intestines were handled with slips of gauze soaked in a 1 per cent. solution of cocaine during the whole of the operation, and the patients complained but very little. My personal experience with cocaine anæsthesia is confined to about a dozen cases, among which were three lipomas and a pre-patellar hygroma; but these, along with the number I have witnessed, have made me a partisan of its use.

In Neisser's Clinic at Breslau it is also very commonly used, but the solution is stronger (5 per cent.). In Mikulicz's Clinic; (Breslau) it is also often used, especially by his assistants.

If ever a local anæsthetic less ephemeral than cocaine is discovered, it will almost be safe to predict the gradual abandonment of general anæsthesia.

#### ON THE TREATMENT OF ACTINOMYCOSIS BY INJECTIONS OF THE IODIDES INTO THE MORBID TISSUES.

(Translation from *La Semaine Medicale*, Sept 1895.)

The curative action of iodide of potassium internally in actinomycosis has recently been well brought forward; and in cases of this disease recourse is always had to medication by the iodides, usually associated with surgical intervention. Unfortunately, there are cases where this treatment fails, and where, in spite of complete and repeated removal of the morbid tissues, in spite of prolonged use of iodide of potassium in large doses, the lesions return indefinitely and increase in extent.

Under these circumstances, Dr. Rydygier, Professor of Clinical Surgery in the Medical Faculty of Crakow, advises the use of injections into the parenchyma, of a 1 per cent. solution of potassium or sodium iodide, a method of treatment which has given him excellent results in the two cases in which he has so far had occasion to use it.

The first case was that of a man aged 26, suffering for a year past from actinomycosis, which had begun by a small, hard tumor at the angle of the jaw on the right side, which had persisted in

spite of two operations and the use of potassic iodide internally. The patient, when first seen by Prof. Rydygier, presented on right side of neck a hard infiltration, extending from the mastoid process to lower part of the cervical region, and especially pronounced along the course of the sterno-mastoid muscle. The skin covering the part was livid; there was a fistula, through which escaped pus containing actinomyces. The sterno-mastoid was contracted, so that the patient's head was inclined forward and to the right. Dr. Rydygier prescribed iodide of sodium and potassium internally, and injected into the infiltrated tissues a Pravaz syringe-ful of a 1 per cent. solution of iodide of potassium. Following the injection the tumefaction increased and the skin became of a deeper red, but this reaction soon disappeared, and was followed by a manifest diminution in size of the tumor. A second injection of one and a half syringe-fuls was given a fortnight after the first, and brought about the formation of a small abscess, which was incised, after which the tumefaction and the contraction of the sterno-mastoid lessened to the extent of allowing free motion of the head. After two other injections, at intervals of two or three weeks, the tumor disappeared completely. There is now no trace of induration in the region which had been the seat of the actinomycosis.

Case two was that of a man aged 46, suffering for about eight months past from actinomycosis of the abdominal walls, for which he had not undergone any treatment. There was tumefaction in the right hypochondrium and umbilical region; there were also several fistulæ, the pus from which contained the characteristic elements of actinomycosis. A probe passed into the fistulous openings did not penetrate into the deeper tissues, but remained beneath the skin. From June 16 to July 14, six injections of a 1 per cent. solution of iodide of sodium were made into the substance of the tumefied tissues. The first injection was of one full Pravaz syringe; the second and third times, three syringe-fuls; the fourth time, five syringe-fuls; the fifth time, four; and the sixth time, three syringe-fuls. After the last injection the infiltration in the right hypochondrium had almost totally disappeared, while that in the umbilical region persisted. In this condition the patient left the hospital of his own accord. While this case was not treated to a conclusion, the result obtained shows the efficiency of injections of the iodides in actinomycosis; and the more so as in this case recourse was had neither to the internal use of iodide of potassium or iodide of sodium, nor to surgical intervention.

