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## The Northern Lancet.

*Gleanings from the journals of the World all that is new in Medicine, Surgery and Pharmacy, placed monthly before its readers in a condensed form Medical, Surgical, Obstetrical and Pharmaceutical advances in both hemispheres.*

WINNIPEG, NOVEMBER, 1889.

### HOSPITAL NOTES.

CASES TREATED AT THE WINNIPEG GENERAL HOSPITAL DURING THE MONTH OF OCTOBER.

Under the care of Dr. A. H. FERROCKSON, Professor of Surgery in Manitoba Medical College.

*Reported by Dr. J. G. Calder, House Surgeon to the Hospital.*

#### DOUBLE AMPUTATION.

O—O—, age 44, Icelandic farmer from Glenboro, admitted October 24, a strong, healthy man with a good family history. Had his feet frozen in Iceland twenty years ago; were then amputated above the ankles, two lateral flaps being evidently made, leaving the cicatrices directly beneath the stumps; the wounds never healed properly, and much of the time he went about on his knees. During the last nine years he has been wearing hollow wooden legs, made by himself. He has been under treatment at various times, but the sinuses leading down to the carious ends of the bones persisted. His left arm has also been amputated below the elbow; his left shoulder is found dislocated and ankylosed, subcoracoid.

Both stumps were removed at one operation by a modified form of Teale's operation, a long anterior and short posterior flap being made, the posterior flap being half the length of the anterior, instead of one quarter, as in Teale's. About two inches of bone were removed from each, periosteal flaps for tibia and fibula, and the fibula was sawn one quarter inch shorter than the tibia, in order to throw the weight of the body more on the larger bone, thus preventing the rubbing together of the two bones during walking and to facilitate the tying of the

interosseous artery. The flaps were brought together by interrupted sutures, the angles left open for drainage, but no drainage tube of any kind inserted.

On second day after operation, evening temperature 100, pulse 72, but no oozing, and patient feels very well.

Third day, evening temperature 100.4; pulse 96.

Fifth day.—Temperature now normal, and patient doing well.

Eighth day.—Temperature still normal; dressings removed to-day and both stumps found perfectly aseptic—right one completely healed, left has a small sinus at one side, but does not reach as far as the bone. Both were redressed antiseptically as before.

Thirteenth Day.—Patient without a bad symptom.

#### SPINAL INJURY. No. 1.

A—B—, age 35, carpenter, came in from Carman, October 4th. Two days before admission, the wall of a building on which he was working fell, throwing him from a height of seven feet upon a pile of lumber and timbers, his back striking across a stick of timber, the wall falling upon him. He noticed a large lump, about the size of the closed hand, in the lumbar region, slightly to one side of the spinal column. This was accompanied by very severe pain at the seat of injury. On being removed to the house, this lump disappeared. On admission a large bruise was found in the lumbar region opposite the first four lumbar vertebrae, very painful on pressure: the spines of the first and second lumbar vertebrae were separated, leaving a clear space of about an inch; no lateral deviation or crepitus; severe pain in both lower extremities, especially in the thighs, more particularly on right side; was hyperæsthetic below seat of injury; no sleep since accident; had complete control of bladder and rectum. Pulse 72; respiration 24; temperature 99; urine normal.

*Treatment.*—Horizontal position on a fracture bed. Bowels cleared with a saline. A mixture of aconite, belladonna and opium, in which lint was soaked, was applied locally, oiled silk being placed on

top, and hot fomentations over this, the whole changed every ten minutes during day, and every hour during night. Bromidia and ergot were given internally to keep him stupid. This treatment was pursued for four days, by which time all swelling at seat of injury had disappeared, but severe pain still felt on pressing spines of first and second lumbar vertebrae. Pain in legs still bad.

On fifth day chest and abdomen were thoroughly scrubbed with soap water and alcohol, a close fitting, knit, woolen jacket put on, and he was rolled on his face into a cheese cloth hammock strengthened by a strip of factory cotton ten inches wide, and swung clear of the bed. Pads of absorbent cotton covered with oiled silk were placed, one on each side of the spine, over the crests of the ilii, over the sacrum, and in each axilla; the cheese cloth hammock was now cut to fit accurately around the body and sewed in place, and a plaster of paris jacket, reaching from hips to axilla, applied in usual way. After it had dried he was lowered into his bed and allowed to lie in the most comfortable position. All internal treatment stopped.

Sixth day.—Says he feels very comfortable; pain in legs not nearly so bad; temperature, pulse, respiration and bowels normal.

Ninth to fourteenth day.—Very restless; complains of pain at seat of injury, but none in legs.

Fifteenth day.—Slept well; all pain gone; is very comfortable; appetite good.

Twenty-second day.—Says he never felt better in his life.

Nov. 10.—Thirty-ninth day.—Is still doing well. Jacket still on.

#### SPINAL INJURY No. 11.

H. W.—Age 24, farmer, strong and muscular, came in from Carberry; injured on first of September by a hay rack striking him in the middle of the back, a binding pole striking his breast and the line stake hitting his left temple. He moved about for a day and a half complaining of shortness of breath and spasmodic cough on swallowing; on second day while walking out of stable suddenly

fell, paraplegic; at the end of seven weeks he came to hospital in the following condition. Locomotion staggering and needed support, sensation impaired below the knees and elbows and hyperaesthetic over the rest of the body, the slightest touch causing exaggerated reflexes; ankle clonus very marked; bladder unable to empty itself, but the desire to urinate present; bowels obstinately constipated; appetite fair; spasmodic coughing caused by swallowing; sleeps badly; memory impaired and sight diminished; retinae hyperaemic.

*Diagnosis.*—Concussion and hæmorrhage, followed by inflammation of the cerebro spinal meninges and cord.

*Prognosis.*—Unfavorable.

*Treatment.*—Local as in previous case, did much good for several days; plaster jacket with head rest was then put on, much to his comfort. The internal treatment consisted in bromide and chloral as required to procure quiet and sleep, and a mixture of hydrarg. perchlor. and pot. iodide in moderate doses threetimes daily. Improved steadily for three weeks, when he was suddenly seized with serious symptoms dyspnœa, dysphagia, shouting, moaning, sleepless, unable to take nourishment for over twenty-four hours on account of the spasmodic cough which attempts to swallow brought on. This gradually passed off and he is now Nov. 10th improving again.

#### EXTRA CAPSULAR FRACTURE NECK OF FEMUR, IMPACTED.

J. R. H.—Age 49, carpenter, admitted Oct. 12th, a strong healthy looking vigorous muscular man, was injured ten days before admission by a fall of about ten feet from a wall, striking his right hip in region of great trochanter upon a plank. This caused much swelling and discoloration which disappeared before admission.

Right foot found slightly everted, inverting and placing it on left foot caused pain; slight amount of motion, but could not bear any weight upon it; shortening of one inch, the trochanter major much broader than normal, above Nelaton's line, and by Morris' line is found an inch nearer the centre of body than normal; Bryant's line an inch short; pseudo

crepitus; natural dip over trochanter major lost; gluteal fold deeper and higher than on sound side. On rotating limb the trochanter is found to describe a smaller arc than normal, considerable pain in hip at night.

*Diagnosis.*—Fracture extra-capsular impacted.

*Treatment.*—Plaster of Paris splint extending from toes to middle of body applied, all prominences being first protected by pads of absorbent cotton covered with oiled silk.

For some days still complained of pain at night and inability to sleep this gradually disappeared and he is now very comfortable.

#### TUBERCULAR TESTIS.

T. A., age 22, farm laborer, admitted October 14th. A strong, well nourished young man, in perfect health, so far as his general is concerned; no disease of lung, never was sick with any illness in his life; family history good, no tuberculosis in any branch. Last July first noticed a small lump in back part of scrotum, it pained him a little at night, and was painful on pressure. It increased in size and became more painful until admitted, when on examination an enlargement of the epididymis of the left testicle was found about the size of a small egg. It was nodular and distinct from the testicle, proper larger below than above, continues a little up the cord which was also painful; distinct fluctuation; prostate normal. On opening it is found to contain a thick, yellow-cheesy material, mixed with thin-watery secretion. On examining some of this discharge with the microscope, after staining in the usual manner, tubercle bacilli in considerable numbers are found. The urine was normal. The testicle was removed in the usual way, the cord cut high up and secured by a double ligature passed through the centre and ligated in two halves, a decalcified bone drainage tube inserted at the lower angle and the wound closed by a continuous suture.

Ninth day—Dressings removed, wound found perfectly aseptic and all healed except a small portion at either end of incision; redressed. Temperature, pulse

and respiration remained normal until thirteenth day, when temperature rose to 101, and patient complained of pain. On redressing, the wound was found to be infected, whether antogenetic or heterogenetic time will reveal. A sinus was found leading down to the stump of the cord, this was packed and the dressing reapplied.

Seventeenth day—Redressed and sinus found much diminished in size.

Twenty-first day—Redressed sinus almost completely healed from bottom.

#### SUBDIAPHRAGMATIC ABSCESS.

J. L., age 26, a half-breed farmer, admitted October 27. Gave a history of having fallen into a well, six weeks before admission, injuring his right side slightly, following this he took sick, presenting symptoms simulating an attack of pleurisy; first noticed swelling in side three weeks before admission, it increased steadily in size. On examination find a large fluctuating tumor on the right side, extending from the crest of the ileum to above the tenth rib, seven inches in length and about four and one-half in breadth. A hypodermic needle was passed and pus drawn off. The urine and bowels normal; tubercular deposit in right apex, temperature 100, pulse 36. An attempt was made to empty by aspiration, but contents were too thick and lumpy to pass through the needle. An incision was next made into it and about two pints of pus escaped; the extent of the abscess could not be ascertained, so the incision was carried up for three inches, along the edge of the retractor spinal, and it was found to pass well up under the three last ribs; the incision was next carried down about three inches to the crest of the ileum and the abscess found to pass about three inches below the crest within the pelvis; a cross incision was made in the flank to facilitate matters, and the whole thoroughly curetted, all partitions and fibrous bands being broken down, continued irrigation of 1-5000 sublimate solution being used. It was packed with iodoform gauze and dressed, no sutures inserted. Evening temperature following normal. The next day the cavity was gone thoroughly over again and all doubtful tissue curetted.

away and packing reinserted. Subsequently it was redressed every third or fourth day, the cavity filling up rapidly with healthy granulations, temperature remaining normal, the wound being always sweet.

