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A CLINICAL LECTURE ON THE SYMPTOMS COMMONLY CALLED URÆMIC.

BY R. L. MACDONNELL, M.D.,

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(Delivered in the ordinary course of clinical lectures in the summer session of 1887.)

Gentlemen,—The term uræmia, which you very frequently hear used in and about the hospital, in a general sense, explains itself, *ουρον, αἱμα*, urine and blood. The two words have been combined to indicate a general morbid condition of the body in which the supposed pathological cause is the non-excretion of urea and the retention of this excrementitious material in the blood.

Your physiological studies have told you that the main function of the kidney is the withdrawal of urea from the blood, and the elimination of this substance from the body. Now, when from any cause such a separation fails to take place, urea accumulates in the system and acts as a poison, producing, as we have seen, a train of symptoms, some very chronic, some very acute; one case resembling another merely in its general outline, but each case presenting individual characteristics, and most cases ending, sooner or later, in a fatal result. Uræmia is met with in all the forms of Bright's disease, suppurative nephritis, and in cystic, tubercular, and malignant diseases of the kidney. These causes may be at work for many years and the uræmia suddenly set in as the result of some exciting cause, such as pregnancy, acute alcoholism, unusual fatigue, or exposure to cold. Since the beginning of this session we have lost four patients from uræmia, and in each case the symptoms have differed from each other, but in all, the same cause of death has been at work.

The symptoms observed at the close of these four cases have been cerebral, and I propose to deal with them separately.

Headache.—A history of persistent headache ought to at once prompt you to an examination of the urine. Possibly it is more frequently met with in the case of interstitial nephritis (the small red kidney) than in the tubal nephritis (large white kidney), but in all forms of Bright's disease headache is apt to occur, and, when severe, ought to be regarded as a warning of the onset of more serious nervous symptoms.

The case of Rutherford, who died in No. 11 ward about a month ago, serves as an illustration. We found, at the post-mortem examination, that his kidneys were small, and it was thought that they had originally been of the "large white kidney" form of the disease. Distressing headache, with vomiting, anæmia and general anasarca had been the principal symptoms. His history pointed clearly to an acute supervening upon a chronic nephritis. He had been a member of the N.-W. Mounted Police, and had served in the Riel rebellion. After a severe wetting he had been obliged to sleep in

his clothes, and woke up on the following morning feeling very chilly, felt severe pain in his back, and noticed that his face was puffy. Nevertheless, his troop being on the march, he was forced to proceed, and not for some days could he obtain rest in bed with warm bed-clothes. He has never been well since, became anæmic and weak, suffered greatly from lumbar pain, and after struggling two years to earn a living, was obliged to enter this hospital. During his stay here, headache was an urgent symptom. It was not continuous; some days he complained more than others, but the pain was always present, and at times very severe. We found that it was relieved best by purgatives. After a dose of two drachms of jalap powder temporary relief ensued, but up to the time of his death headache continued.

A uræmic headache has, in some cases, a distinctive character—it is accompanied by a sense of heavy weight or compression over the forehead, and there is often obstinate pain at the back of the orbits.

Some of you may have seen a lad who, a few days ago, came into No. 11 ward, and died there within 24 hours. He had been ill some months with a disease of his kidneys, and though he looked flushed and wasted like a phthisis case, or one of typhoid fever, yet he had no elevated temperature, and his urine, a few drachms o which were withdrawn with a catheter, was almost solid on boiling. He said he had been, you will remember, in a Birmingham hospital at the age of 14, and that when there the doctor had cupped his back, and he had been told he had kidney disease.

Now, I asked this boy, in your presence, what his headache was like, when he answered, that it felt like a heavy weight behind his eyes, forcing them out.

Remember, too, that headache may be the first symptom of uræmia.

Another point of diagnosis in uræmia is well illustrated in this case. The distinctly urinous smell of the breath led to the examination of the urine at once, and to the subsequent direction of the enquiry towards a history of Bright's disease.

Vertigo.—With the headache is commonly associated vertigo, or dizziness, a consciousness of disordered equilibration which, like the headache, is very probably the result of the circulation of poisoned blood in the brain centres.

Epileptiform convulsions.—The most striking cerebral symptoms connected with uræmia are what are commonly called uræmic convulsions and uræmic coma.

These seizures are precisely like epilepsy. They have occurred in two of our cases, and are met with where the patient is already in bed with dropsy or other manifestation of Bright's disease, but often in persons who, up to the time of the attack, have been apparently in very good health. In such cases there is usually a premonitory stage of pain in the head, drowsiness, vomiting, or severe dyspnœa.

A few years ago I was called into a druggist's shop, as I was passing, to attend to a man who had been seized with violent convulsions. Tonic and clonic spasms, biting of the tongue, and frothing of the mouth were present. On the subsidence of the more violent symptoms I had him conveyed to his home, and handed him over to the care of his own physician. He never previously had any fit of any kind. About a year afterwards he died of Bright's disease—this attack, of which I had been witness, having been the first evidence of the disease.

As a matter of clinical experience there is no way by which a distinction can be made at the time between a uræmic and an epileptic attack of convulsions. In a severe case of uræmia the most alarming manifestations of epilepsy are also present, even the biting of the tongue, the frothing of the mouth, the involuntary discharges of urine and fæces.

You saw the girl, Shepherd, in No. 30 ward, dying of uræmia. At the close of her illness convulsions set in, not hurriedly, but with ample warning, in the shape of continuous severe headache, and attacks of vomiting. For three days, off and on, convulsions occurred, and in these the main characteristics were the severity and suddenness of the clonic spasms. While speaking, for example, a sudden closure of the jaw would take place, as sudden a snap as could well be imagined, with the result that

the tongue was nearly bitten off, and you were witnesses of the difficulties we had to meet with in keeping this patient from doing herself further destruction.

On the other hand, there are a few features in an epileptic seizure which are not so plainly marked in the uræmic—*e.g.*, the initial cry, the corpse-like pallor, the turning in of the thumbs. The presence of albumen and casts in the urine alone affords satisfactory distinction.

Coma.—After the usual premonitory symptoms, headache, vertigo, dimness of sight, or vomiting, coma is a rapid development, or it comes on without any premonitory symptoms at all, and either with or without convulsions. The face is pale, the pupils dilated, and react slowly to light, but in some cases the pupils are contracted.

Stertor is peculiarly deep, snoring and hissing. The coma deepens, and death is the common result, but in some cases the patient may rally, and continue free from symptoms, to succumb to another attack. Acute coma occurs in all forms of Bright's disease, but is more common in the inflammatory than in the cirrhotic variety.

As a general rule, all uræmic manifestations are bilateral. Hemiplegia and unilateral localized spasm are produced by other causes. Slight cases do occur, though with extreme rarity, where a hemiplegia may remain for a short time after a uræmic attack, and you will find a well reported case of localized spasms, clearly the result of uræmia, reported in the last number (June) of the *Canada Medical and Surgical Journal*, by our friend and former classmate, Dr. Williams.

Acute delirium has, in few cases, been observed to be one of the first manifestations of uræmia. Such a case occurred in our wards two years ago.

Dyspnœa.—This may be the first indication of renal disease, or it may supervene in the course of Bright's disease with uræmia. In the *Canada Medical and Surgical Journal* of November, 1884, you will find an admirable paper by your Dean before the Canada Medical read Association, on "Some of the Varieties of Dyspnœa met with in Bright's Disease," in which several instructive cases are embodied, illustrating the point that dyspnœa may occur in Bright's disease, not due to gross lesions in the lungs, pleura, or heart, and that its origin may escape recognition if the urine be not carefully examined, as well as the heart and pulse.

Such attacks of the dyspnœa may be continous, or they may resemble asthma, occurring paroxysmally.

Within the present quarter we have had in Ward 11 a fatal case of uræmia, in which dyspnœa was urgent, and evidently was the immediate cause of death. The patient was a strong, healthy-looking man; entered hospital upon the 20th April, complaining of headache and debility, and more especially of pains in the knees and ankles, so much so that at first sight we supposed we had a case of rheumatism to deal with. The urine was copious and highly albuminous. No casts were discerned. We believed the case to be one of interstitial nephritis. After being in the hospital some three or four days it was observed that the breath seemed very short, and this symptom gradually assumed an alarming character. There were no physical signs in the chest to account for such a manifestation, but there seemed to be an obstruction in the larynx or nose. The patient lapsed into a drowsy, semi-comatose condition, and died on the 25th.

