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Original Communications.

NOTES ON THE SURGERY OF THE KIDNEY.

BY LAWSON TAIT, F.R.C.S., BIRMINGHAM, ENG.

N. B., æt. 32, was sent to me by Mr. Gordon Nicholls, in March, 1884. She had had for some years a dull aching pain in the region of the right kidney, and it steadily increased until a tumor could be distinctly felt. She had passed large quantities of blood in the urine and had become extremely anæmic. When I saw her the tumor was as large as a foetal head and was clearly fluctuated. On the 22nd of March I explored the kidney and found the pelvis distended with urine; there was no suppuration. The ureter was widely distended, as far as the finger could reach. I removed the kidney, because I could not reach the calculus, which I believed to be impacted in the ureter. Very little urine was passed on the 22nd and 23rd, 14 ounces passed on the 24th, 20 ounces on the 25th, 34 ounces on the 26th, and the quantity steadily increased until, on the 15th of April, it was 46 ounces, and she left the hospital on May 1st, passing nearly 50 ounces each day. On May 12th a careful examination of the urine was made and it was found to be perfectly healthy. This patient speedily regained a healthy appearance and has remained perfectly well.

E. H., æt. 19, was operated upon by Mr. J. W. Taylor, for a ruptured kidney cyst, on August 2nd, 1883, the case being published in detail in the *Lancet*, Oct. 4th, 1884. A persistent and very troublesome urinary fistula remained, which, when any attempt was made to allow it to close, gave rise to the most complicated general symptoms; it was therefore resolved that we should remove the kidney, and this I did on November 20th, 1884. The patient made a very good recovery. On the

day of the operation only two ounces of urine were passed, but on the third day after, this increased to 25 ounces, and somewhere about this quantity was maintained until December 11th, when it rose to 32 ounces, and this quantity of secretion was sustained until the patient left the hospital on the 30th of December. The wound healed quickly and the patient regained her health. She was seen about a fortnight ago, when pus was still discharging from the wound, but otherwise she was perfectly well.

K. I., æt. 45, sent to me by Dr. Bottle with a large tumor of the right kidney, which felt perfectly solid, no fluctuation being discernible. On April 16th I proceeded to remove the kidney, and found, only after it had been dislodged from its bed to an extent of more than two-thirds of its bulk, that it consisted of a series of deep-seated abscesses. The patient died of shock, about six-and-twenty hours after the operation. In this case the mistake was made of not exploring the kidney before attempting its removal. If I had opened it and passed my finger through its hypertrophied texture towards the pelvis, I should certainly have discovered the true nature of the disease. As it was, I took it for a solid tumor.

A. V., æt. 38, came to me as a hospital patient in April of this year, with a large tumor of the right kidney. I performed nephrotomy, April 20th, 1885, opening a large number of abscesses, from which cheesy pus was discharged in large quantities. I fastened in a drainage tube, and the patient went home on the 4th of May, very much improved. Owing to unfavorable domestic circumstances, her health speedily broke down, and when next I saw her she was so exhausted and broken up that I did not see my way to advise the more serious operation of removing the kidney, which I had contemplated if her health had improved.

A. T., æt. 22, came to me as an out-patient at the hospital, in May of this year. She had been married for five years and had two children, the youngest being twenty months old. For about a year she had been conscious of a tumor on the right side of the abdomen, which could only be felt in certain positions, and which moved very freely about. It was a source of constant pain, and this pain was aggravated very greatly at the menstrual periods. On examination, I first dis-

covered the tumor just on the right side of the bodies of the lumbar vertebræ, above the brim of the pelvis. When the abdominal walls were perfectly flaccid I could move this tumor in almost any direction, right across the vertebral column to the left side, upwards as far as under the liver, and down quite into the pelvis. From this mobility and the extreme and incessant pain, which was without any doubt at all, referred to the tumor itself, I had no hesitation in diagnosing it as a morbid growth of the ovary or tube, with an extremely long pedicle. I advised its removal, and proceeded to perform the operation on May 20th. When I opened the abdomen I found, very much to my surprise, that the tumor was not as I thought; it was the right kidney enlarged to about three times its proper size, and capable of being moved under the peritoneum in every direction. It did not possess any kind of mesonephron, but moved freely between the peritoneum and the subjacent tissue, very much, apparently, as one can move a warming pan between the sheets of a bed. In fact, it was what I had never seen before, a really movable kidney. As the organ seemed to be diseased, and as I could not bring myself to believe that its great mobility was the cause of the pain, I opened it and failed to find any calculus or suppurating disease. After having satisfied myself that the left kidney was quite healthy, I removed it. The patient made a very easy recovery. The amount of urine rose to nearly 30 ounces a day, before she left the hospital on the 9th of June. I have seen her within the last few days, in perfect health and quite free from pain. Dr. Suckling examined the kidney for me and expressed the opinion that it was the subject of fatty and cirrhotic alteration.

On removal, the kidney weighed 9 ounces, and the merits of the case certainly oblige me to alter to some extent what I have previously said, concerning movable kidneys. I have never seen anything in the least degree like the condition of the present case. Kidneys enlarged by general growths are very often remarkably movable, but anything like the mobility of this kidney I never saw. It may be that this mobility was the cause of its diseased condition, but I can hardly bring myself to accept that explanation, it being to my mind much more likely that its disease, to a large extent, was the cause of its mobility. I do not therefore think

that I should have done any good to the patient by fixing it in position by stitching.

M. R., æt. 25, was placed under my care in May of this year, at which time she told me she had had pain in the right lumbar region for about six months, which pain was not increased on exertion, but if she engaged in horseback exercise, of which she was very fond, she inevitably passed blood in the urine. Dr. Suckling, who was associated with me in the treatment of the case, examined her with great care and expressed the opinion that the kidney area on the right side was considerably larger than that on the left. He had seen her in consultation with two other surgeons before I saw her, and at that time had been impressed with the belief that she had a calculus in the right kidney. But this belief was not shared in by his colleagues. On examination, I satisfied myself that the right kidney was larger than the left, and the symptoms were so definitely and clearly given by the patient and her husband, who was a medical man, that I came to the conclusion that the patient was actually suffering from renal calculus. As she was about to return to South Africa, the question became a very serious one as to whether she ought to return in her present condition, or be subjected to surgical interference before she started on her journey. When the question was put to me, I had no hesitation in expressing my view, that to allow a woman in her condition to pass into the wilds of Caffre Land was simple madness, because she would probably return to us with the kidney disorganized and her health seriously affected. In this view I was not supported by those who had previously seen the case, but upon my advice the patient submitted to nephrotomy, which I performed on May 23rd, and removed a large branching renal calculus. A drainage tube was inserted in the wound and the patient made a very rapid and satisfactory recovery, the only curious feature of the case being, that as long as the drainage tube was retained in the wound all the urine passed through the normal channel, but as soon as I removed the drainage tube, apparently, the whole urine of that kidney passed through the wound in the loin. Repeated trials disappointed in this way for about six weeks, when a final trial was successful, and the wound, on July 28th, was very nearly healed and the patient quite well.

E. E., æt. 52, found that her urine was thick

and offensive smelling, with occasionally blood in it, for more than two years, and during that time she had suffered from severe aching pain in the right and left loins. I found a large tumor in the position of the right kidney, and Mr. Taylor found the patient was suffering from mitral regurgitation, advised her to have nephrotomy performed, and this I did on June 16th, removing a large calculus from the pelvis of the kidney. I left a drainage tube in, but practically no suppuration occurred and the patient went home on the 27th of June, with her wound quite healed.

J. W., *æt.* 45, had a large painful tumor on the right side, slightly to the right side, but mostly lying over the vertebral column; it clearly fluctuated and was freely movable. It was diagnosed as a cyst of the mesentery. I opened the abdomen for the purpose of removing it on the 18th of June, and at once came upon a thin-walled cyst containing about three pints of clear fluid, and after emptying it I endeavored to shell it out from the folds of the mesentery under which it appeared to lie. This I succeeded in doing, until I came upon a fresh substance, which speedily pronounced itself to be the kidney. I had in fact been dealing with a case of hydronephrosis, in which the pelvis of the kidney had become so completely dilated that the body of the organ itself lay quite behind. Of course I had to complete the operation by removing the kidney itself. Only one ounce of urine was passed on the day of the operation, but the quantity steadily rose until it was 30 ounces, when she left for home on July 4th. She has since remained in good health and the wound is perfectly healed.

E. G., *æt.* 59, was admitted to the Women's Hospital in July, with a large tumor of the right kidney. She had been engaged for many years in making her living as a midwife, and had suffered a good deal during the growth of the tumor, which occupied some five or six years. She had been strongly advised not to have any operative interference, but to let the thing alone. I however advised her differently and she accepted my advice. I performed nephrotomy on July 13th and removed a very large calculus from the pelvis of the right kidney. She made an easy and rapid recovery and went home on the 27th of July.

REMARKS.—The surgery of the kidney has now advanced to such a stage that we may speak pretty

positively of what can, and what ought to be done in all cases of tumors of this organ. What I have to say now is very much a repetition of what I have said in previous papers on this subject, with the exception that I have had, as I have already indicated, to modify somewhat my belief concerning movable kidneys; but even here I can confirm much of what I have already said on the question. This abnormality is so rare that this is the first case I have ever seen, in a practice which now extends over twenty-five years and which includes forty operations upon the kidney and more than twelve hundred abdominals. The second point deserving notice is, that all of these forty operations, with one exception, have been performed on the right kidney, a circumstance which certainly is very remarkable and must be something more than a mere coincidence. Some months ago, in a communication made to the Obstetrical Society, I told the story—now some fifteen years old—of an interview I had with a Board of Examiners, whom I could not satisfy concerning the treatment to which I would subject a patient submitted to me for the purpose of the examination, and who was burdened with a large suppurating tumor of the kidney. I told the Board that I should remove the kidney, as everything else seemed to have been tried fruitlessly. In reply, they told me that my surgical enthusiasm seemed to be greater than my knowledge of the practice of medicine, and we parted, never to resume further association. A singular change has occurred since then, for the kidney promises to be one of the most brilliant fields for the achievements of new surgery. Out of my forty operations on diseased kidneys, including abscesses, hydatids, sarcomas, and stones in the pelvis, I not only had thirty-eight recoveries, but I have had—so far as I know up to the time of writing—complete cures in thirty-eight out of the forty operations. In the fortieth case I failed, because I did too much; I removed a kidney with a large number of chronic abscesses in it, when I ought simply to have opened it and drained it, as an expedient preparatory to its subsequent removal. This patient died of shock, and in this I learnt the lesson, which I shall always follow in future in such cases, of opening the kidney, in order to ascertain its condition exactly before I remove it. I really think that, in this conclusion, I have to sum up all my experience in renal surgery.

There can be no question that interference with the large malignant tumors, which we see in children under 14 and 15 years of age, is simply nonsense. Even if the little sufferers recover from the terrible operation which is performed in such a case, the disease will recur, and no good will have been done. But in all other tumors of the kidney, if the patient is sufficiently ill to justify interference, the disease may be attacked with a perfect certainty of procuring relief in every case and complete cure in probably 90 per cent. I do not think it matters much whether the organ be attacked by what is called the abdominal method, or the lumbar, as far as the immediate success of the operation is concerned. But I have a strong preference in my own practice for the abdominal method, if there is any likelihood of its being decided to remove the kidney, for in this way the condition of the other organ may be ascertained before the diseased one is removed. If, however, it has been determined to perform nephrotomy, and the removal of the diseased organ is a question which has been dismissed, then I think the lumbar incision may be the preferable of the two. In such a case the operation of nephrotomy is an extremely easy one, and even the removal of the kidney is not a proceeding accompanied by much danger or difficulty, unless it has been too long delayed.

THE TREATMENT OF TYPHOID FEVER.

BY G. T. MCKEOUGH, M.D., M.R.C.S.E., CHATHAM, ONT.

As many of the questions concerning the treatment of typhoid fever still remain undecided, some investigators continuing to look for a specific, whilst recognized authors differ upon essential points, a brief account of the treatment carried out in one hundred cases, with a mortality of only two per cent., may be of interest. This series of cases include all those under the care of my partner (Dr. Holmes) and myself, during the past four years. The series include no cases in which there could be any doubt as to their diagnosis; all forms of malarial fever, which might be mistaken for typhoid, having been eliminated,—such as remitting fevers of tertian or quotidian type, or those severe forms of malarial fever in which quinine not having been administered heroically at the onset, have assumed consequently a low “typhoid

state”; these fevers being also common to this district.

The form of treatment pursued might be termed expectant and anti-pyretic; the most assiduous attention being given to hygienic details, to the use of means to combat unfavorable symptoms as they arose, and to the adoption of measures to keep the temperature near the normal. The carrying out faithfully of these rules, with strict adherence from beginning to end, to the golden maxim laid down by Sir William Jenner, in his classical address on the treatment of typhoid fever, delivered before the Midland Medical Society at Birmingham, in 1879, viz., “give unceasing attention to little things,” have been the guides of our treatment. When a case is presented for treatment and reveals symptoms which would lead us to suspect that typhoid fever is developing, immediate confinement to bed is advised, in a capacious well-ventilated room. If the suspicions prove correct and typical symptoms unfold themselves, absolute rest in bed is ordered in the horizontal position, with occasional shiftings from side to side, to avoid fatigue, hypostatic congestion of lungs and kidneys, and any tendency to bed sores. This necessitates the constant use when required, of the bed-pan and urinal. A rigid adherence to these simple directions is strictly enforced in all cases, mild as well as severe, from the commencement of the treatment until convalescence is thoroughly established. The surroundings of the patient are carefully examined into, and endeavors made to exclude fresh accessions of poison, by the removal of any possible source of contagium.

If the sanitary conditions and arrangements of the place are very bad and facilities for transferring the patient are more easily carried out than the removal of the filth, the former procedure has been resorted to. Thorough ventilation is maintained constantly, day and night; in most cases it is advisable, perhaps, not to allow direct drafts, but where there is any tendency to hyperpyrexia, drafts, if the temperature of the patient is carefully watched, need not be dreaded; placing the patient without covering, even in winter weather, between two open windows has had decided beneficial effects in lowering the fever, and thus allaying distressing symptoms, the result of a high temperature. Positive quiet is maintained. No visitors are allowed admittance into the sick room,

and it is advisable and important that the nurse be not officious or talkative, but an intelligent person, who will carry out instructions carefully and judiciously. The walls of the sick room are bared and unnecessary articles of furniture removed. Strict attention is given to the cleanliness of the patient, sheets are removed and clean ones replaced daily. The stools are passed into a bed-pan, into which some disinfectant has been placed, and immediately removed and buried some safe distance from any habitation. Water is allowed *ad libitum*. The patient's diet is certainly one of the most important factors in the successful treatment of typhoid fever. It is essential that it should be liquid, that the weakened digestive powers may not be overtaxed, and that any source of irritation to the bowels may be avoided. As soon as the disease is suspected, with the advice "to go to bed," the patient is restricted to liquid food. In the great majority of our cases milk, to the amount of a quart given regularly in divided quantities, every twenty-four hours, is our mainstay. In some cases more can be given with impunity and without unfavorable symptoms arising. In this relation, I might say that we either examine personally the stools, or carefully inquire as to their general character and to the presence of curds in them. In others milk will not agree, or can only be given in moderate quantities. Some who object to milk will relish buttermilk; in others, still, we have to depend upon animal broths, beef peptonoids, etc. The latter preparation, in conjunction with peptonized milk, we have used of late with great satisfaction, especially if curds are found in the stools, or if there are marked abdominal symptoms. In this way the digestive powers are conserved, diarrhœa—if that exists—is lessened, less solid matter is left to undergo decomposition, and probably fever is lowered. For what is more common after an enema, which has brought away a quantity of offensive partially digested material from the bowels, than to see a restless patient with an elevated temperature, fall into a quiet slumber and his temperature drop several degrees?

