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## Society Proceedings.

### THE MONTREAL MEDICO-CHIRURGICAL SOCIETY.

*Stated Meeting, January 6th, 1893.*

JAMES STEWART, M.D., PRESIDENT IN THE CHAIR.

Dr. STEWART: I would like to ask if there was any record of the length of time which lapsed after operation before these cases were reported. The majority of those cases were given as cured, but the date of the report after operation is not given. Surgeons are apt to report cases too quickly after operation; the results are called cures; but six months or three years afterwards they would not be cures.

Dr. SMITH: Twenty-three out of ninety were well twelve months afterwards; twenty-seven were well six months afterwards. The time was not given for the whole number, but one reporter states as above. Dr. Gardner's cases were reported here three years ago, and two out of the five were well one year afterwards.

I have listened with a great deal of profit and pleasure to Dr. Adams, but there are still a few things I would like to ask him. During

the discussion on Dr. Gardner's cases, the general opinion was, that the cheesy material in the tubes was the cause; they were the nidus. At the time, I thought the cheesy material was the result of the bacilli. Was I correct in supposing the cheesy deposits in the tubes the result of the destruction of tissue by bacilli?

I can appreciate the statement that irritation of the peritoneum and increased supply of blood may serve to carry off some of this inflammatory deposit; it seems both plausible and reasonable. Leucomatous deposits on the cornea are thus cured by the irritation of calomel powder. But as to washing out the abdomen accounting for the irritation in every case, in one of my cases there was no water put in, and yet the case was well one year afterwards.

Dr. Adams's statement concerning the difference in virulence of the bacilli in cattle explains very well indeed what I could not understand before—how tuberculosis of the peritoneum was so much slower in its progress than tuberculosis acquired otherwise. One more question: When one examines the miliary tubercles in the peritoneum, are the bacilli found there? or, are they destroyed by phagocytes? or, is the little tubercle composed of fibrous tissue without cells? and, in cases of cure, how does the peritoneum be after the cure? are the adhesions still devoid of a history? have the bacilli a certain life history? do they die of old age? or are they killed by phagocytes?

Dr. ADAMI pointed out the absence of any certain demonstration that the tubercle bacilli form spores. There can, however, be little or no doubt that these microbes have a resistant form very tenacious of life. Old tubercular foci may be examined with the greatest care, and no bacilli be discovered, but the same material injected into the guinea pig will cause definite and generalized tubercular lesions. As to the action of phagocytes upon tubercle bacilli, much depends upon the virulence of the latter. Often the bacilli can be seen within the giant cells, presenting changes in appearance which are only explicable on the assumption that they are being destroyed; but along with these one sees others that stain well and show no departure from the normal. These we may look upon as being alive and active--although this need not necessarily be the case, for, as Prudden has demonstrated, recently killed bacilli may take up the stain with readiness.

*Stated Meeting, January 20th, 1893*

JAMES STEWART, M.D., PRESIDENT, IN THE CHAIR.

*Band of Adhesion between the Cervix Uteri and the Vagina.*—Dr. J. A. SPRINGLE read the report of a case.

Dr. SMITH has had many cases, in the Montreal Dispensary, of women between 40 and 60 years of age suffering from cicatricial bands between the cervix and the vagina. Such adhesions are not seen so frequently in younger women, more gentleness being now employed in obstetric practice than formerly; or, perhaps it may be that in the old days the head was left much longer pressing on the cervix and vagina, causing destruction of tissue. Pozzi in his new work on Gynæcology devotes several pages to these bands. They may interfere with labor so much in some cases, that it is considered necessary to induce premature delivery.

*Anomalous Cases of Diphtheria.*—Dr. H. S. BIRKETT read a paper on this subject, and Dr. JOHNSTON related the results of the bacteriological examination.

#### DISCUSSION.

Dr. PROUDFOOT said that he has often had cases where it was difficult to decide whether or not the disease was diphtheria. He had a case in his practice very similar to Dr. Birkett's. A boy ten years of age was treated for a purulent inflammation of the ear following measles; a membrane formed in the nose and was removed, but was not followed by any other. It only occurred on one side. The child did not complain of any unusual symptoms, except the general malaise following measles, from which he was recovering very well.

Dr. MCCONNELL said that these cases form another instance illustrating the great advantage of the bacteriological methods of diagnosis. He urged the surgeons to bear in mind the utility of serum, and to save it for bacteriological investigation. In many cases we have no other means of diagnosis. In the present case he thought that if Dr. Birkett had seen them a little earlier he might have observed some slight elevation of temperature. He had seen such cases—little fever the first day, and the next day the fever is completely down. It seems rather odd to have the diphtheria bacilli growing, without at least producing some poison.

Dr. MAJOR thought that anomaly was the rule in diphtheria; at all events, you cannot lay down any hard and fast rules as to its course, local and constitutional. Secondary nasal diphtheria is one of the most fatal forms; primary nasal diphtheria, on the other hand, is not only mildly contagious, but the septic influence is almost altogether wanting. When primary it confines itself principally to the nasal passages, seldom extending into the nasopharynx, still more rarely into the larynx, and glandular enlargement is the exception. In most cases the membrane is confined to one side of the nose exclusively, reforming as fast as it could be developed after removal, the health of the parts influencing its renewal. He cited the case of a child from whom he had previously removed a tonsil, the cicatricial tissue was free from exudation, while every place around it was covered. It would seem that the degree, or an excess, of the blood supply in the part largely regulated the region where the membrane may develop, and also the development of the disease in the individual. In regard to the Klebs-Löffler bacillus, the clinicians should not throw themselves into the arms of the bacteriologists. Who is going to correct the bacteriologist, for all know how liable they are to be mistaken at times? He thought that it would be a great mistake to neglect good classical symptoms in favor of any theory that might be arrived at by a bacteriological examination.

Dr. FOLEY asked whether erythematous rashes were common in diphtheria. He had heard of such a case the other day, where a profuse desquamation of the neck followed diphtheria.

Dr. MILLS thought that the most important conclusion from Dr. Johnson's researches is to confirm the views held as to the infection of diphtheria. The poison apparently must have been formed but not absorbed. It seems that the difference in the resisting powers of certain individuals to infectious disease does not lie altogether in the serum. Pathologists will have to abandon the narrow ground of the serum alone and take in the

tissue fluids in general. The life of the cell is expressed in its fluids. That is what I think this immunity question is going to work out to, to a certainty. The question of absorption is very interesting. The scars referred to are especially interesting. I think the disease did not attack these parts, not on account of their lack of vascularity, but on account of their deficient absorptive power.

Dr. DeCOW did not think minutæ in diagnosis of much importance to the general practitioner, the important thing being to adopt isolation and get at your treatment at once.

Dr. BIRKETT, in answer to Dr. Foley, said that the occurrence of rashes in diphtheria, especially in the more malignant forms, is well recognized. In both of these cases the membrane was not limited to one nostril, it invaded both nostrils. They differed in this, that in one case the membrane recurred on removal, in the other it did not. In regard to the remark of Dr. DeCOW; he said that the cases were treated as diphtheria before the report of the bacteriologist had been received.

Dr. MAJOR referred to a case reported by him some four years ago. He at first regarded it as a chronic membranous nasal catarrh. The young lady suffered from complete obstruction of both sides of the nose, but rhinoscopic examination showed that it did not at all enter into the posterior nares; there was no constitutional disturbance, no enlargement of glands; she had not been exposed to contagion so far as known, no case being in the neighborhood. She was living at the time in the Young Women's Christian Association, where there were twenty or thirty other people in the house. At that time the knowledge of the condition was very vague, and the examination did not yield any result. It was treated as a membranous nasal catarrh, and after trying various measures he found that the galvanic cautery was the only means that yielded any ready result. The treatment was carried out persistently daily for probably a couple of months. The case was reported to the Society, and before the paper was read a young lady occupying the same room as this patient was ill, had been attended and prescribed for as a case of tonsillitis. In consultation he afterwards recognized it as a case of diphtheria, a bad form, with nasal and pharyngeal extension. Since then he has had no doubt in his mind that the case of chronic nasal catarrh was nothing more or less than a case of chronic diphtheria, and that the second case was contracted from it. With regard to the erythema that a gentleman spoke of a moment ago, cases of that kind are sometimes apt to be confounded with scarlatina. He had had a case some time ago which he pronounced diphtheria after an in-

spection of the throat. A few days afterwards a scarlet rash developed, but two weeks later general paralysis setting in, confirmed the diagnosis.

*Report on Three Prostatic Tumors*—Dr. ARMSTRONG exhibited three specimens of hypertrophied prostate which he had removed last summer, and read Dr. Adami's report on the microscopical examination.

Dr. Armstrong continuing said that clinically these cases are very interesting. They occur as a group of cases for which at present the relief is not very satisfactory. From an operative point of view they are bad patients. They often come to us in such a condition of toxæmia, with advanced kidney disease and dilated genito-urinary tracts, that they are not able to resist the shock or hemorrhage. In the future it is believed that much better results will be obtained than at present.

Dr. JOHNSON wanted to know what was the rational explanation as to why the prostate enlarges. There is no special irritation, no apparent local causes, and what is remarkable it enlarges at a time when it is least used. We have all heard of atrophy from disuse; but hypertrophy from disuse seems to be implied in the case of enlarged prostate.

Dr. SMITH always takes an interest in the prostate gland, because he constantly thinks of the resemblance between it and the uterus. The structure of both organs is composed mainly of fibrous and muscular tissue. The uterus also contracts under the same conditions which cause contractions of the prostate. It seemed to him that from Prof. Adami's description of the gland one can easily see why people get enlargement of the prostate, and even why they get it when they don't want it any more. Over-use of this muscular and fibrous tissue will cause hypertrophy. Every time the fibres of the prostate contract they increase in size, and when this has been going on for twenty or thirty years, they get to be a pretty good size. Fibrous tissue frequently occurs in the uterus as the result of an exudation from the walls of the uterine veins, due to some obstruction to the venous circulation in some of the large veins about the brim of the pelvis, into which the uterine veins empty. When we have chronic constipation, with a loaded sigmoid flexure pressing directly on the common iliac veins as they pass over the brim of the pelvis, we have engorgement of all the subsidiary veins, an exudation of lymph, and the organization of the lymph into fibrous tissue. Obstruction to the venous circulation is the key-note to the causation of enlarged prostate; this obstruction may be due to chronic constipation, to the heart, or to the liver. For the last few years he has employed the fluid extract of ergot in the treatment of enlarged prostate, for the very reason that he has seen such good effects from this

drug in the treatment of subinvolution, and he found it generally gave great relief. In one case a soft bougie could not be passed; after a few doses of this remedy the man could pass a good stream. In the stage when the enlargement is forming we are to keep the following points in view: Don't excite the gland too often; remove any obstruction to the venous circulation, and give ergot to cause the already hypertrophied muscle to contract.

Dr. MCGANNON believed that enlarged prostate is more often due to overloaded blood vessels than to overuse, and thought that such cases can be much benefited by proper treatment, even when the genito-urinary tract is involved.

Dr. MILLS would not say anything on the subject but for the alarming views of Dr. Smith. He called attention to a kindred phenomena which may throw some light upon the subject. Bitches as they grow old are very liable to develop adenomatous tumors in the region of the mammary glands. Dr. Lafleur examined some of these and pronounced them adenomata, tending to be malignant. Dr. Adami is of the same opinion. Here, then, you have an overgrowth of the same kind of tissue with a tendency to become pathological, even malignant; both connected with the period of life when vitality is lowered. He was not prepared to pronounce a definite opinion, but he most emphatically repudiated Dr. Smith's ideas on the subject of the etiology of hypertrophied prostate.

*The late Dr. R. Hugh Berwick*—Dr. MILLS said: "I have a motion to make, and with the rest of you I regret that we have so often to make these motions. In the last few years they have come with painful frequency. I will therefore move, and Dr. Proudfoot will second, the following resolutions:

*Resolved*—That this Society has heard with deep regret of the death of one of its members, Dr. Robert Hugh Berwick, who, though a young member of the profession, was one of the most promising, and one who had gained the respect of all with whom he had come in contact during his brief but successful career.

*Resolved*—That a copy of this resolution be sent to the friends of the deceased, to the Dental Association of the Province of Quebec, and to the Press."

*Stated Meeting, February 3rd, 1893.*

JAMES STEWART, M.D., PRESIDENT, IN THE CHAIR.