# Personal.

Dr. D. A. Hart, (M.D. Bishop's, 1874), who has practised in Bedford for many years, has removed to St. Lambert, so as to have his sons with him, who are now employed in Montreal. Previous to leaving Bedford, the leading men of the place and surrounding country entertained him to a supper, during the course of which a very handsome gold-headed cane and address were presented to him.

Dr. Wolfred Nelson (M.D. Bishop's and McGill, 1872), of New York, arrived in Montreal early this month, to meet his family who have returned from Europe, and will pass the winter at the Windsor. Dr. Nelson returns to New York about the middle of November.

Dr. Gustave Lewis (M.D. Bishop's, 1895) and Dr. (Miss) Cunin (M.D. Bishop's College, 1895) have passed most successfully an examination for the Triple qualification of L. R. C. P. & S. Edin. and L.F.P. & S. Glasgow.

Dr. Kemp (M.D. McGill, 1886) is still in practice at Little Metis, where, during the past season, every cottage was occupied, and hotel accommodation at a premium,

Dr. F. W. Campbell, Dean of the Faculty of Medicine of Bishops College, has had the degree of D.C.L. conferred on him by that University.

Dr. Adami, Professor of Pathology in McGill University, has been invited to deliver the Middleton Goldsmith lecture for 1896 before the New York Pathological Society.

Dr. Birkett (M.D. McGill) has been appointed Professor of Laryngology in McGill University, in place of Dr. Major, who now resides in England.

Dr. Wyatt Johnson has been appointed Lecturer in Medico-Legal Pathology in McGill University, and Pathologist to the Montreal General Hospital.

Dr. A. D. Stevens (M.D. McGill 1854) was in Montreal during the Exhibition, and called on some of his old friends. He looks good for another half century.

Deputy Surgeon General Sewell, R.C.A., was in Montreal during the races in September on the Bel-Air course. We hear he intends retiring from the racing field.

Dr. Hamilton (M.D. McGill 1893), having retired from the House Staff of the Royal Victoria Hospital, has commenced practice in Montreal.

The many friends of Dr. Edwards (M.D. Bishops 1893) of Spanishtown, Jamaica, will hear with pleasure of his almost complete recovery from the serious illness which attacked him in 1894 while on a visit to Montreal. He is now able to attend fully to his practice.

Dr. Cloutier (M.D. Laval) has removed from St. Arsène to Rivière du Loup station.

## Book Reviews.

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SAUNDERS' AMERICAN YEAR BOOK OF MEDICINE AND SURGERY.

Edited by George M. Gould, A.M., M D., assisted by eminent American physicians and teachers. W. B. Saunders, publisher, 925 Walnut street, Philadelphia.

This is the title of a new annual, the first volume of which will be ready in January, 1896. This work is to be published in the interest of the busy practitioner, and will be an epitomization of current medical progress by an editorial staff of specialists and those competent to give a correct synopsis of all that is valuable in each department of Medicine and Surgery.

"It is the special purpose of the Editor, whose experience peculiarly qualifies him for the preparation of this work, not only to review the contributions to American journals, but also the methods and discoveries reported in the leading medical journals of Europe, thus enlarging the survey and making the work characteristically international. These reviews will not simply be a series of undigested abstracts indiscriminately run together, nor will they be retrospective of "news" *one or two years old*, but the treatment presented will be *synthetic* and *dogmatic*, and will include only what is new. Moreover, through expert condensation by experienced writers, these discussions will be comprised in a single volume.

The work will be replete with original and selected illustrations skillfully reproduced, for the most part, in Mr. Saunders' own studios established for the purpose, thus insuring accuracy in delineation, affording efficient aids to a right comprehension of the text, and adding to the attractiveness of the volume."

The high character of this publishing house and the high grade of excellency which applies to the publications they bring out, and the generally recognized eminent qualification of the editor, chosen to superintend the collaboration for this work, bespeaks for it an assured success.