Diarrhœa has not been a very troublesome symptom in the greater number of our cases; this may be due in part to the care bestowed upon the patient's diet. If there are not more than four or five alvine passages in twenty-four hours, no heed is paid to this symptom. If the discharges are

more frequent and exhausting, they are checked by enemata of starch emulsion, half a teacupful, as often as necessary. If this fails, a small quantity of Tr. opium is added to the emulsion. If the bowels instead of being relaxed are constipated, enemata of salt and water or thin gruel are administered daily. When deep ulceration is suspected, a small injection is given on alternate days only. When hard fecal masses accumulate in the rectum and an ordinary injection fails to produce the desired effect, a quarter of an ounce of inspissated ox gall dissolved in a cup of warm water, will produce a speedy evacuation, giving great relief. The non-administration of laxatives in any form is a *sine qua non* with us. When the stools are offensive, or there is much distension of the abdomen, charcoal is given in teaspoonful doses, mixed with cream, twice or three times a day; or, if this form of administration prove objectionable, it may be given in large capsules. From our experience with charcoal in this disease, when its need is indicated, we have always found it a most valuable and satisfactory remedy, by checking fermentation, limiting perhaps the multiplication of disease germs and maintaining an antiseptic action. The offensive character of the stools is corrected, abdominal distension abated and the temperature reduced. The cases in which obstruction of the bowels have been caused by its accumulation must be rare.

When hæmorrhage from the bowels occur, the strictest quiet in the recumbent posture is preserved, the food is limited to concentrated material that leaves but little solid residue, such as Liebig's Extract or beef peptonoids. Ice is given by the mouth, an ice-bag is applied to the abdomen and a mixture of gallic acid and Tr. opium is administered. The latter prescription we invariably have at the bed-side of the patient in all cases after the second week, to be given if necessary, and we think life has been saved by this precaution, as some valuable time must elapse before a physician could be summoned. Directions are left for the preparation to be given immediately; although the 'vis medicatrix naturæ' probably controls the majority of hæmorrhages from the bowels, it is well in the face of such a formidable symptom, to assist her and that right quickly.

Regarding the antipyretic part of our treatment, quinine is given freely in many cases in the early stage of the disease. The district in which we

practise is malarious and as a positive diagnosis is not always possible, the patient is given the benefit of the doubt and quinine administered. When the diagnosis is made, quinine is discarded, except in a few cases in which our usual method of reducing temperature is not applicable or objected to, when large doses are administered in the manner recommended by Wilson of Philadelphia, after the evening exacerbation has reached its height. The bath treatment was resorted to only in a few cases in which the fever ran high, the prevailing prejudice against it and its impracticableness in most houses prevents its general use; however, when it was applied, the results were excellent. But in the great number of cases the temperature was controlled by the systematic and regular use of iced whiskey or iced water and whiskey, the whiskey overcoming the popular prejudice of taking cold, applied to the outer surface of the body with a sponge; the use of a fan at the same time will greatly assist in the reduction of the temperature. By these means we have never failed to keep the temperature in the mouth or rectum ranging from 100° to 102° F. It is often necessary to prolong the sponging process and sometimes resort to it very frequently, but the benefit derived fully recompenses the trouble, irksome as it sometimes proves to the nurse. It is perhaps needless to state here that it is necessary that the attendant be properly instructed in the use of the thermometer.

The disturbances of the nervous system are often peculiarly trying. The headache and delirium of the first week may be alleviated by cold applications, the menthol point, cutting the hair, or if very distressing, the use of the bromides and chloral hydrate. Insomnia and its resultants—typhomania and coma vigil—may often be prevented by controlling the temperature from the first; but if these symptoms should supervene, alcohol, hydrate of chloral or opium may be required, for a fair amount of sleep must be secured in all cases. Alcohol we use only when failure of heart is threatened or to increase nerve energy, as indicated by tremor or delirium. And in those cases where the surface of the body is pale, the tongue dry and brown, with sordes, alcohol by paralyzing the vasomotor system in the periphery of the body overcomes this condition, relieves pressure in the internal organs, and does great good thereby.

The only medicine that we use routinely is nitro-muriatic acid, well diluted, given because it is usually well borne by the stomach, aids the digestive process and favors the assimilation of food. Whether it has any specific antiseptic action or not is yet an unsettled question. I might add, in conclusion, that frequent examinations of the urine and lungs are important, as albuminuria and pneumonia, which sometimes complicate typhoid fever, might be overlooked at their invasion, unless searched for.

HEMORRHAGE AFTER ABORTION*

BY S. S. MURRAY, M.D., THORNDALE, ONT.

Having had a number of cases of uterine hemorrhage followed by a dangerous septic condition, I thought a consideration of the following cases would be of interest. It requires a very accommodating conscience to ascribe every fatal case to circumstances over which we have no control, and to attribute every successful case to our interference. Robert Liston said, "We must learn to look boldly on the open mouths of arteries;" we must learn to keep cool where we cannot see the arteries.

CASE I.—June, 1879. Miss A., æt. 19, aborted at third month. Found the patient blanched, having lost an immense quantity of blood; did not see the fœtus, as it had been disposed of. There was bilateral laceration of the os; removed placenta. In this case I injected a solution of ferri persulph. and plugged the vagina. On the third day there was a chill, fœtor of the lochia; temp. 102°. By washing out the uterus with acid carb., 1-20, this subsided; the patient made a slow recovery. In this case a solution of ferri persulph. was used, but, as has been shown by Paul Broca, it requires about thirty seconds to coagulate; but from the streams of blood from the sinuses, it could not coagulate it.

CASE II.—Mrs. S., æt. 32, hæmorrhage from organized clot, which was removed three weeks after abortion at about two months. The hæmorrhage in this case was not very free, but continuous, until the patient was becoming weak. In consultation, it was decided to remove what appeared to be organized clot, in amount about equal to a small walnut, and my friend, Dr. Moorhouse,

*Read before the Ontario Med. Association, June, 1885.

will doubtless remember what a difficult job we had, removing it piecemeal and mainly by the finger-nail, which is better than the placenta forceps, unless there is plenty of room. The vagina had been plugged before operating. The lochia did not smell badly at any time; the patient made a good recovery.

CASE III.—Feb., 1882, A.B., æt. 23. Was sent for four days after abortion at between third and fourth months; the patient was blanched and had fainted, but on lowering the head she regained consciousness. The os uteri on examination was patulous, freely admitting the finger; the placenta was removed without much difficulty in badly smelling shreds, and further hæmorrhage was controlled by carbolized hot water injections, as hot as I could bear my hand in. The temperature in this case kept up to 103°, with chills for three days, but subsided after the uterus was washed out with carbolic injections. Nourishing diet, with two-grain doses of quinine, were administered every third hour.

CASE IV.—Mrs. G., æt. 22, primipara. Was called upon to treat her, in conjunction with her family doctor, for lobular pneumonia. During convalescence she aborted at the third month; there was considerable hæmorrhage. I suggested plugging, but her family physician thought hot water would control the flooding. It did so, but the placenta still remained. It is not necessary to describe the case in detail, but I may state that, for a period of fifteen days, there was more or less hæmorrhage, but no offensive discharge. She alternated between attacks of pneumonia and symptoms resembling malaria (but which doubtless arose from the absorption of the septic material from the retained placenta). She would not permit the uterus to be examined. Six days before her death the parotid and cervical glands gave indications of suppuration. After a further consultation, permission was obtained to irrigate the uterus, which brought away quantities of shreddy material, which smelled badly; but she gradually sank, and died thirty days after the abortion.

CASE V.—Mrs. T., æt. 18, primipara, aborted at fourth month. The next day I was called upon to treat her for an alarming hæmorrhage. Plugged the vagina, and after fourteen hours removed the placenta; there were no bad symptoms, the patient making a good recovery.

CASE VI.—Mrs. W., æt. 30. Was not called upon to attend this case until six months after the abortion. I found the following conditions, so graphically described by John Bell: "Pale, languid, and giddy; pulse flutters and is hardly to be felt; breathing is quick and anxious, accompanied with sighing and great oppression; heart palpitates on the slightest exertion, and the slightest inclination of the head or rising suddenly from the couch endangers fainting; voice is low; eye languid, colorless and of a pearly white; the flesh feels soft and woolly, and the skin is pale and yellowish—gelatinous and, as it were, translucent, like modelled wax; dropsy appears." This latter symptom was not very marked. She had attempted to work, but had fainted so often, that she was compelled to take to her bed. She was treated with hæmatics and quinine, and a generous diet. She is still under treatment, and it is doubtful if she will ever fully recover.

In summing up, we are to bear in mind that we are not dealing with a natural labor. The generative organs are not prepared for the strain that is put upon them. In a perfectly natural labor, the coagulating process is completed before nature is prepared to safely part with the placenta, or even manifests a disposition to expel it. The formation and presence of coagula, first in the placenta and then in the uterine sinuses, are the very agents that normally excite uterine contractions, and thus effect the expulsion of the placenta. In an abortion, on the other hand, the uterine muscular fibres are not developed, or very imperfectly, and being unable to perform their functions, the placenta is not expelled. In the normal state the placenta acts as an irritant, the uterus contracts upon it, thus forming a tampon; the contractions cut off the blood supply from the placenta, and it in turn tampons the uterine sinuses until the coagulum is formed in them. The blood thus cut off from the placenta goes to nourish the muscular fibres of the uterus, and in a little time they are strong enough to throw out the now unnecessary placenta. In a normal labor we ought to wait for from twenty minutes to one hour, until the coagulation process is completed. But in the cases we are considering, would waiting be of any service? At the end of three or four hours, or as many days, we find the placenta as adherent as ever, unless (as is commonly the case) it has become

partially separated, which fact is indicated by hæmorrhage; or we have the other condition, that of septicæmia. Playfair says, "that the one great primary cause of post-partum hæmorrhage is inertia." Therefore, to overcome the inertia, we should give ergot; then, in order to give time to act, plug the vagina, on removing which we very frequently find the placenta comes away with it. In Case 5, the removal of the cause stopped the hæmorrhage. Dr. Parish mentions a case of uterine hæmorrhage of three weeks, following a miscarriage at third month, cured by scraping with the wire curette, which simply brought away some granular matter. The application of the tampon is of great importance, as the pressure of the cotton on the uterus has a powerful effect. The best effects are obtained by not pressing each pellet of cotton too strongly, each one acting as an elastic ball; on removing these, I have found them quite elastic after fourteen hours. The vaginal orifice should close over the filling.

Concerning ergot, I have not found the various fluid extracts to act as well as an infusion of the powdered drug. If the cervix should not dilate sufficiently after using the plug, we might dilate with a tupelo tent, sufficiently to allow us to use the wire curette. Hundreds of women are sacrificed to the let-alone policy; exhausting hæmorrhage or fatal septicæmia is almost sure to follow a retained placenta. Dr. Paul F. Mundè has removed the secundines 57 times, with but one fatal result from septicæmia, and that was present before the operation. Some of the causes of hæmorrhage are, hæmophilia, mental emotion, functional disease of the liver, incautious use of stimulants, sudden assumption of the erect position; the local causes, irregular and insufficient contractions of the uterus, clots, portions of the retained placenta or membrane, retroflexion, laceration or erosion of the cervix, vagina or vulva, lacerations of the cervix being more apt to occur in premature births.

THE MODIFIED GEHRUNG PESSARY IN PROLAPSUS UTERI ET VAGINÆ.

BY W. W. TURVER, M.D., PARKDALE, ONT.

I herewith introduce to the notice of the profession a pessary suitable to cases of prolapsus uteri of the second and third degrees. It is a modification of Dr. Gehrung's (St. Louis) double horse-shoe

pessary. It is composed of soft rubber, moulded on soft wire, adjustable and easily fitted to each case. It has been tested for over two years and a half in my own practice with satisfactory results. It is especially serviceable where there is much weight to be borne, as in uterine hyperplasia; also in cystocele, and in menorrhagia and metrorrhagia, associated with uterine enlargement and congestion.

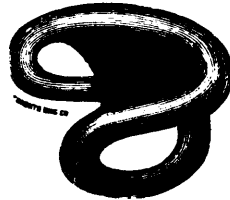


Diagram No. 1.

Diagram No. 1 shows the instrument with flexible apron springing from the upper branches.

Diagram No. 2 is a side view, showing the cervix uteri resting in the concavity, and may be more minutely described as follows:

Commencing at a point *a* which is opposite the pubis to *A* is the rounded superior portion, one and one-half inches from side to side, on which the base of the bladder rests; *A*, along the dotted line to *E*, represents the concave portion behind *a* to *A*, which receives the convex anterior surface of the cervix and fundus.

E represents the flexible dependent portion or apron in which the concave portion *A* to *E* terminates, so that the flexibility of *E* makes it a point of motion. That is, when the fundus uteri is pushed back by a full bladder in the arc *B* to *b*, the cervix describes a small arc forward at *E*; the varying conditions of the bladder rendering continuous pressure on any portion of the anterior surface of the uterus impossible along *A* to *E* or at *E*.

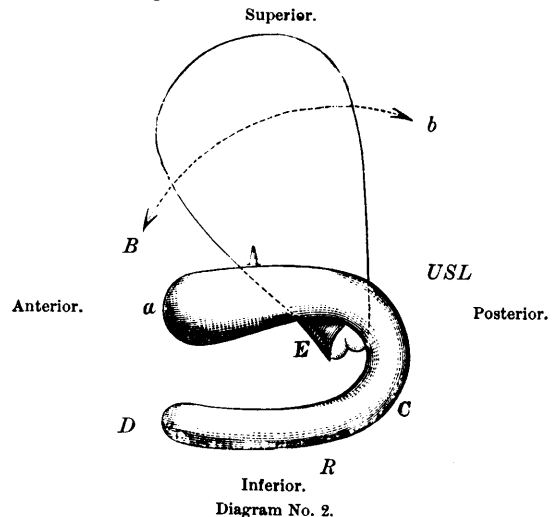


Diagram No. 2.

C represents the right side-branch of the pessary. The left side-branch is like it. Both branches pass backwards on each side of cervix uteri; downwards along the sacrum, each branch being immediately under each utero-sacral ligament if the rectum is distended, thence forwards, resting on the soft parts on either side of the rectum, and terminate in front by uniting in a curve at *D* immediately opposite

the ostium vagina. C to R is the portion that straddles the rectum, resting on the soft parts on the most dependent portion of the floor of the pelvis. The curve D is the part of the pessary felt in a digital examination when *in situ*. Passing the finger over D, the full rectum can be felt between the branches at R. Raising the point of the finger to E, the cervix uteri will be felt on a level with the lower border of the flexible apron E and resting upon it. Pressing the finger laterally, the base of the bladder may be felt folding over each side of *a* to A and encroaching on the space below the upper convex portion *a* to A.

B along the dotted line to *b* represents the curve through which the fundus swings when the bladder is full or empty. The space contained by lines connecting the letters *a* B A

would indicate the position of the bladder when collapsed. U S L indicate where the utero-sacral ligaments are joined to the cervix uteri; by lifting up the uterus in the way indicated, shows how much the tension will be taken off the utero-sacral ligaments.

Diagram No. 3 shows the cervix resting on the flexible apron between the side branches.

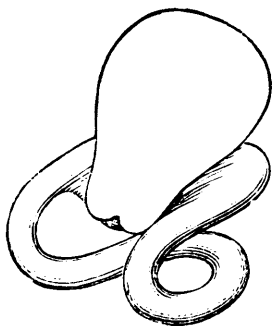


Diagram No. 3.

I append a few cases in which it has been successful.

