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THE
Canadian Medical Review.

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Original Communications.

Typhoid Fever.*

BY W. J. WILSON, M.D., TORONTO.

GENTLEMEN,—It becomes my duty as President of this Society to deliver an opening address. It is customary on such occasions to review the history of medicine or surgery from a more or less remote period—generally from the time of Hippocrates, and note the advances made. I have ventured to depart from this custom somewhat and confine my remarks to a more limited field, viz., typhoid fever.

This fever no doubt existed from the most remote period of man's history.

Hippocrates described "a continued fever occurring in autumn, characterized by diarrhœa, bilious vomiting, abdominal pain, red rash, nose bleeding, delirium and subsultus tendinum, sometimes sleepless and again with a tendency to coma, a fever of long duration resulting in great emaciation."

* Read at meeting of Toronto Medical Society.

From this time onward different observers have described the disease more or less minutely.

During the seventeenth and eighteenth centuries there were many observers who noted a difference in their fever cases and described "a slow, nervous fever arising from an ulcer in the bowels."

This nervous fever or low continued fever as it was then called was noticed to differ from the true typhus in its not being contagious.

Differences between typhus and typhoid were pointed out by Strother, Gilchrist, Languish, Huxham, and Sir Richard Manningham from 1729 to 1746 and by Willan in 1799.

In France, Prost and Broussais, from 1804 to 1810 considered it a gastro-enteritis, and following the prevailing notions of their day advocated free blood-letting.

In 1813, Petit and Seres advanced the view that the "felris nervosa" was not a simple enteritis, but an enteritis limited to the ilium and of specific origin.

Brittonneau in 1818 at Tours made a series of post-mortems which proved to him that the solitary and agminated glands of the ilium were always implicated, and in this particular differed from other forms of enteritis and was due to a specific poison.

This was a marked advance and served to stimulate others to further research and more careful observations on the cadaver.

In Louis' work in 1836 we find a number of cases reported where careful autopsies had been made and morbid conditions noted in all the organs of the body and comparison made with conditions found in death from all causes. His report shows the ulcers in the lower part of the ilium to be constant, the most advanced ulcers the lowest down; and as he followed up the bowel, toward the jejunum the changes became less marked and ulceration gave place to swelling and inflammation of Peyer's patches and the solitary glands.

During this same period from 1800 to 1836 many English, German and American physicians, such as Sutton, Williams, Muir, Bateman, Abercrombie, Hewitt, Bright, Tweedie, Smith, Gerrard, Penrock, Bartlet and Hildenbrand were making observations and gradually coming to the same conclusions.

Sir Wm. Jenner, in a series of papers, from 1849 to 1852 did much to settle matters and declare typhoid fever a disease *sui generis*, differing entirely in causation and pathology from typhus. While typhoid fever was long thought due to a specific poison of some kind, it was not till 1880, when Eberth discovered the bacillus, that we had a definite idea of the nature of that poison.

Since this discovery numerous researches have served to confirm

Eberth's observations, so that at the present time the bacillus typhosis is generally concluded to be the essential if not the sole agent in causing this disease.

This germ is found principally in the lymphoid structures of the body, more especially in the agminated and solitary glands of the intestine, the spleen and mesenteric glands, but it has been found in the blood and various tissues of the body. It accounts for many of the complications and sequelæ of typhoid and may exist in isolated spots in the tissues for years after the fever is over. This fact is proven by a case published in the annals of the Pasteur Institute, where osteomyelitis of the femur existed for six years and pure cultures of the bacillus typhosis were found at the end of this time.

The germ, although constant in typhoid fever, has not induced the disease experimentally in animals, probably from their immunity. It will flourish in water and milk, whether oxygen be excluded or not. It is killed by gastric juice, but not by pepsine, bile or pancreatic juice. Chantemesse and Widal state that it will thrive on gelatine containing 2 in 1,000 acid carbolic, while most other organisms will perish.

The pathology and morbid anatomy of typhoid fever have been well worked out in recent years. The solitary and agminated glands become swollen and engorged, and as the disease progresses, in eight or ten days, the follicles become fungating masses, the columnar epithelium disappears and an increase takes place in the lymphoid and interstitial connective tissue. Part, more rarely the whole, of the gland is removed by ulceration and sloughing, down to the muscular coat.

The serous coat is swollen and its blood vessels and lymphatics markedly dilated. Occasionally the ulceration extends through all the coats. Ulceration has been found throughout the whole length of the intestine. In the Peyer's patches the ulcers are lengthwise of the bowel and heal with very small scars. In the colon, where they result from ulceration of the solitary glands, the ulcers are small and round but may run together and then form an ulcer generally transverse of the gut. The healing of these ulcers progresses during convalescence, each ulcerated patch requiring about two weeks for healing. In aborted cases the changes are said to stop in the stage of engagement.

The bowel contents consist of large quantities of bile pigment, epithelial cells, leucocytes, crystals of trip. phosphate fungi in abundance with perhaps undigested matters. The spleen, being a lymphoid structure, is enlarged early to two or three times its normal size, especially in young subjects. It is soft and friable and dark in color. The enlargement is said to be due to vascular engorgement and inhibition of the normal contraction of the muscular fibres of the capsule and trabeculæ.

The mesenteric glands are enlarged and softened from hyperplasia of their cellular elements. The liver is little changed in size but is somewhat softened.

Meigs, in a paper before the Philadelphia Pathological Society, describes the lobules as being more distinctly outlined than in health, and giving evidences of degeneration and inflammatory action. He describes a peculiar gelatinous inter-cellular substance.

Handford, in the transactions of the London Pathological Society says the most characteristic change is the presence of small rounded areas that stain imperfectly, are infiltrated more or less thickly with leucocytes and surrounded by a dense ring of cellular infiltration. In small patches the liver cells cannot be distinguished at all. Some patches are hardly distinguishable from miliary tubercle and others from miliary abscess.

The bile is thin and pale, of low specific gravity and often of an acid reaction.

The kidneys are more or less congested and their tubuli and malpегgian tufts to a greater or lesser extent denuded of their lining epithelium. Albumen may or may not be present, and Pepper says he has known it absent where the kidney was extensively diseased.

The toxic power of the urine is markedly increased.

The lungs frequently show inflammatory changes. Some observers think these changes are found in almost every case.

Meigs, in the address referred to above, refers to hæmorrhages into the lung substance as a common occurrence.

The condition of the nerve centres has not been sufficiently investigated.

Blood staining has been observed in certain points of brain and cord but no constant lesion. The blood is impoverished from the lack of its normal supply through the lacteals, from diminished red cell formation, due to the altered conditions of the blood-forming organs, and loaded with waste and poisonous products. Endarteriitis occurs in a considerable proportion of cases and may produce gangrene from thrombosis or embolism.

Keen, of Philadelphia, in a paper before the Massachusetts Medical Society, had collected two hundred and three cases of gangrene from this cause.

From the adynamic tendencies of the disease we have inhibition of the splanchnic nerves with engorgement of the large venous trunks and lowering of arterial tension. The heart muscle, in common with the general muscular system, is subject to degeneration, the papillary muscles of the mitral valve being very prone to this change. These degenerations are largely due to the height and duration of the fever.

TREATMENT.

The objects sought in the treatment of typhoid fever are (1) the abortion of the disease in the first few days of its existence. This is claimed by some and denied by others. It must, however, be conceded that the *vis medicatrix naturæ* does occasionally accomplish this result, and it is only fair to admit that well directed assistance to the efforts of nature may abort it in a still larger proportion of cases. (2) The minimizing of the effects of the poison or poisons on the system. This includes the treatment and so far as possible the prevention of pyrexia. (3) The elimination of waste and poisonous products by the emunctories. (4) The prevention of absorption of poisonous substances from the intestinal canal. (5) The judicious feeding and management of the patient. (6) The keeping up of the powers of the patient to the highest point possible and thus lessening the amount of degeneration and morbid change in the various organs of the body and favoring the early repair of damage already sustained.

In reviewing the treatment of typhoid fever, I will not weary you by going further back than the works of Louis in 1836, where we find him treating typhoid by free bleeding during the first twenty days of the disease. After the twentieth day, however, he did not advocate the practice, as it prolonged convalescence. He bled early and according to the severity of the fever.