A. W. HALDIMAND, M.D., was elected a member.

*Malignant Growth of Prostate and Base of Bladder.*—Dr. ADAMI brought this case before the Society on account of the numerous points

of interest that it presented, more especially on account of the long continued history of kidney and bladder disturbance, and the nature of this disturbance. Dr. Bell, in whose ward the patient was at the time of death, would furnish details of the history of the case. He would simply remark that the patient, T. R., aged 88 years, entered the General Hospital in June, 1892, complaining of renal symptoms, and was in consequence placed under the late Dr. Ross. Soon vesical disturbance became more prominent and he was transferred to the surgical wards. Here malignant tumor of the bladder was diagnosed: there was progressive emaciation ending in death upon January 20th, 1893.

Dr. ADAMI detailed the post mortem appearances. Leaving aside the condition of the urinary system, there were briefly senile degeneration of the various organs, hydrothorax and odema of the lungs. He exhibited the kidneys which were large. The left kidney weighed 180 grms., and presented an obstructive cyst occupying the lower extremity of the organ. On section both cortex and medulla were found to be narrowed and of pale color. The right kidney was larger and more hydronephrotic, but was not weighed or cut into, since it was reserved attached to the ureter and bladder for museum purposes. The pelves were greatly distended, as were also the ureters along their entire course until the base of the bladder was reached, where they entered into a mass of new growth. The bladder was distended, its apex reaching to the level of a line joining the anterior superior iliac spines. It contained more than 350 c. c. of bloody urine, together with masses of blood clot. On the other hand, the pelves of the kidneys and the ureters were filled with clear, almost colorless urine. Upon emptying the bladder the source of the hemorrhage was made evident. From the base there projected into the cavity a large nodulated and very vascular growth, divisible into three irregular masses, of which the most prominent was in the median area and somewhat anterior. The organ was firmly impacted into the pelvis, the new growth implicating also the prostate and the tissues around the base of the bladder. The glands of the left inguinal region were enlarged and the seat of a growth which felt firm on section. Similar secondary growths affected the retroperitoneal glands, and along the course of the right common iliac artery, near to its origin from the aorta, were two enlarged glands of the same nature.

Microscopical examination of this new growth yielded results of not a little interest. Portions removed from the masses projecting into the bladder presented an appearance which could not be distinguished from what is usually recognised as a form of alveolar sarcoma; that is to say, that with the low power nothing could be seen but a collection of round or slight oval

cells of fair size, and towards the surface of the growth these could be seen to be infiltrating the muscle fibres of the bladder wall, or what remained of them. With a higher power these cells could be seen to possess an alveolar arrangement. A peculiarly delicate stroma surrounded masses of these cells, forming a series of rounded alveoli, and in this surrounding stroma ran fine vessels of an embryonic type. Where the tissue of the sections had not been loosened in the process of preparation this arrangement was in parts unrecognizable—the growth was undistinguishable from a true sarcoma.

A study of the prostatic portion of the growth and of intermediate areas revealed the true nature of the growth. In the anterior region of the prostate there was still present remains of the prostate tissue. The tubules and their surrounding tissues could be seen presenting a typical arrangement, but with this some dilatation of the lumina and hypertrophy of the stroma. Sections which showed these showed, however, other gland follicles which were becoming enlarged, and the epithelium here was undergoing proliferation, so as completely to occlude the lumen. The next stage to be made out consisted of what seemed to be these modified masses of glandular epithelium giving off finger-like collections of cells extending into the spaces of the surrounding tissue, and a little further back the condition of the modified prostate was that of a typical scirrhous cancer. Passing down towards the base of the bladder the cell masses become larger, the individual cells less compressed, the intervening fibrous stroma more and more scanty, and thus the passage could be made out from the scirrhous condition through that of medullary cancer to the first described condition which, as has been stated, would undoubtedly, without further study, be taken by most observers for an excellent example of and form of alveolar sarcoma. The alveolar sarcomata form so unsatisfactory a group of neoplasms, the descriptions of the various forms given by different writers are so divergent that it is worth while to record this case, showing as it does the necessity of a careful study of all portions of a growth presenting the appearance of what might reasonably be considered the true alveolar sarcoma of some authorities.

This difference in the appearance of the various parts of the tumor harmonizes well with the clinical history of the case. Evidently the disease started in the prostate, and here it had been of very small growth. The firm fibrous nature of the neoplasm points to this, and it is of special interest to note that, according to the patient's statement, the enlarged glands in the left inguinal region had been present and noticed by him for quite two years. There was a history of prostatic disturbance for

some considerable period anterior to this, and the interesting question is raised as to whether the carcinomatous condition had been preceded by hypertrophy of the organ. This question, it is true, cannot be answered with certainty. It might be considered that the enlargement of the follicles in the anterior region of the organ that had not as yet undergone atypical epithelial proliferation, and the increase of stroma here is an indication that this had been the case; but the point will not bear having any great stress laid upon it. Evidently also, from its appearance, the vesical portion of the growth was of rapid development, the marked want of fibrous inter-alveolar substance points to this, and here again we have the history of relatively recent vesical symptoms. It would seem as though the neoplasm had extended under the base of the bladder (externally), and so brought about obstruction of the ureters before the wall of the viscus itself had been invaded. The firmer nature of the growth in the former region is in support of this opinion.

The fact that the inguinal glands of the left side were implicated is worthy of note, not only, as has been stated, because of the early period at which they were effected, but also because their implication would seem to indicate a back flow of lymph. This, however, is in consonance with numerous other observations tending to show that lymph may flow in either direction, or to place the matter otherwise, that when one channel becomes obstructed a collateral or round-about channel is employed.

Dr. BELL had little to add to the clinical history of the case given by Dr. ADAMI. There could in this case be little difficulty of diagnosis when he saw the patient. From the extensive nature of the disease in the bladder, from the secondary deposits in the glands, from the man's advanced age and approaching death from senility, this was not at all a case for operation, and having satisfied his mind upon that point he simply waited, knowing that it would not be long before the specimens would be passing through Dr. ADAMI's hands. With regard to the history of the progress of the disease, having only once investigated the case, he could not be very clear, but this he could affirm, that the patient had manifested symptoms referable to the prostate for five years, but had only been seriously ill for a twelve-month. The growth in the groin had been present for two years.

Dr. SMITH was under the impression that the lymph always flowed from the urethra towards the inguinal glands; he was certain such was the case so far as the penile and membranous portions of the urethra were concerned, and thought it applied to the prostatic portions as well.

Dr. ADAMI pointed out, in reply to Dr.

Smith, that here was not so much a question of the urethra and its lymph supply as of the prostate. He thought that it was generally held that the lymph about the neck of the bladder passed to the retroperitoneal glands. Here the prostate would seem to have been primarily affected; its lymphatics pass to a gland in the lateral true ligament of the bladder.

*A Case of Occipital Meningocele*—Dr. KENNETH CAMERON read the report of this case.

*Treatment of Alcoholism by Hypodermic Injections of Nitrate of Strychnia*—Dr. MCCONNELL read a paper on this subject as follows:—

In *Merck's Bulletin* for August, 1891, a brief notice of Dr. Portugalow's experience with the nitrate of strychnine in dipsomania is given. He claimed to have cured 455 cases, and asserts that he knows of reliable and specific remedies for two affections only: strychnine for the various forms of alcoholism, and quinine for malarial fever. He used a solution of six centigrammes in fifteen grammes of distilled water, given from one-quarter to one-half gramme hypodermically once or twice daily, ten to sixteen injections completing the treatment. Similar results were obtained by Dr. W. N. Jergolski, and others, in Russia, Germany and Italy.

That strychnine, cocaine, atropine, capsicum, cinchona, and other nerve tonics had been employed with advantage in alcoholism is a fact generally known, but that such brilliant results could be obtained by such a well-known remedy as strychnine, properly administered, filled a gap in the therapeutics of a disease with which, hitherto, medication had mostly been fruitless, and which could only be regarded and hailed with grateful appreciation by the general practitioner who could hitherto do so little for this—by no means small—class of afflicted humanity.

I have treated during the last 15 months some 30 cases, 25 of whom received the full course of injections; the results will, I think, demonstrate what benefit we can obtain from it in this form of narcomania. Due attention was paid in each case to the associated derangements and the constitutional peculiarities. The patients all came to the office for treatment, and although recommended to abstain from further drinking were allowed to take liquor if they desired it. The dose given subcutaneously varied from one-thirtieth to one-sixth grain twice daily for ten days, then once daily for ten days, the highest dose being reached about the third or fourth day and continued to the close of the treatment. This being nearly in accordance with Spitzka's experiments, that to maintain its action the doses of strychnine must be in the beginning increased, and later the interval increased and the doses lessened.

The border line of tolerance was reached in most cases when one gramme was used of a solution containing 12 centigrammes strychnine nitrat. to 15 grammes water, that is about two-fifteenth grain. Internally cinchona, peroxide hydrogen and capsicum were frequently prescribed in combination. When bromide of sodium failed to procure sleep, paraldehyde always succeeded. In the later cases strychnine in doses of one-twentieth grain, with elixir of phosphate and calisaya (Wyeth's) was ordered to be taken once or twice daily for four or five weeks after ceasing the injections. The following brief reports of each case are condensed from the notes taken in detail during the progress of the treatment.

Two solutions were used, one containing six centigrammes to fifteen grammes water, and in the later cases one of double the strength, equal to two grs. to the half ounce. The weaker solution was used in all cases unless where the stronger is mentioned.

CASE I.—November 10, 1891, insurance agent aged 50, has used alcohol since 12 years of age and to great excess since 20, and more or less continually during the last four years; marked family history of alcoholism. Patient is small in stature, emaciated, tongue thickly coated, tremulous, has had very little sleep for a week. Gave a purgative and potassium bromide.

On the 11th began the injections, giving  $\frac{1}{2}$  gm. twice daily. He states that after a prolonged spree, during the first, second and third weeks of abstinence he suffers from cramps in the limbs, and for four years has had night sweats; had no cramps after first injection, and claimed to have no desire for liquor after the first day. At the end of the first week of treatment he showed remarkable improvement in every respect; had a ravenous appetite, slept well, no depression, and very sanguine as to the virtue of the treatment. During the second week had one injection daily, when the treatment ceased. He then claimed to enjoy as good health as ever before. He reported from time to time the entire freedom from desire for liquor, and remained so for eleven months, during which time he had no regular work. Having got a situation, after his first pay he ventured a glass of liquor, when the ardent crave was rekindled and a prolonged debauch followed.

CASE II.—Moulder, aged 50, is a strong, robust man. No family history of alcoholism or other neurosis. Received a blow on the forehead about 30 years ago, where a depression still exists; began his drinking habits after that; has drunk hard during last 15 months, and is now imbibing all he can procure, sometimes 40 glasses of liquor daily. Had two injections twice daily for a week; took no liquor after the first day, and after the second

day claimed to have no desire for liquor. He became ill with la grippe, having received 10 injections. I heard from him four or five months after, and learned that he had not up to that time partaken further of spirituous drinks.

CASE III.—Insurance agent, aged 46; has a neurotic family history, there being cases of alcoholism and insanity. Has drunk steadily for 30 years. I requested this patient to drink all he wished during the treatment. He was poorly nourished, not having the means to properly maintain himself owing to his habits. Drank 20 glasses of ale first day of treatment, the number diminishing daily until the end of the first week, when his desire ceased. At the end of second week he appeared free from the drink crave and had improved very much in his physical condition. At the end of two months he again resumed his drinking habit; his relapse was attributed to his unwillingness to give up his life-long habit of ale at meals.

CASE IV.—Advocate, age 40; has drunk inordinately for about 10 years; no hereditary cause; attributed the acquirement of the habit to the treating custom. Suffers from gastritis with morning vomiting and sleeplessness; gave sod. brom. and calumbo and parvules hg. subchlor. 1.20 gr. every hour. Gave first injection December 17th; found a tonic effect after first injection; no vomiting after next morning; took liquor daily until 25th; none after; all the catarrhal symptoms disappeared after first week of treatment and also the desire for liquor. Ceased the treatment on January 1st, patient feeling quite restored. In a couple of months he had relapsed into his old condition.