CASE I.—Mrs. C. came into my hands September 26th, 1882. I found her suffering from uterine areolar hyperplasia, chronic uterine congestion, metrorrhagia and menorrhagia. The flooding had been continuous for four months. She had miserable health for the past two years or since the birth of her last child. The case was complicated by the usual secondary or remote diseases: anæmia, impaired digestion, congestion and functional disorder of the liver, neuralgias, inability to walk, etc.

By the 1st of January, 1883, most of the symptoms were improved, except the locomotion and distressing pains resulting from prolapsus uteri. I had tried an excellent pessary recommended for such cases, viz., Dr. Gehrung's, of St. Louis. It answered very well for a day or two, but was too hard and not of sufficient breadth to carry the weight. The effect on the tissues was to form a deep depression on the anterior portion of the cervix, with tumefaction of the tissues above and below the depression.

After many experiments and failures, I succeeded in producing the pessary presented to you. As soon as it was applied, she said she seemed very

comfortable, and that she thought it would succeed. I visited her every three or four days for the next two weeks, and was gratified to find that it was entirely satisfactory. She immediately began visiting friends in the adjacent city, walking three or four miles every day without inconvenience. From the time the pessary was first applied, she remained under my care for six months, gaining strength the whole time. By recent correspondence, I learn that her health has been completely restored. After wearing it for three or four months, she stated that she never was so free from backache since she was a girl.

CASE II.—Was a patient of Dr. Woolverton's, of the city of Hamilton, who stated that it acted satisfactorily.

CASE III.—Mrs. W. came into my care in March, 1884, suffering from complete or external prolapse of the uterus of eight years' standing. Being poor and unable to pay for an operation for the purpose of diminishing the capacity of the vagina and narrowing the outlet, I concluded to try the pessary or support as I called it. She had extensive erosion of the cervix, with great difficulty in urinating, was a constant sufferer, and expected to be laid up for a month. I reduced the dislocation, by putting her on her hands and knees and using gentle pressure. I introduced Dr. Gehrung's double horse-shoe pessary, recommended by Dr. Mundé, in his work on Minor Gynecology. It caused a ring of ulceration in three or four days. I should explain that I used it because I had none of my own or hand. I removed Dr. Gehrung's and applied my own. She has been wearing it with perfect comfort and success ever since, that is for eighteen months, and began attending to her regular duties immediately, and states that she is not conscious of wearing anything, and wishes she could have seen me eight years ago.

The following letter was addressed to me, which is conclusive of continued success :

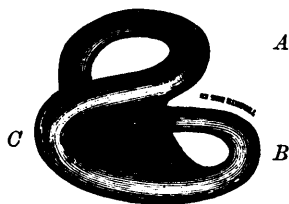
PARKDALE, August 29th, 1884.

DEAR SIR,—It is with much pleasure I am able to say that I am so much improved. I suffered over ten years. Since I came under your treatment I have been quite a new creature. I cannot express my thankfulness too much for what you have done for me. It is now six months since I commenced wearing your support, and I attribute my restoration to its use.

Yours truly,

A. W.

I should say in explanation that she is entirely recovered from the complete prolapsus, and is now wearing the pessary for a slight cystocele. The success in this case, the patient being over sixty years of age, is due to extinction of the ovarian function, causing atrophy of the uterus when placed in the natural position. The fact of this patient wearing this instrument with comfort since March, 1884, distinctly proves that there is nothing in the material of the instrument to produce any irritation. Should there be any leucorrhœa, treat this first with glycerine and cotton tampons attached to a string, kite-tail fashion, daily. A piece of cotton saturated with glycerine or vaseline and placed between the branches for a few days, will secure toleration of the instrument at once if suitable.



The following are the directions for applying the pessary:—Place the patient on her back with the knees drawn up, turn the broad side of the pessary down, with the convexity C pointing to your left side and the side branches A and B to your right side. Take the side branch A nearest to you between your thumb and index finger of the right hand. Introduce the other side branch B until three-fourths of the pessary is introduced, then by rotating the side branch A between thumb and finger upwards, and into the right of the pelvis, the instrument is brought into its natural position, with side branches on each side of cervix, and the cervix resting on the concave flexible apron.

Correspondence.

FILARIA SANGUINIS HOMINUM.

To the Editor of the CANADA LANCET.

SIR,—I herewith send notes of a case which fell under my notice presenting something new, (at least to me) and perhaps interesting to others. Patient, aged 58, physician; with exception of occasional attacks of lumbago has enjoyed good health until within a year ago, when, he had a slight attack of hæmaturia; attacks continued at

intervals of a few months, but in no instance was the amount of blood passed of sufficient quantity to cause prostration. Health was considerably improved for some time previous to last attack. The first indication of trouble was the passing of several ounces of blood during micturition in the evening after returning from professional visits. Through the night hemorrhage increased to an alarming extent. Confères were summoned, the usual hæmostatics applied by mouth and vesical injection. Hemorrhage continued more or less for three days, leaving patient extremely weak and blanched. Strength gradually returned under ferruginous tonics. Excruciating tenesmus was experienced at each attempt to micturate, probably caused by irritation of catheter and sound which were used to facilitate the passage of blood. Did not see patient until hemorrhage had ceased. External examination of parts revealed nothing abnormal. Urine contained a mere trace of albumen, a little mucus, and abundance of phosphates; no pus was found; sp. gr. normal. The microscope showed a few blood corpuscles, large crystals of phosphates, a few renal and bladder epithelium, and an abundance of worms, about one-seventieth of an inch in length, tapering unequally towards each extremity very much resembling the earth worm in shape; body transparent, without any definite structure. Some were coiled upon themselves others extended, but to all appearance lifeless. Previous to this no microscopic examination of the urine had been made.

Roberts speaks of this parasite, *filaria sanguinis hominum*, as being a not uncommon cause of renal hemorrhage in hot climates. The writer would be glad to receive through the "LANCET" any information regarding—*a*. The frequency of this parasite in our own country—*b*. Its importance as a cause of hæmaturia—*c*. Its natural history, including reproduction, method of operating, etc.—*d*. And most efficient method of dislodging it?

Yours, etc.,

E. A. HALL, M.D.

Glamis, Ont.

Reports of Societies.

CANADA MEDICAL ASSOCIATION.

The eighteenth annual meeting of the Canada Medical Association was held in Chatham, Ont.,

on the 2nd and 3rd ult. There was a large number of members present and also a number of visitors and delegates from the United States.

The chair was occupied by the retiring President, Hon. Dr. Sullivan, of Kingston, who congratulated the Association on the splendid arrangements which had been made for the meeting, and the excellent programme which had been provided. He briefly referred to the rebellion in the Northwest, and the part there taken by the members of the medical profession. The care of the sick and wounded had been excellent, and the highest encomiums were pronounced on the members of the ambulance corps, the members of which displayed commendable bravery. In conclusion, he paid a high compliment to Dr. Osler, the President-elect, whose scientific attainments had given him a world-wide fame, and installed him in the chair.

The address of the President on assuming the chair was an eloquent and highly interesting sketch of the history and progress of medical education in Canada. He began by referring to the early history of the Association and its trials and difficulties. He then alluded to the Medical Acts in force in the different Provinces, and especially contrasted the Act in force in Quebec with that of Ontario, which he regarded as the most perfect piece of medical legislation yet enacted in any country. The early history of medical colleges in Canada was next alluded to. The early demise of King's College medical faculty was, in his opinion, a calamity to the profession in Canada, inasmuch as it was the only attempt ever made to establish an endowed school. He next referred to the large number of medical colleges in Canada in proportion to the number of medical students, viz., eleven schools to about nine hundred students. Of these about seven hundred were enrolled in four of the schools, leaving the balance to be divided among the remaining seven schools. The impossibility of properly equipping and sustaining these smaller schools out of the fees of the students, which is almost the only source of income, was dwelt upon. In conclusion, he alluded to the handsome endowment of McGill College, and trusted that the time would soon come when the Ontario schools would be similarly endowed, especially such chairs as physiology and pathology.

Dr. Grant, of Ottawa, proposed a vote of thanks to Dr. Osler for his interesting address. The

Association was then on motion divided into sections, and Dr. Harrison, of Selkirk, appointed chairman of the Medical section, and Dr. Edwards, of London, chairman of the Surgical section.

MEDICAL SECTION.

Dr. Grant read an account of an interesting case of "Aortic Aneurism," illustrated with an exhibition of the specimen. The patient had been afflicted for nearly four years before death, the treatment being complete rest with large doses of iodide of potassium. Considerable discussion followed, and great interest was manifested in the pathological exhibit.

Dr. Worthington contributed a paper on "Intermittent Cerebro-Spinal Meningitis."

Dr. Arnott read an excellent sketch on the "Sources of Malaria." Both these papers brought out an interesting discussion.

Dr. Holmes, of Chatham, presented a paper on "Puerperal Mania," and cited several cases in which it was found that laceration of the cervix was evidently the cause of the trouble. In these cases as soon as the laceration was cured recovery began.

Dr. Graham, of Toronto, presented a specimen of "Dissecting Aneurism of the Thoracic and Abdominal Aorta." The specimen was carefully examined.

Dr. Wilkins, of Montreal, read a highly interesting paper, and showed specimens—microscopical and macroscopical—illustrating the "Infectious Character of Tuberculosis."

Dr. Stewart, of Montreal, presented a paper on the curability of the "Chronic form of Infantile Paralysis" (polio-myelitis anterior chronica), which was most interesting. Galvanism was the only treatment pursued, and the internal use of medicine was not recommended. Considerable discussion followed the reading of this excellent paper.

Dr. McKeough, of Chatham, presented in very concise form notes on "The use of Pilocarpine in Puerperal Eclampsia." The conclusions arrived at were, that under certain circumstances, the use of pilocarpine was most beneficial, but that it was a remedy which experience proved should be employed with great caution.

Dr. McLean, of Ann Arbor, Mich., related a case which he considered could not be due to uræmic poisoning, but rather to reflex irritation.

Dr. Ross, of Montreal, said that attention should be paid to the irritation of the nerve centres. He

did not favor the use of pilocarpine during the convulsions, but thought that it might be used afterwards to promote reaction of the skin and kidneys. He favored the treatment of the first uræmic symptoms. He had never resorted to any means to hasten delivery in these cases. He believed that large doses of chloral hydrate were more beneficial.

Dr. Grant, of Ottawa, agreed with Dr. Ross, and thought the course recommended by Dr. Thomas, of New York, in looking carefully after the early uræmic symptoms was the best one to follow.

Dr. Bethune, of Wingham, exhibited an interesting specimen, showing a parasite removed from an abscess in the thigh.

Dr. Whiteman, of Shakespeare, Ont., read a paper on "Pelvic Peritonitis and Pelvic Abscess."

SURGICAL SECTION.

Dr. Carstens, of Detroit, read a paper on "Removal of Uterine Fibroids." The first case was that of a woman aged 40, in whom uterine fibroid was diagnosed within the broad ligament, and abdominal section determined on. On opening the abdomen, a large tumor was discovered within the broad ligament of right side and one small one. The ovaries were very adherent and were removed. The pedicles were ligatured and the tumors taken away. There was considerable hæmorrhage, and some twenty vessels had to be tied with silk and catgut. The patient made a good recovery.

The second case was a married woman aged 45, with enlargement of the abdomen and repeated uterine hæmorrhage. A submucous fibroid was diagnosed. The os was dilated with difficulty and a posterior incision in the cervix was made, the tumor enucleated and removed with an écraseur. The wound in the cervix was stitched and the patient was able to sit up in six days. Dr. Carstens insisted on the necessity of abdominal section in many of these cases.

Dr. Gardner preferred bilateral incision of the cervix in such cases, and does not sew up the wounds. He recommended irrigation of the uterus with two parallel tubes every two hours after operation.

Dr. Fulton, of Toronto, read a paper on "Subperiosteal Amputation." and cited a number of cases in which he had practised this method of amputation during the past six years, both in hos-

pital and private practice, with most satisfactory results. This method was first advocated by Walther, seventy years ago, but was put into practice by Ollier in 1859. With the introduction of anti-septic surgery the operation was revived and now promises to take a prominent place amongst surgical operations. Dr. Fulton described the operation and stated its advantages, the chief of which are, 1st. The cut end of the bone is covered by the tissue physiologically suited to protect it. 2nd. The bone does not become adherent to the end of the stump. 3rd. The medullary canal is closed in rapidly and effectually, by new bone. 4th. Danger from the spread of inflammation or suppuration to the bone is guarded against. Experiments on animals have shown that a flap of periosteum rapidly closes the medullary canal and prevents the occurrence of osteo-myelitis. The operation is especially adapted to cases in which the medullary canal is in a soft and unhealthy condition, such as is frequently met with in amputations for diseased bones and joints. The reader of the paper was strongly convinced of the utility and value of this method of amputation.

Dr. McGraw, of Detroit, remarked that Langenbeck had performed subperiosteal amputation in 1862, but, as the case did not turn out very well, he did not continue to adopt this procedure in his amputations. Dr. McGraw believed that it is most important in amputations to draw together similar tissues. He strongly approved of the subperiosteal method of amputating.

Dr. Donald Maclean, of Detroit, said that many of the so-called advances of modern surgery are of very questionable benefit, but the one recommended by the reader of the paper seemed to have much to recommend it. It is the duty of the surgeon to pay more attention to the details, not only of the operation, but the after-treatment, and to everything to avoid unpleasant after-results.

Dr. Davidson, of Toronto, thought the operation should be more practised than it is now. He thought that in performing the operation the periosteum should be reflected back before the bone is cut, thus necessitating only one division of the bone.

Drs. Samson, of Blenheim, and Shepherd, of Montreal, also took part in the discussion.

Dr. Shepherd, of Montreal, read a paper on "Ligature of the Linguals in Excision of the

Tongue," in which he maintained that the operation of excision of the tongue, with preliminary ligation of the linguals, facilitates the removal without adding much to the risk of the operation. He considered that in excision of the tongue it is as important to excise diseased glands in the neck as it is to remove diseased axillary glands in extirpation of the breast, and the incisions for ligation of the linguals facilitate their discovery and removal. He recommended the use of iodoform gauze dressings in these operations.

Dr. Maclean, of Detroit, said that when there was no involvement of the glands of the neck, he preferred removing the tongue with the *écraseur*. The great danger of all the operations for the removal of the tongue is septic disease of the lungs.

Dr. Grant, of Ottawa, intended, when a proper case presented itself, to practise the operation. He related a case of deep-seated abscess of the tongue which had lately been sent to him as one of malignant disease.

Dr. Atherton, of Toronto, did not think ligation of the linguals a very simple operation. He advocated the performance of preliminary tracheotomy in excision of the tongue, as by this means the wound is kept aseptic and septic involvement of the lungs prevented.

Dr. W. Gardner, of Montreal, read the report of a case of "Double Uterus, with Atresia and Hæmatometra of left Chamber." The presence of fluid was diagnosed, and on opening into the chamber, fifty ounces of tarry blood escaped. The cavity was washed out by double drainage tubes. The patient did well for a week, but the temperature then rose and she died of peritonitis, nineteen days after the operation. The autopsy showed a bi-cornate uterus, the left portion containing tarry fluid. The left Fallopian tube was sacculated and contained the same tarry fluid, and other smaller hæmatoceles were found in the broad ligament; the left ovary could not be distinguished. These cases are rare and the prognosis is grave. Dr. Gardner regretted that he had not opened the abdomen, removed the tube and ovary and drained the cavity.