Blisters were applied to the calves of the legs as derivatives while ice caps were applied to the head and in some cases cold sponging to the body. When the patient was very delirious and wanting to get out of bed he was tied down and put in a straight jacket.

It is not possible at this early date, however much we might wish it, to give statistics, as the distinction between typhus and typhoid was not well enough marked to make them reliable.

It is interesting to note that cold applications were used to lower the temperature.

This treatment was introduced by Dr. Jas. Currie, of Liverpool, in 1797. He used both cold baths and cold affusions. He had few followers and the treatment was soon dropped, to be revived again by Ernst Brand, of Stittin, in 1868. Since this time it has been used systematically and its use has become pretty general, especially in hospital practice.

Quinine was early given as an antipyretic and tonic.

Huss, Chambers, Richardson and Murchison gave the mineral acids; some giving one acid and some another. Murchison gave the hydrochloric and nitric acids mixed and this treatment had many advocates for several years.

Chambers gives statistics of two hundred and thirty cases in St. Mary's hospital.

"The first lot of one hundred and nine were treated with neutral salines, chalk and mercury during the early part of the disease, and later with bark, ammonia, ether and wine; leeching and cupping being sometimes employed and food given four times daily."

"The second lot of one hundred and twenty-one were treated with twenty minims dilute nitro-muriatic acid every two hours and were given beef-tea and milk freely."

The first series gave a mortality of $19\frac{1}{2}$ per cent. while the second gave only $2\frac{1}{2}$ per cent.

It is a question how far we are justified in neglecting this treatment and adopting new ones to its entire exclusion, not only from the fact that the above showing has not been surpassed but on physiological grounds it should at least be considered in combination with other forms of medication. Hydrochloric acid aids digestion in the stomach, increases the salivary, pancreatic, and intestinal secretions, is a good hepatic stimulant and consequently aids intestinal digestion and disinfection. By stimulating the liver it also aids in the elimination of poisons with the bile. In itself it is a disinfectant hindering germ growth in a 1 in 2,500 solution. Its administration supplies a deficiency of acid which, according to Brunton, is found in febrile conditions. It differs from other disinfectants in typhoid inasmuch as it aids digestion.

James Jackson and T. K. Chambers thought emetics both curative and abortive, while Wunderlich and Niemeyer thought the same of calomel in full and repeated doses during the first week of fever. In my early student days I saw alcohol given very freely in typhoid. The indications were height of fever, weakness of heart and nervous prostration. It was soon found that these large doses of alcohol were not to be given simply as a matter of routine, were seldom needed in the early part of the disease, and were to be given with great care or not at all when the kidney was affected. Its use, however, has been wisely continued in small and repeated doses in the latter part of the disease where the condition of the heart and nervous system indicate it.

Opium was advocated by Dr. Austin Flint, and although cases did well under its use it was not generally used and is now only used to fill special indications.

Large numbers of cases have been tided through the disease without medicine of any kind.

This is the only true method of learning the natural course of a disease, and in the case of typhoid it not only proved useful in this

respect but, according to Dr. Cutting, of Boston, it gave a mortality of 10 per cent. out of three hundred and seven cases.

The Brand or hydropathic treatment has steadily grown in favor, especially in hospital practice. In this treatment the height of temperature serves as a guide to the use of the bath. When the rectal temperature reaches 102.5° the bath is given; the temperature of the bath is from 64° to 68° F. The whole body, except the head, is immersed for about fifteen minutes. Colder water is applied to the head, which lessens shock. After a few minutes' immersion the patient shows signs of chill and frictions are then applied to the surface and stimulants may be given if necessary. Patient is covered with a sheet and blanket and put in bed without drying. This is repeated every two or three hours according to temperature. It is said the best results are obtained when the baths are begun before the fifth day of the disease. The friction during the bath is looked upon as an important part of the treatment. And no doubt it is important, as when the disease has existed for some time the heart is weak and the effect of the cold is to drive the blood to the internal organs. The frictions aid the circulation and relieve the engorgement of the heart. These frictions should be more carefully studied and more systematically employed in these cases with the object of improving and keeping up the heart's tone. Complications are said to be less numerous and severe than under the older forms of medicinal treatment.

The general tonic action on the nervous system is an important feature of this treatment and it is quite possible that the use of saline repeated baths in addition to the production of cold might be made fill important therapeutical indications in some cases.

It is claimed for this method that the mind is clearer and the general condition of the patient more favorable throughout the disease. The elimination of toxic matters by skin and kidney is increased. Brand declares that all cases treated according to his directions before the fifth day will recover. Claims of this kind, however, are usual with the originators of new methods and hence we are forced to look to the mortality returns of their followers to get at the truth of the matter. We find in this case it varies. Dr. Henry, in Harris' System of Therapeutics, says that Brand and his followers give a mortality of only 1 per cent. out of a series of twelve hundred cases, but Osler gives a mortality of 7.02 per cent. from the Johns Hopkins Hospital and refers to a large Australian experience with the almost identical mortality of 7 per cent.

Intestinal antiseptics alone or combined with purgatives have been much lauded within the last few years. The theory is

that Eberth's bacillus is not the only source of poisoning to which the system is subjected, and while it may be hidden in the interior of glands and tissues other germs are flourishing on the intestinal mucous membrane and furnishing products which are being absorbed and causing a large share of the systemic disturbance. Again, while it has been generally held that Eberth's bacillus is only formed after ulceration takes place, advocates of this treatment claim that it may be found during the early days of the fever if properly searched for. The antiseptics are given to destroy these germs, or failing that render them sterile. Purgatives are given to clear the bowel of its poisonous contents and are repeated to keep it clear.

It may be well before considering this form of treatment further to look for a while at some of the antiseptics and purgatives used in these cases. Calomel has been more generally used than any other. Its claims are that it acts on the whole canal as a purgative and disinfectant. Brunton points out that where medicines act strongly on the intestine their action is slight on the liver, but some of the calomel is changed to a bichloride in the stomach and this acts strongly as a hepatic stimulant, so in the calomel purge we have the purgative, antiseptic and hepatic stimulant combined. Calomel, moreover, if deposited in an intestinal ulcer, makes a good local application. Calomel prevents the formation of indol and skatol substances formed by the decomposition of proteids but does not interfere with the normal products leucin and tyrocin (Brunton). It does not diminish the power of the pancreatic juice. It greatly retards decomposition due to low organisms. Podophyllin is used by some because of its action on the liver as well as its purgative action but it is drastic, irritating the mucous membrane of the intestine and increasing peristalsis. The dose should be small and repeated. It is claimed by some to lower the temperature 1° or 2° in fever.

Salines are well adapted for these cases, as they act on the whole bowel and carry away the vitiated bile and poisonous matters rapidly. They are specially useful from their power of lessening intestinal absorption. During their use, however, care must be taken not to put an excessive drain on the system and water must be allowed freely to supply the place of that withdrawn by the purgative. Those medicines and combinations in pills and otherwise that purge by their irritant action or by markedly stimulating peristalsis would be better avoided as an action of that kind is apt to be injurious where there is much ulceration. A disinfectant for the intestinal canal should be as insoluble as is compatible with efficiency so that it may pass far enough down the digestive tract to do its work before it is either

altered and rendered useless or absorbed. It should be powerful enough to at least prevent development of pathogenic germs and at the same time *non-poisonous to the system or injurious to the digestive ferments.*

The properties of thymol seem to fit it pre-eminently for the work of intestinal disinfection. It causes the disappearance of phenol—one of the resultants of intestinal decomposition—from the urine. It has no action on enzymes while a 1 to 1,340 solution prevents bacteria in broths and so small an amount as 1 in 80,000 hinders their growth materially (Brunton). Its insolubility permits it to travel well down the intestinal tract before being absorbed. The iodine preparations have a strong action on enzymes; 1 in 4,125 hinders diastase, 1 in 1,000 invertin, 1 in 4,166 ptyalin, and 1 in 7,817 pepsin. So that while iodine may be a good preventive of germ growth, 1 in 5,000 hindering the growth of anthrax, its destructive action on the normal ferments should prohibit its use. Carbolic acid is not so powerful, 1 in 660 preventing growth of bacteria in broth and 1 in 200 killing them. It also has the disadvantages of hindering the conversion of starch into sugar and albumin into peptones. Creosote has little or no action on enzymes, but I have observed a foul diarrhoea come on while it was being taken in large doses. It is said to kill bacteria in a 1 in 1,000 solution. Salicylic acid acts on the digestive ferments; 1 in 7,600 arrests the action of emulsion; 1 in 5,100 arrests the action of diastase; 1 in 1,250 arrests the action of ptyalin; 1 in 9,000 arrests the action of pancreatine. It prevents bacteria in broths in a 1 in 1,003 and hinders their growth in a 1 in 3,300 solution, but from its action on the digestive ferments its effect is doubtful where there is such poor digestion and so much waste as in typhoid fever.