December 26, '92, came to have another course of treatment, having confidence in its power to relieve him of his desire for alcohol. The gastric symptoms were predominant; the strong solution was used, beginning with 5 cgm. and increasing daily until 10 was reached; gave two injections daily for 10 days and one daily for 10 days longer. After fourth day gastric symptoms were quite relieved and desire for drink gone; attempted a glass of wine a day or two after but found it flat and distasteful. While taking two full doses daily, on two occasions noticed for a few minutes involuntary contraction of upper limbs; since end of first week appetite and digestion have been good, and he claims to feel better physically and mentally than for months. He, however, will not consent to total abstinence for the future, which to those who can only drink immoderately is the only remedy.

CASE V.—Printer, aged 40; single; a drunkard for about 20 years; no hereditary predisposition; accustomed to be off work two and three days each week; began treatment December 30th, 1891; the ordinary solution; had no

desire for alcohol after first injection, recovering in a week his accustomed health. On inquiry I find he remained well for eleven months, when he again resumed his drinking habits.

CASE VI.—Painter, aged 50; has drunk spirituous liquors since 18 years of age; father was a hard drinker; he cannot sleep and has no appetite; constipated; tongue coated, smooth at tip and edges; has an intense crave for alcohol; drank a few hours before beginning treatment; took no alcohol after first injection; was at a dinner party four days after where liquor was used, but had no desire for it and took none. After 15 injections was discharged much improved in general health and changed in his appearance.

CASE VII.—Corset maker, aged 32; has used liquor for 15 years and excessively for 10 years; went on protracted sprints at irregular intervals; treatment continued from July 5th to 20th, 1892; was drinking when the first injection was given; no desire for liquor after second day, and steady progress afterwards towards his usual condition of health in the intervals of sobriety; four months after again resumed the habit.

CASE VIII.—Feb'y 9th, 1892, druggist, aged 29; used alcohol since 9 years of age; had not taken any for two years previous to three months ago; had made many attempts to give up the habit but without success; no heredity; no insanity or nervous disease in family. Desire for liquor left after second day; stated that he had not experienced any of the symptoms of nervousness and depression observed at other times when breaking off; at the end of two weeks treatment was in good condition and no desire for stimulants. Some two months after learned that he had relapsed.

CASE IX.—Auctioneer, aged 42; has drunk intoxicants for about 30 years, during last six 6 years almost constantly; was irregular in his attendance and got about 20 injections; began drinking immediately after.

CASE X.—Waiter, aged 55, July 15th, has used liquor since he was 20 years of age; father drank; has abstained at intervals of 2, 3, 6 and 11 years. The last six years' abstinence ended a year ago, when brandy was recommended for sleeplessness, since then has drunk more or less constantly; was intoxicated when he got the first injection, July 15th, 1892; much gastric derangement and sleepless. Sod brom. used to procure sleep; had no desire after the first day and has not drunk any since.

CASE XI.—Aged 40, Feb'y 25, 1892; no occupation; interdicted for some six years; a chronic inebriate with inherited predisposition. When first injection was given was in a stupor and semi-paralyzed; had been drinking very hard for two weeks, and had for the last week taken 60 grs. sulphonal at bed-time, furnished to him on his own application by a druggist.

At the end of two weeks had improved very much, and for a week had not asked for stimulants. He then went out for a drive, and passing a saloon to which he was accustomed to go could not resist the temptation to enter. He was then placed in a private ward in hospital and the injections given for three weeks. After the fourth day did not ask for liquor, and at the termination of the treatment had quite recovered himself and left, stating that he had no desire for alcohol and that he would not again touch it; three days after he had broken his resolution.

CASE XII.—Gardener, aged 33; Feb'y 23; has taken liquor since the age of 15; father drank. Patient gets intoxicated every pay night (Saturday) and would return to work Tuesday. He drank soon after the first injection; had two weeks' treatment, one injection daily. He remained a total abstainer for five months. Reported himself again for treatment on December 9, 1892; had gone on a visit to the United States and while in company was induced to take a glass of beer, and for last four months has drunk more or less constantly and has been drunk daily for last four weeks. Put ant. tart. into his accustomed liquor and advised him to use it for a day or two. While under the treatment it caused considerable nausea and vomiting; used the stronger solution twice daily for ten days and once daily for ten days longer; was free from the craving after the first day; took the tonic for five weeks; two days after it was finished began drinking again.

CASE XIII.—March 1st, 1893. Widow, aged 44, has used liquor for 20 years, inordinately for four years; suffers from chronic gastritis, pains in the hands and feet. At the end of first week inclination for her usual stimulant had left and her gastric symptoms had much improved. During the first week of treatment she avoided passing the saloon which furnished her with whiskey, fearing that she would not have the courage to do so without calling. After the first week she passed it daily and was quite free from desire for alcohol; remained all right for six months.

CASE XIV.—March 5th, 1893. Commercial traveller, aged 37, single; has been an alcoholic for 17 years; father drank. Took rye during first five days of treatment, but states that its effect is different to what it usually is, its effect being scarcely noticeable; he thinks that under the influence of the injection one can take larger quantities of alcohol without its having the ordinary effects; increased his injection to 1-20 gr.; after fourth day had no desire for his accustomed rye. On the thirteenth received some unpleasant news and tried to assuage his feelings with rye, but it was not gratifying and he took no more; remained all right one month only.

CASE XV.—March 9th, 1893. Civil engineer, aged 42, has used liquor for 21 years;

father drank. One gm. doses given; lost all desire after fourth day; three months after had resumed his drinking habits.

CASE XVI.—March 27th, 1893. Butcher, aged 26, an inebriate for eight years; father uses liquor, but not to excess; one brother a hard drinker. Gave 30.1 gm. injection; lost desire for alcohol after fourth day and has remained an abstainer to this date.

CASE XVII.—March 28th. Telegraph operator, aged 40, a drinker for 25 years; no hereditary predisposition; sleeplessness and gastric derangement. Took no liquor after first injection; made a satisfactory recovery; relapsed four months after.

CASE XVIII.—April 5th. Broker, aged 47, has used liquor for 27 years, latterly is constantly under its influence; marked nasal acne; much gastric distress. Combined 1-120 grain atropine with the strychnine once daily; had three weeks' treatment; took liquor daily until end of first week, after that had no desire whatever. Stated at his last injection that he did not wish to give up the habit of using wine at dinner; he was advised of the danger of not doing so. Some two months after he was as bad as ever.

CASE XIX.—July 11th. Commercial traveller, aged 41, single; no inherited tendencies; has used liquor since 18 years of age; now goes on prolonged sprees; has gastric catarrh; gave internally peroxide of hydrogen, tr. cinchonæ co. and tr. capsici. Used no liquor after first injection. Gave him a mixture to take for a month after his treatment, containing strychn. nitrate in elixir of the phosphates with calisaya (Wyeth's). January 12th, six months after, reported having been a total abstainer ever since, although daily in places where liquor is retailed.

CASE XX.—September 8th. Manager boot and shoe factory, aged 60; used alcohol first at 20 years of age. At 27 used it excessively; goes on prolonged sprees three or four times a year; has now been drinking four weeks; no hereditary tendency; patient is much debilitated; no appetite and cannot sleep; paraldehyde gave sleep; no desire for liquor after fourth injection, when he returned to his work and has remained well to date.

CASE XXI.—October 3rd. Clerk, aged 37; has used liquor for 11 years; no hereditary predisposition; uses mostly whisky; sleepless, paraldehyde gave sleep; got 30 injections; no desire for liquor after two or three days. At the end of his treatment was feeling unusually well. He has remained at business and has not taken any liquor since.

CASE XXII.—October 3rd. Agent, aged 59; has used liquor since a boy, and up to 55 years of age could get drunk every night and be up at work the next day; since then has been a confirmed inebriate; both parents were

very intemperate. The injections within two days had improved the condition of his stomach and lessened the desire for alcohol. He continued his beer during the first week—a glass or two at bedtime. A couple of days before the treatment was completed he left the city for two days, and at a gathering of friends indulged very freely.

CASE XXIII.—Traveller, aged 40; had a sunstroke in 1880; no hereditary influences. Although he took a glass of ale occasionally it was not until after the sunstroke that he began to indulge freely; has now been drinking steadily for four weeks; he was sleepless and on the verge of delirium tremens; secured sleep readily with paraldehyde and sod. brom; began with 7 dcgms. of the stronger solution, increasing it up to 10; 30 injections; drank none after the first day, made a rapid recovery, resuming work within a week.

CASE XXIV.—November 26th, 1892. Carpenter, aged 34; began to drink seven years ago. Takes two or three days continuous drinking spells at irregular intervals; last one continued a week; not inherited; sleepless and no appetite; three doses paraldehyde gave sleep; gave 30 injections, beginning with 7 dcgms. strong solution, 10 after third or fourth day; took no liquor after first injections; went to work on the second day and made a rapid recovery to his normal condition, and remained well to date; took the tonic for one month.

CASE XXV.—December 8th, 1892. Broker, aged 30; has used alcohol for about eight years; excessively for six years; no heredity; much gastric derangement; gave a purgative of powdered rhubarb and calomel and sodium bromide peroxide hydrogen trs. calumba and capsicum internally; required paraldehyde to get sleep; blood examined; there were 4,400,000 corpuscles to the cubic millimetre, about 7-10ths of these were very irregular in shape, shrunken with jagged edges, some of the projections acute, others truncated; no craving for alcohol after 3rd day of treatment; 30 injection all 10 dcgms after 3rd day. Although mingling with his old associates daily in places where liquor was sold, felt no desire whatever for it; appetite was good, and he appeared fully restored to his usual health.

From the results obtained in these twenty-five cases we can learn that simultaneously with the use of this remedy the crave for alcohol in inebriates diminishes and in a few days is completely gone, and through the withdrawal of the poisonous beverages and the tonic effects of the strychnine there is a more or less rapid restoration to sound physical health and of the mental powers; but as most of those treated have relapsed within from one to eleven months, the inhibiting power of the remedy is not per-

manent, and while it temporarily relieves the distressing and overwhelming crave for more stimulant and promotes a return to normal health, and in which condition these patients may continue to remain, yet they still lack the necessary will power to enable them to avoid the dangers which they know will precipitate a return to their previous enslaved and degraded condition. So that while it is fully within the power of medical science to restore these patients to temporary health, strychnine does not—as doubtless no drug treatment ever will—prevent the possibility of further relapses, although we can always depend on it to arrest what would be a prolonged debauch if its aid is early resorted to.

That weakened will power is a result of the prolonged use of alcohol is generally conceded, as is the fact that the tendency to alcoholism is in a large percentage of cases inherited, and that it is often as dipsomania one of the manifestations of insanity. A definite series of pathological conditions follow the continual indulgence in alcohol, differing only in degree in the milder methyl to the powerful effect of amyl alcohol, the nervous system showing the earliest and most marked disturbance, although every organ and tissue in the body eventually suffers. These and many other facts have led neurologists to place alcoholism as a distinct disease among the neuroses.

This position implies a complete revolution in the methods of treating these cases, and has brought to the aid of philanthropists and moralists the assistance of the medical profession, upon whom now devolves the duty of further elucidating the true pathology of the disease, and indicating the best means of restoring this numerous class of patients to a normal condition.

That the urgent demand for relief from the evils of intemperance is being recognized by the profession is evidenced by the increased interest taken in the work of the American Association for the Study and Cure of Inebriety, and in the section for the study of inebriety of the British Medical Association, and an ever increasing number of scientific investigators throughout the world.

Before rational and effective measures can be adopted for the proper management of inebriety we must have correct opinions in regard to the physiological actions of alcohol and the pathology of the disease, otherwise we must trust to the empirical results of experience.

*To be continued.*

## Progress of Science.

### HEART FAILURE.

Prof. Alfred L. Loomis, M.D., LL.D., read recently before the American Climatological Association a paper on Heart Failure.

He includes all heart failure in three classes :

1. Those in which the heart has for a long time been called upon to perform an abnormal amount of work, as in valvular or arterial disease.

2. Those in which obstructive changes in the coronary vessels markedly diminish the nutritive supply of the cardiac muscle.

3. Those in which toxic influences act directly upon the nutrition of the cardiac muscle, or so interfere with the cardiac nerve supply as to lessen cardiac resistance.