Dr. Roswell Park, of Buffalo, reported a case of "Extirpation of the Larynx for Malignant Disease," and exhibited a model of an artificial larynx after Gussenbauer's pattern. The case was that of a man, aged 64, who suffered from papilloma-

tous disease of the larynx which had undergone cancerous degeneration. The operation was performed on the 28th of last June. The epiglottis was left behind, and the first ring of the trachea removed with the larynx. The wound was packed with iodoform gauze and healed rapidly. The patient was fed for the first few weeks by a tube passed through the wound. He is now wearing an artificial larynx, and can swallow well and talk with ease. The removed larynx was exhibited and showed the malignant disease completely blocking up the rima glottidis. Dr. Park said that this was the 95th extirpation of the larynx, and the third on this Continent.

Dr. Atherton, of Toronto, then read a paper on "Laparotomy for Uterine Myomata," citing two cases. In the first case the tumor was of considerable size and intra-ligamentous. The pedicle was transfixed with pins, compressed with a rubber bandage, removed by a wedged-shaped incision, and the vessels ligatured. The two edges of the stump were sewed together and the abdominal wound closed and drained. The patient recovered. The second case was a young lady, aged thirty-five who had had an enlargement of the abdomen for some years, with recurrent hemorrhages. On opening the abdomen a large tumor was found filling up the posterior part of the pelvis and firmly adherent; the adhesions were separated with the finger, and the tumor removed as in the former case, but the adhesions were extensive and troublesome. A drainage tube was used and the abdomen closed. The patient died on the fifth day.

Dr. Gardner, of Montreal, said that the suggestion of Dr. Atherton to close the cervix by a preliminary operation was a good one.

Dr. Eccles, of London, said that the removal of part of the uterus with a myoma produced a great shock, and mentioned a case in which he had removed a fibroid by the wire *écraseur* in a woman aged 59. Suppuration followed but she recovered.

Dr. Jenks, of Detroit, never had a case of recovery where there were extensive adhesions in Douglas's cul-de-sac. In all abdominal operations he advised the bowels to be thoroughly emptied to prevent tympanites, and recommended the use of ox-gall as a laxative in ten to twenty grain doses,

Dr. Fulton, of Toronto, also endorsed the view that clearing out the contents of the bowels pre-

vented tympanites. He thought that the method of drainage into the vagina had not been sufficiently tried, and believed it a most scientific and rational procedure.

Dr. Rutherford, of Chatham, read a paper on "Suprapubic Urination." He described the suprapubic tapping with trocar, and the introduction of a soft catheter. He cited four cases, where the operation had been performed for retention from enlarged prostate. In one case the patient had been for four and a half years, urinating through the suprapubic opening. In another the patient, after urinating for some time through the artificial opening, was able afterwards to pass his water by the natural passage.

Dr. Burt, of Paris, Ontario, read a paper on "Internal Urethrotomy." He used Maisonneuve's instrument, and said that he had never seen any evil results follow the operation. He had frequently operated most successfully in very severe cases and with permanent relief. The operation is easy of performance and safe, and in most cases followed by a permanent cure.

The following officers were elected for the ensuing year: President, Dr. Holmes, Chatham; Vice-Presidents—for Ontario, Dr. Sloan, Blyth; for Quebec, Dr. Colin Sewell, Quebec; for New Brunswick, Dr. Earle, St. Johns; for Nova Scotia, Dr. Wickwire, Halifax; for Manitoba, Dr. Brett, Winnipeg; General Secretary, Dr. J. Stewart, Montreal; Treasurer, Dr. Sheard, Toronto; Local Secretaries—for Ontario, Dr. Wishart, London; for Quebec, Dr. Bell, Montreal; for New Brunswick, Dr. Lunan, Campbellton; for Nova Scotia, Dr. Almon, Halifax; for Manitoba, Dr. Good, Winnipeg. Quebec was chosen as the next place of meeting.

The Banquet given by the profession of Chatham on the evening of the first day, was a great success. The attendance was large and the speeches unusually good. The greatest credit is due to the physicians of Chatham and vicinity for their efforts to make the meeting what really was a great success.

NEW BRUNSWICK MEDICAL SOCIETY.

The fifth annual meeting of the New Brunswick Medical Society, was held in Fredericton, on the 21st of July, Dr. Walker of St. John, President, in the chair, Dr. Musgrove, Secretary. A large number of members were present, also several dele-

gates from the State of Maine, U.S. The President delivered an able and interesting address which was well received.

A communication was received from the Women's Christian Temperance Union, asking the Medical Society to co-operate with the Union in their efforts to prevent the drinking of intoxicating liquors, even as medicine when such medicines were not absolutely necessary.

Drs. Jonah, Coulthard, Steeves, Bruce and James Christie were appointed a committee to consider the communication.

Dr. Moore, of the Tariff Committee, reported that the tariff for applying a plaster jacket be fixed at from \$10 to \$50. Adopted.

Dr. Steeves reported from the medical council that the charge reported against Dr. George McKay, of Fredericton Junction, for passing under an assumed name was proved, but nothing was proved to disqualify him for membership of the society. Dr. Bayard had resigned as a member of the council and Dr. Thomas Walker had been added. The report was received and adopted.

The following officers were elected for the ensuing year:—President—Dr. P. R. Moore, Sackville; Vice-presidents—Dr. Coulthard, Fredericton, and Dr. Thorne, Havelock; Secretary—Dr. Musgrove, Carleton; Corresponding Secretary—Dr. Bruce, St. John; Treasurer—Dr. D. E. Berryman, St. John; Trustees—Drs. Barker, G. H. Coburn and Wm. Christie; Member of Council, vice Dr. Vail—Dr. G. M. Duncan, Bathurst.

Dr. Walker read Dr. Daniel's paper on "The Septic Influence of the Poison of Diphtheria in the Puerperal State," and Dr. Jonah read a paper on "The Artificial Feeding of Children." The latter paper caused a discussion in which several gentlemen took part.

SECOND DAY.

The association met at 10 A.M., Drs. Botsford, P. R. Moore, T. C. Brown and Musgrove, were appointed delegates to the Maine Medical Association.

Dr. Smith, of Woodstock, read an excellent paper on the "Causes and Treatment of Amenorrhœa."

Dr. D. R. Moore, of Stanley, read a paper on "New Remedies" which was fully discussed.

Dr. Jonah reported from the committee on the communication from the W. C. T. Union to the effect that the profession always have

endorsed the principles of temperance, while they fully recognize the value of stimulants as remedial agents, and they sympathize with the efforts of all temperance organizations to suppress the vice of intemperance, but the wording and sentiments of the resolutions presented us, are such that we recommend that the communication be placed on the table without discussion. The report was adopted.

Dr. Bruce read a very able paper on "A Clinical Study of Conjunctival Disease," which was discussed very fully.

Dr. Musgrove read a paper on "A Remarkable Case of Hysterical Contraction." He was followed by Dr. James Christie on "The Treatment of Wounds."

Dr. Sprague then read a paper on "The Causes and Treatment of Dysmenorrhœa."

Dr. Coulthard read notes of a number of cases of "Puerperal Convulsions."

The papers were discussed at considerable length and many interesting points brought out. After formal votes of thanks the meeting adjourned to meet next year in St. John, N. B. A conversazione took place in the evening, and was a great success.

Selected Articles.

TUMOR OF THE CORPORA QUADRIGEMINA.

The case recorded by Dr. Carnazzi, *Rivista Veneta di Scienze Mediche*, is of especial interest, from the light it throws on the functions of the parts involved, and from the fact that the opinion formed during the patient's life as to the nature and seat of the tumor was confirmed after death.

The patient, a man named Colombi, age 31, had good health till the middle of last July. Then he began to suffer from short sharp attacks of frontal headache, at intervals of several days. The attacks gradually increased in frequency, in severity, and in duration. Then they were accompanied by giddiness and vomiting. The mental faculties, hitherto unaffected, were disturbed only during the attacks. Silly acts were performed, ideation and perception were clouded, and memory was weakened or suspended. In the intervals between the paroxysms, the patient appeared quite well in every way. This alternation continued for two months, when the patient was taken into hospital in the middle of September.

At this time he was slow in expressing himself, and he had a slightly stupid look, but there was no

lack of harmony amongst the features. The senses, sight, hearing, smell, and taste, were normal. The right pupil was somewhat mydriatic; but both reacted to light. There was no facial spasm or paralysis, and the tongue was protruded without deviation. While the patient was in bed, there was no functional alteration either in the trunk or in the extremities. When he was made to get up and walk, his gait was staggering. In the upper limb there was not any disturbance of function. There were no anæsthetic or hyperæsthetic points. Excretions and secretions were normal. The pulse and respiration were normal, and there was no fever. The patient complained only of continuous weight in the head, and of headaches recurring every ten or twelve hours, followed by vomiting or attempts at vomiting. This was the condition of Colombi when he was received into hospital, two months after the first symptoms had shown themselves

Some days after this he was seized with a slight convulsive attack, rolling over on the left axis of the body, and remaining unconscious for about ten minutes. When he came to, he was confused in mind. Vision was obscured on the right side; the right pupil was mydriatic, and the iris inert. The left eye remained normal. During the attack the radial pulse fell as low as forty-four beats a minute, and remained at this point for some hours. These attacks recurred at first at intervals of four or six days; then every twenty-four hours, and lasting two or three hours at a time. The pulse on these occasions fell to forty or forty-two beats; and the respirations became stertorous.

With the progress of the case other symptoms appeared. Strabismus occurred, at first during sleep, then in waking hours; the right eye was turned upwards, the left downwards. The head and trunk were permanently drawn backwards to the right; and lower limbs contracted. The sight of the right eye gradually diminished to absolute blindness, and the left eye followed the same course later on. In the last fifteen days of the patient's life rapidly advancing bed-sores and a sacral abscess showed themselves. On November 13 the patient died, greatly emaciated.

Professor Lussana, who saw the case, diagnosed a cystic tumor of the mesocephalon. The author, after repeated examinations, was able still further to localise the disease as a cystic tumor in the corpora quadrigemina, especially on the left side.

The post mortem examination revealed a tumor about the size of a hen's egg, situated upon the corpora quadrigemina, which it had rendered atrophic. Hardly a trace was left of the divisions between its parts. The tumor was in contact with and slightly buried in the anterior-superior border of the cerebellum, where there was a slight and superficial softening corresponding to the origin of the transverse and superior peduncles.

The softening extended about a centimetre on the right side, and a half centimetre on the left. The thickening and compressed peduncles did not present any change in texture. The tumor was a round-celled sarcomatous cyst containing about forty grammes of a creamy whitish fluid, probably mucoid degeneration. In the lateral ventricles were found several small hydatid tumors attached to the choroid plexus; four in the right ventricle, three in the left.—*London. Med. Journal.*

TREATMENT OF ACUTE RHEUMATISM.—At the annual meeting of the British Medical Association, DR. PAVY, in discussing the treatment of acute rheumatism, said that this was one of those subjects upon which the hospital physician might specially feel himself entitled to speak. He had formed a very strong opinion with regard to the salicylate treatment. His experience now contrasted in the strongest possible manner with his experience before the treatment was introduced. Students of the present day had no opportunity of seeing in the wards the disease run its natural course, with all its urgency and severity of symptoms, as they had formerly, when it might be said there was no treatment known that produced any decided impression upon it. To use the salicylate treatment to effect, the agent must be given largely. The usual plan at Guy's Hospital was to give twenty grains of salicylate of soda every two hours for the first twenty-four, thirty-six, or forty-eight hours. By this time the pain was generally removed from the joints, and the temperature brought down, and the patient altogether placed in an easy condition. The frequency of the dose might then be reduced to every three hours, and later to every four and six hours. What he considered of the greatest importance was that, notwithstanding the complete subsidence of the disease, the treatment in a case that was severe should be continued for at least twelve or fourteen days. He sometimes met with a certain amount of discontent in having this carried out. The patient often could not be brought to understand the necessity of being kept in bed, and upon the milk and farinaceous diet to which he was restricted for at least the time named, and would press for the restrictions imposed to be removed. His experience led him to conclude that the salicylate treatment, in subduing the symptoms as it did, simply controlled the manifestations of the disease, without absolutely removing or eradicating that which gave rise to the manifestations. Time was required for this to subside; and if, during this time, the treatment, or that which kept the condition under control was removed, immediately it manifested itself by a return of the symptoms. This was the view that forced itself upon him from what he had seen. It accounted for many of the relapses that occurred,

and explained the necessity of keeping the patient under treatment for a definite time, however speedily the disease might appear to have yielded. The treatment did not influence the complication as it did the disease itself. With the disease subdued at once by this treatment, the complications were not likely to arise as under other circumstances; but, if a patient were admitted with pericarditis or endocarditis, this was not influenced in any marked manner by the treatment. Hyperpyrexia was not controlled by the treatment; if it were, the management of this grave condition would be much more easy than it was. The more acute and general the case of rheumatism, the better he considered it adapted for the salicylate treatment. Indeed, in chronic or subacute cases, or where only one or two joints were attacked, he had not found any decided benefit derivable from it. Sometimes the salicylate produced toxic effects, which constituted a barrier to its further administration to the extent required. Directly these toxic effects showed themselves, his plan was to take off the salicylate and administer salicine in a similar dose. This, he found answered what was wanted. He did not begin with salicine in the first instance, as, rightly or wrongly, he was under the impression that the salicylate was the more powerful anti-rheumatic agent of the two.—*British Medical Journal*, August 22, 1885.

IMPORTANCE OF INQUIRING INTO THE CONDITION OF THE BLADDER.—MR. LUND, Professor of Surgery in the Victoria University, in lecturing, spoke of some genito-urinary troubles. Referring to a topic which cannot be too often brought before practitioners, viz., retention of urine, Mr. Lund mentioned three striking cases. One was that of a young lady in whose case he was called in consultation to perform paracentesis; retention of urine was found. Another was that of an elderly man, with what was supposed to be a pelvic tumor pressing on the rectum, and causing tenesmus and difficulty in defecation. A quart of urine was drawn off, and the urgent symptoms soon disappeared. Another case was that of an elderly gentleman, who was suddenly seized with giddiness and rigors while at work in his office. Profuse perspiration came on. He went to bed and vomited. The abdomen was distended, and hernia was suspected. Mr. Lund catheterized and removed five pints of urine. Mr. Lund's second case reminded me of one recorded in Dr. Mathews Duncan's "Clinical Lectures." Dr. Duncan was sent for to pay a "satisfaction" visit to a patient said to be dying with malignant disease of the rectum. He was told that the growth could be felt in the iliac region, so far had it advanced. On examination the case was found to be one of enormous fecal accumulation in the bowel. On "digging" this out the symptoms disappeared.

When puncture of the bladder is required, Mr. Lund prefers the suprapubic method. "It is" he says, "cleaner, and an instrument can more easily be retained."

In infants, circumcision should always be performed, he thinks, when the prepuce "balloons out" during micturition. Otherwise the straining tends to cause inguinal hernia. When a hernia has been produced Mr. Lund prefers the "worsted truss."

A case of vesical calculus was described in which the symptoms of stone were marked by enlargement of the prostate. The stone was kept from pressure on the collapse of the bladder, and perhaps kept in one place by its shape, it having become moulded to the neck of the bladder above the base of the prostate. Another case was mentioned in which the converse occurred, viz., a stricture far back in the membranous urethra caused such dilatation of the prostatic portion as to set up symptoms of calculus, which subsided on division of the stricture. An interesting case was referred to by the lecturer, in which a "click" was heard on introducing a metallic catheter into a woman's bladder, after a sound had failed in producing any. It was afterward found that this only occurred when the stream of urine was stopped by placing the finger on the mouth of the catheter. The bladder possessed great expulsive power, and while the urine flowed freely there was no sound.—(London Letter.)—*N. Y. Med. Record.*—July 18th.

THE FUNCTION OF THE THYROID GLAND.—Most works on physiology pass over the thyroid gland with a very superficial mention. It is said to exercise some part of importance in fetal life, no one knows what. In extra-fetal life it is said to be partially atrophy, and to be merely a useless organ to the adult—rather worse than useless as in goitre it becomes inconvenient, and sometimes dangerous.