Seventeenth day.—Cavity now very small and everything doing well.

#### STRANGULATED HERNIA.

H. McL.—, age 30, farmer, an able bodied healthy man admitted Oct. 22. While pitching sheaves at a threshing on the morning before admission, patient's hernia, which he has had for a number of years, came down; he wore at the time a truss. This was at nine a.m.; was very warm at the time and took a large drink of cold water and lay down in the bluff till noon when he went to house and lay quiet in bed till night. Began to vomit an hour after the hernia came down; this continued all day and during the next night. In the morning he drove eight miles to Stonewall where an unsuccessful attempt was made to reduce it by a medical man, when he drove to Winnipeg twenty-two miles.

A large doughy tumor was found extending from the internal ring downwards and filling the right side of the scrotum; it was very painful and angry looking. Patient was anaesthetized and an effort made to reduce it by taxis, after trying for some minutes it was thought undesirable to make a prolonged effort and operative measures decided upon.

*Operation*—A long incision was made extending from an inch above the internal ring down to the middle third of the scrotum, the tissues dissected off on a director till the tunica vaginalis testis was reached, the sac was now opened and two or three ounces of bloody fluid escaped. The loop of bowel found was about ten or twelve inches long very much congested and ecchymosed but not gangrenous. It was washed carefully and reduced after the constriction was divided. Dr. McBurney's operation for radical cure was selected on account of the inflamed condition of the sac, it was carried out in detail. Patient did well after operation until towards midnight when recurrent hemorrhage set in. On taking down the dressing considerable oozing was found to

have taken place into the scrotum; the incision was carried further down on the scrotum, a large clot turned out and the bleeding traced to some small scrotal vessels which were easily secured. The wound was then sutured and redressed. Wound was redressed on the sixth day and found perfectly aseptic.

Twentieth day.—Still doing well, wound almost filled with granulations.

#### CRUSH OF HAND.

G. A.—, age 19, brakeman, admitted Oct. 20, suffering from a crush of hand received seventeen hours previously. Hand was found wrapped in a dirty rag saturated with coal oil, the middle and ring fingers smashed to a pulp, index finger broken and back and front of hand much bruised and torn.

*Operation*—The two middle fingers were removed at the metacarpophalangeal articulation, all ragged tissue clipped off and flaps and lacerated parts of hand brought together with a continuous catgut suture, catgut drainage being used.

Second day.—Considerable oozing, dressings removed found perfectly aseptic, but the flaps which looked very bad at the time of the operation had partly sloughed. This part was removed and wound redressed.

Fourteenth day.—Redressed, perfectly aseptic, wound not quite filled with granulations yet.

Twentieth day.—Still doing well.

#### THE DISPOSAL OF THE DEAD.

BY JOHN M. PEACOCKE, M.D.

Read before the Medical Society of the County of Kings.  
From the *Brooklyn Medical Journal*.

(Continued.)

There is one point that Dr. Peacocke alluded to in Pasteur, which I will speak of.

Pasteur's attention was called to the fact that anthrax arose in sheep grazing on a pasture where sheep had been buried some ten or twelve years ago. In order to verify that this was a reality and not an accidental thing, he caused a sheep to be inoculated with anthrax, or malignant

pustule; he had a hole dug ten feet deep so wide that the sheep would not touch the sides while the body was being lowered. It was brought into the pasture from abroad; it was buried in the ground, rammed down, and a fence was put around it. The next summer, when the grass was growing, four sheep were placed inside of this fence, and a flock of sheep was placed outside of the fence in the pasture. Within forty-eight hours three of those sheep inside of the fence were dead with malignant pustule. None of those which were in the pasture inside of the fence escaped. His attention was called to the earthworms as a probable cause. He found by experiments that the earthworms were very fond of meat, and he took the castings that the earthworms deposited on the surface of the ground—he took those castings that were found in the inclosure—and put them into distilled water, and from this he propagated anthrax, with that he inoculated other sheep and destroyed them; thus proving beyond a doubt that the earthworms were the cause of bringing the germs to the surface of the ground.

In 1822, when yellow fever was epidemic in New York City, the disease prevailed so frightfully around Trinity churchyard that the authorities ordered the Trinity churchyard to be covered with quicklime a distance of one foot in depth. The laborers who were employed in taking charge of distributing that quicklime took the yellow fever.

It has been shown that where these bodies are buried the deadly gasses have forced their way several hundred feet through the ground into the cellars of adjoining houses, so that when people went down into the cellars with a light, the light would be extinguished by the carbonic acid gas.

There is one point that the writer has not mentioned, that some of the authorities have spoken of, and that is the disposal of bodies by burial at sea. That plan has been discussed, but I hardly think it is worth while to make more than a passing reference to it. The prospect of having the bodies of your relatives finding their way on your table in the fish you eat is hardly worth discussing.

When Dr. Bell and I first began practicing in this city, typhoid fever was a fall fever. To-day you cannot find one month in the whole year that typhoid fever is not in the city.

I took the trouble, some week or two ago, to go through the records of the Board of Health of this city, and it was an impossibility to find three consecutive weeks out of the whole last two years where typhoid fever was not in this city. It has come to stay. The Sanitary Superintendent took a great deal of pains in going over the record with me.

Where did the typhoid fever come from? It is a question that is coming home to all of us; and I think we can show that the burials on Long Island are every year giving us more and more to think of in this direction. The germ of typhoid fever is not destroyed by winter's cold.

The epidemic that was alluded to at Plymouth has been conclusive of that. They never had the typhoid fever in Plymouth, Pennsylvania, until that young man was brought home to his father's house. It was cold. He was sick from December till March, and the stools were thrown out on the snow. The ground was frozen so solid that the stools laid there. On the 25th of March, when the thaw took place, the water ran down the hill. Within six weeks twelve hundred cases and two hundred deaths from typhoid fever was the result.

To determine whether the germ was killed by the cold, Professor Prudden put the germs of typhoid fever in a mixture of salt and ice, and kept them in that mixture for one hundred and three days. At the end of that time he took those germs out and they propagated.

Professor Sternberg has kept germs of typhoid fever hermetically sealed for over a year, and at the end of that time he has propagated them.

Now, when we know that caustic potash will not destroy them, nor nitric acid, when they will survive the winter's cold and the summer's heat, when they are vegetable as much as the grains of wheat that have been in the mummies for three thousand years and then have propagated, who can say that those three thousand

years do not belong to them as much as to the grain.

Underneath the Hempstead Plains there is a plateau of water that filters in from the ocean. Before Garden City was purchased by Mr. Stewart, John Kellum, who was a patient of mine, had the geological surveys made. In Mr. Kellum's house there was a tank built that held 10,000 gallons of water. Windmills pumped the water up, and pipes delivered it over a hundred acres, and still it was impossible to take all the water from that well. All of the Hempstead Plains and all the land through there is sandy soil. The germs of typhoid fever from bodies that are buried in that neighborhood can easily filter through the ground and be carried so as to permeate our water. Only a short while ago, at Ridgewood, we have been protected by the authorities, from having our water contaminated by a Hebrew burial ground. Their present burial ground was not large enough, and they wanted to acquire another hundred acres of land. This would bring it up to our pumping stations.

I take leave to trespass upon the time of the Society by reading one case where typhoid fever germs were carried thirteen miles, where it percolated through oolitic stone. That this filtered through and was not an underground stream was shown from the fact that salt was put in, and the next day the salt passed through, so that the water was contaminated with the salt, and after the salt ran through clear; a day or two afterwards, flour was put there and it did not go through, and with it, iodine, which is a test of starch, failed to reveal any of it. The case is a little long, but it covers the question so thoroughly that I beg the pardon of the Society while I read it.

"The record of the outbreak at Lausen, in the Canton Baselland, in 1872, is of great value as illustrating this and other facts in the pathogenesis of enteric fever. From the time of the passage of the allies armies, in 1814, Lausen had suffered on epidemic of typhoid fever. Isolated cases had never spread the infection. During the seven years preceding 1872 not a single case of typhoid fever had occurred.

"This village is situated on the Jura, in the valley of the Egolz, and consists of one hundred and three houses, with eight hundred and nineteen inhabitants; it was remarkably healthy, and resorted to on that account as a place of summer residence. With the exception of six houses, it is supplied with water by a spring with two heads, which rises above the village at the southern foot of a mountain called the Stockhalder composed of oolite. The water is received into a well-built covered reservoir, and is distributed by wooden pipes to four public fountains, whence it is drawn by the inhabitants. Six houses had an independent supply—five from wells, one from the milldam of a paper factory.

"On August 7, 1872, ten inhabitants of Lausen, living in different houses, were seized by typhoid fever, and during the next nine days fifty-seven other cases occurred, the only houses escaping being those six which were not supplied by the public fountains. The disease continued to spread, and in all one hundred and thirty persons were attacked, and several children who had been sent to Lausen for the benefit of the fresh air fell ill after their return home.

"A careful investigation was made into the cause of this epidemic, and a complete explanation was given.

"Separated from the valley of the Egolz, in which Lausen lies, by the Stockhalder, the mountain at the foot of which the spring supplying Lausen rises, is a side valley called the Furlenthal, traversed by a stream, the Furlenbach, which joins the Egolz just below Lausen, the Stockhalder occupying the fork of the valleys. The Furlenthal contained six farm houses, which were supplied with drinking water, not from the Furlenbach, but by a spring rising on the opposite side of the valley to the Stockhalder.