The autopsy showed that our diagnosis was incorrect as to the cause of the disease. He had no interstitial nephritis, but there was on both sides a hydronephrosis. The left kidney was much distended, and almost devoid of healthy secreting substance, the right but partially involved. Both ureters showed a stenosed portion of their calibre. It would have been difficult to assign the origin of this condition, but the effect was plain. The elimination of urea was interfered with, and uræmia was the result.

A form of dyspnœa sometimes, though rarely, met with in Bright's disease is that very remarkable derangement of the breathing known as Cheyne-Stokes respiration. You will remember that I explained this phenomenon to you at the bedside a few days ago.

Three years ago, when I was attending the out-patients, a case of this kind presented

itself. The patient, a French-Canadian, aged about 75, complained that for the last six weeks he had been suffering from shortness of breath upon exertion, which had, during the last three weeks, become so distressing that he had been obliged to remain in bed in a sitting posture. He had evidently been suffering from Bright's disease for a very long time; the face was sallow and thin, and the legs had been swollen for many years. Had been a very hard drinker. There was no hypertrophy of the heart, but a systolic murmur was audible at the apex, and transmitted three inches to the left. Heart sounds at base are normal. The respiration was of well marked Cheyne-Stokes character. Beginning at the pause, which lasted 25 seconds, the respirations became deep, laboured, and noisy, until they reached the rate of 36 to the minute, when the usual gradual subsidence took place. In the intervals the patient suddenly dropped into a doze.

The urine contained 33 per cent. of albumen. The patient was admitted to the wards where, as the result of rest and treatment, the peculiar form of respiration gradually disappeared, as well as the systolic murmur, and he left us considerably improved. We heard of his death at his home some months after.

Changes in vision.—The patient, Shepherd, in Ward 30, you will remember, complained of very great impairment of vision. Before and after death albuminuric retinitis was found to be present. But apart from these structural changes in the eye, the result of Bright's disease, and not uncommonly coincidently with an attack of uræmia, blindness more or less complete, suddenly sets in, sometimes in one, sometimes in both eyes, while ophthalmoscopic examination shows no change in optic nerve or retina. Such attack of amaurosis ceases in most instances in the course of a day, and sight is regained. Not unfrequently the amaurosis is associated with the convulsive seizures, and is perceived for the first time immediately after them.

Vomiting and Diarrhœa have been regarded as eliminative processes and may be considered together. A sick stomach may be the precursor of a dangerous uræmic attack. The vomiting in the last-named case of uræmia was our first warning.

Other symptoms of minor importance are not uncommonly met with, such as slight clonic spasms, hiccough, itchiness of skin, vertigo, and drowsiness. Lastly, uræmia may assume a form distinctly chronic, the patient suffering from one or many of the above-mentioned symptoms to a moderate degree developed.

THE RELATION OF THE ASEPTIC AND ANTISEPTIC METHOD TO THE TREATMENT OF THE LESIONS OF SYPHILIS.

(Read at Ontario Medical Association, June, 1887.)

BY ARPAD G. GERSTER, M.D.,

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I. ASEPTIC TREATMENT OF PRIMARY INDURATION.

The nature of the specific virus of syphilis is not known. In most cases its local and general manifestations are amenable to appropriate systemic and topical remedies.

It is not intended here to dwell upon the nature and treatment of syphilis as a general disease; only inasmuch as some of its more common local phenomena require surgical treatment, will their consideration be deemed within the limits of this paper.

The anatomical structure of the primary induration, of tuberous syphilides, and of gummy swellings, resembles closely that of recent tuberculous deposits; and their course of development and termination in central coagulation-necrosis, fatty changes, or caseation, also bears much resemblance to the affections caused by the bacillus of tuberculosis.

But there is a third point of parallelism. As long as softened syphilitic foci remain subcutaneous and are not exposed to the influence of the air and its pus-generating germs, their course is bland and slow, and their tendency is to fatty degeneration, encapsulation, and final absorption. But as soon as a softening syphilitic deposit comes under the influence of the pyogenic elements contained in the atmospheric air, its slow and bland character is changed to a most destructive one. Thus syph-

ilitic nodes of the internal organs, being protected from contact with the outer air, rarely, if ever, terminate in ulcerative destruction: they generally tend to fatty involution, absorption, and cicatrization. Specific deposits of the outer skin, the mucous membranes—as, for example, of the nasal and oral bones, on the other hand, are all noted for their pronounced tendency to rapid ulceration or gangrenous destruction.

The explanation of this peculiar difference in the behavior of indurations or tumours essentially identical in morbid character, is to be found in the fact that the poor nutrition and low vitality of the cellular elements composing a primary or secondary syphilitic node, exposed to pyogenic infection by contact with the outer air, offers very favorable conditions for the rapid development and destructive multiplication of germs that are notoriously deleterious even to healthy tissues exposed to them. Pus-generating cocci deposited on the excoriated surface of a syphilitic focus, as, for instance, a primary induration of the prepuce, or a gummy swelling of the nasal bones, will, by their multiplication, lead to massive invasion and rapid ulcerative destruction of the densely infiltrated and poorly nourished node.

Syphilitic ulcers of every kind present a combination of syphilitic and of pyogenic infection.

If we succeed by appropriate systemic treatment in preventing the extension of the central softening of a syphilitic node to the surface, ulcerative changes also will thus be prevented. For example: The timely administration of large doses of iodide of potash may prevent necrosis of the nasal bones, which are the seat of a growing gummy swelling. Their dense infiltration pertains to syphilis; their necrosis, however, is caused by the invasion of pyogenic germs. But we possess another means for preventing ulcerative destruction of syphilitic deposits located in the outer skin. They are more exposed to pyogenic infection, but they are also more accessible to local remedies.

The aseptic protection of the surface of the primary induration offers an easy remedy for preventing the formation of the primary ulcer or chancre.

True, that the prevention of the ulcerative destruction of a primary induration of the prepuce will not prevent the systemic development of syphilis; but it will, nevertheless, constitute a valuable service rendered to the patient, who will be spared all the suffering, annoyance, and danger connected with the development of the primary ulcer.

If a patient, exhibiting a recent primary induration of the penis, presents himself for treatment before the appearance of the pustular excoriation, or before the epidermal film of the formed pustule is broken, and if the surgeon thoroughly cleanses and disinfects the affected parts, afterwards carefully enveloping the penis in an aseptic dry dressing, ulceration of the indurated node—that is, the development of a primary ulcer—can be effectually prevented.

The node will lose its epidermidal covering, but the aseptic dressing will exclude pyogenic infection, and the course of development and involution of the syphilitic deposit will be as though it were subcutaneous. A small quantity of lymph will exude from the excoriated surface, will be imbibed by the aseptic dressing, and will exsiccate,—thus forming a hermetic seal and protection to the diseased tissues.

Fatty disintegration of the infiltrated tissues will be followed by the formation of new epidermis, and when, after three or four weeks, the dressings come off, a cicatrized though still somewhat indurated portion of skin will be exposed to view.

Specific rash, and other manifestations of systemic infection, will appear in due course of time; but the incalculable extension of the ulceration to adjoining non-infiltrated parts of the skin, and the formation of suppurative buboes and other complications, will be obviated. The following case may serve as an illustration:—

Case H. B., aged 25, presented himself Jan. 2nd, 1887, with a hard, elevated node, the size of a nickel, occupying the dorsum penis, and another smaller induration near the frenulum. Suspicious cohabitation had been indulged in for some time until within a few days of the visit. Bilateral indolent inguinal lymphadenitis was noted, and the presence of specific infection was assumed. The patient was kept under daily observation, and was directed not to

meddle with any blister that might appear on the indurated spots. Jan. 8th.—A yellow discoloration was observed occupying the apex of the larger node, and was looked upon as an indication that a pustule was forming. The entire penis was carefully cleansed with green soap and warm water, and was disinfected with a 1:1000 solution of corrosive sublimate, good care being taken not to break the transparent layer of epidermis covering the discolored spot. A thick layer of iodoform powder was sprinkled over both indurated nodes, and a small patch of iodoformized gauze was placed over them—this being held down by a narrow, oblong compress of corrosive sublimate gauze, snugly bandaged on with a muslin roller. The meatus was left exposed for micturition, and the patient was directed not to interfere with the dressings and to report daily. The first dressing remained undisturbed until Jan. 17, when its external part, getting disarranged, was removed. The strip of iodoform-gauze was found firmly attached to the underlying indurated nodes, and had the appearance of a hard, flat cake, that had been evidently soaked through by lymph or serum some time since its application. Evaporation of its aqueous contents had converted it to the shape just described. It was left *in situ*, and a fresh outer dressing was applied.