This shows how little we know about human physiology. Recent researches have shown that the thyroid gland has an intimate and all-important relation to the highest functions of man, those of his brain. This fact was first developed by the extirpation of the gland in goitre, a proceeding which, according to the received views, ought to be wholly indifferent to the economy. Such is far from the case. After the total extirpation of the gland, the subjects steadily lose their mental vigor; the features become heavy; the speech slow and dull; the muscular system weakens, and the skin turns rough, thick, and hard; in short, a condition gradually supervenes strikingly like that called by Charcot *myxœdema*, or the pachydermic cachexia. They become *cretins*.

If ever so little of the gland remains, it is sufficient to prevent these changes; but its complete

removal surely entails them. Experiments on dogs and cats yield similar results. The animals do not long survive, but are attacked with convulsions, somnolence and paralysis, which prove fatal.

Two theories have been advanced to explain these changes. One is that of Leibermeister, who maintains that the thyroid gland is the regulatory organ of the encephalic circulation, and that its abstraction throws this into chronic disorder. The other is that of Prof. Bruns, of Tubingen. He believes that the thyroid is either a depuratory gland which excretes certain substances poisonous to the nervous system, or that it fabricates certain substances indispensable to nervous vigor—which of the two he is uncertain.

The very important practical conclusion remains uncontested, that in all operations for goitre, a small portion of the gland should be allowed to remain.—*Med. and Surg. Reporter.*

TO PREPARE SURGICAL SPONGES.—The following is Mr. Lawson Tait's method of preparing the sponges, and but one person is trusted to do this: New sponges are first put into a large quantity of water with sufficient muriatic acid to make the water taste disagreeably acid. They remain in this mixture until all effervescence has ceased and all the chalk is removed. For this purpose it may be necessary to renew the acid several times. The sponges are afterward carefully and thoroughly washed, to make them as clean as possible and free from every rough particle. After being used at an operation, they are first washed free from blood, and then put in a deep jar and covered with soda and water (one pound of soda to twelve sponges). They are left in this about twenty-four hours (or longer if the sponges are very dirty), and then they are washed perfectly free from every trace of soda. This takes several hours' hard work, using hot water, squeezing the sponges in and out of the water and changing the water constantly. Leaving them to soak for a few hours in very hot water greatly assists in the cleansing. When quite clean, they are put in a jar of fresh water containing about one per cent. of carbolic acid, and after being in this way for twenty-four hours they are squeezed dry and tied up in a white cotton bag, in which they are left hanging from the kitchen ceiling (being the driest place in the house) till they are wanted.—*American Journal of Obstetrics.*

THE TREATMENT OF WHOOPING COUGH.—In his summary of treatment, in a clinical lecture delivered at the Philadelphia Hospital (*Medical News*), Dr. John M. Keating emphasizes the value of the steam spray and of the atomization medicated solutions, among which he ascribes value to Dobell's solution, eucalyptol, and thymol. With the bichloride he advises caution. Corrosive sublimate, which is now used for almost everything,

he says, has also been applied here in the form of the spray. He remarks that it is a dangerous drug to put in the hands of an inexperienced person, and, as we have so many other useful remedies for this affection, he thinks it is wise to avoid the use of corrosive sublimate. He has used listerine extensively with good results in the treatment of whooping cough. He employs it in the strength of one drachm to two ounces of water, with an ordinary hand-atomizer, directs the nurse to apply it twelve or more times a day, and finds that little children, even babies, do not object to it. He adds to it tincture of belladonna, potassium carbonate, or ammonia bromide, as the case may demand. Chloride of ammonia he also finds of great service in the form of a spray.—*New York Med. Journal.*

THE TREATMENT OF INTRA-UTERINE DISEASE.—Three papers on this subject (*Brit. Med. Jour.*, Nov. 29, 1855) were read before the Obstetric Section of the British Medical Association, at the fifty-second annual meeting.

Dr. Lombe Athill opened the discussion by a paper in which, after referring to the prejudice which formerly existed against treating the uterine mucous membrane as similar surfaces in other situations are treated, a prejudice which is fast disappearing, the author takes up the consideration of the best method of making such applications as may be necessary. He briefly sums up the conditions which demand such treatment, thus: "all affections of local origin giving rise to profuse menstruation, metrorrhagia, or uterine catarrh, or in which hyperæsthesia of the nerves distributed over the inner surface of the uterus exist." Polypi and other tumors he would exclude, but certain forms of recurrent growths, and of malignant diseases, are to be included. He specifies "local origin" in order to guard against conditions dependent upon affections of the tubes and ovaries being treated in this manner.

The agents he would employ are borax, iodine, carbolic acid, iodized phenol, nitric acid, iodoform, and solid nitrate of silver. Of these remedies, the author finds he uses carbolic acid in nearly seventy per cent. of cases requiring intra-uterine medication, iodized phenol in about fifteen per cent., and nitric acid in three per cent. Borax in the form of a saturated solution in glycerine he uses very occasionally in exceedingly mild forms of catarrh, which have nearly yielded to harsher remedies. Iodine, either in form of tincture or liniment, he considers very inert, as probably very little is absorbed, and its action is mainly caustic. Carbolic acid is the most useful agent, both for curing catarrhs and relieving pain. It should be applied every three or four days, and its use continued some weeks. Iodized phenol, which is iodine dissolved in carbolic acid, one part to three or four,

is of great value in certain cases, especially of hæmorrhage. Nitric acid is the most active of the agents. It does not cause much pain, but the cervical canal should always be protected by a tube of vulcanite or platinum. Iodoform is used in the form of slender crayons in some cases of dysmenorrhœa, and of fœtid discharge from the uterus. The solid nitrate of silver as recommended by Sir James Simpson for menorrhagia, depending on subinvolution of the uterus, does not act very satisfactorily, and the author rarely uses it.

All of the agents except iodoform and solid nitrate of silver are used by winding a bit of cotton on a flexible probe, and passing it into the cavity of the uterus. By using dry cotton first, and so removing the mucus, the application will reach the uterine mucous membrane more thoroughly.

There are four conditions where it is necessary to adopt other means: (1) When the mucous membrane is so vascular that the introduction of the probes is followed by hæmorrhage. (2) When the cavity is of large size. (3) When hæmorrhage occurs as the result of vascular growths. (4) When epithelioma affects the cavity of the uterus. For all these conditions the author has been in the habit of dilating, curetting, and applying nitric acid with very good results except in cases of epithelioma. In four cases, the details of which he gives in full, where there was a vascular growth inside the uterus, and where nitric acid failed to control the hæmorrhage, he was induced to try injections of iodized phenol, diluted with an equal part of alcohol, a method which was successful in restraining the hæmorrhage, and prolonging the patients' lives.

Dr. Thomas More Madden, in his paper on the same subject, after a short historical introduction, speaks of the methods of dilating the uterine canal, as by graduated series of dilators, where the tissues are lax, or by tents, especially laminaria, when there is more rigidity. Oftentimes to get the best effect of the agent applied, even when there is no abnormal growth, a moderate curetting beforehand is of advantage. The majority of cases calling for intra-uterine medication, are, according to Dr. Madden, those of what we should call areolar hyperplasia and subinvolution of the uterus. For this treatment he recommends fuming nitric acid applied with the necessary precautions, after thorough dilatation of the canal. Milder applications of carbolic acid, iodoform, and tincture of iodine are recommended later.

For the treatment of tumors within the cavity of the uterus, if submucous or pedunculated, he advises enucleation or écrasement. Within the past few years he has removed forty-two such tumors with thirty-nine recoveries and three deaths. He ends with urging the importance of general as well as local treatment in these cases.

Dr. John W. Byers emphasizes the importance

of the rôle which general endometritis plays in the production of the various changes in the mucous membrane and the resulting symptoms which call for intra-uterine medication. Of the four methods, by injections, by the introduction of remedies in the solid form, by ointments, and by swabbing or painting the remedies over the interior of the uterus, he prefers the last. His testimony as to the relative value of the different solutions recommended, and as to the use of the curette, agrees with that expressed in the other papers.—*Boston Med. and Surg. Journal.*

BORO-GLYCERIDE IN SKIN DISEASES.—Says Chas. Roberts, F.R.C.S., *Brit. Med. Journal*, as I do not remember to have seen any recommendation of boro-glyceride in the treatment of skin diseases, and as I have recently stumbled upon it and found it a most useful remedy for psoriasis and other scaly forms, and especially in allaying the itching which accompanies many forms of skin affections, I venture to call the attention of the profession to its use. A small sample of the preparation sent by the manufacturers happened to reach me while I was treating a very chronic and irritable case of psoriasis with little benefit from the usual remedies, and this coincidence led me to the use of the boro-glyceride as a local remedy with very gratifying results, and I have since employed it with gratifying results in other cases. The action of the drug is certainly not due to the glycerine alone, as I had already tried that substance without permanent benefit. I believe that I was the first or one of the first, to call attention to the use of liquor carbonis detergens as a local remedy for chronic eczema, and I was led to employ it in the same casual manner. While engaged in making some comparative experiments many years ago at the York Hospital on antiseptics and disinfectants, a sample of the liquor carbonis was sent to me by the manufacturers, and I immediately extended its use to the treatment of eczema, and especially to the chronic eczematous ulcers of the legs common in the out-patient room of the provincial hospitals. Many patients object to the use of the liquor carbonis on account of its pungent tarry smell; but no objection of this kind can be advanced against the boro-glyceride, as it is free from scent. It has, however, the drawback of being sticky, like pure glycerine, while it has, on the other hand, the advantage over many other remedies, of not being poisonous.

TREATMENT OF GENERAL GRANT'S CASE.—Early in the disease, specific treatment was given in order to eliminate any possible error of diagnosis in that direction, although there were no clinical indications for specific treatment, and only negative results followed. Iodoform was used as a local application to the ulcers, and gargles com-

posed of salt and water, diluted carbolic acid, solutions of permanganate of potash and yeast. A four-per-cent solution of cocaine was occasionally applied to the painful parts with happy results, but it was never employed to any such excess as is generally believed by the public, nor were there any bad effects manifested from its administration at any time. Red clover was given quite constantly, but it produced no effect upon the local disease. It only acted as a laxative, and was continued as being the least harmful of medicines of this sort for continuous use. A small quantity of morphia daily was injected hypodermically. His food consisted of beef extracts, milk, eggs and farinaceous materials, always in liquid form. The appetite of the patient was consulted in determining the choice of food whenever any craving existed. In March an acute inflammatory process was engrafted upon the original disease, and an exudation was thrown out which partook largely of a diphtheritic nature. To this complication was due the great depression at this time. The accumulation of mucus causing the distressing, choking spells, was chiefly owing to this engrafted inflammation and exudation. Digitalis and coca were given as heart stimulants, but the weakened condition continued, and early on the morning of April 1st, heart failure seemed imminent. The members of the family expected that every moment would be his last, and the farewells were said. Finally hypodermic injections of brandy were administered, reviving the patient, and bridging him over a threatened collapse. One week after this the exudation became detached, and the patient rallied and became much better—not of the cancer, but of the complication. As we are painfully aware, the cancer pursued its destructive course until death occurred July 23rd, nine months only after its beginning.—*Med. World.*

THE BOY AND THE BONE-SETTER.—Speaking of bone-setters recalls a good story which occurred in the North of Scotland, where one of them had risen to great fame and no small fortune by his skill. A country lad residing a few miles off had got his leg hurt at one of the local factories, and had been treated for some time by the local medical man without any good result. His mother, who had great faith in the neighboring bone-setter, wanted the lad to go to him which he declined, preferring, as he said the "reg'lar faculty." Eventually, however, his mother's persuasions prevailed, and he agreed to allow himself to be taken to see Daniel R—, the bone-setter. A bed for the invalid was extemporized on a cart, and, accompanied by his anxious mother, he was, after a rather painful journey, taken to the town where the bone-setter resided. The leg was duly examined, and it was found necessary to haul it very severely in order, as the bone-setter said, "to get the bone in." The

lad was liberal with his screams while this was going on, but eventually the bone was "got in" and he was told to go home, and in a few days he would be all right and fit for his work. He was lifted upon the cart again, and, with his mother seated beside him, set off for their home. "Didn't Danny do the thing well?" said the joyous old lady. "Yes, he did, mother," said the lad, "but I was na sic a fool as to gie him the sair leg!" The "reg'lar faculty" will, we have no doubt, appreciate the story.—*Whitehall Review*.

OPERATION FOR INTESTINAL OBSTRUCTION.—Mr. J. Greig Smith gives the following concise rules for the operation of laparotomy in intestinal obstruction:

1. Make the incision in the middle line below the umbilicus.

2. Fix upon the most dilated or the most congested part of the bowel that lies near the surface, and follow it with the fingers, as a guide to the seat of obstruction.

3. If this fail, insert the hand, and carry it successively to the cæcum, the umbilicus and the promontory of the sacrum.

4. If this again fail, draw the intestine out of the wound, carefully covering it, until increase of distension or congestion, or both in one of the coils, gives an indication that the stricture lies near.

5. If there be considerable distension of the intestines, evacuate their contents by incision and suture the wound. Never consider an operation for intestinal obstruction inside the abdomen finished until the bowels are relieved from over-distension.

6. Be expeditious, for such cases suffer seriously from shock. The whole operation ought to be concluded in half an hour.—*Brit. Med. Jour.*, June 13, 1885.

CHOLERA MORBUS.—Professor Da Costa says the quickest way of stopping the vomiting and purging of cholera morbus is to give a hypodermic injection of morphia, gr. $\frac{1}{2}$, and atropia, gr. $\frac{1}{100}$, to be repeated in half an hour if necessary. Carbolic acid in half-drop doses will be found useful at the same time. It should be given in mint water every twenty minutes, until the stomach becomes less irritable. In obstinate cases, where the symptoms have lessened in severity, but manifest a disposition to linger, the best results will be obtained from the administration of calomel, gr. $\frac{1}{2}$, soda bicarb., gr. $\frac{1}{2}$, every half-hour. For the cramps in the stomach and legs, Professor Da Costa recommends friction, with ginger, capsicum, whiskey, or a liniment composed of chloral 1 part, soap liniment 3 parts. Instantaneous relief can always be secured by the use of chloral hypodermically.—*Med. Bulletin*. July.

HYDROCELE IN THE MALE.—The *Virginia Medical Monthly* for July contains an interesting clinical lecture on Hydrocele in the Male by Dr. Fred. S. Dennis, Professor of Surgery in Bellevue Hospital Medical College, New York. The most noticeable points in it are Dr. Dennis' argument in favor of always trying the palliative treatment by paracentesis first, on the ground not only of occasional inconvenient results from the radical operation, but of the frequency of cure after simple tapping. Dr. Dennis has seen many cases permanently cured by this procedure. In the first series of 100 cases operated on by Dr. Dennis, he was surprised to find 25 per cent. cured by a single tapping. Another point of interest in Dr. Dennis' paper is that he shows, on the good authority of Professor Welch, that in some hydroceles the fluid contains, in addition to albumen and cholesterine, indigo-blue. This is a new observation by Dr. Welch. The indigo-blue is supposed to be produced by the decomposition of indican, Dr. Dennis' favorite operation for radical cure is the excision of a piece of the sac, or simple incision into the sac, evacuation of the contents, and stitching the tunica vaginalis and skin together, "*under strict antiseptic precautions.*"—*Lancet*.