"Now, there was reason to believe that, under certain circumstances, water from the Furlenbach found its way under the Stockhalder into one of the heads of the fountains supplying Lausen. It was noticed that when the meadows on one side of the Furlenthal were irrigated, which was done periodically, the flow of water in the Lausen spring was increased,

rendering it probable that the irrigation water percolated through the superficial strata, and found its way under the Stockhalder by subterranean channels in the limestone rock. Moreover, some years before, a hole on one occasion formed close to the Furlenbach by the sinking of the superficial strata, and the stream became diverted into it and disappeared, while shortly after the spring at Lausen began to flow much more abundantly. The hole was filled up, and the Furlenbach resumed its natural course.

"The Furlenbach was unquestionably contaminated by the privies of the adjacent farmhouses, the soilpits of which communicated with it. Thus, from time immemorial, whenever the meadows of the Furlenthal were irrigated, the contaminated water of the Furlenbach, after percolation through the superficial strata and a long underground course, helped to feed one of the two heads of the fountain supplying Lausen. The natural filtration, however, which it underwent rendered it perfectly bright and clear, and chemical examination showed it to be remarkably free from organic impurities; and Lausen was extremely healthy and exempt from fevers.

"On June 10th, one of the peasants of the Furlenthal fell ill with typhoid fever, the source of which was not clearly made out, and passed through a severe attack, with relapses, so that he remained ill all the summer; and on July 10th a girl in the same house, and in August a boy, were attacked. Their dejections were certainly, in part, thrown into the Furlenbach, and, moreover, the soilpit of the privy communicated with the brook. In the middle of July the meadows of the Furlenthal were irrigated as usual for the second hay crop, and within three weeks this was followed by the outbreak of the epidemic at Lausen.

"In order to demonstrate the connection between the water-supply of Lausen and the Furlenbach, the following experiments were performed: The hole mentioned above as having on one occasion diverted the Furlenbach into the presumed subterranean channels under the Stockhalder, was cleared out and eighteen hundred-weight of salt were

dissolved in water and poured in, and the stream again diverted into it. The next day salt was found in the springs at Lausen. Fifty-six pounds of wheat flour were then poured into the hole, and the Furlenbach again diverted into it; but the spring Lausen continued quite clear, and no reaction of starch could be obtained, showing that the water must have found its way under the Stockhalder in part by percolation through the porous strata, and not by distinct channels."

I will mention that I have conclusive evidence that the germs of typhoid fever have been carried down the Ohio River eight hundred miles, and Cincinnati has been contaminated by the water-supply. The evidence produced by men who have studied that question is so clear and overwhelming, and our population increases so wonderfully, and as our burying grounds are going to increase, and it is certain that these germs are living for a long time, which has been alluded to, that I think for the preservation of the living the dead should be cremated.

DR. G. W. BRUSH.—I think the medico-legal and sentimental sides of the question have been fully covered. There is just one point, in connection with the religious aspect of the question, that I think has not been fully covered, and I will occupy just a few moments on that.

We find, in looking back into the history of the past, that this whole question of the disposal of the dead is closely allied to the religious beliefs of the inhabitants of the world.

The Egyptians, some two thousand years before the Christian era, were in the habit of embalming their dead, and one of the reasons was that they believed that after death the soul left the body and performed a certain cycle of existence, dwelling in the bodies of animals and other beings as a method of punishment, finally, after from one to three thousand years, coming back to inhabit the original body, which should from thence be immortal; hence their great care to preserve the body in the best manner possible then known to science.

We find, as the essayist has said, that the Romans practiced cremation of the dead. There came a time, however, when



it ceased practically, and that time was about about four hundred years after Christ, when into the Christian religion there came a belief in the resurrection of this physical body, and this belief still lingers at the present time, as evinced by the case cited by the essayist, of the lady in Massachusetts, who daily visits or sends messages to the tomb of her dead husband. The inference is, she believes that the living being is still in some mysterious way connected with or related to the body it inhabited during life here on earth. And this is not an isolated case. I remember hearing a sermon in this city only a few years ago in a prominent pulpit on the subject of the resurrection, and the speaker, who seemed an intelligent man, enunciated his belief in the actual resurrection of the physical body, and pictured parts of human bodies, legs, arms, and hands, flying through the air on resurrection morn, each part seeking out its associated part, coming from battlefield and cemetery and ocean, a representation that seemed to me absurd and shocking in the extreme.

It seems difficult to believe that such things could be soberly uttered in this enlightened age, but that man actually believed what he preached; at all events he preached it with conviction. While I believe in a resurrection of the *dead*, I do not find it anywhere taught in the Bible that this actual body is raised from the dead.

Until we get rid of these heathenish notions of the past we cannot hope to bring about this reform that is so important to the living—this method of so disposing of the dead that the living may be protected from the germs of disease by their destruction. If, as has been demonstrated here to-night and elsewhere by those who are carefully studying the subject, there is good ground for believing that the germs may lie dormant for an indefinite length of time and still possess the power of propagating disease when brought into right conditions for germination, the danger of burying bodies containing myriads of contagious disease germs cannot be estimated. The common impression is that Mother Earth covers up and destroys all germs of disease; but it has been shown that many of these

germs live without air, and, like the grain of wheat found in the Egyptian mummy, they may spring into life after many years.

*(To be continued.)*

## THE DEAF AND DUMB.

The report of the Royal Commission on the Deaf, Dumb, and Blind involves several questions of medical and general interest.

The proportions of deaf to the general population, which in 1861 was one in every 1,484, decreased in 1871 to one in 1,742, and in 1881 to one in 1,794; whilst the attendance at school has increased from 1,300 in 1851 to 3,138 in 1888, and, if the law and attendance officers did their duty, would have now risen to about 5,000.

A large number of the congenital deaf are the children of deaf-mutes. Mr. Graham Bell believes that, if the deaf-mutes of the United States are brought together in institutions, and encouraged to associate and intermarry, as they are now, a deaf variety of the human race will be established in a few generations. The evidence is also very strong that consanguineous marriages tend to the production of deaf children.

The causes of non-congenital deafness are chiefly scarlet and other fevers in early childhood, when prompt and efficient treatment has not been available. With more accurate and widespread knowledge of the symptoms and treatment of ear disease, it may well be hoped that these cases will markedly diminish.

Of the total number of the deaf, from 12 to 25 per cent. possess some hearing power; many of them may be benefited by ear-trumpets and other mechanical appliances, whereas, if the ear is neglected and disused, it becomes further impaired. It is truly melancholy to find that many children of 3, 5, or even 10 and 12 years of age, who have acquired speech before losing their hearing, are placed with deaf children, taught by signs, and thus become totally "deaf and dumb."

It is needless to say here that dumbness has no physiological connection with deafness; but the two have been so in-

dissolubly connected that to many it seems little short of a miracle to teach the deaf to speak. The Commission reports in favour of day schools for the deaf, where the parents take pains to keep up the instruction given at school; but, where the homes are squalid and the children neglected, a residential institution on the "boarding out system" is to be preferred. Compulsory education is rightly insisted on. It should last eight years, commencing at 8 and continuing to 15 years of age. Drawing and various mechanical trades are recommended.

At one time the system of signs and the manual alphabet was accepted in this country. It is now being rightly superseded by the "pure oral system," which discards all signs except natural gestures, and by teaching the deaf to speak and "lip read" raises the deaf to the level of the hearing. The Royal Commission is tender towards the advocates of the "sign" and the "combined systems." In schools where these methods of teaching have prevailed change to the "pure oral" can be only gradually made. In a few years, however, the "pure oral" system will have shown such results as to supersede all others in England, as it has already done in Italy, Germany, and France.

The Italian language no doubt is peculiarly well suited for lip reading; the German is perhaps scarcely less so, whereas the spoken form of English words is so unlike their written form that greater difficulties have to be met. German teachers have lately learned much from the Italians, whilst we in England are still striving to teach on the plans in vogue in Germany twenty years ago. Prejudices existing against the oral method of teaching are dispelled by inspection and experience. Not long ago the number of children taught in England on this plan was but a few score; now 1,563 are taught on the "pure oral," 545 on the "combined," and scarcely 1,000 on the "manual" and "sign and manual" systems taken together.

There is no evidence that the sign system is best suited for the stupid and the oral for the intellectual. If there is intelligence enough for the first a little

patience will secure greater success by the second, although considerations of economy favour the plan which requires the fewest and the least highly-trained teachers. English children are found to be more backward in speech than the Italian and German children, but their general intelligence is remarkably good. With improved teaching all obstacles will be overcome.

It is recommended "That in all schools and institutions the general health, hearing, and sight of deaf children should be periodically inspected by a medical practitioner." Children taught to exercise their throats and lungs in speaking are less disposed to affections of the throat, the bronchi, and the lungs than deaf-mutes, who are discouraged from making any sound. The exercise of the respiratory organs by tending to the oxygenation of the blood, etc., promotes growth and general vitality. The speaking deaf are found to be less puny, less prone to throat and lung disease and to chilblains, and are altogether better nourished than mutes.

The feeling of the medical profession has been again and again strongly expressed as to the superiority of speech over signs, and it may be hoped that, thanks to the self-sacrificing and persistent efforts of the Commission, this superiority will soon be universally recognised.

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#### TREATMENT OF POST-PARTUM HÆMORRHAGE.

A permanent check to the bleeding, is the use of iodoform gauze as a uterine tampon. Born and Eckerlein (*Centralblatt für Gynakologie*, Nos. 25 and 26, 1889) report the most prompt and satisfactory results from this treatment. A strip of gauze four inches wide and two or three feet long is carried by the finger or a simple uterine applicator notched like an arrow, to the fundus; usually the presence of a single strip suffices, and the remainder is used to tampon the vagina moderately. Should more than a single length of gauze be easily admitted, the uterine cavity is moderately distended, and an additional strip is used for the

vagina. In the absence of iodoform gauze any antiseptic material of similar dimensions may be employed. Such tampons may remain twenty-four or thirty-six hours in position, and may be renewed, with antiseptic douches, whenever required. Arterial bleeding from extensive laceration of the cervix may be promptly checked in this manner.