He concludes with this excellent advice, in his summary of his conclusions, as to the lessons taught by the facts demonstrated. He says :

"However we may explain it, clinical observation teaches that some chronic and many acute infections so diminish heart power that sudden heart-failure occurs in hearts that previous to this infection were of normal integrity. It then becomes of the utmost importance, in all toxic conditions, to watch for the first indications of cardiac weakness. On this principle Stokes based his great rule for the use of alcoholic stimulants in the treatment of typhoid fever, when he directed, 'that in every case of fever, if the first sound of the heart became indistinct, stimulants should immediately be given in sufficient quantities to restore the heart tone.' It is on this principle, also, that strychnia upholds an alcoholic heart in pneumonia, by restoring or increasing its nerve supply. A rule which for a long time has governed me in all toxic conditions is, not to wait for signs of commencing heart-failure, but to begin the administration of alcohol, strychnia, and other heart tonics early, and thus, if possible, save my patients from fatal heart-failure.

"A review of the cases which I have presented makes it evident that the term heart-failure is misleading and should be abandoned, for, in most instances, it does not express the pathological state. It is equally evident that the term death by heart-failure is often used to cover the ignorance of the medical attendants."—*Med. Age*.

### SUGAR IN URINE.

Sugar in the urine is no more a proof of diabetes than albumen is of Bright's disease, and it is a great mistake to base the diagnosis upon

the one point alone. The presence of the sugar may be due to transient nervous conditions, to temporarily defective action of the liver, to excess of sugar in the diet, as when a new clerk goes into a candy-shop, or to a disturbance of the general system like that caused by the retention of the milk in women who have suddenly stopped nursing. Gout, syphilis, hereditary and renal disease may also cause glycosuria without diabetes. Ord, of London, says that while he has not frequently met with carbuncle or phthisis in glycosuria, they are common in true diabetes.—*Northwestern Lancet*.

### THE TREATMENT OF TYPHOID FEVER IN A NUTSHELL.

M. O. Terry, M.D., of Utica, in the N. Y. *Med. Times* says :

1. Keep temperature down to about 100° by sponging as often as every two hours, night and day, if necessary.

2. Fumigate with sulphur or Spencer's pastiles every six hours. Evaporate oil of eucalyptol, using 30 drops to a pint of water, allowing it to slowly impregnate the air night and day.

3. Teeth and mouth should be cleansed and freed from all impurities with listerine and water (oz.  $\frac{1}{2}$  to a glass) and the tongue scrubbed several times a day.

4. A compress should be kept constantly over the abdomen in the region of Peyer's glands.

5. Remove the cause if possible and discontinue the water if suspicion gives you any grounds for so doing.

6. Internally give the following: sodii sulphas oz.,  $\frac{1}{2}$ ; syr. aurantii cort. oz., 4. Sig., one teaspoonful in water three times a day. Other remedies, such as sulpho-carbolate of soda, gels., bapt., listerine, in connection with or interchanging. The remedies given should be antiseptic and those for special symptoms as they occur.

7. Diet: Milk with salt or peptonized, oatmeal or cracked wheat strained, orange juice, cocoa or broma. Later on in the case, eggs if bowels are not loose, mutton broth and rice. I never give beef tea in these fevers. Whisky and egg with milk in crisis or during convalescence.

8. If necessary to quiet I would prefer chloroform water: chloroform gtt. 30; aquae oz., 6. Sig. From a dessertspoonful to a tablespoonful, repeating when necessary. This is not only quieting but antiseptic and an antigermicide. Sulfonal may act well in 5 to 10 grain doses, repeating every hour for three hours if necessary.

## FRONTAL HEADACHE AND IODIDE OF POTASH.

A heavy, dull headache, situated over the brow, and accompanied by languor, chilliness and a feeling of general discomfort, with distaste for food, which sometimes approaches to nausea, can generally be completely removed by a two-grain dose of the potassic salt dissolved in half a wineglass of water, and this quietly sipped, the whole quantity being taken in about ten minutes. In many cases the effect of these small doses has been simply wonderful. A person who, a quarter of an hour before, was feeling most miserable and refused all food, wishing only for quietness, would now take a good meal and resume his wonted cheerfulness. The rapidity with which the iodide acts in these cases constitutes its great advantage.—*Alienist and Neurologist.*

## THE NERVOUS ORIGIN OF JAUNDICE.

At a recent meeting of the Massachusetts State Medical Society, Dr. A. D. Rockwell read a paper on this subject. (*Boston Med. and Surg. Jour.*) He said it is a well-known fact that disturbance of the brain, both organic and functional, may very seriously interfere with the functional activity of distant organs. A cerebral disturbance may be the direct causative factor of every persistent derangement of the sexual apparatus. The bladder, intestines, stomach and heart may also be disordered by diseases of the central nervous system as well as the kidney and liver. So closely and so strangely are the vascular and the general nervous systems related to each other that their pathological conditions are often inseparably connected. The nervous system has an alliance so close with the functional activity of the secretory and excretory glands of the body that emotional disturbances, according to their character, act as depressants or excitants of the functional life of these organs. Some of the more common of these effects are every day familiar facts, as when the flow of tears is excited through grief, or the secretion of saliva and gastric juice through the smell of food. In the same manner as the superficial glands are easily influenced, so in all probability are the blood-making or ductless glands regulated and controlled by the organic nervous system. Dr. Murchison, to whom the world is so much indebted for enlightenment on this subject, asserted that not only was the secretion of bile interfered with by prolonged mental anxiety, worry and incessant mental exertion, but that the principles of sanguinification and blood change, in which the liver takes part, were frequently deranged from these same causes. He states

that acute atrophy, in which the secreting cells are rapidly disintegrated, and the functions of the organ arrested, appears in many instances to have a purely nervous origin, and very often the first symptoms of the disease have occurred immediately after a severe fright or an outburst of passion in a person previously healthy. An impression made upon the brain appears to be reflected to the liver and deranges its nutrition. Even cancer of the liver appears sometimes to result from the functional derangement induced in the first instance by mental trouble.—*Med. Era.*

## APHTHOUS SORE MOUTH IN CHILDREN.

Apthous sore mouth in children caused by the use of milk from cows affected with apthous fever is the subject of a report by Dr. Ollivier, published in *La Revue Médicale de l'Enfance*, January, 1892, as follows:—

“Although some specialists in children's diseases assert that the transmission of apthous diseases is extremely doubtful, and that some of them, as Bohn, positively deny its possibility, it is certain, nevertheless, that the milk of cows or of goats having apthous-fever may produce an apthous stomatitis in persons who use it. The facts related by Ollivier are quite conclusive on this subject.

“As long ago as 1765 Sagar observed, in a convent, an epidemic which left no doubt in his mind as to its origin; all the cows from which the milk for the institution was supplied were attacked with apthous-fever, and the religious who used the milk were attacked with fever and confluent eruptions in the mouth.

“In 1834 three Prussian veterinary surgeons—Hertwig, Mannaud and Villain—drank of the milk of cows suffering with *cocotte* or apthous sore mouth (apthous-fever), and all three were attacked after a short period of incubation with the characteristic eruption.

“Since that time numerous facts have been brought to light and numerous experiments, voluntary and involuntary, have been made and published by Delest, David, Proust, Nancara, Declainche, who have cited many other incidents besides their own. In a case of Goubaux, an infant raised on the bottle in the country was taken with a confluent apthous eruption in the mouth; the cow that gave the milk was examined and found to be suffering with the disease.

“At Lyons M. Chauvau observed the following case: In a boarding-school of young ladies the pupils were accustomed to take unboiled milk every morning, which was supplied from a neighboring farm on which the cows were found to have apthous-fever; nearly all the young girls were attacked with the local vesicular eruption.

"Fränkel reports four cases which he observed, some of them in adults and some in children, and believes that they were transmitted by the milk used. Wassenberg maintains a similar opinion in regard to the transmissibility of the disease.

"From many facts observed by Dr. Ollivier in the hospital for sick children, he was able to show that children who used the milk of diseased cows almost invariably contracted the disease.

"If, then, we can admit with Monti that aphthous stomatitis may be due to the presence of alimentary substances in the mouth for a long time, or to the alteration of the secretions, or the production of an irritant or toxic substance in the mucous membrane, we must also recognize the fact that aphthous stomatitis may be transmitted by milk from cows or goats having aphthous-fever, for many facts and many examples can be adduced to prove it abundantly.

"Can the disease be transmitted from one individual to another? Some observations made by Chaumier in 1886 seem to prove it.

"But what gives rise to the contagion? Fränkel has found the staphylococcus pyogenes citreous of Passet and the staphylococcus of Rosenbach, but they afford nothing of a special nature.

"Milk from Diseased Animals and its Effects is reported in the *Giornale della Reale Societa Italiana d'Igiene* for January and February, 1892.

"It is well known that many hygienists attribute much influence to the milk of diseased animals in the diffusion of tuberculosis. Hirschberg wished to determine definitely the transmissibility of tuberculosis, and made extensive experiments on animals with matter taken from others affected with or suspected of having the disease. The author found that the milk of cows having general or local tuberculosis always possessed the property of giving the disease to animals which were inoculated with it, and it seemed that the active agent had the form of spores, which were more resistant than the bacilli."—*The Sanitarian*, May, 1892.

#### MORTALITY BY CHLOROFORM AND ETHER.

Dr. Samuel Bell, in an able article in the *Medical Age*, says that the question of mortality by chloroform and ether can be only approximately determined. The number of administrations, with the relative number of deaths, cannot be accurately estimated. Many deaths have been reported, and we feel safe in saying that many have not; but enough have been reported to enable the writer to decide the relative danger of the different anæsthetics.

It is certain that chloroform has caused a great many more deaths than any other

anæsthetic agent, but it can also be justly stated that chloroform has been much more extensively used than any other agent. In Europe a majority of the surgeons have used chloroform alone. American surgeons have used ether more extensively. Squibb has estimated the ratio of deaths from chloroform as published in American journals at 1 to 11,674. Assuming that only half the fatal cases have been reported, this would give a ratio of 1 to 5,837. The Royal Infirmary of Edinburgh gives a more favorable showing; in ten years, with 26,500 administrations of chloroform, only one death occurred. A report of twenty of the London hospitals, where chloroform was used about 8,000 times per annum, gives a mortality of three per annum, or a ratio of 1 to 2,666. It is admitted by the best American authority that, out of 80,000 inhalations of chloroform during the war of the rebellion, only seven fatal cases resulted, giving a ratio of 1 to 11,428. The assertion is also made that during the Crimean war not a single death occurred out of 20,000 inhalations. Kappeler reports for himself, Billroth, Nussbaum and König, out of 39,000 administrations of chloroform by them, only two fatal cases, or the ratio of 1 to 19,500. The exact information with reference to the mortality from ether is not more reliable than that concerning chloroform. From the most reliable sources the ratio of deaths is 1 to 23,204. For protracted operations requiring prolonged anæsthesia, ether is by far the safer; also for weak and debilitated patients.

#### TREATMENT OF RINGWORM.

Recent reports anent tinæ tonsurans show a strong tendency towards the use of losophan, a new and very effective mycotic which has been giving remarkably good results. Losophan is a triiodocresol, very rich in iodine (about 80 per cent.) with which, on application to dermatic lesions, it slowly parts, thus avoiding toxic effects, while making the pathological field untenable for living organisms. For these reasons losophan is indicated in all cutaneous conditions due to the development of the trycophyton fungus, in mycosis, pityriasis, ycosis, prurigo, pediculosis, and in all of the large groups of skin diseases due to the presence of filamentous fungi or microspores. The reports advise the use of losophan in a 1 to 2 per cent. ointment with lanolin or vaselin. Where a wash is needed, a solution should be made of 1 or 2 parts of losophan in a mixture of 25 parts of water with 75 parts of alcohol. The mixture keeps well, Losophan has already been tested in the treatment of phymosis and chancre. The best results were gained from a 1 per cent. powder dusted over the lesions.—*Medical Standard*.