Bismuth salicylate when broken up into its constituents will simply give us the effects of bismuth and salicylic acid.

Salol breaks up in an alkaline medium into salicylic and carbolic acids. It passes through the stomach intact but has to traverse a long tract of bowel, with alkaline secretions before reaching the ulcerations.

When broken up we have its actions as referred to above.

Naphthol is very sparingly soluble and acts throughout the whole intestinal canal.

Fifteen or twenty years ago Robert Bartholow suggested a mixture of carbolic acid and iodine as an intestinal disinfectant. This treatment was given for some time with the apparent result of lessened delirium, clean tongue, absence of tympanites and a moist skin. The cases, however, ran their usual course as regards time. I am not aware

that the mortality was materially reduced but the patient seemed to pass more pleasantly through his long illness.

Bouchard twelve years ago adopted the use of charcoal and afterwards he added to this naphthol and iodoform with purgatives every third day (15 grs. mag. sulph.). He found the toxic power of the urine greatly reduced by this treatment and his results from a mortality of 25 per cent. to 7 per cent. This was in 1884.

Twenty-three or four years ago a Dr. Hall of this city, whom I met at the Toronto Dispensary, assured me that he could always abort typhoid fever if taken in the first few days by the exhibition of permanganate of potash. This was my earliest hint on the antiseptic treatment of typhoid.

Dr. J. E. Woodbridge in the United States has worked out a form of treatment being a combination of antiseptics, purgatives and antipyretics for which he claims the power of shortening, modifying and often aborting the disease. Unfortunately this treatment is being advertised by an interested drug firm. It is so complex in its composition that we can not get the proper value of each constituent or the why and the wherefore of the combination.

Our own Canadian Dr. Thistle has done much good work in the eliminative and disinfectant treatment of typhoid. It is to be hoped his researches may continue and that during the term we may hear something more from him on this subject. There are a great many points yet to be cleared up before we can get at a fair knowledge of the value of any line of treatment. The type of disease varies in different years and in different epidemics. In some the duration is much longer than in others and the death-rate higher, and consequently our statistics are at fault.

Bouchard gives 7 per cent. mortality with disinfectants and purgatives. Osler 7.02 per cent. from the Brand treatment. Cotting, of Boston, 10 per cent without medicinal treatment or baths. Dr. Chambers, of St. Mary's Hospital, with the nitro-hydrochloric acid treatment, a mortality of only $2\frac{1}{2}$ per cent., while in another series his mortality was $19\frac{1}{2}$ per cent. Dr. Thistle gives the mortality of only 3 per cent.

In these statistics no reference is made to the age of the patients. This may make a difference, especially if the whole number is small, as we all know how seldom children have such complications as perforation or hæmorrhage, accidents which account for a good percentage of deaths in adults—and again we know how much more fatal typhoid is after the prime of life. In reference to the duration of the disease, statistics are misleading, as not only do individual cases differ in duration but

whole epidemics show marked variations in this respect. These variations have been so marked that some have looked on them as indicating that we have not one but several fevers under the name typhoid. A more probable explanation, however, is, in the light of knowledge gained from the cultivation of germs, that the bacillus typhosis varies in its virulence from time to time from conditions of environment and perhaps many causes at present beyond our means of observation. We may hope that before long means may be found of immunizing from typhoid and of cutting its course short by serumtherapy. This is what we may confidently look forward to in the light of recent results in this line, not only in typhoid but in all self-limited diseases.

Clinical Notes.

Case in Practice—Hysterectomy for Fibroid of Uterus.

BY DR. ALBERT A. MACDONALD, TORONTO.

Mrs. M. P.—, married, aged 55, of good family history, has always enjoyed good health, never pregnant, menstruated first when aged 13, and was regular until aged 50, when she ceased for some months, after which a flow came on at irregular intervals—sometimes she would be free of trouble for months. Eighteen years ago she noticed an enlargement in uterine region. Consulted Dr. W. T. Aikins, who diagnosed a tumor, and advised that it should be let alone. She took quantities of “cancer cure” on the advice of her friends, but the growth only proceeded to enlarge gradually. Since February, 1896, she has had several hæmorrhages, two of which were very severe; the growth has so extended that great impediment to her digestion is offered, and she “feels as if she cannot live much longer in her present condition.” Examination reveals a fibroid tumor of the uterus, the greater mass of it being in the posterior wall; the fundus of the uterine tumor reaches about two inches above the umbilicus. Hystero-myomectomy was advised. Operation on October 6th, 1896, at “Bellevue House,” assisted by Drs. Temple and Baines. After abdominal incision, the tumor was lifted out of its bed; the broad ligaments, with their contained vessels, were tied off and cut. The pedicle was constricted by annealed wire *serre-nœud*; it was then fixed in the wound. A single silk worm gut suture passing through the abdominal parities, and also through the neck of the uterus below

the constricting wire, served to close off the constricted portion of the stump from the peritoneal cavity at the lower angles of the wound, and a stitch similarly placed above the stump served the same purpose above. These stitches, whilst serving to close the abdominal wound, insured closure of the perietal peritonæum upon the peritoneal covering of the tumor sufficiently below the constricting wire to be well out of the area of necrosis which would result from constriction by the wire. The other part of the abdominal wound was closed in the ordinary way. The stump was transfixed in the wound by one pin, iodoform gauze being packed around it. This remained almost completely dry, and has only had to be changed a few times up to to-day. The manner of securing shutting off of the peritoneal cavity by use of the single suture seems good, and is certainly a much more rapid way than by suturing the peritonæum alone, as advocated by many. There is a point worthy of special notice in this and in many cases. It is the difficulty of determining the exact position of the bladder. Here we were satisfied that it was too close to the constricting wire, so, before tightening the wire, Dr. Baines passed a sound into the bladder which was found to spread out upon the neck of the uterus up to the wire, which had to be moved higher up. It is an easy matter to include the bladder in the grasp of the constricting wire, with direful results.

Recovery from shock was very satisfactory—a good quantity of urine was secreted, the bowels were moved by calomel and rectal injections of mag. sulph. solutions on the second day, and fair expectations of recovery are entertained.

A few words might be said with regard to choice of mode of removal of these tumors of the uterus. Of late years certain operators have advocated the total extirpation, or intra-peritoneal treatment of the stump, and such would seem at first glance to be the ideal methods, but in surgery we cannot afford to be carried away by theories, nor can we adopt new and comparatively untried methods for the older and well-tried ones. On this continent J. Price has strongly upheld the extra-peritoneal method, and he says that it is the safest way. "That the nœud should never slip, that the bowel should never be included in it, and that by care the bladder and ureters ought never to be involved."

J. Greig Smith, of Bristol, in the fifth edition of his work on abdominal surgery, published this year, states that the mortality is about twice as great in cases where the pedicle is treated in the intra-peritoneal method as where the stump is secured outside. Vautrin gives intra-peritoneal treatment, 56.2 mortality; extra-peritoneal treatment, 33.3 mortality. In deciding which plan to adopt we must not

forget that the fibro-myomatous tissue sloughs easily when injured by pressure, that we cannot compare it to the pedicle of an ovarian tumor. That oozing from the stump may take place for some time, and may call for the tightening of the nœud, which, however, when once the oozing has stopped, and when the line of necrosed tissue has formed should not be disturbed by further tightening, as that slough separates most quickly which is left alone.