The value of the iodoform gauze tampon in bleeding from low attachment of the placenta has been clearly shown, and the treatment by this means is an established procedure. There is every reason to urge a similar adoption of the same efficient agent in treating post partum hemorrhage.—*Med. News.*

#### PLEA FOR NURSES.

At a meeting at the Mansion House, London, to establish a nurse's home, the Lord Mayor said:—

One of the objects this Association contemplates is the founding and maintaining of a convalescent home and holiday homes or houses, and the carrying out of other philanthropic schemes for the benefit of nurses. On this point Mr. Brudenell Carter will address you.

Mr. Brudenell Carter spoke as follows: We have heard, and truly heard, from Mr. Savory and Sir J. Crichton Browne that the skilled nurse is indeed an artist of the very highest order, and, moreover, that she is an artist who puts her life into her work. Few of us who know anything of nursing can have failed to notice instances in which the functions her position requires her to fill have entailed upon the nurse sometimes exhaustion, vital and mental, from loss of rest, sometimes the far greater danger of contracting some form of infectious disease. We feel that a profession which is beset by such peculiar risks as these requires that its members should be provided with especial safeguards against them. One of the first and primary objects of this Association is to establish a home in some suitable position to which the nurses may retire when convalescent after illness; or even, in cases where they require nothing more than a period of rest to recuperate them, and to fit them to return once again to

their duties. We have been told that something of this kind is furnished here and there by various institutions; but I am anxious that this establishment for which I plead should be not an institution but a home, and that its inmates should be free from tutelage, from unnecessary discipline, from irksome confinement, and from galling restrictions, and that they should be free to enjoy and employ their leisure in that manner which may seem best to them, and most likely to conduce to the end that we and they should have in view. It needs no argument of mine to show that the ordinary rates of payment which nurses receive do not enable them to establish, on a basis that would be satisfactory, such an institution as is desirable. The payments they receive would in all probability enable such an institution to be self-supporting when once it was established and fairly set on foot. But we do feel that the public who benefit so greatly by the services of members of this Association, who benefit by their services to the extent of the balance turning between life and death, and who benefit to the extent of giving the convalescent a more speedy restoration to health and a more speedy recovery of power to resume the duties of their profession and calling—we do feel that the public who benefit in this way may with propriety be invited to contribute what is required to set such a Home of Rest on foot. We feel that in this way, as in many other particulars, the conditions under which nurses are placed are no longer adequate to the changed condition of the members who follow that calling. We feel very strongly that this Association is needed in order to place the daily life of a nurse on a basis more suited to her present education and her present efficiency, and to change it, as all arrangements require to be changed from time to time, from conditions which were perhaps suitable enough to what the class was twenty-five years ago. The appeal we make for our Home of Rest is not a very large one. It is calculated that an endowment of £3,000 would suffice to establish it that is at present required—to furnish and equip it, to afford an invested fund, which will provide for the

land and the buildings, and, in fact, to place the institution in a position to accommodate all nurses who might desire to use it. This noble hall in which we are met to-day has witnessed the commencement of many great enterprises of benevolence; and surely it has never witnessed the inception of one more worthy than that which seeks to extend a helping hand in times of sickness and trouble to those who minister to our wants in our hour of need. I do trust this meeting will not separate to-day until some commencement has been made in the direction I have indicated.

### UTERINE ADENO-SARCOMA WITH PYOMETRA.

BY T. W. KAY, M. D., SCRANTON, PA.

The co-existence of adeno-sarcoma and pyometra in the same uterus is so rare that I am induced to bring the following case to your notice.

Pyometra, of itself, is not common, as may be seen from the small space devoted to it in books on gynecology. Out of some sixteen consulted, I find it mentioned in only two, viz.: Billroth and Fritsch.

It usually occurs in old people where atresia of the os exists and is due to a retention of the secretions. In this case it was due to closure of the internal os by the suppurating growth.

Adenomata of the cervix are quite common in the form of small polypi composed of retention cysts with hypertrophied walls. In this form they also exist in the uterine cavity, where a much rarer form is sometimes found. This has a broad base, and is not composed simply of hypertrophied glands, but contains new glandular formations. These growths are diffuse, rich in blood-vessels, and, according to Winckel (*Lehrbuch der Frauenkrankheiten*, p. 385), infiltrated with round sarcomatous cells. Cases of this kind have been reported by Duncan, Gusserow, Schroder, Thomas and others.

The growth in the following case probably began as this, and afterwards became sarcomatous. May tells us (*Diseases of Women*, p. 221), that uterine adenoma is frequently admixed with sarcoma, in

the form of adeno-sarcoma. Billroth remarks that "pure adenomata (which are very rare), may be difficult to distinguish from sarcomata which have developed in glands (adeno-sarcomata)."—*Surgical Pathology*, p. 223. Thomas (*Diseases of Women*, p. 571), reports a case which seems to have been the same kind of growth as in the following. It was examined by Dr. W. H. Welch and pronounced to be a mixture of sarcoma and adenoma.

*Case*.—Latefy, a multipara, 52 years of age, was sent to me by Dr. Yusuf Abu-Suleiman, of Zahley, to enter the Johanner Hospital, of Beyrout, Syria. She complained of an offensive discharge at times, from the vagina, accompanied by colicky pains. The menstrual flow ceased ten years before, and since that time she had suffered, more or less, from leucorrhœa. The offensive discharge was of eight months' duration, and the pain had lasted nearly as long. Emaciation was great and cachexia was marked.

Bimanual examination showed the uterus much enlarged and extending well up into the abdominal cavity. The external os would admit the end of the finger with difficulty, and a soft, friable mass could be felt in cervical canal. The uterine probe was introduced with difficulty in front of this and gave a depth of eight inches.

Assisted by Dr. J. Mutter, the woman was put in the left lateral position, a speculum introduced, and the anterior lip seized with vulsellum forceps and well drawn down.

The cervical canal was then rapidly dilated with steel urethral sounds until the index finger could be introduced. While this was being done, a constant flow of most offensive pus took place until some eighteen to twenty ounces of pus had been evacuated.

On introducing the index finger, the growth was found to cover much of the posterior wall and it was attached nearly down to the internal os. Its base was broad and its surface irregular, soft and sloughing.

A large part of this was removed by the blunt curette, the uterine cavity washed out with bichloride solution, and the woman put to bed. Antiseptic injections

were used daily and iron and ergot given internally. All went well and in eight days I again dilated the uterine cavity, and with a sharp spoon removed all roughened elevations from the posterior walls. There was free hemorrhage, but this was controlled by the application of liq. ferri. subsulph.

Dr. W. T. VanDyck kindly examined the growth microscopically for me and pronounced it an adeno-sarcoma.

In three weeks the discharge had entirely ceased and the uterine cavity was reduced to three and one-half inches, so the woman was permitted to go home, with the prognosis of a probable return of the growth.—*Maryland Medical Journal.*

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## ROYAL ACADEMY OF MEDICINE IN IRELAND.

### ABDOMINAL SECTION IN TYPHOID FEVER

A meeting of the Medical Section was held on May 17th :

Dr. J. H. Nicholas read a paper on Abdominal Section in Typhoid Fever. The histories of two cases were communicated, and specimens shown for the purpose of inquiring as to whether the operation of opening the abdomen was justifiable in perforation of intestine in typhoid fever. It was assumed that the acute peritonitis, which was present in these cases, was set up by the presence of the faecal matter in the abdomen; and, consequently, that the existence of this diffuse form of acute peritonitis might be accepted as a diagnosis of perforation existing; and as recovery, with faecal matter exuded into the cavity of the abdomen, was absolutely impossible, it was suggested that an operation might be performed early in the disease before collapse appeared—the operation consisting of opening the abdomen, washing out, and sewing the opening to the anterior wall of the abdomen. Among the many objections the following were mentioned: 1. Difficulty of diagnosis. 2. Condition of the patient. 3. Difficulty of finding the perforation. 4. Diseased condition of the wall of the gut. 5. Many cases of diagnosed perforation having recovered. The author endeavored to answer these objections.—Dr. Ball

said the treatment of perforating ulcers from typhoid fever by abdominal section had been adopted on several occasions with results uniformly fatal; and if not uniformly so, yet that such were to be expected was due to the fact that the union of intestinal wounds demanded not only a very accurate adjustment but a very rapid healing of the parts.—Mr. L. H. Ormsby endorsed Dr. Ball's observations; and therefore if he performed abdominal section at all, he should select his case. Indeed, if called upon by a physician to perform the operation he would refuse rather than hold out any hope of success.—Dr. Myles wished to know how an accurate diagnosis was made. The text writers pointed to the disappearance of the area of tympanitic dulness, but he knew of a boy who having been run over by a car, sustained severe injury to his abdominal wall and manifested all the symptoms associated with perforation of the intestine. Though urged to do an abdominal section, the surgeon in charge refused, and the boy next day got well. He did not think it possible to select cases, the operation being one of necessity rather than of selection. The question was whether the operation would shorten the patient's life. He had himself seen patients who had survived typhoid with deep ulceration.—Dr. Nicholas, replying, said, as regards diagnosis, collapse from ulceration in typhoid fever did not come on suddenly, but appeared gradually to increase from an unknown commencement, and was due to the faecal poison, and was not the result of perforation. The whole theory stood or fell in respect of the acceptance of the condition of acute peritonitis as being a point of diagnosis. The peritonitis was set up by the presence of faecal matter in the abdomen, and not by the extension of ulceration from the inflammation.

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### RUMINATION IN MAN, OR MERYCISMUS.