At the same date (Jan. 17), the girl with whom the patient had held commerce, presented herself for examination, at the author's request, and was found to be covered with a small papulous specific rash. The appearance of her throat, the universal adenitis, and two freshly cicatrized spots on the labia minora, left no doubt of her being subject to florid syphilis. She remained under prolonged specific treatment, and in July, 1887, still exhibited pharyngeal ulcerations.

Jan. 25th.—The dressings applied to the patient's penis became again disarranged, and had to be renewed. The immediate covering of the nodes, consisting of iodoform-gauze, was still firmly adherent, and was left unchanged.

Feb. 12th.—A general maculous rash appeared on the patient's body, and systemic treatment by mercurial inunctions was commenced.

Feb. 20th.—The entire dressings came off; the strip of iodoform-gauze in the shape of a perfectly dry scab, to the inner side of which was found attached a patch of shiny scales, consisting of effete epidermis. The nodes, which were formerly prominent, had receded to the level of the surrounding skin, and the induration, which still could be felt, was marked by a coat of fresh-looking young epidermis. The patient received fifty inunctions of blue ointment, which freed him from all cutaneous symptoms of the disease. In May, pharyngeal ulcerations appearing, the inunctions were resumed. The size and hardness of the initial sclerosis were visibly diminished by this time.

It seems in the foregoing case that the ulcerative destruction of the primary induration was forestalled by disinfection and subsequent aseptic management. Without them the imminent formation of an initial sore would have inevitably occurred. The treatment of the fully developed chancre would certainly have been a much more disagreeable, painful and filthy experience than the simple manipulation of once cleansing and protecting the initial induration. The site of the morbid process thus protected against "external irritation," that is, pyogenic infection, ran, as it were, a subcutaneous and bland course of slow involution, the aggregate of discharge during forty-three days not exceeding the small quantity required to permeate a strip of four layers of iodoformized gauze, covering an area of about two-thirds of a square inch.

II. ANTISEPTIC TREATMENT OF THE PRIMARY SYPHILITIC ULCER.

The results obtained by the various time-honored and well-established forms of local treatment of the primary syphilitic ulcer, all bear out the assumption that the specific alteration of the affected tissues only serve as a predisposing condition to the subsequent ulcerative destruction of the initial sclerosis. The ulceration is directly produced by the engrafting of purulent infection on a soil that has been devitalized by the dense cellular infiltration characteristic of initial sclerosis. The rapid destruction observed in chancre is always signalized by the detachment of the epidermis raised in the

shape of a pustule, under which we find a yellowish, brittle necrobiotic nucleus, which is the first to succumb to the onslaught of the pyogenic organisms, deposited on it by the manipulations of the patient or otherwise.

The various forms of local treatment successfully employed for the cure of chancre are all antiseptic in character.

Their aim is either the prompt removal of the infectious discharge by prolonged baths and frequent moist dressings, or disinfection by weak or concentrated caustics, or a combination of measures directed towards a rapid mechanical removal of the deleterious secretions, with chemical disinfection. As the most powerful and most effective arrester of the destructive course of phagædenic chancre, the actual cautery is to be mentioned: the sovereign destroyer of all microbial parasites.

(*a*) *Chemical sterilization and surface drainage by medicated moist dressings.*

The energy to be applied to the local treatment of an ulcerating initial sclerosis should be proportionate to the virulence and destructiveness of the morbid process. In most cases the resistance of the vital forces combating the morbid process will be sufficient to check the damage. This is attested by the numerous cases of neglected chancre that end ultimately in spontaneous cure. Hence, in most instances, a mild treatment by local antiseptic baths, combined with moist antiseptic dressings, will answer the purpose.

Frequent removal of the soiled dressings forms the most essential part of this plan of therapy. The patient is directed to provide himself with a wide mouthed one-ounce vial, which is filled with suitably proportioned small square pieces of lint or gauze, over which is poured a moderate quantity of a one per cent. solution of carbolic acid, or a 1 : 5000 solution of corrosive sublimate. The cork-stoppered vial can be easily carried by the patient, who is enjoined to dress the sore or sores at least once every hour, and oftener if the discharge be very profuse. In the morning and evening a prolonged local bath in the same solution is advisable. In many cases this plan will be sufficient to check the extension of the ulcer, and to bring about cleansing of its bottom.

Another mild form of antiseptic treatment consists of the application of iodoform powder to the ulcerating surface. The objectionable odor of the drug can be excellently masked by the admixture of equal parts of freshly roasted and ground coffee. As soon as the appearance of a cicatricial border is apparent, these modes of treatment should be abandoned in favor of the application of strips of mercurial plaster, which should be renewed in proportion to the amount of discharge. Cicatrization will be very much hastened by this change.

(*b*) *Chemical sterilization by strong caustics.*

Cases of greater virulence which do not yield within a fortnight or so to the mild plan of treatment by scrupulous cleansing and disinfection, or in which rapid extension of the ulcer does not justify temporizing, require the application of escharotics. The author has found a 50 per cent. solution of chloride of zinc the most convenient and most effective of all chemicals recommended for the cauterization of chancre. Its application is to be done as follows:—The ulcer and its vicinity are subjected to a careful cleansing, by a mop of cotton dipped in a 1 : 1000 solution of corrosive sublimate. Crusts and scabs overlapping the edge of the sore must be gently removed. A small piece of clean blotting-paper is applied to the ulcer and its vicinity with gentle pressure to remove all moisture. A moderate quantity of the caustic solution is applied to the sore with a glass rod or matchstick, care being taken not to corrode unnecessarily the surrounding healthy skin. Previous thorough drying of the integument with blotting-paper will best prevent overflowing of the caustic. All the nooks and indentations of the margin of the ulcer must be carefully covered by the solution. As soon as the base of the sore assumes the color of parchment, which will occur in from three to five minutes, cauterization is completed, whereupon the surplus of caustic should be removed by the application of another piece of blotting-paper. The eschar is dusted with a little iodoform—coffee powder, and is protected from injury by a strip of moist lint or gauze.

If the cauterization was sufficient, further extension of the ulcerative process will be arrested thereby. In from two to six days,

according to the depth of the eschar, a narrow line of demarkation will appear, and the eschar being detached, a healthy granulating surface will become visible. This should be dressed with strips of mercurial plaster until cicatrization is completed.

Insufficient chemical cauterization will not check the ulcerative decay of the tissues. In proportion to the incompleteness of the application, partial or total extension of the ulcer will be observed. In some cases only a tongue of renewed ulceration will be seen extending outward from the margin of the eschar. In others, the ulceration will spread all around the cauterized patch, thus demonstrating the entire inadequacy of the application. The surgeon's error should be in favor of too much rather than too little of the caustic.

When the process is found to be extending more or less in spite of a previous cauterization, the deficiency should be corrected without delay by a renewed application.

(*c*) *Sterilization by the actual cautery.*

Phagedænic forms of chancre, characterized by dusky swelling and a rapidly-spreading more or less gangrenous decay of the penile tissues, can be rarely arrested by anything short of the energetic application of the actual cautery. In some cases renewed searing will be required to check the trouble brought under control in one part of the ulcer, but extending further in another direction from a limited part of the lesion. It is especially important to search out all recesses overlapped by the undermined margin of integument, as they are the chief nidus of active infection. The thermo-cautery, or red-hot iron, should be well inserted in all of these recesses and sinuses, otherwise the result will be incomplete or entirely unsatisfactory. The wound should be packed with very narrow strips of iodoform gauze while the patient is still under the influence of the indispensable anæsthetic, and care should be taken to line all nooks and crevices of the irregular wound with the gauze. The object of this is to prevent retention, and to secure prompt disinfection of the discharges which needs must be absorbed by the dressings. The penis is enveloped in an ample compress, moistened with warm carbolic lotion (1 per cent.), over which is placed a piece of rubber tissue to prevent evaporation. Daily change of dressings is to be done after a hip-bath, which will very much facilitate their painless removal. The febrile disturbance regularly noted with these most virulent forms of specific ulcer, and the general debility and anæmia, which is its main predisposing cause, require appropriate roborant and anti-febrile general treatment.

As soon as cicatrization shall have commenced, the affection is to be treated like a simple ulcer.