In discussing the paper, Dr. Ross said he had used the clamp for the last time. He pointed out the dangers of its use, saying that he had had a death on the seventeenth day following its use, from sloughing into the bladder, remarking that in the case reported danger had not passed. His method was to do total extirpation of the uterus, and treat the stump extra-peritoneally below.

In reply Dr. Macdonald said that though total extirpation might be the "ideal method," and that though he would gladly adopt any plan which would free the patient from the disagreeable and dangerous sloughing stump pinned in the wound, he could not do so until general experience showed that the "ideal method" could be adopted with a degree of safety at least equal to the old and well tried plan of outside treatment of the stump, which, as already pointed out, has given results about twice as good as the newer and more attractive methods now advocated by many of the younger American hysterectomists.

N.B., October 27th, 1896.—In the above reported case the stump was removed on the fourteenth day, and all sloughing ceased on the twenty-first day following the operation. Recovery uneventful.

A DEFECT IN MEDICAL SCHOOLS.—The Kitson-Playfair case, and all the controversy it has aroused, bring into prominence one marked defect in medical education and professional capacity. Of all the professions the medical is brought into the most intimate contact with delicate and embarrassing situations. Yet the medical student, alone among young professional men, is never during the whole of his curriculum offered any definite instructions in the art and practice of professional business and professional conduct. Chairs of ethics, or at least one general lectureship, should be established, and attendance upon a course of ethical lectures, however limited, should be compulsory upon every medical student before passing his final examination.—*The Hospital.*

M. MORRANT BAKER, F.R.C.S., for many years surgeon to St. Bartholomew's Hospital, died October 3rd, aged 57.

Society Reports.

Toronto Medical Society.

THE regular weekly meeting of this society was held in the library of the Council Buildings, November 6th, 1896. W. J. WILSON presided.

Cæsarian Section.—Dr. J. F. W. Ross presented a fœtus removed by cæsarian section. This was his first experience with this operation. The patient was a woman whom he had seen in consultation after a miscarriage for a fibroid tumor. She became pregnant again. He, being consulted, advised the induction of premature labor. This was tried by rupture of the membranes and packing the outlet with iodoform gauze. But this did not bring on labor. Consulted some time after by the woman, he learned that she had not been delivered, and advised that it be tried again, and that she be prepared to undergo the more serious operation of abdominal section if the symptoms called for it. This was agreed to. Labor, however, could not be induced although the bougie was left in three days. She was allowed up, when suddenly the waters broke and labor set in. Severe hæmorrhage came on, due to a low-set placenta. It was decided to deliver from the front, as the pains were ineffectual. The ovaries and tubes were removed first. An incision was then made in the anterior wall through which the fœtus and the placenta were removed. The uterus looked greyish and sloughy. The fœtus was macerated. The uterus being septic it was not thought wise to put the sutures too close to the mucous membrane. The edges of the organ were approximated with interrupted silk ligatures. The abdominal wound was closed in the usual way. Forty-eight hours after some apprehension was felt as the patient complained of a great deal of pain in the right side under the liver, and the pulse ran up to 120. There was also some distension. But after free purgation these symptoms passed off and the patient is now, eight days after, convalescing satisfactorily.

Uterine Fibroid.—Dr. Ross presented a second specimen, a fibroid. Its surface was raw by erosion from friction. The history of the case was given and the technique of operation described.

Extra-Uterine Pregnancy.—A third specimen was presented by Dr. Ross; it was that of an unruptured extra-uterine pregnancy. There had been a little oozing of blood from the fimbria.

Dr. W. J. WILSON said that he had diagnosed a fibroid in the anterior wall of the uterus in a patient some three years ago. He was recently called to a *post-mortem* on the body, the woman having died at the seventh month from the result of premature labor.

Dr. HUNTER asked how hæmorrhage in these cases was accounted for, and why it ceased at the menopause.

Dr. McMAHON said a point of great interest was the non-occurrence of labor after rupture of the membrane and the escape of liquor amnii. Was this common?

Dr. ROSS said the hæmorrhage depended very much on the position of the fibroid. In the sub-peritoneal variety there might not be any bleeding. He said that it was not very uncommon to rupture the membranes, allowing the liquor amnii to escape, and find that labor does not come on.

Amputation of Arm.—Dr. G. A. PETERS presented an arm that he had amputated (thirty-six hours after injury) from a man who had received a charge of buckshot below the elbow, at close range, spreading gangrene having supervened, as a result of rupture of the ulnar artery and a severance of the median nerve. There was no circulation in the hand, and sensation was entirely abolished. An emphysematous condition of the arm had supervened extending to the insertion of the deltoid. The patient was in a very weak condition at the time of operation. He took the anæsthetic fairly well, but on coming from under its influence he began to struggle and gasp, reminding one of those cases of obstruction in the lungs from air in the vessels or a thrombus. At first it was thought the poisoning with the super-added shock had led to this result. Examining reports of death following poisoning by the bacillus aerogenous capsulatus, which caused this emphysematous condition, he had noted that death occurred in the same way as in the case reported. The air was found in these cases not only in the heart and lungs, but also in the spleen, pleuræ and nearly all parts of the body. This gas would burn and had many of the characters of hydrogen. This bacillus does not grow in the ordinary bouillon cultures, but does in agar cultures, if planted deeply in the medium. These cases nearly all were fatal. The only hope of recovery was amputation.

Dr. PETERS said he would like to hear an opinion as to the cause of death.

Mr. CAMERON said that the cause of death in this case could only be guessed at. He had several cases of death following invasion of the system by these gasogenic bacteria. Death in these cases was usually rapid; so much so that the French had applied the epithet

foudroyant to them. Contrary to the general rule in his cases, death had taken place slowly, covering a few days. Where the emphysema had become established, he believed it would be wiser to discountenance operation. He had seen cases of death from fat embolus, and they had died as had Dr. Peters' patient and other cases where there is obstruction to circulation in the lungs.

Dr. SCADDING thought the patient's chances would have been improved if ether had been used instead of chloroform. The case resembled those of air-hunger from thrombus or air of fat obstruction.

Dr. PRIMROSE said that these cases were those which the old authors called spreading gangrene, and were usually fatal.

Dr. HUNTER asked if the proximity of the weapon had anything to do with the production of this emphysema. He reported a case.

Dr. PETERS said that this bacillus, being anærobic, its growth was favored by such injuries as these where the germ was carried deeply into the tissues.

Gonorrhœa.—Dr. PRIMROSE reported a case of gonorrhœa occurring in a lad aged 12. There was an enlarged gland in each groin. Patient denied having caught the disease in the usual way, but attributed it to having been struck with two chestnuts, one on each groin. A specimen of the discharge under the microscope showed the leucocytes packed with diplococci. There was no suppuration of the glands. The gonococcus was apparently not a pyrogenic organism, but where suppuration occurred there was doubtless mixed infection.

Alcoholism—Dr. C. J. HASTINGS reported a case of alcoholism treated by injections of nitrate of strychnia. The patient had gone through a couple of the "gold cure" treatments, with little benefit. The doctor administered one-third of a grain of morphia and one fortieth of the strychnia. This kept off the desire for some twelve hours, when a little stimulant was given. Patient received two injections a day for a week. He was also given a stomachic tonic. Following this he was given the strychnia in a mixture. The patient has not the slightest desire for liquors now. The speaker had noticed that in Bellevue the treatment was to administer one-fifteenth of a grain three times a day.

IRRIGATION OF THE PERICARDIAL SAC.—Professor Verdelli, of Parma, recently opened the thoracic cavity, exposing the pericardium, which was given an antiseptic washing. The patient, who had been given up as lost, recovered.—*Medical News.*

Editorials.

Incomes of City Practitioners.