NO MORE FORTUNES IN PILLS.—According to a Philadelphia druggist, within the past three or four years the price of patent medicines has steadily declined, and fortunes are not made so rapidly as formerly out of pills and bitters. This cutting in rates began in Philadelphia, and has gradually extended all over the country. On some medicines the cut was as high as fifty per cent., and the reduction on all patent medicines will average over twenty-five per cent. Formerly a good patent medicine that was properly handled and liberally advertised would make a fortune for its proprietor in a few years. Remedies warranted to cure all the ills that flesh is heir to, and greedily purchased by a credulous public, sold readily at retail at one dollar per bottle and cost little to manufacture. They can now be bought for fifty cents, and the bottom price has not yet been reached. There is no longer any money in patent medicines, either for the druggists or the manufacturers. Prices have been cut so that the margin of profit hardly pays dealers for handling them, and the proprietors complain that the reduction has affected their business also. They claim that their medicines cost to manufacture and put on the market nearly what they are obliged to sell for to the jobbers. There has been a great revolution in the patent medicine business, and no one can tell where it will end.—*Medical Record*.

TREATMENT OF NÆVUS BY SODIUM ETHYLATE.—Samuel Welch, M.R.C.S., gives the following in the *Brit. Med. Journal*:—For some months past

ethylate of sodium has been extensively employed by me in the treatment of cases of naevus occurring in children, and up to the present I have every reason to be satisfied with its use. I paint over the naevus two coatings of sodium ethylate on two consecutive days, taking care to protect the skin before the application, and in all instances of superficial naevi thus treated, have found them cured on the separation of the scab. Those cases affecting the subcutaneous tissues generally require a second, or in some cases even a third repetition of the remedy. It seems to leave less scar than nitric acid, to cause less pain to the child, and of all applications is the one least dreaded by the mother.

TREATMENT OF VENEREAL DISEASES IN NEW YORK.—A correspondent of the *Can. Med. Record*, writing from New York, says: We will now pass into the venereal ward, not, however, so much for the purpose of learning the signs, symptoms and pathology of venereal diseases (for there has been little change in the teaching on those points), as to acquire a knowledge of the latest and most approved methods of treatment. As far as I can learn, more importance is attached to irrigation of the urethra than to any other remedy for gonorrhœa. A bottle, containing a gallon of warm water, is placed near and slightly above the patient. A catheter (about No. 6 in size) is introduced to the membranous portion of the urethra. To this instrument a tube passing from the faucet of the bottle is attached, and the water is allowed to run *ad libitum*. I think that the longer this is kept up and the oftener it is performed, the more sure and speedy will be the cure. Chancroids are, as of yore, cauterized and dressed with iodoform. The chancre of syphilis is simply kept clean and dusted with calomel, and if the sore heals kindly no internal remedies, save such as might be indicated to put the patient's system in good condition to resist the disease, are used until other symptoms present themselves, and then the favorite remedy is the famous *pil. duo*," which consists of one gr. of sulphate of iron and two of blue mass, given three times a day. When, again, these symptoms have subsided the medicine is dropped. To make a long story short, instead of two years of mercury the symptoms alone are treated. There is much logic in this plan of dealing with syphilis, but all will admit that it is easier to carry it out in the hospital than in private practice, especially when it is known that the much-dreaded rash may be prevented or masked by continuous treatment from the date of the initial lesion.

MEDICAL AID TO WOMEN IN INDIA.—According to the *London Times*, India is indebted to Lady Dufferin for starting a movement which will not only supply a great want, but which also promises

to have a powerful effect in paving the way for the most urgent of all Indian reforms, the amelioration of the position of women. There has just been established under her auspices as lady president, a national association for supplying female medical aid to women in India. The Viceroy is patron, the Governors and Lieut-Governors are vice-patrons, and their wives vice-patronesses. The object is to supply in hospital wards and within private houses that medical care and advice which respectable native women will only accept from their own sex. It has been decided to make a sustained effort of an unsectarian and national character to organize and stimulate female medical education and facilitate the treatment of native females by women, and to supply trained nurses and midwives for hospitals and private houses. The association will provide scholarships for women under tuition, and will procure from Europe and America a sufficient number of skilled female medical teachers. Here is an opportunity for the female graduates of our Canadian colleges.

CHLOROFORM FOR TAPE-WORM.—Dr. Alfred W. Perry, of San Francisco, reports in the *Medical Record* an obstinate case of tania lata, successfully treated by the exhibition of chloroform. The patient, a stout man, aged forty, had had tape-worm for eight years, on which he had tried all the hitherto known remedies. He always vomited the remedy used within half an hour, retaining longest the French capsules of male fern extract. Dr. Perry had made two attempts to dislodge the worm, without success, when he saw the chloroform treatment noticed in the *Medical Record*. He used it in the following manner, with entire success: The patient was made to fast from 12 m. of the previous day, and only allowed to drink lemonade. At 7 a.m. he took one drachm of chloroform in one ounce of mucilage; at 8 a.m. one ounce of *ol. ricini*. The entire worm passed about 10:30 a.m. The patient was in considerable stupor shortly after taking the chloroform, which stupor lasted three or four hours. He was a large man, weighing 180 pounds. Dr. Perry thinks that one drachm of chloroform should not be exceeded as a dose.

SÉE ON THE TREATMENT OF ASTHMA BY PYRIDINE.—This colorless and strongly-scented fluid is obtained from many organic substances by dry distillation. It has been detected in nicotine and other alkaloids and in the fumes of tobacco. It is probably the active principle of the various cigarettes and papers which have been recommended against asthma. Recent experiments by MM. Sée and Bochefontaine have shown (*Bull. Génér. de Thérap.*) that it produces in frogs and

guinea-pigs a diminution of the irritability of the respiratory centre. Pyridine has been tried in asthma with marked success; 4 or 5 grammes of this fluid are poured on a plate and placed in a small room in which the patient remains for from 20 to 30 minutes, three times a day. The respiration becomes easy, and after a few sittings the disease disappears more or less completely. The inhalations have no bad effects on the heart or general health. In spite of these good results, M. Sée still considers iodine the best curative remedy in asthma; pyridine is chiefly used against the attacks of dyspnoea.—*London Med. Record*, Aug.

BORAX AND NITRATE OF POTASSIUM IN HOARSENESS.—These two salts have been employed with advantage in cases of hoarseness and aphonia occurring suddenly from the action of cold. The remedy is recommended to singers and orators whose voice suddenly becomes lost, but which by these means can be recovered almost instantly. A piece of borax the size of a pea is to be dissolved in the mouth about ten minutes before singing or speaking. The remedy provokes an abundant secretion of saliva, which moistens the mouth and throat. This local action of the borax should be aided by an equal dose of nitrate of potassium, taken in warm solution before going to bed.

CORROSIVE SUBLIMATE IN VENEREAL WARTS.—A correspondent writes us that, having been advised to apply a solution of one grain to the ounce of corrosive sublimate, to a case of venereal warts which came under his care, he found after the application through a mistake a solution of ten grains to the ounce was applied. The result was so satisfactory that he determined to still further increase the strength, and on his next case he made the solution of twenty grains to the ounce with excellent results. He now also applies this solution to chancres and chancroids, and also to indolent ulcers of the uterus, and is highly satisfied with the results. He has never witnessed the slightest symptoms of mercurial poisoning from this treatment, and does not believe that the application of corrosive sublimate in this strength is liable to be followed by absorption.—*Med. Age*.

USEFUL AGENTS IN THE TREATMENT OF SCARLET FEVER.—When lecturing upon scarlet fever Prof. Da Costa mentioned the following agents as being of use: 1. Carbolic acid, gtt. $\frac{1}{2}$, a dose for child two years of age; give in mint water. 2. Ammonium carbonate, gr. ij., every two hours, to child ten years of age. 3. Potassium chlorate, \mathfrak{z} j., in water, Oj.; patient to drink this in twenty-four hours. 4. Salicylic acid when high temperature is present. 5. Small doses of chloral. Always keep skin active, and if heart be weak, give digitalis— if arterial tension be high, give aconite. When

much exudation has occurred, he prescribed, for its solvent action: R. Ammonii carb., gr. x.; Liq. ammon. acetat., f $\bar{5}$ ss. M. Sig. Every four hours. If there is much depression, prescribe also quinia and digitalis in combination.—*Col. and Clin. Record*.

COCAINE IN LITHOLAPAXY.—Prof. Bruns, of Tübingen, reports a case in which he obtained local anaesthesia of the bladder and urethra by injecting a cocaine solution, with most gratifying results. The patient, a young man, had suffered for four years from stone in the bladder. Chronic cystitis was present, and evening feverishness. The injection of one gramme (mostly into the bladder itself, of a two-per-cent solution, but also a little into the urethra) produced complete local anaesthesia for half an hour, during which time a very hard oxalate of lime calculus was thoroughly crushed and removed without pain. After the injection the patient assumed a different position, to bring the fluid into contact with the whole inside of the bladder; and after the operation a little of a ten-per-cent of iodoform-glycerine emulsion was injected. The recovery was uninterrupted.

A NEW CURE FOR INDIGESTION.—Under this heading the *Boston Medical and Surgical Journal* states that a "gentleman of sedentary life, who has long been indisposed with indigestion and the hypochondriac passion, tried riding and several other sorts of exercises but with little effect, was at last prevailed upon, by the advice of an eminent physician, to try being tossed in a blanket. This was accordingly performed every other morning for a fortnight, and has been attended with the greatest success, the gentleman being now much better than he has been for two years past." It used to be reported, in our youthful days, that old John Jacob Astor, when too feeble to stir around, was regularly subjected to this treatment.

TREATMENT OF CATARRH.—Dr. Henning says: I have treated hundreds of cases of nasal catarrh in all its various forms and stages, and have tried all kinds of remedies and instruments, and after close observation, have settled upon the following course of treatment:

R. Arsenici iodidi gr. viij
Aqua dest. Oj

M.—Sig. Take a teaspoonful three times a day. Continue the remedy for months, in either the acute or chronic form.

Also—

R. Potass. permanganas gr. iv
Aqua dest. \mathfrak{z} iv.

M.—Sig. Pour a small quantity in the palm of the hand and snuff up each nostril sufficiently hard so that the solution will run through the nostrils

and reach the pharynx. Repeat night and morning. This treatment cures a large majority of cases speedily and permanently. I have abandoned all forms of instrument treatments and all but the above, and can heartily recommend it to the profession.—*Med. World.*

LACTIC ACID IN LARYNGEAL TUBERCULOSIS.—Dr. H. Krause, in following up the experimental application of lactic acid as pointed out by Moseig-Moorhof, who has found it valuable in the local treatment of fungous caries, lupus vulgaris, superficial epithelioma, and papilloma, has made use of the remedy in the local treatment of laryngeal tuberculosis. The cases which he records had previously been under treatment, and a great variety of agents was used without beneficial result. Among the remedies used were iodoformized glycerine, boric acid, carbolic acid, and creasote either with morphia or cocaine.

The cases in which the pathological condition was treated are fourteen in number, and microscopic examination showed the presence of the bacillus tuberculosis in every instance. The results of the local application of the lactic acid were as follows: Hand-in-hand with the decrease of the infiltration and the scar of the ulcer a diminution of pain was noticed, and at the same time diminution of the secretion. The subjective result so far as the larynx is concerned is, that in all the patients, without exception, the condition was markedly improved.

Concerning the return and persistence of the cure after cessation of treatment nothing can be reported, on account of the limited time covered by the observations. Dr. Krause considers, however, that the use of the acid is of certain efficacy in the treatment of this form of tuberculosis, and especially worthy of trial in the light of the failure hitherto experienced in the treatment of this affection of the larynx.

Even in cases in which, owing to far advanced pulmonary tuberculosis, and the general effects of the disease, only a most unfavorable prognosis could be given, the dysphagia accompanying the disease was much diminished by lessening perichondrial œdematous infiltration. The writer further does not hesitate to express a hope that in the least unfavorable cases in which laryngeal tuberculosis has not advanced too far, and the general constitution is well conserved, the use of lactic acid will render it possible to destroy the infiltrated tissue and effect the concurrent cure of the local process. The writer, in conclusion, also suggests the application of lactic acid in other diseases of the mucous membrane of the upper air-passages, among which may be mentioned the diffused swelling and circumscribed thickening accompanying chronic nasal pharyngeal and laryngeal catarrh.—*Berliner klin Wochenschr.*, July 21, 1885.—*Medical News*, Aug. 22, 1885.

THE TREATMENT OF DIARRHŒA.—Dr. John Kent Spender tells us in the *Brit. Med. Journal*, Aug. 8, that more than thirty years ago a combination of laudanum and castor oil was much prescribed for “dysenteric diarrhœa,” and he says that he has found the following formula extremely valuable for nearly all forms of sudden and acute diarrhœa, such as we often see in August and September. He combines about two minims of castor oil with three or four minims of solution of hydrochlorate of morphia (*Brit. Pharm.*), and rubs them into an emulsion with gum acacia. To this he adds spirits of chloroform and a little syrup. This is the quantity for a single dose, which may be repeated every hour or two, according to the urgency of the case. If the diarrhœa is chronic, the quantity of the oil is increased, and if there is much pain, more morphia is prescribed. But when this mixture fails or does little good after four or five doses, it may even aggravate the malady to continue it. Warm milk and lime-water is the best food; a mustard poultice may be put on over the stomach, and there should be absolute rest in bed.—*Med. and Surg. Reporter.*

SULPHATE OF IRON IN THE GASTRIC CATARRH OF INFANTS.—When absorbents and tonics fail to correct the acidity, Roth (“*Pest. med.-clir. Presse*”; “*Conseiller méd.*”; “*Rev. des mal. de l'enfance*”) resorts to sulphate of iron, which acts favorably in a variety of ways. In the first place, it is a disinfectant; under its use, the evacuations are changed in color and lose their offensive odor. Being an astringent, it contracts the turgid mucous membrane and coagulates albuminous matters. In order that these effects may be decided, its use should be continued for several days. The author employs the following formula:

R.—Sulphate of iron,	grs. 1½
Mucilage of acacia, }	each 5 5
Syrup,	

A teaspoonful to be given every two hours.—*N. Y. Med. Journal.*

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

UTERINE FIBROIDS IN THE NEGRESS.—Negro women are almost as exempt from ovarian tumors,

and especially from ovarian cysts, as the Jews are from cancer. When a colored woman consults you for an abdominal or pelvic tumor, the chances are a hundred to one that it is a uterine fibroid. If she gives a history of the slow growth of the tumor and of menorrhagia, and especially if with these symptoms there is an absence of ascites, and the tumor is round, firm, and mobile, you can scarcely be mistaken.—*The Clinique*, May.

TREATMENT OF LEUCORRHOEA.—A common source of leucorrhœa is a weeping of the glands about the mouth of the uterus; and this condition we have found specially amenable to treatment by the use of Anderson's vaginal capsules, carrying absorbent cotton soaked in the following solution:

R.—Sodæ bicarb., $\bar{3}$ j.
Tinct. belladonnæ, $\bar{3}$ ij.
Aq. calcis, O j.

These capsules are composed of gelatine, and after this has dissolved, the impregnated cotton is left in contact with the os, and certainly has acted with perfect success in our hands, under otherwise adverse circumstances, the discharge having been old and persistent, resisting other methods of treatment.—*Med. World*.

GASTRO-INTESTINAL INDIGESTION.—Keating recommends the following treatment of acute gastrointestinal indigestion in teething children:

R.—Hydrarg. chlor. mit., gr. i.
Pulv. ipecac., grs. ss.
Soda bicarb., grs. viij.
Sacch. lact., grs. x.

M. ft. chart. iv.

This is to be followed by a dose of castor oil, and then the child should be placed on a careful diet for a day or two, and given the wine of pepsin in half teaspoonful doses, or the elix. cinchona co.—*Archives of Pediatrics*.

TONIC FOR CHILDREN.—The following is an excellent general tonic mixture for children:

R Potass. bromidi gr. 1
Acid. phosph. dil.
Tr. ferri chloridi aa $\bar{3}$ ij.
Syr. limonis,
Aque dest. aa $\bar{3}$ jss.