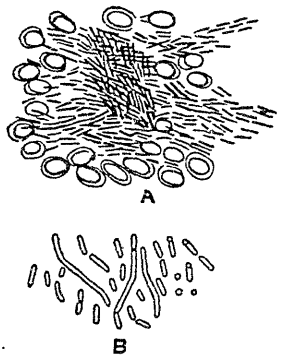
The foregoing view of the relation of suppuration to syphilitic lesions is based exclusively upon clinical data, and needs corroboration at the hands of pathologists more expert in systematic and exact research than the author. One object of these remarks was to arrange the clinical facts pertaining to syphilitic ulcerations under a general principle, from which the therapeutic measures usually employed for their cure could be easily and logically deducted. Another object will be fulfilled if the foregoing thoughts of a clinical observer will induce further inquiry into the interesting and practically important field of mixed parasitic infection.

TYPHOID FEVER COMPLICATING PREGNANCY: PATHOLOGICAL NOTES.

BY W. H. B. AIKINS, M.D.,
Pathologist to Toronto General Hospital.

E. C., aged 20, unmarried, was admitted to the lying-in-department of the General Hospital with commencing labor pains which terminated in the delivery of a fœtus, apparently near, or at full term. Severe *post partum* hæmorrhage followed, and, notwithstanding all efforts to cause complete uterine contractions, that organ failed to respond, and remained during life in a flaccid condition. After delivery, and some time prior to the patient's demise, the temperature was taken, and found to be 106°. There was a suspicion that the elevation of temperature might be due to septicæmia, and in order to satisfy myself in this matter I removed the spleen six hours after death to examine it for micro-organisms, a small portion of its sub-

stance was picked up on a sterilized platinum point from an incision made (after the manner of Koch) with knives sterilized by heat, and placed on a cover glass, and stained in the ordinary manner. On examining with an oil immersion lens ($\frac{1}{16}$ Leitz), instead of finding the streptococcus septicus—present in all cases of puerperal septicæmia—I was surprised to observe bacilli, which answered in appearance to those first described by Klebs and Eberth as the causal agent of typhoid fever, and which are most numerously present in the early weeks of the affection. No other micro-organisms were present. I was fully convinced from this that we had to deal with a typhoid fever, which might have been causative of a premature labor, as is so frequently the case in those advanced in pregnancy. I made the autopsy, assisted by Dr. Scott, and found satisfactory evidence to support the conclusion arrived at by the microscopic examination.



A represents a colony of typhoid bacilli from the spleen, together with white blood corpuscles (1-500).

B (after Flügge) shows typhoid bacilli when cultured, some of them containing spores: also free spores (1-800).

It may be well here to add, as a practical application of a scientific fact, that typhoid fever may be diagnosed comparatively early (as has frequently been done in Nothnagel's clinic) by removing by hypodermic needle some of the splenic substance which, in the majority of the cases, will show on microscopic examination, and on culturing in the proper nutrient media the pathogenic micro-organism of typhoid fever.

Charpentier gives a table of 322 cases collected from various sources: In 182 of this number premature labor or abortion occurred. This lethal result one can readily understand. Owing to the parenchymatous degeneration of the organs and tissues which attends all cases of typhoid fever, and in which the uterus shares, the uterine tissue loses its full contractile power; also the blood being poor in fibrine, its coagulability is impaired, hence hæmorrhages readily occur, and owing to imperfect uterine contraction are difficult of control. The following was noted by Dr. W. D. Scott at the autopsy:

Both lungs were congested, and slightly œdematous, and there was a small quantity of fluid in the pleural sacs. The heart pale and flabby, about two ounces of fluid in the pericardium. The liver and kidneys showed signs of parenchymatous degeneration, the latter weighing fourteen ounces. The spleen was enlarged and soft. The uterus was that of one recently delivered; not fully contracted, but flabby.

On opening the bowel at the ileo-cæcal valve several large ulcers were seen, and extending up the ileum for a distance of 4½ feet the Peyer's patches and solitary glands were found in different stages of infiltration. The mesenteric glands were also found to have undergone degeneration, some being enlarged and quite soft. The fæcal matter was fluid, and of an ochre-yellow color.

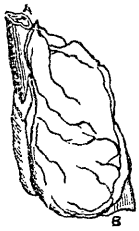
FOREIGN BODY IN THE ŒSOPHAGUS. REMOVAL.

BY EDMUND E. KING, M.D.; L.R.C.P. LOND.

The following case has seemed to me worthy of being placed on record, not only on account of the large size of the foreign body, but also to show the aid to be derived from the use of the laryngoscope in such cases.

On June 6th I was called about mid-day to see Mrs. S—, aged 58 years, who complained of something sticking in her throat. I found her in great distress, being unable to swallow solids at all, and liquids only with difficulty. She told me that at dinner, having taken a piece of meat in her mouth, she was trying to masticate it slowly, owing to the absence of teeth in her upper jaw, when her attention

being suddenly diverted, the piece slipped down her throat, and stuck fast, so that she was unable to dislodge it. She did not remark to me the size of the piece, and for some unaccountable reason I thought it small. On introducing the finger into the pharynx, there was nothing to be felt, and, indeed, the patient declared that the trouble was farther down. On examination with the laryngoscope I found the larynx normal, but I observed, just behind the cricoid cartilage, a small, dark spot, (marked A in cut) somewhat resembling an infiltration of blood beneath the mucous membrane, and covered with mucus. I called Dr. McDonagh to see the case with me, and after examining with the laryngoscope, he expressed the opinion that the dark spot which I had observed was part of the foreign body which was located at the upper opening of the œsophagus. After the application of a 16 per cent. solution of cocaine, a pair of Scroetter's forceps was introduced, and, directed by the mirror, to the small object which was visible, and having grasped it, a very slight force was required to withdraw a mass of bone covered with flesh, the size of which fairly astonished us.



The cut is the exact size. A B represent points of bone uncovered with flesh. The length was $1\frac{1}{4}$ inch; breadth, $\frac{5}{8}$ inch, and thickness, $\frac{1}{4}$ inch.

PROSTATOTOMY.

BY A. GROVES, M.D., FERGUS.

(Read at Ontario Medical Association, June, 1887.)

Having lately practised the operation known as prostatotomy on several occasions, and having found that marked improvement, amounting often to cure, resulted, I thought the subject might not be altogether unworthy the attention of this Association, more especially as the operation is one rather rarely resorted to for the relief of patients suffering from the effects of prostatic hypertrophy. If an excuse were needed for bringing this subject before you, it would be furnished by the fact that there is perhaps no disease which entails so much suffering and discomfort on a considerable proportion of men beyond middle life as does a prostate which, by its size, interferes with micturition to the extent that requires the constant use of the catheter when the passing of this instrument is painful and difficult or is followed by hemorrhage, or in those cases in which the relief following catheterization is of short duration and the bladder contains tenacious mucus or pus. It is in such cases the operation in question is more particularly applicable and the results obtained especially gratifying. The operation is similar to an ordinary median lithotomy. The patient is placed in the lithotomy position, and a staff grooved on its convex surface passed into the bladder. The incision is made exactly in the median line, and the membraneous portion of the urethra opened close to the prostate; then an ordinary lithotomy knife is passed along the grooved staff and the obstructing portion of the prostate incised. A drainage-tube is inserted, the staff withdrawn and the patient put to bed, means being taken to prevent the tube from slipping out. As a rule, there is no bleeding of any account; and the patient relieved of his ever-present source of irritation promptly improves.

As advised by Harrison, it is well in many cases, if not in all, to use a tube large enough to allow a soft rubber catheter to be passed through it, as this instrument is now irritating and can be removed and cleaned without annoyance or worry to the patient. The system of drainage should be kept up for a considerable time, say from one to three months, the patient, of course, going about after the first few days, the urine being caught in a rubber urinal, which is the better way, or a stop-cock attached to the drainage-tube, which may be opened as occasion requires. Under this system of complete drainage the bladder, more or less paralyzed by over-distension and disease resulting from the presence of decomposing urine, recovers its tone; the mucous membrane takes on healthy action; pus and glairy mucus disappear, and the patient's health improves. As the healing process goes on in the prostate, cicatricial tissue is formed, which by its gradual contraction causes more or less atrophy of the

obstructing portion of the gland, so that the improvement is not only permanent but progressive.