## TREATMENT OF BOILS BY BORIC ACID.

*L'Union Medical* quotes Alison as having obtained good results in the case of general furunculosis by the administration, for eight or ten days, of from 10 to 15 grains of boric acid a day, divided into two doses. At the same time, four or five times a day, the inflamed areas were washed with a hot solution of boric acid, in the strength of four per cent. Between the applications of this lotion compresses were applied to the diseased parts, which had been wet with the same solution of boric acid. In this way he claimed to have been able to relieve the boils which had already formed, and to do much towards preventing other outbreaks. By this means he thinks it possible to avoid surgical intervention.—*Therap. Gaz., West Med. Reporter.*

## PRINCIPLES UNDERLYING THE MODERN TREATMENT OF GONORRHOEA.

In regard to treatment the following data (*Neiser in N.Y. Med. Record*) are to be borne in mind. Use only such drugs as will

- (a) Kill the gonococci.
  - (b) Increase inflammation as little as possible.
  - (c) Not injure the mucous membrane.
- Among the remedies answering these requirements the following may be mentioned:
- Silver nitrate solution, 1 to 4,000 or 1 to 2,000.
- Ichthyol, 1 to 100.
- Sublimate, 1 to 30,000 or 1 to 20,000.

Pure astringents are not advisable on account of the danger of spreading infection by means of injections. In the early stages caustics are dangerous, and the endoscope and bougie are to be eschewed. Early antibacterial irrigation is the best therapeutical measure, but for practical reasons injections with a good syringe will have to be used in men. In women local treatment follows the same principles.

The duration of treatment is not to be regulated according to conspicuous immediate results, but should always be mild and continuous. Safety, not rapidity, should ever be the aim of our therapy. In all chronic cases it is essential to ascertain whether gonococci still exist. In men, irrigation or Guyon's instillations will best destroy the remaining virus.

If gonococci no longer exist, then the true basis of treatment is found in the discovery of the anatomical seat of the changes which have occurred in the mucous and submucous tissues. Sounds, massage, cauterization, are then called for, according to the nature of the lesion.—*Epitome.*

## ETIOLOGY OF INFLUENZA.

A. Pfuhl (*Centralbl. f. Bakt.*, March 25th, 1892) describes a bacillus found by him in the sputum in nine cases of influenza. The organism, which lies within as well as between the pus cells, is in the form of a fine short rod, and occurs in such vast numbers as to compel attention at once. Diminution in number was found to accompany subsidence of fever. The bacillus stained well with carbol fuchsin, while with Gram's method it remained almost completely unstained. Colonies with characteristic features were found on plate cultures of glycerine agar inoculated from sputum. The bacilli also grow well in broth, but indifferently on gelatine and potato. They could be cultivated to the eighth generation, provided inoculation of fresh tubes was not delayed beyond ten or twelve days. In plate cultures from the blood of one case a bacillus was found resembling that just described, but even more delicate in form. This could not be cultivated beyond the second generation. Whether or not it was actually distinct from the bacillus first mentioned is uncertain. Pfeiffer was unable to cultivate the bacillus found by him in this disease beyond the second generation, but states that Kitasato later grew it to the fifth. Pfuhl considers these points in connection with his own experience, and suggests that possibly these observers were not dealing with one and the same organism. Rabbits were injected with organisms of both kinds, in either case refusal of food, tendency to mope in corners, slight rise of temperature, and signs of a general disturbance in health were noted, but these symptoms were more marked when the bacillus employed was that first mentioned.—*Brit. Med. Jour.*

## PERFORATION OF THE CERVIX BY LAMINARIA TENTS.

Bruchon (*Nouv. Archiv. d'Obstét. et de Gynéc.*, May, 1892) indicates a danger which may arise from the incautious use of laminaria tents. The tent should never be allowed to pass entirely into the cervical canal. It should be sufficiently long to protrude one-fifth of an inch below the external os when its upper end touches the fundus. The danger of using too short a tent is most evident when a marked degree of ante-flexion exists. The uterus contracts on the tent, and its lower end is driven into the substance of the posterior lips of the cervix. The lip has been completely perforated in that manner. Bruchon observed a case where the cervix was damaged by a tent. The patient was 23 years of age. Dilatation was undertaken in order that the curette might be used, as endometritis existed. On March 12th the first tent

was applied. On the 16th two tents were inserted. On the 19th the curette was used. It was found that one of the tents had almost perforated the posterior lip, its extremity being covered by a thin layer of the mucous membrane of the posterior part of the cervix. Bilateral laceration and eversion existed. The perforation set up no evil consequences; the curette was used, and the local uterine disease cured.—*Current Medical Literature.*

## THE TREATMENT OF TUBERCULOSIS.

Flick (*Med. News*, March 12th) publishes a series of cases of tuberculosis treated by inunctions of a solution of iodoform in oil. According to his experience, iodoform will cure tuberculosis in the first stage, and it acts better when administered by inunction than when given by the mouth. When the disease has advanced to the second or third stage, iodoform may do good, but can no longer be depended upon as a curative agent. Creasote in large doses (15 minims) should then be given, and tonics and forced nutrition, but the inunction should not be discontinued, as there may be areas in which the disease is still in the first stage.—*British Medical Journal.*

## News Items.

### A PREACHER'S TALK TO DOCTORS.

The Rev. Robt. McIntyre in addressing the graduating class of Gross Medical College, Denver, said some things which it is to be hoped those who had the pleasure of hearing him will always remember. We give an abstract of his address to our readers, believing that its salient points will be as useful to the old "heads," if remembered and followed, as to those just entering upon their career. He said:

"Medicine is not only an honorable and intelligent profession, but a self-sacrificing one. I know of no other that has produced so many heroes. The doctors have shown that they have the very substance of martyrs in them. They have laid down their lives to check disease. Call the roll of the heroes of war, and I will match every one of them with a hero of medicine. Call the roll of the martyrs of the Church, and I will parallel every one of them with the name of some great good man who for humanity's sake counted his life as nothing. God had but one Son. He made Him a doctor. He was the Great Physician.

"There is some similarity between your profession and mine. You, like the preacher, will

have to do your best work for no money wages. Some of you will doubtless get large fees, but the average physician and preacher do not. You will get a living and no doubt be able to lay up a competence for old age, but that is about all an honest physician or preacher can expect to get. Your principal pay will be gratitude and love. But you know these are the real wages, the true pay.

"Like the preacher you won't get much fame; only a few get that. You will be in the regular ranks of the hard working benefactors of the race.

Another thing—you, like the preacher, will get very little rest. You will never have a day. Every human life, like a brick wall, should have a binding course, every seventh day, but you will get no such rest. People have a trick of getting sick nights and Sundays. There is no profession so hard worked, none that does so much for nothing. I never knew of a doctor who refused to aid in a charitable work, or to send medicine, or to visit the helpless and distressed, and in many cases without any expectation of reward. Where is the profession that does the like? Often have I thanked God for the doctors.

"I understand that you are well grounded in your profession, but there are some things that no medical teacher gives. In the first place, I hope the male members of the class will soon go over to the silent majority—not the dead but the married. No man can get along without a wife very well, and a doctor not at all. When a doctor gets married he gets not only a wife but a partner who gives him a standing professionally which he could never get otherwise.

"It is needless for me to say to you that you should never go to the bedside smelling of tobacco or drug or liquor. And in regard to stimulants, let me say that I have noticed that some well-meaning physicians do harm at this point. On the top of every man's palate is a little vampire that may be hatched out by a drop of stimulant or an atom of narcotic, and you must not drop that atom there. There was a time when doctors were very careless in their prescriptions of stimulants, but they are wiser now."

The speaker then recited with striking effect a poem in Wabash dialect, telling how they cured the "aiger," in that country. The backwoodsman who tells the story in the poem gives the prescription as lemon and whisky. He lauds its efficacy and says, "the safest way is to take a little every day." The speaker continued: "The truth is, the most dangerous way is to take a little every day, and you must see to it that your patients do not fall into that habit.

"The next point I want to urge is to have a good deal of sunshine in your nature. There is nothing so helpful in the sick room as a heart full of sunshine. Have a few good stories with

you to give along with your bolus or your powder. They do not have to be new, if they are only good. A story, like a kiss, if it is any good, will bear repeating. You will have to have these stories to manage the human hedgehog, who, with bristles always the wrong way, is still more 'cranky' when he is sick. And then there is the man who knows it all, who tells you you must not do this and you must not give him that, and what he needs is so and so; you will need stories and good nature to handle him. I have known doctors to win reputation and friends and money by genial temperaments.

"Another thing you need is sympathy. You are going out into a world of pain. The eagle tears the bleeding rabbit limb from limb to feed its young; in ocean's deepest cave the shark rends the dolphin for its food everywhere is pain; and in this age of fast living, sickness and pain will gain in the mad race. On a throne built of broken hearts sits the hoary old mistress of the universe, Queen Pain, swaying her sceptre over all creation. All your medical skill will not be enough unless you carry sympathy with it. It will make you a friend, a companion, a father, a brother, a helper, and you will often be called to heal those who are more sick in heart than in body.

It is not poverty of diet so much as monotony of diet that exercises an unhealthful influence on the poor. As a matter of fact they eat "stronger" food than the rich, more bread, meat and simple vegetables, but their cooking is rude, and they eat the same things the whole year through. People who are well to do, or who are better cooks, get more variety with fewer things, and always have something to tempt the appetite. Soup can be made to resemble greasy dishwater, or it can be made a really savory and nutritious thing, and there are a hundred different ways of serving potatoes. Free cooking schools would be a first class thing in the tenement districts of large cities.

Dr. Keeley has never allowed his "philanthropy" to obscure his commercial vision. If nothing else, he struck a gold mine when he "discovered" his bi-chloride of gold treatment. It has panned out better and richer than the wildest hopes of any of the great bonanza kings. It is estimated in reason that he has made from ten to fifteen millions from his discovery, and now it is reported that he is considering a proposition to transfer all his rights to a New York syndicate for ten million dollars. He has worked the mine for all there was in it, and is

now satisfied to let others go over the same ground and take what little he may have overlooked.

The will of Dr. Anton Ruppener, of New York, for many years resident physician at the Fifth Avenue Hotel, has been declared valid by a jury. Dr. Ruppener was brought to this country when a poor boy, was educated by Prof. Agassiz, and accumulated a fortune of upward of \$300,000 in gilt-edged securities, valuable paintings, bric-a-brac, etc. He left to the town of Alstetten, Switzerland, his native place, \$25,000, the income to be used in buying bread for the poor. His library goes to the University at Berne, with the income of 20,000 francs. He gave the Harvard University, of which he was a graduate, \$10,000 for the medical school, to be known as the Dr. Ruppener fund.

There is now another bill before the Illinois senate to compel the patent medicine manufacturers and vendors to label their goods and print the formula, as did the Burke bill in the house which caused so much anxiety in that trade a month ago. The bill was introduced by Senator O'Malley, and yesterday the license committee reported the measure with the recommendation that it pass. This probably means that the manufacturers of patent medicines will have to go to the capital again to look after their interests. They effectually settled the Burke bill when they were there several weeks ago.

### THE TRUE PHYSICIAN.

Dr. T. Frazer Thomas, of Gainesville, Florida, is the author of the following sentiment touching the relations of the medical man to the lowlier members of his constituency: "The true physician will respect the feelings of the poor, both by the language and tone of voice in which he addresses them. He will remember that disease is his only passport to any house. He will act as a gentleman to all, to the low, to the vile even, as well as the gentle and the rich. His duty is to heal, not to punish. Boerhaave said that 'the poor are the best patients, for God is their paymaster.' Because the physician receives no tangible recompense, he must not forget his obligation to his patients nor his own self-respect. In his intercourse with the world he must not be swayed by prejudice or nationality. Friendship and good-will for all his patients are his polar stars, ever keeping in remembrance the priceless precept: 'There is but one country—the earth; but one nation—the human race.'"

*Notes on Pharmaceutical Products.*

## LIBEL AND SLANDER OF PHYSICIANS.

A description of what constitutes libel and slander affecting physicians and surgeons is given by L. D. Bulette, Esq., in the *International Medical Magazine*. Words which cause an appreciable injury to the reputation, if they are false, constitute a libel when written or printed; a slander when spoken. Words which are clearly defamatory are actionable, *per se*, without the necessity of proof that any particular damage has resulted from their use; if they merely tend to injure the reputation of another, some perceptible injury must be proved. When the words or language used imply gross ignorance and unskillfulness in his profession, the medical practitioner may sue. It has been held that to call a physician a "quack" is thus actionable. The same is true of words charging that a physician is "an empiric and a mountebank;" or that "he is no doctor; he bought his diploma for fifty dollars;" or that "he is a quack, and if he shows you a diploma it is a forgery." It is also actionable without proof of special damage, to say of a physician, "He has killed the child by giving it too much calomel;" or "He has killed six children in one year;" or "If Dr. X. had continued to treat S., she would have been in her grave before this time."