M. Sig.—A teaspoonful every four hours, for a child from three to five years old.

TANNIC ACID FOR NASAL POLYPI.—Nasal polyp, it is said, can be readily cured by the injection of a solution of a scruple of tannic acid in a fluid drachm of water. Ten to twenty minims of the solution are to be injected into the polypus. The polypus shrivels, dries up, and comes away without pain or trouble.

EPISTAXIS.—Prof. Bartholow, for a case of frequent epistaxis, occurring in a young man of twenty-five years of age, recommended the following prescription, to maintain the tonicity of the blood—

R Ergotæ (aq. ext.) gr. ij
Ferri sulphat. gr. j
Extract. nucis vomicæ g. $\frac{1}{4}$ M.

Sig.—In pill, ter die.

Coll. and Clin. Record, May,

FOR ASTHMATIC PAROXYSMS.—

R Tinct. lobeliæ $\bar{5}$ j
Ammon. iodidi $\bar{3}$ ij
Ammon. bromidi $\bar{3}$ ij
Syr. tolutan $\bar{5}$ ij

M. Sig. A teaspoonful every one, two, three or four hours.

Dr. Bartholow says that the above "gives relief in a few minutes, and sometimes the relief is permanent."

For cholera infantum Dr. J. Lewis Smith recommends:

R.—Tinct. opii, gtt. xvj.
Spt. ammon. aromat., $\bar{5}$ ss. to j.
Bismuth subnitrat., $\bar{5}$ ij.
Syr. simplicis, $\bar{5}$ ss.
Mistur. cretæ, $\bar{5}$ jss.—M.

Sig.—One teaspoonful every two or three hours to a child of eight to twelve months, until vomiting and diarrhœa are controlled.

ANTI-HEMORRHAGIC.—Five minims each of spirits of turpentine and tincture of hamamelis in an ounce of mist. amygdalæ may be given three times a day, with marked benefit in hæmatemesis, hæmoptysis, and menorrhagia.—*Texas Cour.-Rec. Med.*

BISMARCK AND HIS PHYSICIAN.—It is certain that Bismarck's physician, though a charlatan, is no fool. It is related that when first presented the Prince was sick, and peevishly declined to answer questions. "As you like," said the doctor, "then send for a veterinary surgeon, as such practitioners treat their patients without asking them any questions." The Chancellor was captured.

DR. J. T. EMER, of South Waterboro, Me., says: I have tested PAPINE thoroughly and I will say I am well pleased with it, as it is superior to Opium in all respects, or anything of the kind, as it does not constipate or cause nausea as does Opium and its other preparations, I shall continue to use it.

TO DISGUISE THE TASTE AND SMELL OF TURPENTINE.—The taste and smell of turpentine are best masked by sulphuric ether. A mixture of turpentine, $\bar{5}$ ij; ether, $\bar{3}$ j; syrup of orange, $\bar{5}$ j; and water, $\bar{3}$ iv; can be taken in teaspoonful doses quite readily.

THE CANADA LANCET.

**A Monthly Journal of Medical and Surgical Science
Criticism and News.**

Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet, Toronto."

AGENTS.—DAWSON BROS., Montreal; J. & A. McMILLAN, St. John, N.B.; GEO. STREET & Co., 30 Cornhill, London, Eng.; M. H. MAHER, 23 Rue Richer, Paris.

TORONTO, OCTOBER, 1885.

*The LANCET has the largest circulation of any
Medical Journal in Canada.*

MEDICAL ACT VS. QUACKERY.

From the tone of the correspondence in our last number, we infer that considerable doubt exists in the minds of certain members of the profession regarding the utility of medical legislation, especially in the suppression of quackery. The younger men in the profession are especially prone to say that it is useless. They have paid certain fees, and have been obliged to take a long and expensive course of preparation. After beginning their professional career they meet with many unexpected obstacles and difficulties, but most of all the irrepressible quack. He does not "hang out his shingle," nor as a rule flaunt himself before the public as formerly; but he is there all the same, and hence the young practitioner, who knows nothing of by-gone times, fancies that he spent his money and time for nought. But let us for a moment contrast the past with the present. Formerly, a considerable number of those practising, either had no previous training, or had taken but a partial course. Anyone was at liberty to attach M.D. to his name and announce himself qualified to practise medicine. About the only barrier was inability to collect fees by process of law. There were three systems or schools authorized by law, each holding corporate rights. Two of them had no schools or colleges, yet they were able to graduate doctors with amazing facility. The third had several faculties, but owing to rivalry their standard was somewhat low and behind the require-

ments of the times. Each year doctors were turned out in great numbers, and altogether beyond the requirements of the country. Professional dignity and standing were at a low ebb. An M.D. was thought no more of than a K.C.B. is now, and cultured medical men thought themselves degraded by the company they were compelled to keep. In short, pathies were multiplying, quackery was rampant and audacious, and but a brief space longer and the country would have been captured by the charlatans.

Such is a brief representation of the unhappy condition of things, when some of the more thoughtful of the profession began an agitation for reform. These men asked the legislature for fresh legislation, and after encountering many defeats and disappointments, they were at length successful.

Instead of three separate systems or schools recognized by law, the law now knows no particular system or doctrine, and instead, demands a thorough preliminary and professional education, without regard to dogmatic opinions,—thus uniting and exalting the whole into one strong and dignified body. Every candidate seeking admission into this body must pass through a long course of arduous labor, and before admission, prove himself well skilled in all that pertains to the practice of medicine. Graduates are no longer turned out in hundreds, and none but competent persons find their way into the profession. To be sure, we still have the quack with us, but "he is not numerous." Pressed as he now is, and will be, according to natural law, a few years more and he will all but have disappeared. A "look at this picture, and then at that," is surely enough to convince any reasonable mind that the Medical Act has most fully met the ends for which it was created. All who remember the utter chaos, under the old order, cannot but wonder how successful the law has been and how much good has been accomplished, both in the interest of the profession and the public at large.

The Medical Act does suppress quackery, and besides, does many other good things, of which we should feel proud. It has brought order out of chaos, harmonized discordant elements, advanced education, and given a startling and dignity to the profession not enjoyed in any other country.

But after all, the medical profession are but co-partners under the law. This is an element in

the question too generally left out of consideration. The people have a voice in this matter. No legislature could have been prevailed upon to pass a law creating a medical monopoly irrespective of private rights. The privileges and immunities granted are assumed to be reciprocal between the profession and the people. We are indebted to the people for the encouragement and protection we receive from the law, and the people are indebted to us for the higher skill and the better protection to health and life we are able to give in return. Let no one think the law was framed solely in the interests of the profession. The public interest is paramount, and can never be lawfully subordinated to individual or corporate rights. Some members of the profession would do well to consider these things, and ask themselves the question: Have we been expecting too much, and more than any law could confer? There is a law against theft and murder, but that does not absolutely prevent these crimes, and no one would argue that the law should therefore be abolished. As no law can ever change the propensity to do evil, so no legislative enactment can absolutely prevent the perpetration of crime. Quackery is an offence most difficult, if not impossible to suppress. In spite of all laws, we shall always have with us the quack, as well as his willing dupes. We must rest satisfied with making him an outlaw, and causing him to move darkly and operate within narrow limits, just like the thief or highwayman. That the law does suppress quackery is certain, but whether we have reached the highest point in that behalf is another matter. The question has been a difficult one to deal with from the start. In the passing of the law the legislature tempered it with mercy for the quack, by providing for the registration of all persons in practice for two years and over, irrespective of any other qualification. This left out in the shade a good many better qualified than some who were permitted to register. Then there was the question of public sentiment. The people were not always able to see why all the pretenders should be exterminated. A policy of tolerance was also stoutly maintained by influential organs of public opinion. Under such circumstances a relentless prosecution of the quacks might have resulted in tumbling the whole fabric over our heads. Successive Councils recognized these facts, and foreseeing the danger,

wisely resolved to make haste slowly. The results are a sufficient justification of the wisdom of that policy. With the lapse of time, however, all these considerations have been losing in force. Nearly all the old quacks and irregulars have passed off the scene, and those now found contravening the law are mostly persons who entered upon their course fully cognizant of the criminality of their acts. Such persons can lay no claims to mercy, and ought to be dealt with to the full measure of the law. No doubt public opinion has also undergone a change, and would now not only tolerate, but look with favor on the punishment of all quacks.

The Medical Council at its last meeting authorized each territorial representative to appoint one prosecutor. That was tried before and found inadequate. There should be one at every important centre of population. One detective for a whole district is almost useless. Of course, prosecutions must always be more or less under the direction of members of the Council. This is necessary to the exercise of judgment and discrimination, and to prevent harsh and uncalled-for prosecutions, as, for example, in the case of foreigners called to see special cases, or acting in emergencies.

LOCAL HEALTH OFFICERS.

The organization throughout the Province of Ontario of local boards of health opens up a new field in medicine. Already there are between two and three hundred boards organized. A large proportion of these, indeed nearly all of them we believe, have each a medical health officer associated with the board. There are over six hundred municipalities in the Province, and in accordance with an Act passed by the Legislature last year, each one is required to organize a local board of health, or, failing to do so, the Government may appoint the board. In a short time, therefore, there will necessarily be a board in every municipality. It is altogether probable that nearly every board will appoint a medical practitioner, who will be the chief officer, and nearly one-third of the medical practitioners in the Province will therefore be directly associated with the local boards of health, engaged in the prevention of disease.

There are two points of special interest in connection with this subject which we desire to refer to. The first relates to the duties of the medical

health officer; the second to the remuneration for his services. With regard to the duties of the medical health officer, many people appear to think that they consist in great measure in prying about into back lanes, alleys and back yards, seeking for manifest and manifold causes of disease. We need hardly say, such forms no part of the duties of the medical officer, but of those of an inspector, which every board of health should employ. The medical officer's duties are largely of an advisory nature. He is to decide as to what is or is not injurious to the public health. He must be familiar with the Public Health Act, and he should advise and urge the board to adopt all reasonable practical measures for preventing the development and spread of disease. On the outbreak of any epidemic disease his advice is particularly desirable, as relates to isolation, the providing of proper hospital accommodation, disinfection, and to the time when danger from the infection shall be over. His advice should be sought in reference to the water supply, whether of wells or other sources, and to the milk supply, while he should see that inspection of the latter is properly carried out. He may urge the necessity for draining certain localities. In short, he should endeavor to have a good sanitary system adopted by the board for the municipality, and to see that it is properly carried out in all its various parts. The position of a medical health officer who takes a deep interest in preventive medicine is no sinecure.

With reference to the question of remuneration, we would recommend medical practitioners not to demand high fees or salaries when requested to accept the position of medical health officer. To do so would be against the best interest of the public health. At this early period in the development of preventive medicine, it would deter many municipal authorities from engaging the services of a medical man. While this would of course be a much greater disadvantage to the public than to the profession, it is the duty of the physician to consider first the interests of the public or of the community in which he lives. Hence it would be well for him to demand only what that community are willing, rather than what they may be able, to pay. In this way the physician will help to develop a most desirable system, in which the profession will become very generally employed in that branch of medicine which is the most elevating

and important of all—that of directly promoting the public health by the exercise of their skill in preventing disease. Notwithstanding the desirability of medical practitioners being very reasonable at first in their demands for such services, we trust that they will at the same time let municipal authorities understand that their services in their behalf are most valuable to the community, when thus associated with boards of health in efforts to prevent sickness, and therefore the municipality must fairly remunerate them for such services. Moreover, to accept a position of the kind at a merely nominal salary, or per diem fee, or honorarium, would be an injustice to other practitioners, which should not be overlooked. The wisest course, then, would seem to be for physicians to demand a moderately reasonable consideration for the commencement, with the view of an increase in the future.

CANADA MEDICAL ASSOCIATION.

The eighteenth annual meeting of the Canada Medical Association was held in Chatham, Ont., on the 2nd and 3rd ult., the President, Dr. Osler, in the chair. There was a large attendance of members present. A number of American physicians were also present, and most heartily welcomed to all the privileges of the meeting. Hon. Dr. Sullivan, the retiring President, opened the proceedings by a short speech, in which he congratulated the Association on the excellent arrangements made for the meeting, and the programme which had been provided. He alluded to the very creditable part taken by the members of the medical profession in the North-West Rebellion, and the satisfactory manner in which the sick and wounded were cared for. He also referred in a complimentary way to the President elect, Dr. Osler, of Philadelphia, whom he installed in the chair.

In the afternoon the President delivered the annual address which was listened to with marked attention. The subject was the history and progress of medical education in Canada. On motion of Dr. Grant, of Ottawa, a vote of thanks was tendered to the President for his able and interesting address. The Association then divided into sections, Dr. Harrison, of Selkirk, being elected chairman of the medical section, and Dr. Edwards, of London, chairman of the surgical section. The

papers in each section were interesting and instructive, and were very fully discussed. Several of these papers will appear in future issues of the LANCET. The dinner which was given by the brethren in Chatham on the evening of the first day was a most magnificent spread, and the proceedings were thoroughly enjoyed. The speeches were excellent after-dinner efforts, and the night was far spent before the entertainment came to a close.

The first order of business on Thursday morning was the election of officers. Dr. Holmes, of Chatham, was elected President, and Quebec chosen as the next place of meeting. The election of Dr. Holmes as President for next year meets with the greatest favor. He and the other physicians of Chatham were most indefatigable, and made the meeting there most pleasant. The General Secretary, Dr. Stewart, of Montreal, is the right man in the right place, and has already shown his ability for the office to which he has been re-elected.

PERSONAL EXPERIENCE OF A PHYSICIAN IN THE USE OF BEEF PEPTONIDS.

Clinical evidence as to the value of Messrs. Reed & Carnrick's new preparation is being freely tendered, while chemists of the highest eminence pronounce it the most perfectly concentrated nitrogenous food yet offered for examination. Personal experience of its use is, naturally, of more rare occurrence, and we consider the testimony of Dr. Bell of so much interest to the profession as to call for its wide publication. We subjoin Dr. Bell's letter, and fully endorse his estimate of the recuperative properties of this admirable preparation :

YARMOUTH, Nova Scotia, Sept. 3, '85.

For the first three months of current year I was prostrated with gastric trouble, and for seven days, during latter part of third month, found it impossible to retain food upon the stomach. In this exigency Pepsin of various leading brands, as also bismuth (in powder and solution), oxalate of cerium, and ingluvin, were successively tried with no beneficial result. So obstinate and pertinacious indeed was the attack of emesis that indications pointed strongly to fatal results through inanition. At this juncture "Beef Peptonoids" was suggested by Mr. O. C. Richards, a local druggist, as worthy

of trial, and was taken up as a *dernier ressort*. Notwithstanding the fact that this preparation is continuously advertised in the medical journals, I had never tested it in my practice, and was hopeless of profit from its use after having failed with all the generally accepted remedies. The result, however, was so markedly beneficial, and the preparation so quick in action, that I consider it a duty to the profession to place my personal experience on record.

The first day's use of the Beef Peptonoids gave notable relief and accession of strength ; on the second day the vomiting was materially reduced, with steady improvement until the fifth day, when this distressing feature was entirely eliminated from my case. Convalescence was rapid under continuance of this treatment.

I need hardly add that the preparation holds high place in my esteem. I have prescribed it in many critical cases, and have no hesitation in testifying to its extraordinary recuperative properties. In dyspepsia I have found it a most valuable agent ; as a nutrient after childbirth it has done excellent work in my practice—materially increasing the quality and flow of milk,—and indeed, in all asthenic conditions I have proved it to be a constructive of rare merit.

GEORGE BELL, M.D.

JOHN MACKIESON, M.D.