DUNGLISON'S DICTIONARY OF MEDICAL SCIENCE, 21ST EDITION, WITH APPENDIX. Containing a full explanation of the various subjects and terms of Anatomy, Physiology, Medical Chemistry, Pharmacy, Pharmacology, Therapeutics, Medicine, Hygiene, Dietetics, Pathology, Surgery, Ophthalmology, Otology, Laryngology, Dermatology, Gynæcology, Obstetrics, Pediatrics, Medical Jurisprudence and Dentistry, etc., etc. By

Robley Dunglison, M.D., LL.D., late Professor of Institutes of Medicine in the Jefferson Medical College of Philadelphia. Edited by Richard J. Dunglison, A.M., M.D. New (21st) edition, thoroughly revised, greatly enlarged and improved, with the pronunciation, accentuation, and derivation of the terms. In one magnificent imperial octavo volume of 1225 pages. Cloth, \$7.00; leather, \$8.00. Thumb-letter Index for quick use, 75 cents extra. Lea Brothers & Co., publishers, Philadelphia, 1895.

By the valuable appendix just received some twenty-five large pages have been added to this well known work. The dictionary itself was reviewed some time ago in these columns, but it speaks for itself, or rather the Profession has spoken for it, for it has now reached its twenty-first edition. The appendix now before us contains a vast amount of new information especially on the subjects of new drugs and bacteriology. Also many new words coined in recent years by the specialists in neurology and gynæcology have been added, so that we can say that this standard work is fully up to date. It may be ordered through any book-seller.

THE HARVEIAN ORATION, 1894, ON MODERN DEVELOPMENTS OF HARVEY'S WORK, delivered before the Royal College of Physicians, Oct. 18th, 1894, by T. Lauder Brunton, M.D., F.R.S., Fellow of the College, Assistant Physician to St. Bartholomew's Hospital. MacMillan & Co., London. The Copp, Clark Co., Ltd., publishers, 9 Front street West, Toronto.

This interesting brochure is neatly gotten up in cloth, and its 35 attractively printed pages are replete with interesting and instructive points in connection with the heart and circulation, as might be expected in any production from the pen of one so eminent as Dr. Lauder Brunton. He fittingly refers to the death of the late president, Sir Andrew Clark, and to the presence of Sir Wm. Jenner, whom he ranks with Sydenham, Heberden, Bright and Garrod. The names of those associated with the development of our knowledge of the circulatory system are mentioned with their discoveries, such as the measurement of the pressure of blood in the arteries, by Stephen Hale; the resistance offered to the circulation by the capillaries, by Thomas Young; the contraction of the venæ cavæ and pulmonary veins forcing the blood into the auricles, thus becoming the first motor cause which dilates the cavities of the heart, by Haller & Senac; the discovery of the sounds of the heart by Harvey himself, and later amplified by Laennec. The injection of drugs into the circulation by Christopher Wren, and the work and experiments of Blake, Sharpley, Burdon Sanderson, Michael Foster and Ludwig, Hafiz, Weber, Schiff, Paget, Gaskell, Brown-Sequard, Weller and many others are referred to.

The recent work which has shown the influence on the distribution of the blood by various stimuli, exercise, etc., is gone into,