I have only operated in a few cases, but in these the relief was so prompt and the improvement so marked that I should not hesitate to recommend the procedure in appropriate cases in future. The question as to when the operation should be undertaken is rather difficult to answer, but my own opinion is that it is a mistake to wait until the patient is worn out by disease and suffering. It may be fairly urged against too long delay that it condemns the patient to a great deal of avoidable suffering, and at the same time lessens his chance of ultimate recovery and so tends to bring the operation into undeserved disrepute. In this, as in all other surgical procedures, it is improper to operate upon a dying man; but it is no less improper to delay an operation until hope has fled.

PERFORATION OF THE BOWEL—CASE IN PRACTICE.

DR. J. A PALMER, RICHMOND HILL.

The following is reported not with a view of giving information, but rather in the belief that a brief summary of the facts may prove interesting to members of the profession from the peculiarity of certain features of the case:

S. H., girl, aged six years, was first seen by Dr. James Langstaff, April 22, 1887, about 7 p.m. The child was suddenly taken ill the day before with a violent attack of purging and vomiting. The abdomen was tumid and very tender, and she winced greatly on pressure, pulse about 170. She was in a semi-comatose condition, with eyes wide open and lifeless, and the pupils dilated. Under treatment she gradually aroused and appeared more sensible when spoken to, though the tenderness and abdominal distension continued throughout the course of the disease.

The patient continued, with some improvement in the general symptoms, till fluid was detected in the peritoneal cavity, and on the 14th of June purging set in, the fluid quickly disappeared, but the abdomen became more distended than before, and tympanitic over its entire surface.

At this time we suspected perforation of the bowel, for although the child was purged no gas escaped with the watery discharges, and shortly after this a fulness appeared on the left epigastric region, as though an abscess had formed. This opened externally on June 22nd with little discharge except fœtid gas, abdominal walls falling in at once. From this time to the termination of the case on July 10th, a large portion of the contents of the alimentary canal passed through this opening, the child also still having evacuation by way of rectum.

Patient's appetite improved; the strength, however, gradually diminished, and she expired about 2 a.m., on July the 10th. The same day I held a *post mortem* examination which revealed, in brief, the following condition:

Beneath the integument two apertures could be felt in the peritoneum, which was thickened; adhesion existed between the bowels and peritoneum, especially in epigastrum, and also in places between the bowels themselves. The diameter of the aperture in the abdominal walls was fully an inch, but did not correspond with any internal opening in peritoneum. An opening (diameter $\frac{3}{4}$ inch) existed in the bowel (ascending colon) through which its contents escaped. Below this perforation the calibre of the intestine was narrowed, and contained fæcal matter, which was also in the adjoining peritoneal cavity.

There can be no doubt that perforation of the bowel occurred, at least, by the 14th June, and from the sudden onset and violent character of the initial symptoms it would appear probable that the commencement of the trouble in April was coincident with this perforation. I know of no recorded case in which life continued so long under such circumstances. Unquestionably the contents of the intestines, in part, passed through the opening in the abdominal wall for nearly a month, and if we are justified in dating from the commencement of the attack, the perforation existed for more than ten weeks.

Leroy recommends the administration of aconitine in case of violent syphilitic headache.

THE SURGICAL TREATMENT OF CERTAIN SKIN DISEASES.

BY DR. GEORGE HENRY FOX, OF NEW YORK.

Dr. Fox read a paper on the above subject at the recent meeting of the Ontario Medical Association, which was illustrated by cases and life-sized photographs. He called attention to a few simple instruments which he considered indispensable in dermatological practice, and of which the physician in general practice rarely makes use.

The value of the lancet in the treatment of indurated acne, rosacea and chronic leg ulcers; the use of electrolysis in the destruction of angiomata and the removal of pigmentary moles and superfluous hair; the employment of a metallic roller electrode in the relief of general pruritus, and the use of the curette in epithelioma and the scarifying knife in lupus, were successively discussed.

A case of nævus was exhibited in which a large pigmented, hairy, and warty patch involved the cheek and eyelid. The hair from a small portion of the patch had just been removed by electrolysis, and the reader of the paper claimed that by the use of the electrolytic needle, the excrescences, the hair, and the discoloration could be removed, and a better result attained than by any other plan of treatment.

A case of lupus vulgaris of long standing was also exhibited which had just been treated by linear scarification. The instrument used for this purpose by Dr. Fox was a small kidney-shaped knife; and it was claimed that by the adoption of this method of treatment, especially in cases of ulcerative lupus of the nose, the diseased tissue could be gradually destroyed and a far less contractile and disfiguring cicatrix left than by the use of the dermal curette or cautery. The use of a burr and hook, such as are employed by dentists in cleaning out carious cavities, was also recommended highly in the treatment of lupus, under certain conditions.

T. D. Greenlees states that in acute mania and conditions of mental excitement there is a lowered arterial trusion.

Selections.

☞ *We are indebted to* DR. NEVITT *for the translations from the Italian and to* DR. ZIMMERMAN *for the French.*

TREATMENT OF CHOLERA INFANTUM IN BELLEVUE HOSPITAL.

Dr. A. Jacobi treats the cases which come into his ward as follows:

INTERNAL MEDICATION.—*Empty the stomach and bowels* of fermenting masses. The castor oil of the lay public answers well. A dose of calomel (grs. j–vj) answers better, because it acts as an anti-fermentative, beside being a purgative.

Neutralize acids (fat acids) in the stomach. Carbonate or phosphate of calcium, grs. j–ij, every one to two hours, acts as an adjuvant to other treatment. Bismuth also answers this indication, besides being an anti-fermentative. Dose, grs. ss–ij every one to two hours. May (must) be combined with opium, Dover's powder, grs. $\frac{1}{10}$–$\frac{1}{8}$–$\frac{1}{3}$, every one, two, to four hours. No salts of magnesium or sodium, because they add to the diarrhoea in these acute cases. Avoid syrups to correct the taste of medicines. They will turn sour. Prefer glycerine.

Anti-Fermentatives.—Calomel, bismuth, alcohol, creasote, salicylate of sodium, and resorcin have been recommended for their anti-fermentative effect. Of the two latter I prefer resorcin, iv–x grains *a day*, in solutions (suspensions), or as a constituent of powders (with bismuth, chalk, opium).

Sedative.—Opium depresses hyperæsthesia, hyper-peristalsis, and hypersecretion. Dover's powder (gr. $\frac{1}{10}$ to $\frac{1}{3}$ every two to three hours) acts very well, though some writers object to it, and is indispensable. Does well with bismuth, and prepared chalk, with or without resorcin.

Astringents.—In acute cases, and when the stomach participates in the process, lead, tannin, gallic acid, alum, etc., are badly borne. In chronic protracted cases they will find their indication. Nitrate of silver does better in many acute cases, gr. $\frac{1}{50}$th to $\frac{1}{30}$th in 2 drachms of distilled water (dark bottle) every two hours. Creasote water in chronic cases.

Stimulants.—Alcohol may be admixed to food. Bad brandy or whiskey contains fusil oil, which is a paralyzing agent. Whiskey is therefore preferable with us, because it can be obtained in greater purity for less money. (See under "Food.") Never give it raw. Camphor is better borne than ammonia. It is easily taken when simply rubbed off with glycerine suspended in mucilage (gr. ¼—ij every one to two hours). The strongest nerve stimulant of all is *Siberian* musk. Give in *urgent* cases of collapse gr. i–ij every fifteen or thirty minutes (best suspended in mucilage) until six or twelve grains have been taken. A very good stimulant in collapse is the injection into the bowels through a long flexible tube (catheter No. 12) of hot water with some alcohol, and one or a few drops of tinct. op.

External Applications and Hygiene.—In acute cases with high temperature applications of water of 60°–70° to abdomen. Where much pain and with anæmic children, warm applications do better. Frequent injections of water of 100° F. answer well in most cases, not only in rectal catarrh. In collapse or great debility, the water ought to be from 105° to 112° F., and contain some alcohol and opium. Part of this water will be absorbed, fill the blood-vessels, and may prevent intracranial and other thromboses. The addition of gum-Arabic to the injection, or the use of glutinous decoctions (flax-seed) instead of water is quite satisfactory. Open doors and windows in hot weather. Select the coolest place in the neighborhood for the patient, day and night. Night air is better than no air. Country air, sea air, better than city air, particularly at some altitude. When the body is warm and the weather hot, wash the body with cool water, or alcohol and water (1 : 5) frequently. Cold feet must be warmed artificially.