We regret to announce the death of Dr. Mackieson, of Charlottetown, P. E. I. He was the oldest practitioner in Canada, having been in practice for nearly three-quarters of a century. He was a native of Stirlingshire, Scotland, was born in 1795 and was consequently in his ninetyeth year at the time of his death. He graduated in Glasgow University in 1815, and emigrated to Charlottetown in 1821. For fifty-five years he was an elder in St. James' Presbyterian church in his adopted city. At one time he was Superintendent of the Hospital for the Insane. His library contains some very rare and ancient books, and he has left the manuscript of a work on "Prescriptions and Prescribing," which we trust the administrators will hand over to some publisher.

THE RADICAL CURE OF HERNIA.—The operation for radical cure of hernia is not performed in this country nearly as often as is demanded. We can see no reason why a simple, reducible hernia should not be operated upon for radical cure in all cases, and more especially in children and persons under

middle age. It is eminently more rational to perform the operation with a slight risk than to have our patients pass through life constantly wearing a cumbersome truss, or with the troublesome annoyance of a scrotal hernia, which is almost certain to increase in size gradually.

The English surgeons, of late years, are performing the operation for radical cure with impunity; we are doing it, as a rule, only when the operation is forced upon us as the only relief for strangulated, irreducible hernia. Under these conditions the operation is demanded, but in many cases is postponed until inflammation has supervened, either through rough manipulation, or severe strangulation long continued. We will venture the assertion that more deaths have been caused by strangulated hernia than would have occurred from the operation for the radical cure. Those who have hernia are never free from danger of strangulation, and hence their lives are constantly in jeopardy from this cause.

The number of trusses sold is indicative of the number of persons suffering from hernia, and the same is also indicative of the number adjusted by physicians, very few of whom, if any, advise operation or warn the patients of the danger they are subjected to. There are many different modes of operating, but we will not refer to them. In all the operations there is but one incidental danger of any magnitude—peritonitis—all other dangers being merely accidental. The bowel may be accidentally punctured by deep sutures, the cord or vessels may be injured or tied in the operation, or the vessels may be punctured. These possible dangers are trivial, however, and need scarcely be mentioned. We admit there is some little danger accompanying the operation; still we hold that in proper cases the dangers are not in proportion to the relief and advantages.

The time is in the near future when this operation will be the rule in properly selected cases. There have been, and probably always will be, some failures, and a few deaths, but such, as shown by statistics in England, are extremely few, and can offer no comparison to the relief afforded.

THE INTERNATIONAL MEDICAL CONGRESS.—The committee appointed at the meeting of the American Medical Association in New Orleans, met in New York on the 3rd ult., to fill the vacancies

caused by the resignation of previously appointed officers of the Congress, and adopt rules for the government of the Congress. One of the first acts of the committee was to rescind the rule which closed the doors of the Congress against all who were not members of the association or of societies in affiliation with it. Any member of the regular profession may become a member of the Congress. The fee for membership is ten dollars, but no dues shall be exacted from foreigners. Dr. Flint, Sr., is to be President and N. S. Davis General Secretary. These gentlemen are well known both at home and abroad, but many of the Presidents of Sections are scarcely known to the profession of their own country. It seems a pity that the committee had not gone a little further and removed all impediments to a complete success of the coming Congress.

HOSPITAL FOR WOMEN.—We are pleased to announce that a hospital for women has been opened in this city, in connection with the sisterhood of St. John the Divine, of the Church of England. In noticing the leading features connected with this hospital, we desire to congratulate the Mother Superior, who mainly by her own efforts has been instrumental in completing this work, upon the large measure of success which she has achieved. So far as the profession is concerned, the chief advantage in having this hospital in our midst, is, that within its walls any regular practitioner will be permitted to introduce patients and have their treatment in his own hands, subject only to the rules governing the institution, which are such as may be cheerfully complied with. The hospital will at present accommodate between ten and twelve patients, in pleasant, well-ventilated and convenient rooms. Three beds are set apart for poor women who are unable to pay anything towards their maintenance and treatment, whilst the remainder of the hospital is for patients who are able to pay according to their means. The sisters will act as nurses, and from their careful training and lives devoted to a holy calling, it is reasonable to expect that nothing will be wanting in this respect. The building was formally opened and dedicated by the Bishop of Toronto a few weeks ago. It is situated on the corner of Lumley and Robinson streets. For the guidance of practitioners in the country, who may wish to send

patients for treatment, information will be gladly furnished by communicating with the Mother Superior. We confidently predict for the hospital a grand and useful future.

EXTRA-UTERINE FŒTATION.—The successful treatment of a case of extra-uterine foetation by means of electricity, is reported by Dr. Gardner (*Can. Med. and Surg. Journal*, Aug.). A strong Faradic current was applied. One electrode—an olive-shaped insulated metallic bulb, covered with chamois leather—was introduced into the rectum. The other—an ordinary sponge electrode—was applied over the tumor in the hypogastrium. The applications were of seven minutes duration, and repeated for some time daily. On the second day exfoliation of the decidua of the uterus took place, accompanied with a bloody discharge. The tumor presented symptoms of inflammation, and suppuration was at one time anticipated, but did not take place. The patient made an excellent recovery.

REMOVAL OF PLASTER BANDAGE.—Dr. Krosz (*Deut. Med. Zeitung*), says that the removal of a plaster-of-Paris dressing is greatly facilitated by first scraping a groove with a knife and then dropping along it a solution of caustic soda. In a few moments the plaster becomes pulpy along this line, and the bandage can then easily be cut through. If two lateral grooves be made, instead of one, a lid can be cut out of the bandage, the leg can be lifted up for the necessary inspection and returned, the lid being reapplied and retained with a roller bandage. In this way the plaster dressing is not cracked and the limb is not jolted in the efforts to remove the bandage. By this method, also, it is a very easy matter to cut any fenestra that may be needed.

IPECACUANHA IN HEMOPTYSIS.—According to Dr. Bartholow ipecacuanha is a "remarkable physiological remedy" for hemoptysis. He combines it with ergot in equal quantities, using five minims of the fluid extract of each drug for a dose. This is repeated as frequently as the urgency of the case may seem to require.

ERGOT IN NIGHT-SWEATS.—Prof. DaCosta (*Col. & Clin. Record*) says that in the treatment of the night-sweats of phthisis ergot is preferable to

atropine, being more permanent in its effects, and does not produce the dryness of the throat which so frequently follows the administration of atropine. He recommends two grains of ergotin thrice daily, the last dose to be given at bed time.

THE PANAMA CANAL.—Dr. W. Nelson, late of Panama, read a paper before the Natural History Society of Santa Barbara, Cal., in which he stated his belief that the canal was a commercial impossibility. It will cost \$400,000,000 to complete it and no existing tonnage would pay interest on the investment. The death rate among the canal men has been appalling owing to intense malarial poisoning and yellow fever. Owing to the large amount of sickness, a vast system of hospitals has been erected at Panama, costing upwards of two and a quarter million dollars.

SUCCESSFUL TRANSPLANTATION OF THE RABBIT'S EYE.—A case of enucleation of the human eye and transplantation of the rabbit's eye is reported by Dr. H. N. Bradford in the *Boston Med. and Surg. Journal*, Sept. 17. The patient was 35 years of age. It is stated that the transplanted globe contracted adhesions and circulation was established. Of course there was no vision, but the æsthetic effect was very good, much better than that of an artificial eye.

REDUCED IRON IN ANÆMIA.—Dr. Martin of Sheffield, Eng., has been experimenting with reduced iron in the treatment of anæmia, and thinks that it is one of the most powerful remedies which we possess in restoring the condition of the blood, in all anæmic states. He gives the ferri redactum in the form of pill combined with extract of nux vomica, three grains of the former to $\frac{1}{2}$ grain of the latter. The results have been very satisfactory.

FAREWELL PRESENTATION.—The officers and attendants of the Asylum for Insane, London, presented Dr. Millman with an address, accompanied with a valuable gold watch, on the eve of his departure for Kingston, to assume the duties of Asst. Supt. in the Rockwood Asylum, to which he has been recently appointed. The Dr. carries with him the best wishes of a large circle of friends and acquaintances in London and elsewhere.

ODORLESS IODOFORM.—The complete deodoriza-

tion of iodoform has been the subject of an extensive series of experiments by Dr. Oppler, of Strasbourg. He recommends finely-powdered roasted coffee as the most suitable substance. The formula which he gives for the ointment is as follows :

R.—Iodoform, 1 part.
Paraffine ointment, 10 parts.
Roasted coffee, finely-powdered, $\frac{3}{10}$ part.

APPOINTMENTS.—Dr. J. R. Clarke has been appointed Medical Health officer for Cobourg. Dr. L. Robitaille has been appointed inspector of customs at Quebec. Dr. R. McIntyre, of Hespeler, has been appointed surgeon of the Waterloo Battalion of Infantry, *vice* W. H. Vardon, M.D. ; and Dr. J. H. Radford, of Galt, assistant surgeon.

CORONER.—Dr. W. Allen, of Janetville, has been appointed coroner for the United Counties of Durham and Northumberland, Ontario.

REMOVAL OF A CYSTIC KIDNEY.—Dr. Hingston, of Montreal, recently removed the kidney for cystic disease of that organ. The patient, a young lady, made an excellent recovery. We believe this is the first operation of the kind in Canada, and we are pleased to learn that it has been successful in its results.

We beg leave to express our deepest sympathy for Dr. Covernton of this city, in the recent death of his son, of typhoid fever. This is the second sad bereavement through which the Dr. and his family have been called to pass within the period of three months.

THE death of Dr. Milne Edwards, of Paris, is announced in our exchanges.

Books and Pamphlets.

ASIATIC CHOLERA, Edited and prepared by E. C. Wendt, M.D., in association with Drs. John C. Peters, of New York, Ely McClellan, U. S. A., John B. Hamilton, Surgeon General U. S. Marine Hospital Service, and George M. Sternberg, U. S. A.

The above publication is the May volume of "Wood's Library of Standard Medical Authors." If division of labour may be regarded as a reliable guarantee of the completeness of scientific work,

we may reasonably suppose that this book will command the attention of the studious majority of the medical profession ; and we must confess that after a very thoughtful perusal of its 400 pages, we are bound to admit that the several writers have ably discharged the duties assumed by them. The general history of Asiatic cholera, which constitutes the first part of the volume, is from the pen of Dr. Peters, who appears to have bestowed ample and close research on this difficult and truly important portion of the work. Dr. Peters has traced the disease from the earliest European record of its prevalence in India, up to the present time, following it through its various wanderings, over almost the entire surface of the globe. He is a strongly pronounced contagionist, and it must be truly very difficult to any logical and unprejudiced reader, to dispute his decision.

The second, third, fourth, fifth, and seventh parts of the work have fallen upon Dr. Wendt, who has given abundant proof of the energy and industry with which he must have devoted himself to his arduous task, which comprised the etiology, the symptomatology, etc., etc., the morbid anatomy and pathological histology, the diagnosis and prognosis, and finally the treatment of cholera.

It might almost go without saying that Dr. Wendt is a firm believer in the comma bacillus of Koch. The mere orthography of his name affords sufficient promise of his fealty to the great German microbist, and assuredly Koch has in Wendt no feeble ally.

The sixth part of the work includes : The destruction of cholera germs, by Dr. Sternberg ; the prevention of the spread of cholera, by Dr. Hamilton ; and cholera hygiene as applied to military life, by Dr. McClellan. At present, when, if history repeats itself, and assuredly the history of Asiatic cholera has, in the past, been faithful to the legend, we may, before any great lapse of time, have to encounter another visitation of the dire pestilence, the admonitions of the above three largely experienced medical gentlemen must command the deferential consideration of every reflecting reader. They are not mere babbling theorists, impelled to relieve themselves of those gaseous distentions which are the normal overflow of ignorance heated by irrepressible vanity ; they know whereof they speak, and they have spoken as the lovers of truth and of humanity never fail to do.

THE POPULAR SCIENCE MONTHLY for September, 1885. New York: D. Appleton & Co. Fifty cents a number, \$5 a year.

Dr. W. T. Barnard has the lead in the September "Popular Science Monthly," and opens an able and elaborate discussion on "The Relations of Railway Managers and Employees." The paper is very interesting. Dr. W. G. Thompson considers "The Present Aspect of Medical Education," and gives much information and many valuable suggestions upon the subject. Dr. Mary Putnam-Jacobi concludes her essay, "An Experiment in Primary Education," in the present number. It is a practice with her own child, and is full of originality. "The Fauna of the Sea-shore," by Moseley; Dr. Brehm's "Siberia and the Exiles"; "How Spelling damages the Mind," by F. A. Fernald, are readable papers; while that by Professor Langley, on "Sunlight and the Earth's Atmosphere," is a brilliant and striking article. Dr. Ray Lankester makes a report on "The Recent Progress in Biology."

HAND-BOOK OF DISEASES OF THE SKIN, by H. Von Ziemssen. Illustrated with 80 wood engravings and color prints. New York: Wm. Wood & Co.

This excellent work has been prepared expressly for presentation to subscribers to Ziemssen's Cyclopaedia of Medicine, and the publishers will esteem it a favor if all subscribers will at once send them their present address, also their address at the time they subscribed. The work is not a part of the Cyclopaedia proper, and does not conform to that work either in size, shape, type or binding. The publication of a volume of such size and high character for free distribution to many thousand persons is without precedent, and deserving of the heartiest appreciation.

A TEXT-BOOK OF PHYSIOLOGY. By M. Foster, M.A., M.D., F.R.S., Praeceptor in Physiology, Trinity College, Cambridge. Third American from the Fourth English Edition. With Extensive Notes and Additions by Edward T. Reichert, M.D., Demonstrator of Experimental Physiology in the University of Pennsylvania. With 271 Illustrations. 12mo. Pp. 911. Philadelphia: Lea Bros. & Co. Toronto: Williamson & Co.

This work has been before the profession for several years and is now so well known that a notice is scarcely necessary. Numerous additions have been made to the present edition, which will

largely increase its value and usefulness to the general student. The work is on the whole one which embraces in a special manner, those portions of the science which are essential, such as the blood circulation, digestion, respiration, locomotion, etc. We commend the work to the attention of all students of physiology.

CLINICAL STUDIES ON DISEASES OF THE EYE. By Ferdinand Ritter von Arlt, M.D. Translated by Lyman Ware, M.D. 8vo. Cloth. 325 pages. Philadelphia, P. Blakiston, Son & Co., 1885. Price, \$2.50.

This work of Prof. Arlt's, written on the eve of a long and useful career, extending over almost half a century of ophthalmic practice, merits a cordial reception at the hands of the profession. A work of this kind, as the editor states in his preface, is distinct from an ordinary text book, and is always welcome both to the general practitioner and the specialist.

LECTURES ON THE PRINCIPLES OF SURGERY. By W. H. Van Buren, M.D., L.L.D., late Professor of Principles and Practice of Surgery in Bellevue Hospital Medical College. Edited by Lewis A. Stimson, M.D., Professor of Clinical Surgery, in the University of the City New York. New York: D. Appleton & Co. Toronto: Williamson & Co.

One of the reviewers of this work has said that it should have been styled "The Philosophy of the Science of Surgery" in contradistinction to many others which plainly essay the art alone. This statement is indeed not very wide of the mark, as it is undoubtedly a work of superior merit. It is a systematic exposition of the subject by a master hand, and evidences thorough and careful preparation. The work has been printed from the manuscripts of his lectures on this subject, edited by Dr. Stimson, of the University New York.

Births, Marriages and Deaths.

On the 6th of August, R. S. King, M.D., of Port Robinson, aged 68 years.

On the 16th ult., J. Stuart McCullough, M.D., of Hillsburgh, aged 23 years.

On the 14th ult., H. Skinner, M.D., of Kingston, Ont., aged 49 years.

On the 18th of August, A. E. Fife, M.D., of Brighton, aged 63 years.