showing that the vessels that supply the muscles of the body and limbs are capable of such extension, that when fully dilated they will allow the arterial flood to pour through them nearly as quickly as it usually does through the vessels of the skin intestines and muscles together, thus explaining the action of cold in producing increased heat by the blood being driven to the muscles from the contracted skin, when the increased oxidation leads to increased heat production, and showing that the vessels of the muscles are not controlled by the vaso motor centre in the medulla oblongata in the same way as those of the intestines and skin. The effect of sudden muscular contraction by compressing the vessels, causing increased blood pressure, is counteracted by the stimulus which is sent at the same time through the motor nerve, producing dilatation and a fall in pressure, thus showing how the blood pressure can be varied by appropriate exercises, and while the irritation of the nerve fibres in the muscles caused by exercise leads to increased action of the heart, stimulation of those of the intestine and skin tend to slow it. The pathology of angina pectoris is made clear, and the rationale of some of the modern methods of treating affections of the heart pointed out, such as absolute rest in bed, with massage for increasing the circulation; after the methods of Ling, and Weir Mitchell, the graduated movements under resistance while the patient is still, and the further stimulation of the skin by saline and effervescing baths, as practised by the brothers Schott at Nauheim, and the graduated exercises in bathing and climbing, of Oertel. Reference is also made to the disposition of chloride of sodium during digestion (the hydrochloric acid going to the stomach, and the sodium to the blood), and the zymogens; and the ferments of the pancreas. The effects of the juice of the thyroid on the blood and of the ferments derived from different organs, as modifying agents, and the recent views in regard to antitoxins as remedies are also dwelt upon. This oration should be in every physician's library, as it has compressed in a small compass information from extended sources, which will bear more than one reading, and is a valuable historical reference in one of the most interesting departments of medical research.

# Pamphlets Received.

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**Chairman's Address.** Read before the Section on State Medicine, at the Forty-fifth Annual Meeting of the American Medical Association, held at San Francisco, June 5-8, 1894. By George W. Stoner, M.D., Baltimore, Md., Surgeon United States Marine-Hospital Service. Reprinted from the Journal of the American Medical Association, August 18, 1894. Chicago: printed at the office of the Journal of the Association. 1894.

**The Legal Question in Operations on the Insane.** By Walter P. Manton, M.D., Detroit, Mich. Reprinted from The American Gynæcological Journal, Toledo, Ohio. June, 1893.

**A Plea for the Amelioration of Insane Women Suffering from Local Disorders.** By W. P. Manton, M.D., Detroit, Mich., Consulting Gynæcologist to the Eastern and Northern Asylums for the Insane and St. Joseph's Retreat; Vice-President of the Medical Board Detroit Woman's Hospital and Foundlings' Home, etc. Reprinted from the American Gynæcological Journal, Toledo, Ohio. January, 1893.

**A Contribution to the History of Ovariectomy on the Insane.** By W. P. Manton, M.D., Detroit, Mich. Reprint from Transactions, 1889.

**Aseptic Prophylaxis of Asiatic Cholera: Arsenization.** By Reginald Barkley Leach, M.D., Mem. American Public Health Association, etc., etc. The subject-matter of this little monograph is confidently commended to the respectful consideration of all investigating Medical men, as the hypothesis herein discovered is consistently dedicated to suffering humanity. Paris, Texas.

**Lectures to my Hospital Interns Past and Present,** by Casey A. Wood, M. D., Chicago. Reprinted from The Journal of the American Medical Association, August, 10, 17 and 24, 1895. American Medical Association Press, Chicago.

**Some forms of eruption Simulating Scarlatina,** by A. D. Blackader, M.D., Montreal. Pediatrics, Sept., 1895.

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## PUBLISHERS DEPARTMENT.

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LITTELL'S LIVING AGE FOR 1896. The announcement of a reduction in the price of this famous eclectic from *eight* dollars to *six* dollars a year will prove of more than usual interest to lovers of choice literature. Founded in 1844, it will soon enter its fifty-third year of a continuous and successful career seldom equalled.

This standard weekly is the oldest, as it is the best, concentration of choicé periodical literature printed in this country. Those who desire a thorough compendium of all that is admirable and noteworthy in the literary world will be spared the trouble of wading through the sea of reviews and magazines published abroad, for they will find the essence of all compacted and concentrated here.

To those whose means are limited it must meet with especial favor, for it offers them what could not otherwise be obtained except by a large outlay. Intelligent readers who want to save time and money will find it invaluable.