Food.—No raw milk, no boiled milk, no milk admixture at all, in bad cases. In vomiting and severe diarrhœa, *total abstinence* for from one to six hours. Afterward teaspoon doses of a mucilaginous or farinaceous decoction. Regular food : 5 ounces of barley-water, 1-2 drachms of brandy or whiskey, the white of 1 egg, salt and sugar, teaspoonful every five or fifteen minutes, according to age and case. May be mixed with mutton-broth, which, with white of egg, etc., is better than beef-soup or beef-tea in convalescence. Abstinence better for vomiting than ice ; the latter may quiet the stomach, feel pleasant, but stimulates peristalsis. Avoid beef-tea. If it be given in convalescence, mix it with barley-water.

Toward the end of the disease, or when the discharges are many and copious, and inspissation of blood, and thromboses (hydro-encephaloid) threatening, the common sense of the practitioner will introduce liquid into the circulation as best he can. No written rule ever supplies or substitutes brains.—*Med. News.*

Successful Removal of a Tumor from the Spinal Canal.—On June 9th, Mr. Victor Horsley removed a tumor from the spinal canal of a gentleman aged forty. The diagnosis of compression of the spinal cord by a morbid growth was made by Dr. Gowers, who saw the patient with Dr. Percy Kidd. The patient was suffering from paraplegia, which commenced gradually six months ago, and from pain round the chest of four years' duration. Sir William Jenner afterward saw the patient, and confirmed the diagnosis. Dr. Gowers suggested that an attempt should be made to remove the growth. From the history of severe neuralgic pain in the back and along the course of the left sixth dorsal nerve which preceded the paraplegia, it was considered probable that the growth commenced in the posterior root of the nerve, and afterward produced pressure on the cord. The operation was performed by a long incision in the mid-line of the back, having its centre about the fifth dorsal, down to the spines of the vertebræ. The muscles were cleared off from the laminæ and retracted. The spines were removed by bone forceps, and then the laminæ trephined. An incision was made through the membranes and the cord examined, a tumor about the size of the tip of the little finger being eventually found on the posterior root of the nerve about the level of the third dorsal vertebra. This had pressed the cord forward and to the right, producing a deep depression in its substance. It was removed with the nerve to which it was attached. The incision through the membranes, which

was at least three inches long, was not sutured; the wound in the soft parts was closed with sutures and drained. Strict antiseptic precautions were taken at the operation. Since the operation there has been no rise of temperature, and the pain has diminished. The painful spasmodic action of the muscles of the lower extremities from which the patient suffered has diminished, and there has been less rigidity of the legs, but the paraplegia continues. The growth, which was of a pinkish color, elastic and vascular, has not yet been submitted to microscopical investigation.—London *Lancet.*

THE TREATMENT OF SUPERFICIAL NEURALGIAS BY "KATAPHORESIS."—At the Sixth Congress for Internal Medicine held recently at Wiesbaden, Adamkiewicz, of Krakau, called attention to this method of treating pain occurring in superficial nerve trunks. It consists in the application of chloroform to the affected area, over which in turn is placed a diffusion electrode connected with the positive pole of a constant battery. The circuit is now completed, and the current kept up for two minutes, then gradually decreased until no current passes. Under these circumstances the chloroform passes through the skin by what Adamkiewicz sees fit to call "kataphoresis," and palsies the nerve trunk without producing any inflammation or sloughing of the part. He thinks that this was a measure not only temporary in its benefits, but permanent, and that while a single application was sufficient to relieve any given attack, that three or four applications, one for each period of suffering, generally effected a permanent cure. He also calls attention to what we already know, that such a procedure is necessarily limited to those cases in which the affected nerve is not deeply situated.—*Medical News.*

INTRAUTERINE DOUCHES OF SUBLIMATE.—Dr. Berry Hart expressed the following views at a recent meeting of the Edinburgh Obstetrical Society:

It is of use to practise intrauterine douching where parametritis exists. When fixation of the uterus is present, it may not be due to sepsis, but may only be inflammatory Dr. Hart mentioned a case where the uterus was fixed, and the patient was dying of septicæmia, but was saved by the use of corrosive sublimate. When the mischief is beyond the uterus, abdominal section should be performed, and intra-abdominal douching practised. Corrosive sublimate is as safe as chloroform, if properly used. No man has a right to use it as strong as 1 : 1000 in the uterus. It was quite possible that in those fatal cases where a low strength had been used, that the kidneys had been previously affected. Dr. Stevens, in his observations on the urine of patients in the Maternity, had found that in nearly every case the urine contained some albumen. The question arose, Will douching with corrosive sublimate not set up kidney mischief in these cases?—*Edinburgh Medical Journal.*

ANALYSIS OF "TEMPERANCE DRINKS."—The chemist of Massachusetts State Board of Health has recently analyzed a large number of so-called temperance drinks, and has found that all of them contain alcohol, one of them containing as much as 44.3 per cent. Several of them contain more than 40 per cent., and a very large proportion more than 20 per cent. One of these is said by its manufacturer to be "a purely vegetable extract, stimulus to the body without intoxicating." "Inebriates struggling to reform will find its tonic and sustaining influence on the nervous system a great help to their efforts." This preparation was found to contain 41.6 per cent. of alcohol.

TONICS.

Carter's Physical Extrac t, Georgetown, Mass. 22 per cent.

Hooker's Wigwam Tonic, Haverill, Mass., 20.7 per cent.

Hooflands German Tonic, Philadelphia, 29.3 per cent.

Hop Tonic, Grand Rapids, 7 per cent.

Howe's Arabian Tonic, New York, 13.2 per cent.

Jackson's Golden Seal Tonic, Boston, 19.6 per cent.

Liebig Company's Coca Beef Tonic, New York, 23.2 per cent.

Parker's Tonic, New York (advertised as without stimulants), 42.6 per cent.

Schenck's Sea Weed Tonic, Philadelphia, 19.5 per cent.

BITTERS.

Atwood's Quinine Tonic Bitters, Boston, 29.2 per cent.

Atwood's Jaundice Bitters, Portland, 22.3 per cent.

Baxter's Mandrake Bitters, Burlington, 16.5 per cent.

Baker's Stomach Bitters, New York, 42.6 per cent.

Brown's Iron Bitters, Baltimore, 19.7 per cent.

Burdock Blood Bitters, Buffalo, 25.2 per cent.

Carter's Scotch Bitters, Georgetown, 17.6 per cent.

Colton's Bitters, Westfield, 27.1 per cent.

Drake's Plantation Bitters, New York, 33.2 per cent.

Flink's Quaker Bitters, Boston, 21.4 per cent.

Godhue's Bitters, Bo[illegible], 16.1 per cent.

Hartshorn's Bitters, Boston, 22.2 per cent.

Hoofland's German Bitters, Philadelphia (claimed to be free from all alcohol), 25.6 per cent.

Hop Bitters, Rochester, 12 per cent.

Hostetter's Stomach Bitters, Pittsburg, 44.3 per cent.

Sulphur Bitters, Boston (contains no sulphur), 20.5 per cent.

Langley's Bitters, Boston, 18.1 per cent.

Mexican Tonic Bitters, Boston, 22.4 per cent.

Porter's Stomach Bitters, New York, 27.9 per cent.

Bush's Bitters, New York, 35 per cent.

Sherry Wine Bitters, Wakefield, 47.5 per cent.

Cinchonia Bitters, Providence, 13.1 per cent.

German Bitters, Concord, 21.5 per cent.

Strengthening Bitters, New Bedford, 29 per cent.

Old Continental Bitters, Lynn, 11.4 per cent.

Walker's Vinegar Bitters, New York, 6.1 per cent.

Warner's Safe Tonic Bitters, Rochester, 35.7 per cent.

Warner's Bilious Bitters, Boston, 21.5 per cent.

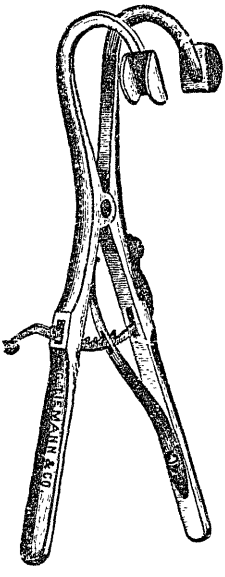
Wheeler's Tonic Sherry Wine Bitters, Boston, 18.8 per cent.

Wheat Bitters, New York, 13.6 per cent.

Faith Whitcom's Nerve Bitters, Boston, 20.3 per cent.