Dr. Paul Gallois has lately had an opportunity of studying gastric digestion, by keeping under his observation for some time a *merycole*—that is to say, a

human being who ruminated. The patient was a man, aged 30, in good health. In 1882, he had a very mild attack of typhoid fever. Some time afterwards, he noticed that shortly after a meal his food came up in mouthfuls from his stomach without nausea, and he instinctively masticated the fragments and swallowed them again. He could not say for certain when he first took to ruminating; this is the rule with *nerycoles*, who often, after due thought, remember that their habit existed during their childhood. Dr. Gallois's patient grew tired and disgusted of his ruminations, and cured himself by discouraging the regurgitation of food and eating but sparingly at each meal, confining his dietary to substances easy of digestion. Large meals had always been followed by free regurgitation, and the least digestible substances were the most freely brought up into the mouth. Without any further treatment, the patient cured himself of his ruminating habit, and has not indulged in it for a year. Dr. Gallois studies this case in a paper published in the *Revue de Médecine* last spring. The "cud" brought up first after a meal included samples of everything swallowed. This did not confirm Kuss's theory that liquids pass straight into the duodenum along a supposed channel made by muscular contractions of a tract of the walls of the stomach. The first "cud" was red like wine and smelt of wine; thus liquids must remain in the stomach for some time with the solid ingesta. Later, the cud became true chyme; then solid pieces of undigested salad-leaves, gristle, etc., came up with the chyme; lastly, solid fragments of this kind were alone regurgitated. If the patient swallowed them, they were thrown up again, and he often spat them out to save trouble; yet, if unable to do so, as when in society, he managed to chew them up so fine that at length the stomach sent them on into the duodenum. The patient had no dyspeptic symptoms. The phenomenon of rumination in his case did not show that the stomach (as Blanchard supposed) had the power of selecting indigestible matter and throwing it up. Were that theory true, such matter would have come up first, and with pain or

nausea; in this case it remained till it came up without any more digestible material. This case, again, seems to prove that the cardiac orifice of the stomach is insufficient in a *nerycole*, and probably has no selective power in any subject. On the other hand, the case indicates that the pylorus has that power, though in a purely mechanical sense. The sphincter is resistant and contracted at the beginning of digestion; then it lets liquids, next grumous material, and lastly solids through into the duodenum. In cases of dilatation of the stomach, the fluid contents are expelled with difficulty into the small intestine; no dilatation existed in Dr. Gallois's case. In normal digestion, the evacuation of the stomach continues, no doubt, throughout digestion, and does not take place suddenly and completely at one stroke, but gradually, the most solid ingesta passing last.

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#### AUCTION ROOMS AND INFECTIOUS DISEASES.

At the recent International Health Congress in Paris, Dr. Mosse, of the Faculty of Medicine of Montpellier, drew attention to the spread of infectious maladies through the distribution of the clothes, bedding, etc., of patients. To safeguard the public as far as possible, it was suggested that no auctioneer should be permitted to sell carpets, garments, decorative hangings, etc., without first having obtained a certificate guaranteeing that the goods had been properly disinfected, and this no matter from whence the goods were obtained. It was pointed out that the microscopic disease germs were to be found both on clothes and upholstery that might have come into contact with invalids. Dr. Pouchet suggested that carpet-beaters should be compelled to disinfect carpets before beating them, as the act of beating contaminated carpets was well calculated to spread disease germs far and wide. Both proposals were well received by the congress, and received general support. It is probable that in several countries powers for enforcing these measures will be sought by the medical authorities.

## THE NORTHERN LANCET.

## THE LUNACY LAWS.

We had occasion to animadvert in the daily press of last month on a case of assumed authority by a Police Magistrate, namely, the rejection by him of properly worded certificates given by two qualified and registered medical men, as to the sanity of an individual. The publication in a daily paper, was made with the object of awakening the interest of the public in a matter of such very serious importance to them, and, with the hope that a knowledge of the circumstances will stimulate them into testing the question, as to this official's power to so act. The *Star's* editor took up the cudgels for the magistrate, and sought to cast the blame on the Attorney-General, but the only effect was, the implicating this dignitary of the local legislature, in what can be considered only as a grave infringement on public, and professional rights. An illegal direction of the Attorney-General, does not justify a magistrate in acting improperly, and that the present procedure in the testing of lunacy in the Province of Manitoba, is in accord with propriety, justice, or law, no reflecting mind can testify to. There is nothing in the act passed in the late session to empower the Attorney-General to in any way interfere in lunacy cases. The only clauses of this act relating to this official are clauses 15 and 26. The first one empowering him to order removal from gaol to asylum and the second directing that all preliminary expenses incurred in connection with the apprehension, etc., etc., shall be paid in the first place by his department. Whenever medical examination is spoken of in the act, it specifies "A" qualified medical man, in the language of the country signifying "any" qualified medical man,

and, inasmuch as there is no provision directly or indirectly, for the appointment of any special medical man for this duty, this, singling out of Dr. Patterson, is clearly an assumption of power to which even the Attorney-General of this Province has no manner of legal claim to. High handed proceedings may carry the day for a time, but if the profession do their duty and unite in practically protesting against this injustice, even the Attorney-General of Manitoba will succumb to their influence. It cannot be supposed that the public will rest content with the present position which enables a magistrate to have any one arrested on a charge of lunacy, and endows him with the power of committing the unfortunate individual to the common goal, pending a professional enquiry into his malady. If it were not pregnant with such serious consequences, it could be regarded as farcial in an extreme degree, that the medical examination, which governs the whole proceeding, as, no matter what the opinion of the magistrate, or his informants, on which the accused has been deprived of his liberty, and subjected to vast misery; if the medical evidence rebuts the idea of insanity, the accused and persecuted one is free, but, by the present arrangement this vital testimony is only to be available, after the individual is in gaol, after his commitment. Whence arises the necessity for sending a man to gaol for an infirmity "the visitation of God," the answer will probably be, there is not sufficient accommodation in the asylum. Then more shame to those in power not to provide it. A duty paramount on those who are placed at the head of affairs is neglected, and the stricken mind is incarcerated with the malefactor and the felon, because the necessary accommodation, the first care

of any well governed state or province is here wanting. To narrow the subject to a purely pecuniary, professional standpoint, this illegal, turning of all the fees in connection with lunacy cases, paid out of the public purse, into the pocket of one man is unjustifiable. If there was an expert in lunacy in the city, as well as a gynecologist, chest specialist and Kerganite, some shadow of excuse might be made for appointing him. But in other places a knowledge of the grave abuse which might possibly arise from such an appointment, has hitherto prevented its being filled, and the liberty of the subject is considered to be better secured by an investigation conducted by two medical men, who, at separate interviews arrive at a conclusion as to a person's mental condition. No special medical men being appointed, the only qualification required being, that the medical examiners should be duly registered practitioners. The profession can do much in having the system now in vogue in this city set aside. It is one which has neither law, justice or common sense to recommend it, and is a blot in the government of the province.

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We have much pleasure in placing before our readers the first of a series of hospital notes of cases treated in the Winnipeg General Hospital. This Hospital is the only institution of the kind for a vast district, and though, no doubt, cottage Hospitals will spring up throughout Manitoba and the Northwest, all serious cases capable of removal will for a long time to come gravitate to this Institution which is now taxed to its utmost capacity. Of late, many cases of great interest have thus come under notice, and the Professor of Surgery, Dr. A. H. Ferguson has had abundant opportunities of carrying in-

to practice the various improvements and modifications of modern surgery which he witnessed during his late tour among the European and Continental Hospitals. We had the pleasure of seeing this gentleman operate last week for radical cure of hernia, it was intended to perform McEwens operation, but want of sac material prevented it. Dr. Ferguson has evidently taken a leaf from this great surgeon's book as to the value of antiseptis, which, in all his operations he carries out in minutest detail, and as his cases have invariably healed by the first intention its value must be apparent to all. We could not help noticing the admirable arrangements which Dr. Ferguson has made for the practical instruction of pupils attending the Hospital. His assistants at his various operations being invariably chosen from the students in charge of the case, while, to the general class he carefully and fully explains each step of the operation. It is teaching of this character which turns out the practical surgeon. A man may pass his examinations creditably by the aid of books and a good memory, but the crammed brain so soon as the object is attained quickly empties itself, and the full fledged practitioner is legally entitled "as the public facetiously, and, not always untruly say, to kill," though his surgical education is then in reality but commencing. Among all those engaged in medical education in the various metropolises there is a unity of opinion that scientific education is now too brief. Not long since, the youth intended for a surgeon commenced his career at the age of fifteen, passing his examinations when between 21 and 23 years old, thus giving six years of professional preparation, but men now leave other callings and in three years blossom out into full qualified practitioners, but rarely, if ever, take prominent professional positions. The successful surgeon and physician must be



trained in the days of his youth. The admirable practical instruction with the abundant material for it, at the Winnipeg General Hospital, must soon attract a large class, and if they utilize the advantages at their command, graduates of Manitoba will be a credit to their province and teachers.

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### THE CEMETERY QUESTION.

Without entering into the question of the necessity or desirability of another cemetery for the city of Winnipeg, as we observe that it is proposed to open one, above the city, and, within two hundred yards of the river's bank, we call attention to the fact, that disease germs and the products of decomposition, will surely percolate through the intervening soil, and find their way into the river bed. The merest tyro in sanitary science now knows, that, of all known agents, it has been proved, that water is the vehicle by which septic germs most frequently find their way into the body. Cold water has no purifying influence whatever on them, and, but preserves their vitality, even when solidified by a low temperature. So, that if this scheme be carried out, the river water below the burial ground, may be pregnant with disease and death.

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### PRESCRIBING BY CHEMISTS.

Our attention is repeatedly called to the extent which this prevails in the city, and instances have come to our knowledge where the chemist has assumed the duties of both physician and surgeon. There is but one way of putting a stop to it, and that is for medical men to take care that none of their prescriptions fall into the hands of these ambitious pharmacists, but direct them to the shops of those who they know practice what they are legally entitled to. And when a well authenticated case of illegal practising comes to light, let the College of Physicians and Surgeons be called upon to put their powers in force and prosecute the offender. Two or three examples would

mitigate, if not put an end to the evil. That a chemist is not entitled to give a cough mixture, powder, or any simple remedy when asked, no one would contend, but this is a very different matter to his undertaking the treatment of serious physical and surgical cases which is of almost daily occurrence. If medical men would boldly come forward, give a full statement of the case, appending signature, we will willingly give it a prominent place in our columns. A notoriety probably the most ambitious of chemists would not desire.