On the other hand, it is not actionable without proof of special damage to say: "He is a two-penny bleeder;" or "He is so steady drunk he cannot get business any more." The same is true of words charging a physician with adultery unconnected with his professional conduct.

But it would be otherwise if he had been accused of seducing or committing adultery with one of his patients. It is not actionable to charge one who is not legally authorized to practise physic or surgery or to receive compensation therefrom, with ignorance of the healing art, or with having destroyed human life by misapplied efforts, nor to say of such a person, "He is a quack" or an "impostor."

## HENRY GEORGE ON DRUGGISTS' PRICES.

"When I go to a druggist's and buy a small quantity of medicine or chemicals, I pay many times the original cost of those articles, but what I thus pay is in much larger degree wages than profit. Out of such small sales the druggist must get not only the cost of what he sells me, with other costs incidental to the business, but also payment for his services. These services consist not only in the actual exertion of giving me what I want, but in waiting there in readiness to serve me when I choose to come. In the price of what he sells me he makes a charge of what printers call 'waiting time,' and he must manifestly not merely charge waiting time for

himself, but also for the stock of many different things only occasionally called for, which he must keep on hand. He has been waiting there with his stock in anticipation of the fact that such persons as myself, in sudden need of some small quantities of drugs or chemicals, would find it cheaper to pay him many times the wholesale cost than to go farther and buy larger quantities. What I pay him, even when it is not payment for the skilled labor of compounding, is largely a payment of the same nature, as, were he not there, I might have had to make to a messenger.

—*National Druggist.*

## PAN-AMERICAN MEDICAL CONGRESS.

## SECTION OF GYNECOLOGY AND ABDOMINAL SURGERY.

All members of the medical profession are cordially invited to attend the meetings of this section to be held in Washington, September 5th, 6th, 7th, and 8th.

The sessions promise to be exceptionally interesting, many valuable papers having been contributed. Those who may wish to read papers before this section and who have not yet sent in their titles and skeleton abstracts are requested to do so at once.

Papers have already been contributed by the following distinguished gentlemen from the United States and Canada: Drs. T. Johnson Alloway, Montreal, Can.; A. W. Abbott, Minneapolis, Minn.; J. M. Baldy, Philadelphia, Pa.; H. J. Boldt, New York City; Augustus P. Clarke, Cambridge, Mass.; Ernest W. Cushing, Boston, Mass.; Andrew F. Currier, New York City; L. H. Dunning, Indianapolis, Ind.; Geo. R. Deane, Spartanburg, S. C.; W. E. B. Davis, Birmingham, Ala.; Joseph Eastman, Indianapolis, Ind.; Geo. M. Edebohls, New York City; De Saussure Ford, Augusta, Ga.; William Gardner, Montreal, Can.; T. H. Hawkins, Denver, Col.; John R. Haynes, Los Angeles, Cal.; Edw. W. Jenks, Detroit, Mich.; Jos. Taber Johnson, Washington, D. C.; Howard A. Kelly, Baltimore, Md.; Florian Krug, New York City; G. Betton Marsey, Philadelphia, Pa.; Lewis S. McMurtry, Louisville, Ky.; R. B. Maury, Memphis, Tenn.; Wm. F. Myers, Ft. Wayne, Ind.; E. E. Montgomery, Philadelphia, Pa.; Robert T. Morris, New York City; Chas. P. Noble, Philadelphia, Pa.; Joseph Price, Philadelphia, Pa.; Geo. H. Rohé, Baltimore, Md.; Jas. F. W. Ross, Toronto, Can.; Chas. A. L. Reed, Cincinnati, O.; I. S. Stone, Washington, D. C.; R. Stansbury Sutton, Pittsburg, Pa.; T. Algeron Temple, Toronto, Can.; A. Vander Veer, Albany, N. Y.; W. B. Ward, Topeka, Kan.

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MONTREAL, JUNE, 1893.

## "THE LUXURY OF EXPERT SURGERY."

The last number of the *Medical Press and Circular* of London contains an editorial under the above heading, in which it is stated that there has been a serious falling off in the amount of work coming to the great consulting physicians and surgeons of the world's metropolis. Two causes are assigned for this state of affairs: one is that the price of the luxury has been too high for the people to indulge in it; and the other that the medical profession is only sharing in the general financial depression which is at present existing all over the world. The latter seems the more reasonable explanation, for it is evident that when business is bad and money is scarce people will forego the luxury of consulting the great operator or consulting physician.

THE GOOD FORTUNE OF THE MEDICAL FACULTY OF MCGILL UNIVERSITY.

We feel that we are not only expressing our own but also the feelings of all those who have at heart the cause of higher medical education, when we offer our congratulations to McGill on its good fortune in now being in the possession of an endowment of over a quarter of a million of dollars, bringing in a revenue of something like fifteen thousand dollars a year. This amount, though it may seem very moderate to some, is sufficient nevertheless to immense-

ly strengthen its resources, for, as is well known, several of the chairs, such as Physiology, Pathology, Chemistry and Hygiene, are so exacting as to demand all the time of their respective professors, precluding them entirely from engaging in practice. On the other hand, the fees from students are not alone sufficient to compensate a man of first rate ability for sacrificing his prospects as a practitioner. McGill's endowment fund now enables her to add enough to the fees to make up a very handsome salary for several of the professors, who are thus enabled to devote the whole of their time to college work, which as a result must be of a much higher order than when performed during the few and far-between spare moments of an active practitioner's life. The mere fact of so many of the chairs being endowed will no doubt draw students from all parts of the continent, while the increased number of students will itself augment the zeal of the professors. It must be very discouraging to the professors of small and unendowed schools to not only lecture year after year to half a dozen students, without fee or reward, as was stated by the dean of one of them at a recent convocation, but even to be assessed at the end of the session for their share of the expenses. It is to be hoped that the friends of Bishop's Medical Faculty will come to her rescue, as did the friends of McGill, and by a liberal endowment place her in a position to do better work, no matter how small the number of students in attendance.

It would be a great pity if, after having so bravely struggled against adversity for over twenty years, she should at last be allowed to die for the want of a fairshare of public interest and support.

THE EARLY AND ACCURATE DIAGNOSIS OF DIPHThERIA.

Every practitioner knows how much anxiety and responsibility is attached to the care of a case of severe sore throat, owing to the doubt whether the disease is merely follicular tonsillitis, simple ulcerated sore throat or malignant diphtheria. When the patient is nearing the end and is evidently about to die, the diagnosis has already become clear, but too late to be of any practical value. When an ac-

cuīate diagnosis would be of most use is during the first twenty-four hours, as we could then treat the case in its true light from the very beginning, and before it has had time to make much headway. But so far, or rather until within a few years, we did not possess any means of making this accurate diagnosis, so that the safest thing we could do was to treat the case as diphtheria until we had proof to the contrary. Then, if the case terminated unfavorably we had nothing to reproach ourselves with, nor could we be reproached by the family for not having recognized the disease in time. On the other hand, if the case proved to be merely sore throat, a great deal of unnecessary alarm was caused, and the family was also put to much unnecessary expense and inconvenience owing to the mistaken diagnosis. In former years the error was unavoidable, simply because a positive diagnosis was impossible.

Now, however, all this is changed. Since the discovery of the bacillus of diphtheria a microscopical examination of the discharge from the throat enables us to say at the very outset and in the most positive manner whether the case is one of diphtheria or not. There is only one objection, though a rather serious one, that very few general practitioners are able to make such an examination, while the few bacteriologists at our disposal are too busy earning their living in general practice or in teaching to spare the necessary time for this work, while from want of organization too much time lapses before the result of their investigation reaches the family doctor. Even these objections have now been disposed of in New York. The Board of Health of that great city, with an enterprise and liberality which should be imitated by every great city in the world, has undertaken to have this important work performed for the practitioner in the most scientific manner and free of charge. All that the family physician has to do is to remove from the affected surface, by means of a cotton swab, material which he is to place on a culture medium provided by the Board, and send it to any one of a large number of conveniently situated designated depositories, one of which is the Board's own laboratory. Within twenty-four hours, or earlier, if he will telephone, he is informed of the Board's

bacteriological examination, when he can at once isolate the patient and take all the other precautions necessary for prophylaxis and cure. The wisdom and economy of this step must commend themselves so forcibly to the Boards of Health of Montreal, Toronto and the principal other cities of Canada, that we may look forward almost with certainty to seeing in the near future a bacteriologist appointed to each of these Boards of Health, and the same facilities for the early recognition of diphtheria offered to the practitioners of the cities of Canada as have been placed at the disposal of the physicians of New York.

### PROSTATIC HYPERTROPHY.

This is a subject which from a very early period of surgical literature has excited a great deal of interest. Desault in 1813, Home 1818, Wilson 1821, Sir Astley Cooper in 1824, Amusat in 1832, Mercier in 1841, Civiale in 1858, and Gross in 1855, and a host of modern writers, have written extensively on enlargement of the prostate. Until recently, however, no one seems to have had very clear ideas as to the cause and nature of the disease. And yet if we examine into the anatomy and physiology of the organ we shall have but little difficulty in understanding the etiology and pathology. It must be distinctly understood that although the prostate is situated in the neighborhood of the bladder, it has nothing whatever to do with the urinary apparatus. It is true that its peculiar situation around the outlet of the bladder causes hypertrophy of the prostate to interfere with the emptying of the viscus, yet this is merely an accident of locality; the prostate is a gland belonging distinctly to the sexual apparatus, apart from which it has no function whatever. This is clearly demonstrated by its atrophy in eunuchs and geldings, and its comparatively small size prior to puberty. It is composed of three elements; first and most important, it consists of a bunch or series of bunches of acinous glands held together by a network of fibrous tissue and surrounded by bundles of muscular fibres. Of these the most essential elements are, of course, the glands to manufacture the secretion, and the muscles to expel it.

Over stimulation of the organ either by gratified or still more by ungratified sexual

excitement will evidently lead to glandular hypertrophy; while the more the muscular fibres contract, or in other words the more work they have to do, the more powerful and enlarged do they become, thus explaining the hypertrophy of the muscular element. The great increase in the fibrous tissue found in prostatic hypertrophy is due not so much to active as to passive congestion. This is made more clear by comparing the prostate with the uterus, which latter organ as a rule atrophies at the beginning of old age, but which in exceptional cases, on the contrary, hypertrophies whenever from any cause the venous circulation is interfered with. This may arise through constipation or tight lacing, or some displacement of the organ itself which presses on the veins which empty it of blood. In such cases there is a general increase of areolar tissue, and in others there is a local deposit of exudation tissue around the bloodvessels known as fibroid. There seems to be no good reason why the same conditions of obstruction of the venous circulation of the prostate by constipation or enlargement of the liver or disease of the heart should not produce the same effect upon the fibrous elements of it. As a matter of fact we do find fibroids in the prostate, and enlargement of the organ is almost always associated with constipation or other cause of obstruction, while distension of the hemorrhoidal veins from the same cause is a very usual concomitant. According to Lydston, it will be found by careful rectal examination of men from the age of twenty and upwards that a prostate which is perfectly normal in size, consistency and sensibility is the exception rather than the rule. The fact that prostatic hypertrophy is so rare in animals and so common in man is explained by the fact that man abuses his sexual apparatus which animals rarely do, only using them when a female requires fecundation, while men use them for the purpose of gratification long after his mate has been impregnated. From the consideration of these facts it is evident that enlargement of the prostate, while a very distressing disease, is a wholly preventable one. The avoidance of masturbation in early life and of undue excitement or gratification during middle age, together with the avoidance of constipation, enlargement of the liver and other causes of venous obstruction at any time would no doubt in due time render

enlargement of the prostate a disease of the past.

As far as treatment is concerned, once the disease has become established, first and foremost comes the regulation of the bowels; then the administration internally of vasomotor tonics, such as ergot and strychnine, the former of which especially we have known more than once to produce excellent results. Electricity in the form of the constant current, with one pole in the rectum and the other in the bladder so as to include the enlarged organ in its circuit, has proved of use, while as a last resort we can fall back upon prostatectomy, which so far has too high a death rate to warrant us in recommending it very strongly. Greater experience and the earlier resort to operation may yet place this surgical procedure on as sound a basis as the corresponding operation of hysterectomy.