Williams' Vegetable Jaundice Bitters, Lowell, 18.5 per cent.—*Boston Med. and Sur. Jour.*

A MODIFICATION OF O'DWYER'S GAG.—The following modification of O'Dwyer's gag I have devised to meet a serious objection to an otherwise excellent instrument. No matter how firmly the child's head is held, the left shoulder is frequently forced against the arms of O'Dwyer's gag, thus displacing the instrument, to the physical discomfort of the physician's finger and possible laceration of the gums or the cheek of the little patient. In the modification, as will be seen in the accompanying cut, the arms of the lever are directed straight backward toward the ear, in place of being inclined down as in the original instrument. The assistant, standing behind the patient, can readily include the gag within his grasp while holding the head of the child. The catch also has been modified, the ring of the original being replaced by a dentated spring, allowing the jaws to be separated to the desired degree. The instrument has been used by myself and friend, Dr. Huber, in at least fifty instances with entire satisfaction.—*Dr. E. E. Denhard, in Medical Record.*



CORROSIVE SUBLIMATE IN INTRA UTERINE IRRIGATION.—Dr. Braun, from recent observations, has arrived at the following conclusions concerning the use of corrosive sublimate in irrigation of the uterus and vagina: 1. Vaginal or intra-uterine irrigation is frequently followed by absorption of the injected liquid; 2. When this occurs mercury is quickly detected in the fæces; 3. If the return of the injected liquid be in any way prevented, absorption occurs rapidly; 4. The 1 in 1,000 solution of sublimate should be used only in serious cases, such as tympanites of the uterus, putrefaction of the fœtus in the uterine cavity, or septic puerperal fever. The injection should not occupy more than a minute in the performance, and should

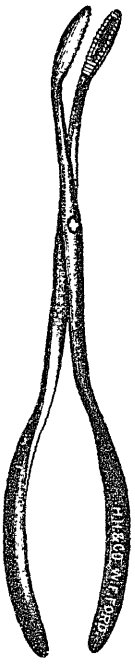
be followed by a copious injection of distilled water; 5. The 4 in 1,000 solution should be injected only in cases of expulsion of a macerated fœtus, or in endometritis consecutive to the expulsion of the fœtus in premature delivery; 6. This solution may be of service in puerperal endometritis, accompanied by a fœtid vaginal discharge; in these cases irrigation should be followed by an injection of pure water; 7. Irrigation should be performed only by a medical man; 8. Irrigation with corrosive sublimate should seldom be employed in women suffering from extensive wounds of the vulva, in those who have been taking mercurial preparations, in cases of atony of the uterus, in anæmic women, or in patients suffering from disease of the kidneys.—*Brit. Med. Journ.*

SPERMATORRHŒA.—(*Sinety, Journal de Med. de Paris:*)

℞ Extract of belladonna..20 centigrammes.
Powdered belladonna..20 "
Confection of roses....q. s.
℔ Divide into ten pills.

In nocturnal spermatorrhœa resulting from spasm of the seminal vesicles, the patient must take, at bedtime, from one to three pills, taking the whole dose at once; or he may take 5 centigrammes of camphor or 10 centigrammes of lupulin, or one drachm of bromide of potash daily. If, on the contrary, there be atony of the seminal vesicles, injections of cold water and cold douches of 10 to 20 seconds duration are indicated. In addition, morning and evening, 10 centigrammes of freshly powdered ergot, and 2 centigrammes powdered nux vomica are administered. Friction over the lumbar region and internal surface of the thighs with spirits of camphor is beneficial.

ILL EFFECTS PRODUCED BY NITROUS OXIDE GAS.—Laffont says he has seen abortion, chlorosis, epileptic attacks, albuminuria, and dropsy follow the use of nitrous oxide as an anæsthetic. He has seen, too, an existing diabetes rendered worse, and glycosuria set up in those otherwise healthy. Two hours after the inhalation of the gas the author found 1·65 grams of sugar per litre in the urine, and six hours after 18·40 grams—the sugar did not disappear for four days. In dogs, too, sugar was found in the urine after they had been narcotised by nitrous oxide gas.—*Fortschritte der Medecin.*—*Medical Chronicle.*



A UTERINE TENT FORCEPS.—When Dr. Wilcox was House Surgeon of the Woman's Hospital he had been accustomed to use the Emmet curette forceps for the insertion of tents into the uterus; its faults were, the jaws were too long and too smooth, and the scissor-handles were awkward to manage. In the instrument presented these faults have been remedied, and they are so curved that a full view of the tent and cervix may be obtained. The handle is modeled after those now in use on the Collier needle holders, and the instrument can be readily taken apart to insure cleanliness. The forceps can be obtained of Hazard, Hazard & Co., of Fifth Avenue and Twenty-Fourth Street, New York.

INFLUENCE OF ALCOHOL ON DIGESTION.—Glauzinski (*Deut. Arch. f. klin. Med.*) has investigated the influence of alcohol on the stomach functions by giving to invalids and healthy persons, a certain quantity of coagulated egg albumen, with and without alcohol, and, after certain intervals, aspirating the stomach and examining the contents. Alcohol, he finds, rapidly disappears from the stomach, probably passing into the circulation unchanged. In health, digestion, as influenced by alcohol, shows two distinct stages. The first is characterized by slow digestion of albuminates, and lasts as long as there is alcohol in the stomach. Pepsin digestion is manifestly interfered with. But this stage is short, for 100 cc. of a 25 per cent. alcoholic liquid disappears from the stomach in fifteen minutes. The second stage sets in when the alcohol has been absorbed, and is characterized by an increased activity of the digestive process, which becomes

so rapid as to compensate for the primary retardation. The increase in the secretion of hydrochloric acid continues even after the albumen has disappeared from the stomach. Small quantities of alcohol have, therefore, a favorable influence on stomach digestion in health. But in disordered conditions of the stomach, the second stage does not occur, hence alcohol cannot be relied on to promote the digestion of food, when the stomach is not performing its functions in a proper manner.—*Medical Chronicle.*

PYRIDIN IN DYSPNŒA.—Kovacz has been experimenting in Nothnagel's clinic on the use of pyridin in dyspnœa (*Wien. med. Blat.* No. 13, 1886.) Patients inhaled 5 to 20 drops in about an ounce and a half of water. He finds that it diminishes dyspnœa, though its effects are not constant. It acts best in nervous asthma, and is least efficacious in the asthma of cardiac disease. With care there is no danger in its employment. In one case vertigo, vomiting, and diarrhœa followed its use.—*Cent. f. klin. Med.*—*Medical Chronicle.*

BILLROTH AND THE FRENCH.—Considerable comment has been made here on a phrase in a letter that Billroth, of Vienna, has written in one of the newspapers there. Speaking of Pasteur's work, he said, "Well, we don't blame the French for applauding so much Pasteur's discovery, for not only have they not made any great progress in science these last twenty years, but they are following with difficulty and halting steps the colossal progress of German and English science." To put it mildly, this way of talking by the great Vienna surgeon has caused a great deal of irritation in Paris, and Herr Billroth is cruelly reminded that he and others are much indebted for their education to such men as the illustrious dead French surgeons were, not to mention the ones now living. They also ask him what sort of men in neuropathology Germany can present in the last twenty years to compare with Duchenne (of Boulogne), Vulpian, Charcot, etc., or in physiology with Magendie, Flourence, Longet, Bernard, P. Bert, Brown-Séquard, etc. But, as that great lady, Mrs. Partington, once said, "comparisons are odorous," and, if the newspaper account can be relied upon, we can only wonder that a man of Billroth's stamp could be guilty of making them.—*Paris Letter to Med. Times.*

THE SENSATIONS OF THE DYING.—It is doubtless the case that in many instances—and perhaps they are the majority—dying persons lapse gradually into an unconsciousness that ends their bodily pain and saves them from the anguish of the final parting with those they leave behind. It is not uncommon, however, for clearness of comprehension to persist to the last, and perhaps it is still more common for some of the special senses to preserve their activity. The following touching account of the late Dr. Wilson Fox's last moments, when his friend Dr. J. Russell Reynolds was at his bedside, is given in the *Lancet's* obituary: "On the next morning, when obviously and consciously dying, and after his eyes had been fixed for a few minutes on the angle of the room, and as some gray streaks of dawn were entering it, he said suddenly: 'There is a great light—a great glare of light. . . . I feel so strange . . . a glare of light. What is it Reynolds? The reply was—'It is the peace of God.' He grasped his friend's hand firmly and said 'God bless you.'"—*Exchange.*

CHRONIC CONSTIPATION.—The rational treatment of chronic constipation consists, according to Dr. J. K. Spender, in avoiding powerful purgatives, administering aloes and iron, and an occasional saline, with a liquid diet and exercise.—*The Practitioner.*

Therapeutical Notes.