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Of the inaugural addresses, those of the greatest general importance were delivered by Sir Albert Rollit, who, as a fellow and member of the Council of King's College, addressed the students of that hospital, and by Dr. Clifford Allbutt, at St. George's. All, as Sir Albert Rollit says, are agreed that the present condition of University teaching in the metropolis is unsatisfactory and inadequate. With regard to medical training that is particularly true. Dr. Allbutt pointed out that the medical degrees of the University of London do not guarantee that breadth of culture which English medical men who have not been trained at the old Universities too frequently lack. London wants a University which shall not be a mere examining board, but which "shall impart culture and wisdom more rapidly and economically than does the world itself." It is for want of such an institution that many of our most promising youths seek degrees elsewhere than in the metropolis, while the rank and file of our medical practitioners have to go without any sort of University training whatever, unless the hospital curriculum is to be regarded as, in some sense, a substitute for it. Hence, as Dr. Allbutt rightly complains, a want, in English medical men not trained at our Universities, of that "breadth of knowledge and mental training which a University can impart." To diagnose disease is, however, one thing; to prescribe an effectual remedy is another. It must be remembered that many of our medical students do not specially desire the advantages which Dr. Allbutt desires from them. Doubtless it would

be all the better for them if they did ; but doubtless, also, they do not. To struggle through the hospital course to a legal qualification to practice, is the height of the ambition of the rank and file. Tremendous as the competition is among the general practitioners of to-day, the prospect of general practice in, perhaps, a poor and crowded district, at infinitesimal fees, is the highest life open to many of the less brilliant young men who entered at the hospitals yesterday.

Now, lads of this class regard University training as something which is outside their purview altogether. And we are far from sure, *pace* Dr. Allbutt, that this will not always be the state of the case. University training, in the fullest sense of the term, is the beautiful dream of an age which is nothing if not educational. But whether in sober reality it will ever be possible to extend to the many, advantages which have hitherto been confined to the few, may well be doubted. Dr. Allbutts points to the effects of University education on the Scotch practitioner. But, with all respect for a most respectable type of character, we are bound to say that we have not observed that the Scotch doctor is so very far ahead of his English *confrere* in his "great logical power, familiarity with ideas, and power of handling them." Without irreverence, we may perhaps venture to attribute the apparent superiority to the fact that all Scotchmen are argumentative, and the scientific Scotchman is most argumentative of them all. Be that as it may, we are certainly a very long way indeed from any system which shall confer what is ordinarily meant by University education on the young man whose ambition is to become M.B.C.R., and to succeed in due time to the gig and that trotting mare which his father drives—himself the hardest-worked creature in the parish, as Sir Walter Scott said, except the quadruped herself. To this young aspirant, as to his more ambitious brother, who dreams already of Harley-street and a medical baronetcy, we offer our best wishes in the terribly arduous career on which both have just entered with the *cœur léger* of youth and hope.

## LIBRARY TABLE.

"The Microcosm." A monthly journal of substantialism and collateral discussion. A. Wilford Hall, 22 Park Row, New York. Fifty cents a year. Full of interesting matter.

"Nineteenth Annual Announcement of the Faculty of Medicine." Montreal. Session 1889-90.

"Thirtieth Annual Announcement of Harneman Medical College." Chicago. Illinois. 1889-90.

"Urinary Calculous and Lithotomy." By Thos. W. Kay, M.D., Scranton, Pa. With case of uterine adeno-sarcoma with pyometra.

"The Comparative Danger to Life of the Alternating and Continuous Electrical Currents." By Harold P. Brown, 201 West 54th Street, New York.

"Pulmonary Consumption. Considered as a Neurosis." By T. J. Mays, M.D., Professor of Diseases of the Chest in the Philadelphia Polyclinic.

"The Bee Hive" Y. M. C. A. A Liverpool publication. Also pamphlet, "Farming in Canada." For young men without premiums. By W. H. Newett, gen. secretary. Y.M.C.A., 56 Peter St., Manchester.

## MISCELLANEOUS.

DEATH IN A DENTIST'S CHAMBERS.—A peculiarly painful death occurred in a dentist's house in Edinburgh last week. Lady Milne, of Inveresk Lodge, an old lady of over 75, visited a dentist for the purpose of having a tooth removed for disease of the antrum. The operation was successfully conducted with the aid of nitrous oxide, but, while the cavity was being treated, the patient was observed to lapse into a state of unconsciousness. All efforts at resuscitation proved ineffectual and, before further medical advice could be obtained, death had resulted. It appears that Lady Milne had suffered previously from weak cardiac action.

CONTRAINDICATIONS FOR THE USE OF ANTIPIRYN DURING THE MENSTRUAL PERIOD.—Cases of toxic accidents from the use of antipyrin have been frequently reported, says the *Therapeutic Gazette* (March, 1889), but the conditions under which these results are produced have not been sufficiently studied. Without doubt in some cases the poisonous effect is to be attributed to the poor quality of the drug, but the condition of the patient also deserves consideration. In the *Revue Generale de Clinique de Therapeutique* for January 24, 1889, it adds, Dr. W. Huchard states that a year ago he administered fifteen grains of antipyrin to a woman suffering from violent dysmenorrhœa. As the result of the administration of this drug, the menstrual flow was suddenly arrested. The patient was seized with violent chill, chattering of the teeth, face became cyanosed, and there were frequent attacks of syncope; the pulse was small and weak, and the patient complained of great headache. The condition was such as to cause great anxiety for nearly an hour, when the effects gradually passed off. Dr. Huchard thinks that he has in two other cases observed similar symptoms, although less marked, and he now regards the presence of the catamenial flow as a positive contraindication to the use of antipyrin.—*Boston Med. and Surg. Journal*.

TUBERCULOSIS IN SLEEPING CARS.—Dr. Whittaker, of Cincinnati, has lately (*Nashville Journal of Medicine and Surgery*) drawn attention to the palace car as a medium for the dissemination of tuberculous disease. He says that the cars, owing to the caprice of individual travellers, are generally ill-ventilated, and there is no regard paid to the liability of infection through the sputum. The point is the same as that raised lately by a traveller in the *Australian Medical Gazette* with respect to ships' cabins: but, as Dr. Whittaker says, in some of the express trains a passenger may be literally confined in an atmosphere containing tuberculous dust for days together. He urges the replacement of plush by leather, of carpets by rugs, of curtains by wooden or leather screens, and *inter alia* the pro-

vision of separate compartments for invalids or consumptives travelling in search of health. The destruction of the sputum is, in his opinion, the main point to be aimed at.

JABORANDI AND THE COLOR OF THE HAIR.—Dr. Prentiss, in the *Therapeutic Gazette* of this year (April), has related a remarkable occurrence following the use of jaborandi. The patient was a woman, aged 72, who had had snow-white hair for twenty years. For the symptoms of commencing uremia, due to contracted kidney, twenty to thirty minims of extract of jaborandi was prescribed several times daily. The drug was taken from October, 1886, to February, 1888. During the autumn of 1887 the eyebrows were becoming darker, and the hair of the head became also darker in patches. This continued until the patches of hair were quite dark, contrasting with the natural patches of snow-white hair. The hair did not universally change before her death. In 1881 Dr. Prentiss had published another case of kidney disease, pyelo-nephritis, treated with pilocarpine. The hair of the patient, a lady, aged 25, changed from light blonde to black under the influence of the drug. The pilocarpine was administered hypodermically (one-sixth of a grain) twenty-two times in the course of two months; the dose was then increased. In one month after commencing the treatment the hair changed from a light blonde to a chestnut brown; four months later it was "almost a pure black." It is satisfactory to find that eight years afterwards the hair is again a dark brown. Dr. Prentiss ascribes the phenomenon to the jaborandi and its active principle, pilocarpine. Cases where, as the result of the influence of the nervous system, in pain or fright, the hair has changed color are pathological curiosities. So little is known, however, of the physiological influence of the nervous system over the growth and nutrition of the hair, that it is at present quite impossible to understand how a drug administered internally can alter the color of the hair. It would be interesting to learn from other practitioners who have used jaborandi or pilocarpine for an ex-

tended period, whether any change in the color of hair has been noticed.

**BETROOT IN HABITUAL CONSTIPATION AND HEMORRHOIDS.**—In the St. Petersburg new periodical *Medicina*, No. 6, 1889, p. 10, Dr. S. Kazatchkoff draws attention to the fact that a strong infusion or decoction of the common beetroot (*Beta vulgaris*: Russ., *buraki sviokla*) represents an excellent mild aperient, very much in favor with the South Russian peasantry, who resort to it especially in cases of atonic habitual constipations and hemorrhoids. It is taken in doses of from half to one tumblerful at bedtime or early in the morning about an hour before breakfast. The remedy does not cause any abdominal pain, griping or rumbling, nor does it create any tendency to consecutive constipation. On the contrary, any disposition in that direction is decidedly removed by a daily use of the decoction for a certain period. It is stated, however, that the patient's bowels get habituated to the beetroot in a week, so that, by the end of that time, the dose of the decoction should be increased, or a couple of apples a day be added. According to the author's experience, many constipated patients prefer the beetroot "juice" to castor-oil, rhubarb, podophyllin, magnesia, milk-sugar, milk, mineral matters, and similar ordinary means, used by them previously to their making acquaintance with the simple remedy under consideration.—*London Med. Recorder*.