#### THE PAN-AMERICAN MEDICAL CONGRESS.

OFFICE OF THE SECRETARY GENERAL,  
311 Elm Street.

Cincinnati, April 2, 1893.

The Executive Committee of the First Pan-American Medical Congress promulgates the following information:

1. The First Pan-American Medical Congress will be opened under the presidency of Prof. William Pepper, M.D., LL.D., president of the University of Pennsylvania, at Washington, D. C., September 5th, and will adjourn September 8, 1893.

2. The countries officially participating in the Congress are restricted to Argentine Republic, Bolivia, Brazil, British North America, British West Indies (including B. Honduras), Chili, Dominican Republic, Honduras (Sp.), Mexico, Nicaragua, Paraguay, Peru, Salvador, Republic of Colombia, Republic of Costa Rica, Ecuador, Guatemala, Haiti, Kingdom of Hawaii, Spanish West Indies, United States, Uruguay, Venezuela, Danish, Dutch and French West Indies.

Distinguished representatives of the profession from other countries are expected to be present as guests and to participate in the proceedings.

3. The general sessions will be limited in number, one for opening and one for closing the Congress, being all that will be held, unless some necessity arises for a change in this particular.

This arrangement will permit members to em-

ploy all of the time in the scientific work of the sections, which are as follows:

(1) General Medicine, (2) General Surgery, (3) Military Medicine and Surgery, (4) Obstetrics, (5) Gynæcology and Abdominal Surgery, (6) Therapeutics, (7) Anatomy, (8) Physiology, (9) Diseases of Children, (10) Pathology, (11) Ophthalmology, (12) Laryngology and Rhinology, (13) Otology, (14) Dermatology and Syphilography, (15) General Hygiene and Demography, (16) Marine Hygiene and Quarantine, (17) Orthopædic Surgery, (18) Diseases of the Mind and Nervous System, (19) Oral and Dental Surgery, (20) Medical Pedagogics, (21) Medical Jurisprudence, (22) Railway Surgery.

The evenings will be devoted entirely to social features, the detailed announcements of which will be made by the Committee of Arrangements.

4. Membership is limited to the members of medical profession of the Western Hemisphere, including the West Indies and Hawaii, who shall either register at the meeting or shall serve the Congress in the capacity of foreign officers. No membership fee will be accepted from any member residing outside the United States. The membership fee for residents of the United States is ten dollars (\$10.00). All registered members will receive a copy of the transactions. Prominent students of the allied sciences will be cordially received as guests and as contributors to the proceedings upon invitation by the Executive Presidents of sections. Ladies' tickets will be issued upon application to registered members only, and will entitle the holders to reduced fare and to admission to all entertainments. *Physicians of the United States should register at once, by remitting \$10.00 to Dr. A. M. Owen, treasurer, Evansville, Indiana.*

5. Papers are solicited, the hope being entertained that the programme will be largely taken up with contributions from outside the United States. Papers may be read in any language, but a copy must be furnished for publication in either Spanish, Portuguese, French or English, and must not occupy more than twenty minutes in reading. An abstract not exceeding six hundred words must be furnished the Secretary-General in one of the above four languages, by not later than July 10th. Abstracts will then be translated by the Literary Bureau into the three remaining languages, and will be published in book form before the meeting of the Congress.

6. The Congress of the United States has adopted a joint resolution whereby all the Governments of the Western Hemisphere have been invited by the President to send delegates to the First Pan-American Medical Congress, and has appropriated a liberal sum for the purposes of entertainment.

7. The reduced fare offered by all trans-

portation companies on the occasion of the World's Columbian Exposition to be held in Chicago will be open to all persons attending the Pan-American Medical Congress. The Committee of Arrangements will endeavor to secure still greater reduction to members travelling between Chicago and Washington, and an effort will be made to arrange either excursions or circular tours for those who may desire to visit the great universities of the United States. All such arrangements are open to subsequent announcement.

8. By arrangement with the Committee at Rome, the date of the Eleventh International Medical Congress has been so appointed that those who attend the meeting of the Pan-American Medical Congress may subsequently attend the former. The Pan-American Medical Congress will adjourn on the afternoon of September 8th; a steamship will sail from New York on the following day, going by the Azores and Gibraltar, and enabling the tourist to reach Rome on the morning of September 20th, where the Eleventh International Congress will be opened on the afternoon of September 24th. It will thus be seen at a glance, that in the period usually allotted to a summer vacation, the medical tourist may spend a week at the World's Columbian Exposition, the next week at the Pan-American Medical Congress, the next week-and-a-half with delightful companions in a voyage to the Mediterranean, the next few days in witnessing the sights of Rome, and the following week at the eleventh International Medical Congress. Special reduced rates for members and their families are given both ways on the trip to Rome, particulars of which will be furnished on application to the Secretary-General, 311 Elm Street, Cincinnati, Ohio, who is also a member of the American Committee of the Eleventh International Congress.

9. The best possible arrangements will be made with the excellent hotels with which the National Capital is abundantly supplied. The Committee of Arrangements will do its utmost to secure desirable rates and locations for members and their families. The headquarters of the Committee of Arrangements is at the Arlington Hotel, where communications may be addressed either to Dr. Samuel S. Adams, Chairman, or Dr. J. R. Wellington, Secretary.

10. Copies of the Official Announcement of the Congress, containing the Regulations and the names of all officers and committeemen of the General Congress and of the various sections, and residing in the various countries, may be obtained upon application to the Secretary-General, or to either of the members of the International Executive Committee, as follows:

Argentine Republic, DR. PEDRO LAGLEYZE, Calle Artes 46, Buenos Ayres; Bolivia, Dr.

Emilio di Tomassi, Calle Ayacucho 26, La Paz ; British West Indies, Dr. James A. de Wolf, Port of Spain ; British North America, Dr. James F. W. Ross, 48<sup>r</sup> Sherborne, Toronto, Chili, Dr. Moises Amaral, Facultad de Medicina, Santiago ; Costa Rica, Dr. Daniel Nunez, San Jose ; Dominican Republic, Dr. Julio Leon, Santo Domingo ; Ecuador, Dr. Ricardo Cuca-lon, Guayaquil ; Guatemala, Dr. Jose Monteros, Avenida Sur No. 8, Guatemala City ; Haiti, Dr. T. Lamothe, Rue du Centre, Port au Prince, Hawaii, Dr. John A. McGrew, Honolulu ; Honduras (Spanish), Dr. Geo. Bernhardt, Tegucigalpa ; Mexico, Dr. Tomas Noriega, Hospital de Jesus, Mexico ; Nicaragua, Dr. J. E. Urtecho, Calle Real, Granada ; Paraguay — ; Peru, Dr. Manuel C. Barrios, Facultad de Medicina, Lima ; Republic of Colombia, Dr. P. M. Ibanez, Calle 5a Numero 99, Bogota ; Salvador, Dr. David J. Guzman, San Salvador ; Spanish West Indies, Dr. Juan Santos Fernandez, Calle Reina No. 92, Havana ; United States of America, Dr. A. Vander Veer, 28 Eagle Street, Albany, N.Y. ; United States of Brazil, Dr. Carlos Costa, Rua Largo da Misericordia 7, Rio de Janeiro ; Uruguay, Dr. Jacinto de Leon, Calle de Florida No. 65, Montevideo ; Venezuela, Dr. Elias Rodriguez, Caracas.

By the Executive Committee,

CHARLES A. L. REED,  
*Secretary-General.*

### THE PAN AMERICAN MEDICAL CONGRESS.

The Section in Marine Hygiene and Quarantine has been organized as follows. Honorary presidents : Dr. Lino Alarco, Lima Peru ; Dr. Henry B. Baker, Lansing, Mich ; Dr. Cardenas, Managua, Nicaragua ; Dr. J. J. Cornilliac, St. Pierre, Martinique, F. W. I. ; Dr. Felix Formento, New Orleans ; Dr. H. B. Horbeck, Charleston ; Lieutenant-Colonel Amalio Lorenz, Sub-inspector of second class Spanish Navy, Havana ; Dr. F. Montzambert, Quebec, Canada ; Dr. Francisco Nunez, St. Tecla, Salvador ; Dr. Juan Ortego, Guatemala, Guatemala ; Dr. Joseph Y. Porter, Jacksonville, Fla. ; Dr. John Pringle, Kingston, Jamaica ; Dr. Juan J. Unoa, San José, Costa Rica ; Dr. J. Mills Browne, Surgeon General, United States Navy. Executive president : Dr. Walter Wyman, Surgeon General, United States Marine-Hospital Service, Washington. Secretaries : Dr. S. T. Armsrong (English-speaking), 166 West Fifty-fourth Street, New York ; Dr. G. M. Guitéras (Spanish-speaking), United States Marine-Hospital Service, Washington. Advisory Council : Dr. H. M. Biggs, New York city ; Dr. John C. Boyd, United States Navy ; Dr. H. R. Carter, Norfolk, Va. ; Dr. W. M.

L. Coplin, Philadelphia ; Dr. A. G. Clopton, Galveston, Texas ; Dr. C. G. Currier, New York ; Dr. S. Durgin, Boston ; Dr. Seneca Egbert, Philadelphia ; Dr. George Homan, St. Louis ; Dr. W. T. Jenkins, New York ; Dr. J. F. Mcshane, Baltimore ; Dr. G. H. F. Nuttall, Baltimore ; Dr. S. R. Olliphant, New Orleans ; Dr. Dabney Scales, Mobile ; Dr. R. M. Swearingen, Austin, Tex.

The executive president desires to call the attention of all members of the medical profession that are interested in the topics pertaining to this section to the regulation of the Congress that contributors are required to forward, not later than July 1st, to the secretary of the section, abstracts, not to exceed six hundred words each, of the papers they propose to present before the section.

The topics that will be considered by this section are as follows : 1. The hygiene of vessels, commercial or naval, including the questions of ventilation, heating, sanitary arrangements, the disposal of cargo so as to facilitate disinfection, food supply, etc. 2. The medical officers of passenger vessels ; methods for their selection, duties, etc. 3. The vital statistics of seamen and firemen. The question of the medical examination of crews preparatory to shipping. 4. The supervision of vessels by government medical inspectors at ports of arrival and of departure. Code of rules for handling an epidemic disease that breaks out on shipboard. Disinfection of passengers and crew during a voyage. Location and arrangement of ships' hospitals. 5. Epidemic and exotic diseases propagated by shipping. What diseases should be quarantined. Responsibility of nations for epidemics ; India for cholera, South America for yellow fever. Can a feasible plan be devised to totally exterminate cholera ? International intervention to prevent the propagation of cholera or other epidemic diseases by pilgrimages or immigration. 6. International uniformity in quarantine regulations. Should quarantine officers be notaries public ? 7. Arrangement of detail and equipment of quarantine stations : a, inspection stations ; b, local quarantine stations ; c, refuge stations. Methods for handling infected or suspected vessels. Interstate and inland quarantine : sanitary cordons ; camps of refuge ; camps of probation. Recent improvements in hospitals for infectious diseases. Railroad inspection and quarantine. Length of time vessels should be held in quarantine. Conditions that should determine proclamation of quarantine against a country. Under what requirements may passenger traffic be carried on between a port infected with yellow fever and a Southern port of the United States during the summer with the least obstruction to such traffic ? What merchandise should be considered as requiring treatment if shipped from a port or

place infected with cholera, yellow fever, or small-pox? 8. Methods of disinfection: *a*, persons; *b*, baggage; *c*, cargoes; *d*, vessels. Recent improvements in quarantine appliances; steam chamber sulphur furnaces. Liquid sulphur dioxide as a disinfectant. Treatment of ballast: water, solid. What time should an infected vessel be detained in quarantine? *a*, for cholera, *b*, for small-pox; *c*, for typhus fever; *d*, for plague; *e*, for yellow fever. Methods of disposal of the bodies of those that die while in quarantine.