IN our last issue we said a few words with reference to the incomes of city practitioners, pointing out at least some causes for their diminution. There are still others which should be commented upon. The fault is not entirely apart from ourselves, and it is well to know that at least, to a certain extent, we have remedies which we may employ. We know it is true that owing to the activity of the large drug manufacturing houses our homes are flooded with, not only the products of their laboratories, in their most seductive forms, but also with literature setting forth the symptoms of various diseases and the marvellous results to be gained by taking freely of their drugs, bought with such care in places the most difficult of access and manufactured with scrupulous cleanliness, purity and accuracy. Each drug-house inferring that it has the faculty of manufacturing the best drugs in the world, and at least many of the houses pointing out so clearly the way in which the remedies should be employed that the services of physicians are not required until the poor patient has tried a number of remedies. Our newspapers provide ample puffing advertisements, certificates, and letters from people low down or high up in the social scale, or even in the church, are freely used to advertise nostrums of questionable value. Many of the retail druggists who dispense our prescriptions repeat them over and over again, and even, in some instances, make them up for customers who have never been our patients. In addition to this they sell largely advertised remedies on the free advice of the eminent professor (?), who may be consulted in person or by letter. We would advise members of the medical profession to be careful about where their prescriptions are dispensed. Any druggist whose time is largely devoted to the selling of the so-called cures of the eminent free doctors is not a safe one to intrust with the dispensing of our prescriptions. It would be safer, at least for the younger men or those who are not pressed with work, to dispense at least some of their more difficult prescriptions themselves. These means, with careful attention to their duties and business-like methods in dealing with their accounts, would go far towards improving at least the financial position of our profession.

THE second Pan-American Congress will be held in Mexico, November 16th to 19th. The first was held in Washington, 1892. The attendance from Canada was small.

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THE following have been chosen Medical Council Examiners for the coming year: Drs. Grasett, Mundell, Howitt, Fraser, Welford, Williams, Acheson, Small, Emory, O'Reilly, Third, Caven, Sinclair.

* * *

THE annual announcement of the College of Physicians and Surgeons of Ontario, has just been issued. The report of the proceedings of the last meeting of the Council is appended. Another call from the Registrar has been sent out to delinquents.

* * *

GOOD HEALTH IN TORONTO.—From the recent report of Dr. Sheard, Medical Health Officer for Toronto, the city ranks high in comparison with other cities and towns of the Province as regards public health.

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MEDICAL SOCIETIES.—It is gratifying to see so large a number of local medical societies springing up throughout the Province. Every county or district should organize. These societies are calculated to stimulate research and thus increase the sum total of medical knowledge. Men who do not mingle with their confreres are liable to get into ruts, to become rusty, and lose interest in experimental medicine.

* * *

HOSPITAL AT CORNWALL.—The residence formerly owned by Hon. John Sanfield Macdonald, Cornwall, has been purchased for the Episcopal Corporation of the Diocese of Alexandria for a hospital. At the request of his Lordship Bishop McDonell, Archbishop Cleary of Kingston has agreed to supply a staff of hospital nuns from the Hotel Dieu, Kingston. The building will be overhauled and properly fitted up for the reception of patients.

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THE UNIVERSITY BURGLARY.—There are, no doubt, many friends of the University of Toronto who felt a certain amount of sorrow when they learned that the vault had been blown open and some burglars had escaped with a large sum of money. But there are some who may even go as far as to think that it is a divine punishment upon the university for not having paid certain retiring allowances to some members of the original medical faculty; for, as far as we can learn, these allowances remain unpaid. We have not heard of any one who suspects the claimants of trying to pay themselves.

THE RUSH INTO MEDICINE.—A correspondent of the *Medical Press*, quoted in the *Medical Record*, gives a very gloomy picture of the medical profession in Victoria, Australia. The population is hardly a million and a quarter, and the number of doctors is one thousand and seventeen; this number is increased by about sixty a year. What would he think of Ontario! Two millions of a population and three thousand doctors; somewhere about eight hundred persons annually studying medicine and about two hundred graduating each year. We would advise the correspondent from Melbourne not to give such a glowing account of the state of practice as compared with Ontario, or there will be a rapid flight from this province to his country. What the two hundred graduating from Ontario each year are going to do we do not know. Perhaps in good time they will find out for themselves.

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LYSIDINE AND PIPERAZINE ON URIC ACID.—Dr. F. Woodcock Goodbody read a paper at the meeting of the British Medical Association (*British Medical Journal*, October 3rd) in which he shows that these drugs have a very powerful effect on uric acid in the system. They do not increase the formation of the acid, but they enable the blood to hold it much more freely in solution. In this way the acid is removed from the tissues of the body and eliminated by the kidneys. Of the two drugs, lysidine is the more active. The dosage of either for the investigations in the paper was from one grain to two grains daily. If these drugs be continued for a length of time the uric acid eliminated will decrease, as the element will have been largely removed from the system. They are both active diuretics.

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THYROID FEEDING IN THE INSANE.—Dr. Charles D. Hill, of Baltimore (in *Maryland Medical Journal*, September, 1896), speaks very highly of the good effects of thyroid in many forms of mental derangement. Of forty cases the following results were obtained: Unimproved, 8; improved, 12; greatly improved, 14; cured, 5; died, 1. Melancholia, dementia and mania were all treated. In some cases of dementia, of many years standing, the effects were very wonderful. In one case of extreme dementia, the patient in a few days was attending to herself and her room, and asking for something to do to put in the time by. The voice that had been silent for years is again heard, and the patient is found eagerly reading a book. The violent maniac that must be restrained by lock and bars becomes quiet and docile. The mournful victim of melancholia becomes cheerful and hilarious in a short time.

THE TREATMENT OF GRAVES' DISEASE.—Dr. W. H. Thomson, of New York, in N. Y. *Medical Journal* for October 17th, remarks that there is not sufficient proof to enable us to conclude that this disease is of thyroid origin; indeed, the writer strongly controverts this view. With regard to treatment he claims that meat is as bad for an ex-ophthalmic as sugar for a diabetic. It is well to begin by insisting upon an absolute milk diet for at least two years. The milk may require some preparation before consumption, such as koumiss and peptonizing. Vichy or lime-water may help the digestion of the milk. Fish in small amounts, and not more than one egg a day. Bread may be used freely; but potatoes, corn and beans are injurious, with a tendency to diarrhoea. Pastry must be avoided, and all forms of vegetables that disagree. With regard to medicines, high praise is awarded mercurial purgatives. After their use the rapid pulse often falls thirty or forty beats per minute. A blue pill, followed by a saline; or two grains of calomel rubbed up with forty grains of milk sugar and made into six powders, one every fifteen minutes, and a saline three hours after the last powder. This mercurial may be taken regularly once a week. The main medicinal treatment, however, is in the unremitting use of intestinal antiseptics. The following formulæ are given:

Phenol bismuth	ʒiv.
Sod. benzoate.....	} āā ʒii.
Bismuth subcarb	

M. Div. in capsules, No. xlviij. Sig. Two one hour after meals. Naphthol bismuth may be substituted for the phenol bismuth from time to time. Or

Salol.....	ʒi.
Ichthzol	ʒss.
Sod. benzoate	} āā ʒiii.
Bismuth solicylate	

M. Div. in capsules, No. xlviij. Sig.: Two one hour after meals. The writer is sure that these antiseptics exert a specific action over the vascular and cardiac disturbances in Graves' disease. No bad effects have been noticed from their use.

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WE beg to acknowledge receipt of subscription from the following gentlemen since October 1st: Dr. Vandervoost, Deseronto; Dr. Hopkins, Marshville; Dr. Baker, Bobcaygeon; Dr. Mullock, Binbrook; Dr. Nichol, Cookstown; Dr. Greenwood, Keswick; Dr. Patten, St. George; Dr. Blair, Shelbourne; Dr. Brown, Holstein; Dr. Burt, Paris;

Dr. Hopkins, Dunnville; Dr. Kilburne, Parkhill; Dr. Farley, Belleville; Dr. Chambers, Tiverton; Dr. C. Smith, Glanford; Dr. Flaherty, Mount Carmel; Dr. Hurlburt, Thornbury; Dr. Gibson, Jerseyville; Dr. Stewart, Chesley; Dr. Sturgeon, Petrolea; Dr. McNaughton, Newcastle; Dr. C. F. Smith, St. Mary's; Dr. Glaister, Wellesley; Dr. Gillies, Teeswater; Dr. Ryan, Sudbury; Dr. Kennedy, Guelph; Dr. Bentley, London; Dr. McClure, Thorold; Dr. Stewart, Milton.

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By consulting the label on your paper you will see the date up to which your subscription has been paid.