**COMPOUND FRACTURE OF THE TIBIA TREATED BY WIRING.**—A case of compound comminuted fracture of the tibia, in which the fragments were successfully united by metallic suture, was recorded some months ago by Dr. J. B. Henrique, of Concepcion (Chil). The patient, a lad aged 17, had his left leg broken by a fall from his horse. "First aid" of a rough kind was given by those about him, the bones which projected being reduced, more or less effectually by counter-extension, and a dressings of herbs applied. When first seen by Dr. Henrique, three days after the accident, the patient's general condition was very bad, while the wound in the leg, which was over the anterior border of the tibia, at the junction of the

lower and middle thirds, was in a most unhealthy state. Dr. Henrique, however, determined to make an attempt to save the limb, and accordingly, after applying Esmarch's bandage, he enlarged the wound in the vertical direction, removed a large fragment of the tibia which lay loose in the cavity, and trimmed the corresponding ends of the upper and lower fragments with the saw, saving the periosteum as far as possible. Two holes were next drilled in each fragment, and strands of twisted silver wire passed from behind forwards, and crossed over the outer surface of the tibia in the shape of the letter X. A counter-opening was made in the calf, a drainage-tube inserted, and an antiseptic dressing applied. The limb was placed on a grooved splint, allowing access both to the wound and to the counter-opening. Fifty-three days after the operation, which took place on August 17th, consolidation was so firm that the limb could be raised by grasping the heel, or the latter raised by grasping the leg below the knee. The wound had not, however, entirely closed. On the extraction of a small fragment of bone and the removal of the sutures it healed up rapidly. At the date of the report (November 16th) the patient could bear on the injured limb when standing still, and there was every prospect of recovery without shortening or appreciable lameness.

**THE DOCTOR'S VACATION.**—Nobody earns a vacation better than the physician, and no one finds it more difficult to take. It is one consequence of a practitioner's active life, especially due to his having no stated time in which to do his work, but being in constant readiness to turn out at any hour, that he loses the capacity of resting. He sleeps with one ear open; he goes to church or to the opera with the guilty conscience that Mrs. Smith's messenger may tap him on the shoulder at any moment; and the apprehension of this interferes so much with his enjoyment that he loses all zest for the theatre, and often forgets that he has a soul to be saved.—*Times and Register*.

**SULPHUR IN SCIATICA.**—Dr. Henri Gueneau de Mussy gives a treatment for sciatica which yields surprising results. It

consists in spreading on a cloth a thick paste of flowers of sulphur, placing the afflicted member on this sulphur-bed and wrapping it up. How the flowers of sulphur act nobody knows; we can only say that the urine soon gives forth a strong smell of sulphuretted hydrogen. The treatment takes effect very rapidly. One night suffices to relieve the patient of the neuralgia. At a meeting of the Paris Therapeutical Society, some remarkable cures by this method were related by the doctor.—*N. Y. Med. Times.*

DR. BURROUGHS (*London Lancet*) uses nitro-glycerine as a substitute for alcohol, in cases of emergency. The preparation used is a one per cent. solution, the dose being one drop. It may be given in water, when it is almost tasteless, or, in emergency, a drop may be placed upon the tongue. Dr. Burroughs has found it relieved pain and dyspnoea in neuralgia of the heart (angina pectoris.) A drop on the tongue roused a man who fainted during dressing of his wounds. Anemic headache was quickly relieved by it. One drop instantly relieved spasmodic asthma, enabling the patient to resume work at once. A patient with typhoid fever became delirious and extremely prostrated on the twenty-fourth day. His temperature fell; pulse became slow and remittent. He refused brandy. One-fourth of a drop of nitro glycerine (one per cent. solution) was given every fifteen minutes for two hours. The pulse became full and regular, the delirium subsided, and in twenty-four hours the mind was clear. In cases of opium narcosis, and of uremic coma, with feeble pulse, great benefit followed its use. It is suggested, also, in any case of apparent sudden death, and from drowning. Nitro-glycerine solution, dropped upon the tongue, might start the heart again and revive the patient.

**SULPHURET OF CALCIUM LOCALLY IN DIPHTHERIA.**—Dr. G. E. Hubbard, of New York, considers Vlemick's Solution, sulphuret of calcium, as the most effective application for the destruction of the germs of diphtheria. He employs the clear solution undiluted, by means of a spray, every half hour until the disease is under control, and then, at

longer intervals. In cases of very young children it may be best to add a little water to the solution at first, but he has almost invariably used it pure. Dr. Hubbard has met with so much success from this compound that he now applies no other. This is not of course the whole of the treatment of diphtheria but in many cases it will suffice. The solution is prepared as follows:—Take of lime, one part; sulphur, two parts water, twenty parts. Shake the lime with some of the water, then add the remainder and the sulphur; boil to twelve parts, and filter. Under the use of solution in spray, even sparingly applied, the diphtheritic patches undergo a change in a few hours: in some cases they disappear entirely in a day. If the false membrane has developed rapidly before the case is seen, the spray will be effectual even then in arresting systemic poisoning.—*The Medical Record* vol. xxxiv, p. 703.

ICHTHYOL is obtained by distillation from the fossilized remains of fishes. It acts in three ways: 1. As a protective. When a solution of it is painted over the skin surface, it quickly dries, forming a thin layer somewhat resembling friar's balsam or collodion, and so protects the skin from the air, dust, etc. 2. As a reliever of congestion. When applied to healthy skin, its effects seem *nil*, but when there is active congestion of the part it acts promptly by causing contraction of the arterioles and so diminishes the vascularity of the part. 3. As a desiccant. As it reduces the vascularity of congested skin, the outward flow of serum is also reduced, and consequently the part becomes drier. In these three actions we have the essentials of the treatment of many skin diseases. It has been successful used in erysipelas and applied in the early stages, the disease will be aborted. The strength should be one to eight or one drachm to an ounce of distilled water.—Charles J. McLean, *Brit. Med. Jour.*, March 9th, 1889.

**TOTAL EXTIRPATION OF THE PREGNANT CANCEROUS UTERUS.**—In October 1888, Dr. Zweifel, of Leipsig, removed a cancerous uterus in the six month of pregnan-

cy. The operation was performed half through the abdomen, half through the vagina. First the patient was placed in the lithotomy position. The cervix was separated from the vagina, and Douglas's pouch opened by means of a Paquelin's cautery. The vagina was then packed with iodoform gauze. Then the patient was placed in the usual position for abdominal section, the uterus exposed and opened, and the child extracted. An elastic ligature was applied to the lowest part of the uterus, and the broad ligaments were tied above it. Then the uterus was cut away, and the vesico-uterine fold opened. The abdominal wound being closed, the patient was once more placed in the lithotomy position, and the cervix freed entirely from its connections. Dr. Zweifel objected to leaving the wound open, as he had often seen intestine prolapse and adhere to dressings. He therefore closed the corners of the wound, and inserted a T-shaped gutta-percha tube. The patient recovered, convalescence being retarded by the formation of a large bed sore after an attack of gastric catarrh, with emaciation. The child was not saved. An abstract of the case appeared in the *Centralblatt für Gynakologie*, No. 12, 1889. Total extirpation of the cancerous uterus, at term, has been performed twice by Schroder, with fatal results, and once by Bischoff, where the left ureter was tied, and the patient died. Sir Spencer Well's case, performed at the sixth month, the mother recovering, occurred in 1881, and is well known to British surgeons.

**THE REDUCTION OF HERNIA DURING COUGHING.**—It is an undoubted fact that coughing will produce or bring down a hernia; it is therefore somewhat surprising to hear that coughing may be useful in the reduction of herniæ. Mr. Vandabeele, however, has frequently found that herniæ which had resisted attempts at reduction by taxis alone yielded when the patient was directed to cough during the manual efforts to compress the sac. M. Vandabeele's observations included both inguinal and femoral herniæ, and were not confined to either sex. He believes that during the act of coughing the

hernial ring dilates somewhat, and that if well-directed taxis is employed just at the right moment most cases will yield.

**MUMMIFICATION OF THE UMBILICAL CORD.**—In the *Liverpool Medico-Chirurgical Journal* for July, 1889, there is an account of an interesting case of the above mentioned condition by Mr. Frederick W. Lowndes, surgeon to the Liverpool police. At the end of 1885 the body of a fully developed, newly born male child was found in a cellar, with a scarf tied tightly round the neck. The lungs gave evidence that the child had respired. The point of chief importance, however, pertains to the state of the umbilical cord. "For about half an inch from the navel it was perfectly fresh; then came the usual line of demarcation; the remainder of the cord, about two inches and a half, was completely mummified, and there were no appearances of any ligature." We are quite in accord with the opinion of Mr. Lowndes that the state of the cord showed indisputably that the child had survived its birth for "at least twenty-four hours," since the change which had taken place was a vital one, and not the result of mere post-mortem desiccation. We are indebted to Mr. Lowndes for putting this practically unique case on record, if only for the fact that it shows that Casper's deductions from his observations on the value of mummification of the umbilical cord as a mean of determining live birth are too general.

**THE VICTORIA CROSS**—At present this distinction is held by 183 officers and men of the army, of which number 13 are medical officers, 10 belonging to the Army Medical Department, 2 to the Cape Rifles and Yeomanry, and 1 to the Indian Medical Service, namely, Surgeon Crimmin. Only 3 are serving on the active list, namely, Brigade-Surgeon Temple, Surgeon-Major Reynolds, and Surgeon Crimmin.

**MILK TYPHOID IN LEEDS.**—A serious outbreak of typhoid fever is reported to have occurred in Leeds, the cases being mainly at Headingley and Woodhouse, one of the best residential parts of the borough. Upwards of twenty cases are reported in

the hospital and several deaths are stated to have occurred. Dr. Goldie, medical officer of health, has further stated that he has ascertained the starting-point of the outbreak, and that he is led to the conclusion that the milk supply, if not the sole cause of the outbreak, certainly has had the major share in the production of a number of cases in Headingly and Woodhouse. This, in his opinion, is a typical case of the misfortune of not having imperial compulsory notification of all infectious diseases, and a much larger, wider, and keener inspection of cowsheds and dairies beyond the district of an officer's area. In towns such as Leeds, large supplies of milk are brought from outside, and, in his opinion, sufficient sanitary inspection is wanting.