The prospectus, printed in another column, should be examined by all in selecting their periodicals for the new year. For the amount and quality of the reading furnished, the new price makes *The Living Age* the cheapest as well as the best literary weekly in existence. Reduced clubbing rates with other periodicals offer still greater inducements, and to new subscribers remitting now for the year 1896, the intervening numbers of 1895 will be sent gratis. Littell & Co., Boston, are the publishers.

#### RENDER THE INTESTINAL CANAL ANTISEPTIC.

The *Materia Medica* gives at least one safe intestinal antiseptic. It is Salol. Professor Hare, in the last edition of his *Practical Therapeutics*, says that Salol "renders the intestinal canal antiseptic, and so removes the cause of the disorder, instead of locking the putrid material in the bowel, as does opium." He regards Salol as "one of the most valued drugs in the treatment of intestinal affections." Have we a substitute for opium for the relief of pain? Here comes in the American coal-tar products, the first of which, for the relief of pain, stands Antikamnia. Therefore, we conclude that to remove the cause, to render the intestinal canal antiseptic, we have an invaluable remedy in Salol; while to remove accompanying pain, to quiet the nervous system, and to reduce any fever which may be present, we have a remedy equally efficacious in Antikamnia; *an ideal combination for the treatment of this large class of diseases, and we may specially cite Typhoid Fever.* These two drugs are put up in tablet form, called "Antikamnia and Salol Tablets," each tablet containing two and one-half grains of Antikamnia and two and one-half grains of Salol.

#### NEW WORK ON CONSUMPTION.

A new work under the title of "CONSUMPTION—ITS NATURE, CAUSES AND PREVENTION," over 340 pages, with illustrations, is announced, to be soon issued by William Briggs, the Toronto publisher. The prevention of this prevalent and most fatal disease is a subject of the greatest importance. Too many works on it can hardly be published. The author of this one is Edward Playter, M. D., author of "Playter's Physiology and Hygiene" (authorized for teachers), and a number of pamphlets and papers on Consumption, and for twenty years editor of the *Canada Health Journal*. He has himself made some special investigations relating to the causes of consumption, and during a practice of over a quarter of a century given special attention to the subject. The following indicates the heads and sub-heads under which some of the preventive measures are treated: Pure air, soil, dwellings, bed-rooms, respiratory exercises, sitting and lying out-doors, occupation, preventing "colds," words to parents, marrying, state measures, public instruction, drainage, better inspections, sanitarium, with chapters on climatology, and a short one on the climate of northern New York, Vermont and Canada.

#### NOVEMBER LITERARY NOTE.

A complete and immediate revolution of transportation methods, involving a reduction of freight charges on grain from the West to New York of from 50 to 60 per cent., is what is predicted in the November *Cosmopolitan*. The plan proposes using light and inexpensive corrugated iron cylinders, hung on a slight rail supported on poles from a cross-arm—the whole system involving an expense of not more than fifteen hundred dollars a mile for construction. The rolling stock is equally simple and comparatively inexpensive. Continuous lines of cylinders, moving with no interval to speak of, would carry more grain in a day than a quadruple track railway. This would constitute a sort of grain-pipe line. *The Cosmopolitan* also points out the probable abolition of street cars before the coming horseless carriage, which can be operated by a boy on asphalt pavements, at a total expense for labor, oil, and interest, of not more than one dollar a day.

#### PLANS FOR A \$3,500 DWELLING.

Architect W. L. Price contributes to *The Ladies' Home Journal* for Dec. the first of a series of articles illustrated with perspective interior views and working plans upon moderate-sized homes. He describes the construction of a dwelling to cost \$3,500; presents word and pen pictures of the interior, and has this to say in behalf of builders and architects: "Don't expect your house to be perfect; wood will shrink, plaster will crack more or less, and doors and windows stick; and don't expect them to keep the house in repair. They cannot afford to do more than put it in proper condition when they hand it over to you." Other illustrated articles by leading American and Canadian architects will appear in the *Journal* during the year.