Immorality in Canada.

"WE have been distressed and shocked beyond measure to learn that large and increasing numbers of women in Canada are giving themselves up to the vilest form of immoral practices. The report that comes to us, indeed, is such that, were it credible, we should be led to despair of the future of the country, for, compared to Canada, or at least Toronto, Sodom and Gomorrah were as pure as Salvation Army shelters. It appears that cycling, which with us is adding so much to the health and the beauty and the charm of our women, is in Canada, or at least in Toronto, merely a means of gratifying unholy and bestial desire. We hesitate to believe such a report; but we have it on the authority of the editor of the *Dominion Medical Monthly*, and he is on the spot and speaks as one with absolute knowledge of the facts.

"After referring to the advantages claimed for the bicycle, which he refutes by the statement that the average woman gets about all the exercise she wants in looking after her home, our esteemed contemporary says that 'the consensus of opinion is increasing overwhelmingly day by day that bicycle riding produces in the female a distinct orgasm, . . . and even if an orgasm is not produced, the continued erethism is decidedly more injurious and tends to the production of nervous diseases and the general breaking down of the system. The only contention that can be made is that the orgasm or erethism is not produced. This we know to be absolutely untrue.' The writer adds more of the same kind, and pictures the mothers, wives and daughters of his neighbors as scorching through the country, stooping low over the handle bars, and 'subjected to continued erethism as well as an occasional orgasm.'

"There is but one of two conclusions to be drawn from this statement. Either the wheelwomen of Toronto are the vilest of their sex,

or they are the victims of a contemptible slander. Unless our contemporary has a mass of facts sufficient to establish beyond doubt the sweeping generalization contained in the article from which we have quoted, he has smirched the fair name of his countrywomen in a reckless fashion that calls for the strongest condemnation. The question of the healthfulness of cycling, for men as well as for women, is one that still admits of discussion; but the man who can assert, or even suggest, that the thousands, perhaps millions, of women throughout the world who ride the wheel are giving themselves over to self-abuse, puts himself beyond the reach of argument."

[We copy the above editorial from the New York *Medical Record* verbatim, and regret that the name of the writer of the article criticized therein is not given, so that the lady cyclists of Toronto, who have been so ruthlessly insulted, might horsewhip him out of existence.—ED.]

Personals.

DR. J. A. SUTHERLAND has removed from North Bay to Illicillewaet, B.C.

DR. J. W. SMUCH has sold his practice in Binbrook and removed to Toronto.

DR. W. J. CHAPMAN has sold out his practice at Thedford. He will locate at Rat Portage or Rosenheim, B.C.

DR. A. C. SINCLAIR, of Port Elgin, has, we understand, decided to locate permanently in Rossland.

MR. THOS. BRYANT, F.R.C.S., has been appointed surgeon extraordinary to Her Majesty in the room of Sir John Erichsen, deceased.

DR. J. F. W. ROSS has been elected president of the American Gynecological and Obstetrical Association. The next meeting will be held at Niagara Falls in August of next year.

THERE are only seventeen doctors on Carlton Street between Yonge and Church Streets—one block. The latest additions being Dr. Cattermole, formerly of London, and Dr. Rudolf, recently of Bengal, India. The four hundred overworked physicians of Toronto extend a 'glad hand.'

Selections.

The Jubilee of Anæsthesia.

Just fifty years ago occurred an event which, passed over or dismissed in a single line by the ordinary historian, was yet fraught with immeasurably greater benefit to mankind than most political, social, or even religious revolutions. On October 16th, 1846, the first surgical operation on a patient under the influence of ether was performed in the Massachusetts General Hospital, Boston, by Dr. John C. Warren. The ether was administered by a young dentist named Morton, who had already proved its anæsthetic properties in tooth extraction, and the effect was so striking that the operator, in homely but expressive Saxon phrase, declared that here was no humbug. Dr. Henry J. Bigelow, who was present, told a less fortunate colleague that he had seen something that day that would go round the world—a prediction that was speedily verified. The significance of the event lay in the fact that it was the crowning and public proclamation of one of the greatest discoveries in the history of medical science—a discovery whereby, in the words of Oliver Wendell Holmes, “the fierce extremity of suffering has been steeped in the waters of forgetfulness, and the deepest furrow in the knotted brow of agony has been smoothed for ever.”

The discovery is great in itself, and still greater in its consequences. Not only has the victory over pain which it achieved already been the means of saving countless lives and preventing an incalculable amount of suffering, but it has opened up possibilities of development in the science as well as in the art of surgery beyond the wildest dreams of our forerunners. What surgery was before the discovery of anæsthesia there are men still among us who could tell—: if they cared to revive memories so unspeakable. We can get some faint idea from a letter written by the late Dr. George Wilson, who had himself suffered the amputation of a limb in the days when there were no anæsthetics. One extract from his account of the operation will suffice: “Suffering so great as I underwent cannot be expressed in words, and thus, fortunately, cannot be recalled. The particular pangs are now forgotten; but the black whirlwind of emotion, the horror of great darkness, and the sense of desertion by God and man, bordering close upon despair, which swept through my mind and overwhelmed my heart, I can never forget, however gladly I would do so.”

That surgery has been for ever freed from this accompaniment of horror is a blessing which we in these days cannot, perhaps, appreciate

at its full value. We can, however, realize that without anæsthesia surgery could never have reached its present state. No human being could bear, and few would care to inflict, the suffering that would be involved in many of the triumphs of surgery on which we legitimately pride ourselves. Nor is it surgery alone that has been advanced by anæsthesia. Medicine, obstetrics, therapeutics, and biological science generally have profited by the discovery, which has made researches on animals possible that could not have been undertaken had there been no means of making them painless.

The discovery of nitrous oxide and ether was quickly followed by that of chloroform. This anæsthetic was made known to the world by James Young Simpson a year after the first trial of ether in the Massachusetts General Hospital. Nitrous oxide, which had first been used successfully in the extraction of teeth by Horace Wells in 1844, had been hissed into an ignominious obscurity which lasted many years, owing to its failure at a public trial in the same hospital where ether made its triumphant first appearance two years later. Wells' mind gave way under the stress of disappointment, and he died by his own hand in a New York gaol.

Morton spent the greater part of his life after making his discovery in sordid wrangles about patent rights and bitter struggles as to priority, and at last passed away before his time, a beggared and broken-hearted man.

Chloroform also had to make its way against stupid and fanatical opposition. It was rejected by surgeons who looked upon pain as a tonic; it was denounced by clergymen as "a decoy of Satan, apparently offering itself to bless women," which, it was benevolently added, "will harden society and rob God of the deep earnest cries which arise in time of trouble for help!" The use of chloroform in labor was even looked upon as sinful by pious women. Simpson fought the battle of anæsthesia—and common sense—with immense ability and learning, and in the end he bore down all opposition. The courage of Her Majesty the Queen, who consented to have chloroform administered to her at the birth of two of her children, powerfully aided in the victory. Simpson did not discover anæsthesia, but to him belongs the merit of having made it be accepted by the world.

Morton and Simpson, and after them Snow and Clover, risked their lives over and over again in the endeavor to find a safe and effective anæsthetic. These men are gone, but their work lives after them. Ether and chloroform still hold the field as anæsthetics, but at present the stream of tendency is running strong in favor of the former. The ideal anæsthetic, however, has yet to be discovered.—*British Medical Journal*.

RUPTURE OF THE KIDNEY.—Dr. C. K. Toland recently reported a case of rupture of the right kidney in a young man of nineteen years, who had been “charged and kneed” by an opponent while playing football.—*Medical Record*.

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OVARIOTOMY PER RECTUM DURING LABOR: DEATH.—Sevitsky (*Annales de Gynec et d' Obstet.*), describes a case in which during labor at term the foetal head was arrested by a dermoid tumor of the right ovary. By means of the forceps the head was brought to the outlet, the tumor bulging through the anus burst the rectal wall. Its contents were emptied, and the foetus was then easily extracted; it was already dead. Lastly, the cyst was drawn down and amputated, the rectal wall being carefully sewn up. Bad flooding occurred during the expulsion of the placenta. The patient died in thirty-three hours of pelvic peritonitis.—*British Medical Journal*.