**INSTANTANEOUS REMEDY FOR LUMBAGO.**—Collodion tincture of iodine, liquid ammonia, equal parts. To be applied widely over the parts with a camel's hair brush.—*Peoria Med Monthly.*

**IODIDE OF STARCH AS A DISINFECTANT.**—In gastric disturbances is recommended by Dr. Yerseienko in doses of 0.1 to 0.3 for children, and 0.5 gm. for adults. It may be given in the form of powder or pill, and may be combined with Dover's powder.—*Dtsch. Med. Woch.*

**PHENYLPROPIONIC ACID,  $C_9H_{10}O_2$ .**—Dr. C. T. Williams (Practitioner), has found it useful in the treatment of phthisical patients. The acid is insoluble in water, but dissolves in six parts of alcohol. From ten to twenty minims of this saturated solution, diluted with from one to two ounces of water, were given three times a day.

**DANGERS FROM ELECTRIC WIRES.**—The frequent accidents from the breaking of New York electric wires is exciting much public interest. In several instances horses have been instantly killed by the sudden parting of these wires, the ends of which have fallen upon the animals while passing under. Recently a wire fell, broken, in front of a team. The driver seized the wire to throw it aside, when he was convulsed by the electric current, but could not release his grasp. A gentleman seized him by the arm to pull him away,

and was himself instantly prostrated. A second man attempted to push the wire aside with his cane, and was paralysed. A dog approached, and touching the wire with his nose, instantly fell insensible. At length a workman cut the wire with the stroke of a hatchet or axe, and thus released the first victim, who is slowly recovering. The city authorities will now compel all electric companies to bury their wires in properly enclosed and protected subways.

**CREOSOTE AND CODLIVER OIL** have been combined in phthisical and chronic catarrhal affections and were usually prescribed Creosote 25; Codliver Oil 200; Saccharin 0.1; adult dose a tablespoonful.—*Therap. Monatsk.*

**COCAINE POISONING.**—Dr. Vinogradoff gives, in the *Ejenedelnaya Klinicheskaya Gazeta*, an account of the post-mortem examination in a well known remarkable case of cocaine poisoning, where a young woman who was suffering from a tuberculous rectal fistula was given twenty-two grains of cocaine by means of repeated rectal injections in order to produce local anaesthesia for an operation which consisted in scraping the anterior wall of the rectum with a sharp spoon. In a quarter of an hour the patient became excited, and began to suffer from clonic spasms in the limbs, opisthotonos, and cyanosis. Death occurred from asphyxia, in spite of tracheotomy and prolonged performance of artificial respiration. At the post-mortem examination the blood was found to be fluid, and of a dark brown color, as in cases of poisoning with chlorate of potash. There were hyperaemia of the brain and of the lungs, exudative glomerulo-nephritis, evidently of long standing, together with ulceration of the colon and rectum, reaching down to the submucous tissue. Microscopically, there was found albuminoid degeneration of the nerve cells, of the cerebrum, of the heart muscle, of the liver cells, and of the epithelium of the urinary tubules. Dr. Vinogradoff compares this with three other published cases of death from cocaine poisoning, and with cases in which large doses had been given with and without the occurrence of toxic symp-

toms, and shows that as much as forty-five grains have been borne without any ill effects. The fatal result in the foregoing case—which, it may be remembered, led to the suicide of the distinguished surgeon who operated—is to be ascribed to the increased power of absorption of the ulcerated intestinal wall, and to the retardation of the kidney secretion by the diseased condition of the glomeruli. It would therefore appear that when there is any question of giving large doses of cocaine a careful examination should be made of the condition of the kidneys, and if there is any ground for supposing them to be diseased or functionally inactive the greatest caution should be employed. It may be remembered that before operating the unfortunate surgeon asked one of his colleagues, who was a professor of therapeutics, what dose of cocaine might safely be given, the answer being, "Not more than two grains." So that the greatest diversity of opinion exists regarding the maximum dose of the drug.

**CARBONIC ACID WATER AS A VEHICLE FOR CREOSOTE.**—Dr. J. Rosenthal advises the exhibition of creosote in cognac and carbonic acid water to obviate the disagreeable taste of the drug and to attain proper dilution. The disguise to the palate is due, simply, to the anaesthetic effect of the carbonic acid and hence, for the perfect success of this plan the water must be freshly changed. The same result may be more easily accomplished by rinsing the mouth with a one-fourth of one per cent. solution of cocaine and the copious dilution of the creosote with ice water.

**"AN AUTOMATIC DOCTOR.**—A Dutch apothecary has just taken out a patent for a novel automatic machine in the shape of a wooden figure formed like a man. The figure will be covered with compartments labeled with the names of various ailments. The sufferer has only to place a piece of money in the compartment upon which the name of his illness is inscribed, and forthwith will appear a pill or powder suited to his case. The machine is constructed upon the same principle as

the ordinary automatic chocolate and bonbon machine. A Dutch paper predicts a brilliant future for this very original doctor."

**OLIVE OIL TREATMENT FOR GALL-STONES.**—Dr. Kishkin has published a paper in the *Meditsinskoe Obozrenie* on the employment of olive oil in large doses in cases of gall-stones, a form of treatment which has been especially recommended by certain American physicians. His observations were made on three patients suffering from gall-stones in Prof. Cherinoff's wards in Moscow. In one case only were calculi brought away. These were greenish and somewhat soft. The patient did not improve at all in health after their removal. It was found that similar stones could be obtained by giving olive oil to any person suffering from a scanty secretion of bile; and the stones on examination proved not to be biliary calculi at all, and contained no cholestearin, but consisted of oleic, palmitic, and margaric acids with lime soap. They were evidently produced in the bowel by the olive oil, therefore, Dr. Kishkin thinks it is a mistake to attribute to the American method any effect upon biliary calculi.

**A DRAINAGE TUBE PASSED THROUGH THE RECTUM.**—Dr. Mariani describes in the *Siglo Medico* a case where a rubber drainage tube was passed into the abdominal wound, after the removal of a large dermoid cyst which adhered to the perities, the omentum, and the liver. The patient was 46 years old. The wound healed in a week, but the tube had been allowed to slip into the abdominal cavity. The patient complained of pain referred to the left anterior superior iliac spine. A week after the healing of the wound the tube was passed during defecation. It had probably caused inflammation of the adjacent large intestine, and passed through the softened walls of the gut. About twelve years ago an entire stump of an ovarian pedicle was passed at stool. The case occurred in Germany, and the patient recovered. The expelled body must have entered the intestinal canal in the same manner as in Dr. Mariani's case.



**TREATMENT OF CHOREA BY CEREBRAL REST**—(Corning, of New York, in *Berl. kl. Woch.*) Not only is all intellectual effort proscribed, but even the irritation of light and sound is reduced to a minimum. Arsenic is given later on.—*London Med. Recorder.*

**OZENA.**—Professor Rosenbach treats ozæna by painting the nasal passages with balsam of Peru. In the deeper portions of the nasal cavities a tampon of absorbent cotton saturated with balsam is introduced. The treatment is repeated daily. Complete deodorization is accomplished.

A Mixture of tincture of iodine and glycerine, says Dr. G. Hammond, produces a greater effect on the skin than the pure tincture, possibly because the glycerine tends to prevent evaporation of the iodine.

**TEST FOR SUGAR IN URINE**—Take equal parts of urine and liquor of potass, add a pinch of bismuth subnitrate, boil thoroughly. If sugar is present the powder turns brown or black.

**COLD IN THE HEAD.**—Rabow says, that a snuff made of 2 parts of menthol, 50 parts finely ground roasted coffee, and 50 parts powdered sugar, is a sovereign remedy against fresh "colds in the head." The powder should be suffed up the nostrils strongly and frequently.

**HÆMATEMESIS.**—Water, drink as hot as can be borne, in quantities of half a tumblerful to a tumblerful.

**NIGHT SWEATS.**—Dr. Nicolai has obtained very favorable results from the use of chloral hydrate in the night sweats of phthisis. Every night before retiring the entire body of the patient was sponged with the following:—

R. Chloral Hydrate.....2 drachms.  
Alcohol.....3 ounces  
Water.....3 ounces. M.

Should this not suffice, the patient's night dress is saturated with this solution, then allowed to dry and worn.

**THE EYES OF GREAT MEN.**—An oculist who has made the human eye a study for 30 years, and who has examined many famous men's eyes, declared the other day, says the *Philadelphia Press*, that the

"thoroughbred American" eye was steel blue in color. "Would you say that black-eyed and brown-eyed men are deficient in intellect?" "Not that, to be sure, since history has afforded some examples of able men whose eyes possessed this pigment. But, undeniably, among the people of higher civilization eyes grow lighter in hue, and there are to-day far more blue-eyed persons than there were a century ago. If you will be at pains to inquire the color of the eyes of Bismarck, Gladstone, Huxley, Virchow, Buchner, Renan—in fact, of any of the living great, as well as the great army of the dead who in life distinguished themselves, you will learn that most of them have, or had, eyes of blue or grey. It has seemed to me that the pigment is in the way; that it obscures the objects presented to the visual organ, and that the aspiring mind seeking the greatest light casts it off."

**CREOSOTE IN TUBERCULOSIS.**—Dr. Bourget of Geneva, is an ardent disciple of the creosote treatment in consumption. He urges the necessity of saturating the system with creosote. In winter the creosote is given in cod-liver oil. In summer it may be combined as follows:

R.—Creosote  $\frac{5}{8}$  ss.  
Liq. kalii arsenitis gttss. xx.  
Vini malag.  $\frac{5}{8}$  xxiv.

M. Sig. Two wineglassfuls at meal time.

The patient constantly wears a permanent inhalation-apparatus, consisting of two small pipes, one for each nostril, through the centres of which runs tissue paper saturated with creosote.—*Wein. med. Presse*, Mar. 1889.

**VARICOSE VEINS.**—The faradic current repeated daily for five or six weeks will frequently cure varicose veins.

**ADMINISTRATION OF COD LIVER OIL.**—The *Lyon Medical* suggests to combine cod liver oil with an equal quantity of lime water, the mixture being flavored with vanilla, lemon or other aromatic. Thus prepared it is pleasant to take, and agrees well with a delicate stomach. Similar formulas, using magnesia or potassium carbonate, are published in *Amer. Jour. Phar.*, 1856, p. 2.