## BOOK NOTICES.

**HYDROTHERAPY AT SARATOGA.** By Dr. J. O. Irwin. Cassel Publishing Co.

The author says the purport of his work is to establish among educated readers a correct and unprejudiced valuation of mineral waters generally and those of Saratoga particularly. In this he has succeeded remarkably well. We are heartily in accord with him when he says a few weeks sojourn at the seaside or at some inland health resort has become to Americans a national necessity. The average city man of to-day can hardly be considered healthy. If seldom absolutely sick, he is quite often a little under the weather, and he is constantly taking medicine as his forefathers never did. Now it is a quinine pill to brace up on or to combat a latent malaria; now some antipyrine or phenacetine for a cold or headache; now some pepsine or a cathartic for stomach or bowels, and so on. Why is this so? Because of his own imprudence: his hurrying, restless nerve-straining life, constant high pressure, too many bracers, irregular meals, eating too much and chewing too little; but always ready to sacrifice the requirements of nature on the insatiable altars of business or pleasure. Such a one walks upon the edge of a precipice from which he cannot be induced to tear himself away; but he is often willing to postpone the inevitable crash which even he knows is bound to come sooner or later in the form of cirrhosis, Bright's disease or some miserable neurosis by giving his system a complete renovation at least once a year.

For this purpose a visit to some bright summer resort is just what he needs, and none on this hemisphere offers as wide advantages as Saratoga. The book thoroughly explains the source of mineral waters, and explains why they should be drunk fresh from their source. It is our candid opinion that both physicians and their patients might be saved from early breaking up by a yearly sojourn at this perhaps the finest Spa in the world. The book may be ordered through any bookseller.

**AN INTRODUCTION TO THE STUDY OF DISEASES OF THE SKIN.** By P. H. Pye-Smith, M.D., F.R.S., F.R.C.P., Physician to the Department of Cutaneous Diseases in Guy's Hospital, London. In one handsome 12mo. volume of 407 pages with 28 illustrations, 18 of which are colored. Cloth \$2. Philadelphia, Lea Brothers & Co., 1893.

As physician to the Department of Cutaneous Diseases in one of the largest London hospitals, the author has had ample experience in dealing with diseases of the skin, and he is well known in connection with the subject by reason of his frequent contributions to its literature. The present volume presents in compact and convenient form an epitome of dermatology, and it will gain in esteem and utility from the fact that its author is no less distinguished as a general practitioner than as a dermatologist. The volume closes with a section of formulas which will prove suggestive and useful to all who meet in practice with this troublesome class of disease.

**HANDBOOK OF THE DIAGNOSIS AND TREATMENT OF DISEASES OF THE THROAT, NOSE AND NASO-PHARYNX.** By Carl Seiler, M.D., Instructor in Laryngology and Lecturer on Diseases of the Upper-Air Passages in the University of Pennsylvania. Fourth edition, thoroughly revised and greatly enlarged. Illustrated with two lithographic plates containing ten figures and one hundred and seven wood engravings. Philadelphia, Lea Brothers & Co., 1893.

Dr. Seiler is so well known as a thorough master of this subject, that but little more need be said than that he has in the present volume done full justice to it. The work is not large, but owing to the judicious arrangement of its contents it is very complete. It contains 412 pages and in duodecimo size. We are greatly indebted to the publishers for bringing this valuable work within the means of both students and practitioners.

**BIBLIOTHÈQUE GÉNÉRALE DE PHYSIOLOGIE. Le Nicotinisme: Etude de Psychologie Pathologique,** par le Dr. Emile Laurent, ancien interne à l'Infirmierie Centrale des Prisons de Paris. Avec dix portraits hors texte. Paris, Société d'Éditions Scientifiques, 4, Rue Antoine-Dubois; 1893.

We have always considered it as a misfortune for the public that those to whom they go for advice are very often under the abject dominion of those vices which are sometimes, nay often, the sole cause of their disease. For instance, a man with tobacco amaurosis consults an oculist who is a heavy smoker himself: is the latter at all likely to tell his patient the true cause of his disease? Not that we for a moment doubt

the oculist's sincerity ; we simply maintain that a man who derives great pleasure from smoking opium or tobacco is not an impartial judge of their harmfulness. If there is any medical man who doubts whether tobacco is injurious to the health, he can hardly remain in the condition after having carefully read Dr. Laurent's work. It deals exhaustively with the subject, containing chapters not only on the effects of tobacco on the health of the body, but also on its effects on the health of the mind, and on the relation of tobacco to alcoholism. The tone of the work, however, is exceedingly impartial and moderate.

**SURGICAL DISEASES OF THE OVARIES AND FALLOPIAN TUBES.** including Tubal Pregnancy, by T. Bland Sutton, F.R.C.S., Assistant Surgeon to the Middlesex Hospital, late Hunterian Professor and Erasmus Wilson Lecturer Royal College of Surgeons, England; with 119 engravings and 5 colored plates. Philadelphia: Lea Bros. & Co., publishers.

The work consists of four parts: Part I, Diseases of the ovaries, including two chapters on diagnosis: one on morbid conditions of the broad ligament and one on treatment.

Part II is devoted to diseases of the Fallopian tubes, including chapters on tubo-ovarian abscess, tuberculosis and actino-mycosis of the ovary and Fallopian tube; the diagnosis of salpingitis and the treatment of this and oophoritis. At page 30, he says the treatment of the early stages of salpingitis is very simple, yet it is not too much to state that if more attention were directed to this disease at its commencement, many women would be saved much subsequent pain and misery.

When the mucous membrane of the tubes has become seriously damaged, the tube itself fixed by adhesions to surrounding structures, the ovary involved in the inflammation and the lumen of the tube occluded, then drugs are of little avail. In pyosalpin and tubo-ovarian abscess, hydrosalpin tubercular salpingitis and ovarian abscess the most radical measures—namely, removal—are the only ones he says which give any satisfactory result either to the patient or the physician.

Part III is directed to tubal pregnancy. The author says that he has attempted to assist Mr. Lawson Tait in his useful iconoclastic endeavor to overthrow the ridiculous notions taught concerning the pathology of extra uterine pregnancy. The time is not far distant he thinks when even teachers of midwifery will wonder how they ever could have believed that an impregnated ovum would grow upon the peritoneum. This of course refers to the generally accepted view that all intra-uterine pregnancies

are primarily tubal, and when a fœtus is found in the peritoneal cavity it can only have got there after rupture of the tube.

Part IV treats of the methods of performing operations for ovarian and tubal diseases. It contains chapters on ovariectomy, oophorectomy, irrigation and drainage, the risks and sequelæ of ovariectomy and allied operations, and the effects of the removal of the ovaries on the secondary sexual character of women.

Unusual care has been expended upon the illustrations, which are nearly all original. The author has introduced the plan of substituting words for reference letters, which allows the reader to understand the drawing at a glance, and thus to save the time required to refer to the letters or figures. The work is written in a simple and straightforward style, and is quite free from the egotism of the average specialist. The leading topics are printed in heavy type, the book is handy in size, the print is clear and the paper good; all of which, however, goes without saying when we know that it has emanated from the establishment of Messrs. Lea Bros. & Co. It may be had from any bookseller.

**A SYSTEM OF GENITO-URINARY DISEASES, SYPHILOLOGY AND DERMATOLOGY,** by various authors. Edited by Prince A. Morrow, A. M., M. D., Clinical Professor of Genito-urinary Diseases, formerly Lecturer on Dermatology in the University of the City of New York, Surgeon to Charity Hospital, etc. With illustrations. In three volumes. Vol. I. Genito-Urinary Diseases. New York, D. Appleton & Company, 1893.

This is a magnificent work of nearly eleven hundred pages, being the first of the series of three volumes. We feel safe in saying that it will be, when completed, the most complete treatise that has ever appeared on these subjects in any language. It is the results of the labors of no less than thirty-two of the leading specialists of America on these subjects. The field of research in every department of Medicine has grown so large that it is hardly possible for any one individual to carefully sift from the mass of new material accumulated by the great body of workers the facts and opinions which represent a distinct advance in our knowledge and have a definite and permanent value. The editor, therefore, has enlisted the services of a great many distinguished writers, each of whom is an authority on his subject. The work is thoroughly practicable and adapted to the wants of the general practitioner as well as the specialist. The subject of diagnosis and treatment are represented fully and explicitly. We notice in this volume several chapters not usually found in text works on genito-urinary diseases, but of great practical

interest and value. Such, for instance, as one on functional disorders of micturition and their relations to many morbid states, the diagnostic significance of pathological modifications of the urine, urine analysis, genito urinary tuberculosis. In addition, there are complete chapters on endoscopy and cystoscopy. Among the many contributors we notice Lustgarten, who has a chapter on the Etiology of the Urethrites, Chronic Gonorrhœa, or Gleet; Stricture of the Urethra, by J. William White; Surgical Diseases of the Kidney, by Lewis A. Stimson; Diseases of the Testicle, by Dr. James Bell of Montreal; Functional Disorders of the Male Sexual Organs, by Prince A. Morrow; while the volume ends with a very interesting article on Gonorrhœa in the female, by Andrew F. Currier, of New York. The work is profusely illustrated with eight magnificent chromo-lithographs, while there are about three hundred other half-toned pictures executed in the best and most artistic manner, forming an attractive feature of the work, and serving a valuable purpose in the elucidation of the text. It would be difficult to give an adequate idea of the thoroughness of the work, it may be imagined. We may state that there are no less than ten pages in the index. Like all the publications of the Messrs. Appleton, it is a model of the book-maker's art. Any one desiring to possess the most modern and in every way the most valuable work that we have ever seen on genito-urinary diseases, should communicate at once with D. Appleton & Co., New York.

THE INTERNATIONAL MEDICAL ANNUAL and Practitioner's Index for 1893. Edited by a corps of thirty-eight department editors—European and American—specialists in their several departments. P. W. Williams, M.D., Secretary of Staff. 626 octavo pages. Illustrated. \$2.75. E. B. Treat, Publisher, 5 Cooper Union, New York.

The eleventh yearly issue of this valuable one-volume reference work is to hand; and it richly deserves and perpetuates the enviable reputation which its predecessors have made, for selection of material, accuracy of statement and great usefulness. The corps of department editors is representative in every respect. Numerous illustrations—many of which are in colors—make the "Annual" more than ever welcome to the Profession, as providing, at a reasonable outlay, the handiest and best *résumé* of Medical Progress yet offered.

Part I. comprises the New Remedies, together with an extended Review of the Therapeutic Progress of the Year.

Part II., comprising the major portion of the book, is given to the consideration of New Treatment; and is a retrospect of the year's

work, with several Original Articles by eminent authorities.

The third—and last—part is made up of miscellaneous articles, such as Recent Advances in Sanitary Science; Improvements in Pharmacy; New Inventions in Instruments and Appliances; Books of the Year, etc.

The arrangement of the work is alphabetical, and with its complete Index, makes it a reference book of rare worth.

In short, the "Annual" is what it claims to be—a recapitulation of the year's progress in medicine, serving to keep the practitioner abreast of the times with reference to the medical literature of the world. Price, the same as in previous years—\$2.75.

DIET FOR THE SICK. By Miss F. Hibbard, Principal of Nurses' Training School, Grace Hospital, Detroit, and Mrs. Emma Drant, Matron of Michigan College of Medicine Hospital, Detroit; to which has been added Complete Diet Tables for various diseases and conditions, as given by the highest authorities. Detroit, Mich., The Illustrated Medical Journal Co., Publishers. Paper, 74 pages. Price, postpaid, 25 cents; 6 for \$1.00.

This little book is a worthy supplement to any cook book, as it deals only with the dishes suitable for the sick and convalescent; the receipts being favorite ones, in use daily in the hospitals wherein the authors are employed. To this has been added the various authorized Diet Tables for use in Anæmia, Bright's Disease, Calculus, Cancer, Chlorosis, Cholera Infantum, Constipation, Consumption, Diabetes, Diarrhœa, Dyspepsia, Fevers, Gout, Nervous Affections, Obesity, Phthisis, Rheumatism, Uterine Fibroids. It also gives various nutritive enemas. The physician can use it to advantage in explaining his orders for suitable dishes for his patient, leaving the book with the nurse.

### PAMPHLETS RECEIVED.

PRACTICAL EXPERIMENTS in the Treatment of Cholera in St. Petersburg, Russia, and Hamburg, Germany, in the Epidemic of 1892. By Elmer Lee, A.M., M.D., Ph.B., Chicago, Ill., Member of the American Medical Association; Fellow of the American Academy of Medicine; Member of the Chicago Medical Society, Member of the Committee of Revision of the U. S. Pharmacopœia, 1890, etc. Reprinted from the *Medical Record*, December 17, 1892. New York: Trow Directory Printing and Book-binding Co., 201-213 East Twelfth Street, 1893.