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BASIC OREXIN IN THE VOMITING OF PREGNANCY.—Rech (*Centralblatt fur Gynakologie*) reports a case illustrating the successful use of basic orexin in the vomiting of pregnancy, and thus confirms the favorable report of Frommel published in 1893. Rech gave the drug in doses of four and a half grains, in capsules, three times a day. The first and second doses were not retained, but after the third dose the vomiting ceased. With the exception of a burning sensation in the mouth, no evil effects were observed. In the case reported, nux vomica, bromides, chloroform, tincture of iodine, and cocaine had been employed with success.—*University Medical Magazine*.

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A RAPID PROCEDURE OF INTESTINAL SUTURE.—Jaboulay and Briau (*Lyon Medical*) describe their perfected method of circular intestinal suture. It is an outgrowth of one performed for resection of the intestine in 1891, and for gastro-enterotomy in 1892. Two threads are passed through the divided ends of the intestine, one at the mesentery and the other directly opposite; pulling on these threads causes the intestinal walls to lie side by side. The posterior edges are then sewn together by a Glover continuous suture in two rows. The first row unites the serous and muscular layers to each other, and the second unites the mucous layers on each side. The anterior half of the circumference of the bowel is then united by a double row of continuous suture; the first of which unites the mucous surfaces and the second on the outside the muscular and peritoneal coats. The two threads first introduced are then tied, and the operation is complete.—*University Medical Magazine*.

TRAUMATOL.—Ladevie (*Allgem. Wien. med. Zeitung*, September 1st and 8th, 1896) records a large number of observations made by himself and others upon the antiseptic and therapeutic properties of this new drug. It appears to have been used with great success in the treatment of varicose ulcers, eczema, metritis, gonorrhœal vaginitis, soft chancres, and wounds both infected and surgical. Bacteriological researches also prove its antiseptic power. The author states that in contrast to iodoform, which is both irritating and poisonous, traumatol is absolutely harmless and non-irritating, both locally and generally, properties which he considers sufficient to give it a high rank in the long list of antiseptics. Internally, its antiseptic action on the respiratory tract is as potent as that of creasote or iodoform. Furthermore, it exerts a most favorable influence on that ordinary intractable complaint, tuberculosis diarrhœa, a property which is said to be shared by no other drug hitherto tried for the purpose.—*British Medical Journal*.

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GNOCOCCUS AND MENINGOCOCCUS.—Kiefer (*Centralbl. f. Gynak.*) demonstrated in June before a German Society, the strong resemblance between the gonococcus and the diplococcus intracellularis, the germ found in epidemic cerebro-spinal meningitis. Specimens of the latter were procured from the spinal canal of a case of meningitis and also from a case of pure rhinitis caused by bacteriological examination of the diplococcus of meningitis. The germ is clearly an active promotor of suppurative inflammation of mucous membranes. It grows freely in glycerine agar, in which it can be cultivated with ease. The gonococcus does not readily propagate in that medium. Hence Kiefer suggests that many cases of purulent discharge from the mucous membrane of the mouth and nasal fossæ in children hitherto attributed to the gonococcus are really set up by the diplococcus of meningitis. The glycerine agar test is necessary in order to distinguish the two germs, so closely do they resemble one another in microscopical appearances.—*British Medical Journal*.

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THE EFFECT OF LAPAROTOMY ON TUBERCULOUS PERITONITIS.—Dr. Gatti (*Il Policlinico*, March 28, 1896) has experimented on dogs, guinea-pigs, and rabbits in order to determine the value of laparotomy in the treatment of peritoneal tuberculosis. He concludes that the laparotomy has little effect when the tuberculosis is quite initial. The tuberculosis presents no macroscopic changes in the first three to five days after operation, but a small quantity of reddish serum is thrown out. From seven days to nearly a month the tubercle was almost

always increased in amount, but after this diminution and disappearance were noticed. Cure occurs through a degeneration of the epitheloid cells, without the intervention of wandering cells, independently of phagocytosis and without the formation of fresh connective tissue. Dr. Gatti thinks the serous fluid which is thrown out the first few days stimulates the repressive processes after laparotomy; this is effected by the serous fluid bathing the tuberculosis mass, however thick, and having a bactericidal and attenuating action on the tubercle bacilli.—*Medical Record*.

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LABOR AFTER SYMPHYSEOTOMY.—Th. B. Hansen (*Hospitals Tidende*) attended a woman in confinement who had been delivered by symphyseotomy three years previously. She gave birth to a well-developed child, weighing six and a half pounds, without difficulty. The child, however, died in parturition on account of prolapse of the cord. Immediately after the birth of the child the two branches of the symphysis were found to be separated about four centimetres. A strong bandage was applied to the pelvis, and in five weeks the woman was able to walk a mile without difficulty. The distance between the two portions of the symphysis was then found to be one centimetre.—*University Medical Magazine*.

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THE INDICATIONS FOR VENTRAL FIXATION OF THE UTERUS.—The following indications for ventral fixation of the uterus are given by Dr. G. M. Edebohls in the *Medical News*: 1. Vaginal fixation of the uterus does not come within the sphere of legitimate operations in women liable to future pregnancy. 2. The indications for ventral fixation of the uterus should be limited to the utmost degree in women liable to subsequent pregnancy. 3. Ventral fixation is never indicated in uncomplicated retroversion of the uterus. 4. Inability of an operator to perform shortening of the round ligaments may be an indication for ventral fixation, but not in the case of one claiming to be a specialist in gynæcology. 5. Ventral fixation is indicated, as an adjuvant, in the performance of combined operations for prolapsus uteri et vaginæ. 6. Ventral fixation is indicated as a closing step in all celiotomies in which the adnexa are removed and the uterus is left. 7. Ventral fixation may be indicated, under exceptional conditions, in cases of adherent retroversion, with tubes and ovaries in good condition. 8. Ventral fixation may be indicated in the most aggravated cases of uncomplicated sharp retroflexion. The writer has not met such a case not amenable to successful treatment by shortening the round ligaments. 9. Ventral fixation is indicated, under certain conditions, in cases of uterus unicornis.—*Medical Record*.

THE ULTIMATE RESULTS IN EIGHTY-SIX CASES OF FIBROMATA OF THE UTERUS TREATED BY THE APOSTOLI METHOD.—Dr. G. Betton Massey reported to the American Electro-Therapeutic Association at its annual meeting in Boston, September 28, 1896, eighty-six consecutive cases of uterine fibroids treated by the Apostoli method. After considerable correspondence and inquiry, the ultimate results (or those existing from two to eight years after cessation of treatment) were ascertained in seventy-five cases, and were found to be as follows :

Anatomic and symptomatic cure :

(a) Destroyed piecemeal by electrolysis through cervix..	1
(b) Extruded through cervix in whole or part.....	4
(c) Disappeared under absorption.....	12

Symptomatic cure :

(a) With great reduction in size... ..	16
(b) With slight reduction in size.....	21
(c) Without change in size.....	10

Total cases resulting in practical success..... 64

Symptomatic improvement only.....	4
Failure to effect any change.....	6
Made worse.....	1

Total cases resulting in failure to relieve..... 11

The sixty-four successful cases give a percentage of 85.33 per cent. of successes, and the eleven cases of slight improvement and no improvement and the one made worse give a percentage of 14.66 per cent. of failures. The one case that was made worse was a cystic intra-uterine growth, that was improperly treated by electricity before it was generally known that such cases should not be treated by the classical Apostoli method. Future statistics will naturally be clear of such errors of practice ; hence it may be said that the practical ultimate results in a hundred cases properly treated by electricity will be at least eighty-five cases successfully and satisfactorily handled, and fifteen cases in which electricity will do no good nor yet any harm, leaving the tumors unchanged for other methods promising greater relief. Of the twelve tumors reported as having disappeared by absorption, this fact was verified by the reader of the paper in but seven instances, the remainder being reported by the patients themselves.—*Medical Record*.

INASMUCH as the New York Examining Board has refused to accept medical licenses issued by the Pennsylvania Medical Council, the latter has rescinded the rule accepting licenses from the Empire State.—*Medical Age*.

Miscellaneous.

THE attention of our readers is called to the advertisement of Canesda Water, which appears for the first time. This, a Canadian mineral water, with composition very similar to that of the celebrated Bethesda, which was so largely used in cases of diabetes.

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THE returns from the medical schools in London show the lowest total entry of new students for the full curriculum which has been recorded for many years. The average for the five years, 1881-85, was 635; for the five years 1886-90, it was 646, and for the five years 1891-95, it was 598. This year the total is 478.—*British Medical Journal*.

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SIR JOHN ERICHSEN'S WILL.—Estate duty has been paid on £88,619 as the value of the personal estate of Sir John Eric Erichsen, Surgeon Extraordinary to the Queen, President of the University College, who died at Folkestone on September 23rd, aged seventy-eight years. The testator bequeaths to University College his surgical instruments and appliances, and to University College Hospital £2,000 for the rebuilding fund exclusively; to Mr. Christopher Heath and Mr. William Meredith the copyright of "The Science and Art of Surgery," but excluding the profits of the tenth edition thereof; to the Royal College of Surgeons his best bust in marble, by Thornycroft; to the British Museum his gold Fothergillian medal, presented to him by the Royal Humane Society.—*British Medical Journal*.

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THE reorganization of the Canadian Militia Medical Service demands the early and earnest attention of the Dominion Government. It is quite clear that, should the splendid fighting material available for Canadian defence have to be suddenly mobilized, the medical service would be utterly unfit to play its part, and a lamentable and culpable loss of life would result therefrom. The regimental medical officers in their present untrained and unequipped condition would not be able to afford even first aid to the wounded, while the total absence of organized bearer companies and field hospitals would leave multitudes of brave men to perish miserably. What can the Dominion "military advisers" be thinking about?—*British Medical Journal*.

ENURESIS NOCTURNA.—Dr. A. B. Wilson, Buffalo, N.Y., writing, says: "This was a case of a girl, nineteen years of age, suffering from irritable bladder, and who had wet the bed nightly from childhood. She was compelled to avoid company and the usual social life, on account of frequent micturition. One bottle of Sanmetto overcame the irritation to such a degree that for the first time in fifteen years she passed a night without wetting the bed. She is still using the remedy in hopes of complete recovery."

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MEDICAL STUDENTS IN GERMANY.—According to the *Universitätskalender*, the number of students in the medical faculties of the several German-speaking universities during the last summer semester was as follows: Munich, 1,502; Vienna, 1,370; Berlin, 1,118; Würzburg, 730; Leipzig, 658; Graz, 468; Freiburg, 458; Erlangen, 411; Greifswald, 378; Kiel, 368; Breslau, 323; Bonn, 314; Zurich, 303; Strassburg, 295; Göttingen, 257; Marburg, 247; Königsberg, 232; Geneva, 231; Heidelberg, 227; Halle, 215; Tübingen, 214; Jena, 211; Giessen, 181; Bern, 179; and Rostock, 115.

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SUPERFLUOUS SCHOOLS.—The medical profession realizes plainly that the average income of physicians would not be so low if there were not so many schools, dispensaries and hospitals giving free treatment to many patients well able to pay. Worse than that, these institutions actually bid for more cases so as to have greater attractions for students. The evil is not in having too much clinical material for our medical students, for they need much, but in scattering the teaching work in too many institutions, thereby multiplying many fold the number of cases needed for instruction, as well as half-educating twice too many physicians.—*Cleveland Journal of Medicine*.

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SENSIBLE people should pay no attention to the silly snobs too frequently seen in certain newspapers, at the evidence of experts who testify for the defence in trials for murder where the defence is insanity. The crown depends on the evidence of experts in probably nine out of every ten criminal trials. Is expert evidence good where the crown uses it and unreliable when used on the other side? If a man of the standing and attainments of Dr. Daniel Clark is not to be trusted as an expert, are juries to believe the professional detectives who hang around the Attorney-General's office looking for a job, and whose bread and butter depend on their finding a clue and getting a conviction?—*Canada Presbyterian*.

FIGURES SPEAK FOR THEMSELVES.—During the past year John Wyeth & Bro. have sold over 500,000 bottles of their nutritive preparation, Liquid Malt Extract, and they claim that each month the demand is increasing. It is not only held in favor by the public, but the medical profession throughout the Dominion have no hesitation in endorsing all the claims that have been made for it. J. B. McConnell, Esq., M.D., one of the leading physicians in Montreal, in a letter dated October 6th, says: "I have for a number of years freely prescribed Wyeth's Liquid Malt Extract, and it always gives the results expected of it and desired." The preparation is a most palatable and valuable nutrient, tonic and digestive agent, and contains the smallest amount of alcohol found in any liquid preparation of malt. It is particularly adapted to nursing mothers.

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"POOR, over-burdened St. Louis," was the exclamation generally heard at medical meetings but a few years ago, when the subject of medical colleges was approached. Now, St. Louis is not "in it" compared to Chicago, where thirteen colleges with teaching faculties, having 777 professors, adjuncts, instructors, etc., make up a regiment, the like of which has never before been seen in the history of civilization. We do not envy this aggregation of talent, for it is like the man of the sea, a burden, which grows heavier with time. Chicago will some day "in the good times that are coming by and by," cast off this burden and assert her "I will," to keep diploma mills, quackery, etc., in subjection. Flush the sewers of this awful stench which must emanate where there is so much carrion. The standard medical colleges of Chicago will then feel relieved of this thorn in their side, which, while it does not interfere with their legitimate work, is yet an irritation from which they must be relieved. The Illinois State Board of Health must investigate in reality, instead of apparently, and until it does the weed patch will grow, bear fruit and multiply.—*The Medical Fortnightly*.

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MEDICAL LONGEVITY.—The *London Lancet* for June 20 states that Dr. Salzmann, of Esslingen, has recently devoted his attention to determining the average duration of life among members of the medical profession. After an exhaustive examination of all accessible archives referring to the last four centuries, the following are the results arrived at by the zealous antiquarian: The average duration of a medical man's life during the sixteenth century was 36 years 5 months; in the seventeenth century it was 45 years 8 months; in the

eighteenth century 49 years 8 months ; and in the nineteenth century 56 years 7 months. It would appear from this data that, whether the survival be of the fittest or not, the duration of medical life has been increasing in a marvellous manner. Should the same rate be maintained, practitioners of medicine may ere long all look forward to centennial honors, by no means a rosy prospect from the point of view of the neophyte who, as it is, finds it sufficiently hard to make good his footing within the densely crowded ranks. According to Dr. Salzmänn the addition of over twenty years to the average medical lifetime is due to the advance in medical science, preventive and curative. The ironic apophthegm, "physician, heal thyself," can no longer be launched with effect.

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THE COUNTRY DOCTOR.—The country doctor is the natural brake upon the profession. To this caution is due the fact that so many meretricious discoveries and inventions, at first exploited as the greatest of advances in medical science, find their true level and often sink into oblivion. He is not controlled by any institution which he must uphold, right or wrong, and has no necessity to advertise himself by the cheap clap-trap used by so many who rise amid the competition of the cities. Where these talk theory he can give them experience ; not, it is true, heralded through the lay press as examples of his wonderful skill, but experience that makes him quick to deal with emergencies, skilful in making the most out of the least facilities, and practical in placing first the good of the individual and not the advertising of a theory.—*Med. and Surg. Reporter.*

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LIQUID HÆMOFERRUM. (Liquor Hæmoferræ).—Frederick Stearns & Co. state that liquid hæmoferrum was introduced by them to meet the demand of physicians who often desire to prescribe hæmoferrum in the liquid form and in combination with a stimulant. It is a delicious cordial, each teaspoonful of which contains six grains of hæmoferrum, which is equivalent to two hæmoferrum pilloids. Hæmoferrum is that form of iron which exists naturally in the blood—in other words, it is pure oxyhæmoglobin. A full description of the product will be found in the monograph on "Oxyhæmoglobin and Allied Products" published by the Scientific Department of Frederick Stearns & Co. Their circular on Hæmoferrum contains a number of clinical reports from physicians who have used the article successfully in their practice. Both of these pamphlets will be sent free to physicians desiring them. Send mailing address to them with requests and copies will be mailed promptly.