WHOOPING-COUGH.—Dr. Gay reports two cases of pertussis in which a cure rapidly followed cauterization of sublingual ulceration which was present. He uses nitrate of silver, using as a mouth wash 30 drops of hydrochloric acid in 30 grammes of honey. One case was well in five days, the nitrate having been used on the first, second, and third day; the other case had four applications of the caustic. This case had severe epistaxis and vomiting, which ceased on the sixth day.—*Gazette des Hôpitaux.*

ANTI-RHEUMATIC LINIMENT—(Grinevitzthy).

℞ Oil of hyoscyamus..... 4 grammes.
Mercurial ointment ..... 8 "
Extract of aconite..... 4 "

℔. Apply morning and evening. The patient at the same time takes daily 8 grammes (2 drachms) of nitrate of potash.—*L'Union Medicale.*

NIGHT TERRORS IN CHILDREN.—

℞ Bromide of potash ..... 2 grammes.
Tinct. hyoscyamus, 6 to 10 "
Syrup of orgave flowers. 30 "
Distilled lettuce water.. 60 "

℔. A dessert-spoonful every hour in the evening, for a child 2 to 4 years old.—*Journal de Med. de Paris.*

TONSILLITIS.—Let the patient wet his fore-finger and dip it into powdered bicarbonate of soda. The surface of the tonsil should be rubbed with the end of this finger every five minutes during half an hour, afterwards every hour during the same day. Three applications a day are then sufficient. The author since adopting this treatment has not had to lance a single inflamed tonsil.—*Lyon Médical.*

TREATMENT OF BURNS.—For burns of the first degree a dressing of cotton batting dipped in acetate of alumina is advised; for burns of the second or third degree, iodoform is preferred over all other topical applications. The iodoform is best used as a paste:—

℞ White earth..... 30 grammes.
Linseed or olive oil..... 30 "
Subacetate of lead .....02 "
Iodoform ..... 8 to 16 "

Mix first the earth and the oil. Apply the paste with a spatula and cover with gutta percha tissue and absorbent cotton, retaining with a muslin bandage.—*Journal de Med. de Paris.*

SALICYLATE OF SODA IN ORCHITIS—(Dr. Pigornet).—In gonorrhœal orchitis salicylate of soda causes in a few hours at first diminution, and finally complete cessation of pain. Its action is especially constant in acute cases of epididymitis with *vaginalite.* When inflammation of the cord predominates the medication is often without effect. In cases thus treated revolution of the swelling begins sooner than in cases treated antiphlogistically. It follows a regular course, and it may be completed in less than eight to ten days, leaving only slight induration of the epididymis.—*Bulletin General de Therap.*

ANTI-BLENNORRHAGIC INJECTION—(E. Barre).

℞ Acid, tannic..... 1½ grammes.
Liquor plumbi subacet.. 3 "
Tinct. catechu ..... 6 "
Sydenham's laudanum.. 1½ "
Rose water ..... 50 "
Distilled water..... 150 "

℔. Inject morning and evening, retaining it during three minutes. The glans should not be squeezed to see if the running has ceased. Abstain from beer and asparagus. Avoid sleeping on the back. Abstain from coitus for a month after cure.—*L'Union Medicale.*

GLYCEROLE FOR VULVAR PRURITUS—(P Ménière d'Angers).—

Oxide of zinc ..... 6 grammes.
Bromide of potash ..... 10 "
Extract of Indian hemp.. 2 "
Glycerole of starch ..... 30 "

℔. The application of this glycerole should be preceded by very hot lotions of flaxseed. When the pruritus is accompanied by acne the author prescribes morning and evening soft black soap applied for half an hour, then lotions of black tea applied as hot as possible.—*L'Union Medicale.*

KELOID.—M. Brocq reported to the Société Medico-pratique, of Paris, four cases of keloid successfully treated by electrolysis. He employs a Chardin pile (bichloride of mercury) of 24 elements. As a negative pole a metallic cylinder covered with chamois, and moistened with salt solution, is held in the patient's hand, the positive pole consists of a long platinum needle, which is passed through the tumor. The current is then established until the needle of the galvanometer marks 5 milliamperes, and in 15 to 30 seconds a whitish zone forms

round the needle. This is withdrawn, and placed one centimetre further, and so on, until the whole surface of the tumor becomes white. The operation is painful, but no inflammation is caused; M. Brocq repeats it every 8 to 15 days.

THE

Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

Contributions of various descriptions are invited in order to make this journal, as heretofore, the exponent of the views of Practitioners throughout the Dominion.

We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations. This is not an exclusive organ.

TORONTO, AUGUST, 1887.

MEDICAL FACULTY OF THE UNIVERSITY OF TORONTO.

No more important step has been taken in the interests of higher education in this Province since the formation of the Ontario Medical Council, than the establishment of a Teaching Faculty in Medicine in connection with the University of Toronto. The members of the University Senate, who were empowered by the late University Act to create such a Faculty, have been exceedingly judicious in their methods of bringing about this happy consummation, and have received the cordial sympathy and support of all the graduates and friends of the University, as well as the best wishes of the great majority of the profession and general public throughout the country.

We have before referred to their generosity in recognizing the vested rights of the two schools previously existing in Toronto, and their offer to accept the services of those who had been engaged in teaching in these colleges. We regret that the Trinity Medical School, for the reasons made known to the public, positively refused to co-operate. The Toronto School Corporation, on the other hand, agreed to suspend their charter, and give all the assistance possible in the accomplishment of the worthy act which the Senate had in view. As a consequence, a Medical College has been established which will, undoubtedly, prove a credit to the University and the Province, and will do much towards elevating the standard of medical education.

The teaching staff of the Medical Faculty is composed of twenty-nine members, and it has been remarked, in a jocular way, that there is a good deal of it. Again, it has been stated that it has a long tail. This is said, however, to be a misconception, as we are credibly informed that it is all head.

An objection has been raised that there is too much Toronto School of Medicine in the new staff. Well, perhaps there is, but if so, time will soon provide a remedy for such deficiency, or redundancy, or whatever you may choose to call it. In carrying out such a scheme it can scarcely be expected that the details will please all parties. The general plan of the scheme is good, and the responsibility of making it perfect, in a Medical and University point of view, will rest with the Senate, and we think they are likely to prove equal to the occasion.

The existence of the other Medical Schools in the Province will not be imperilled by this new departure. They are doing good work, and we hope to witness their continued success. There is room for all in this prosperous Ontario. We hope to see the same feeling of generous rivalry continue in the future as has existed in the past, and with it, a strong desire and effort on the part of all, to assist our Provincial Medical Council in maintaining a high standard of medical education in our country.

THE NEWEST MEDICAL SCHOOL.

The medical atmosphere is clouded with rumours of all descriptions, and it is difficult to pick up a few grains of wheat from the chaff. However, we are told that ample funds have been guaranteed to fully equip a medical school, and that the professoriate will be selected largely, but not exclusively, from Toronto. A meeting to organize was held at the Queen's Hotel, but those who were present are very reticent.

THE DOMINION MEDICAL ASSOCIATION.

The annual meeting of this Association, which takes place in Hamilton on the 31st of August and the 1st of September, promises to be one of very great interest. The following are the officers of the Association for the present year:—President, T. K. Holmes, M.D., Chatham; President-Elect, J. E. Graham, M.D., Toronto; General Secretary, James Stewart, M.D., Montreal; Treasurer, Charles Sheard, M.D., Toronto. The change made last year whereby discussions on subjects of interest in the various departments of medicine are substituted for the reports of committees will, no doubt, add to the usefulness of the meeting. The following gentlemen will lead the discussion in the various departments:

Dr. Grasett, Toronto, Surgery—Subject: "Obstructed Urinary Outflow."

Dr. McPhedran, Toronto, Medicine—Subject: "Empyema."

Dr. Eccles, London, Gynæcology—Subject: "Subinvolution of the Uterus."

Dr. James Stewart, Montreal, Therapeutics—Subject: "The Present State of Cardiac Therapeutics."

Dr. Cassidy, of Toronto, the Chairman of the Committee on Hygiene, will read the report of that Committee.

The profession of Hamilton have always been noted for their generous hospitality, and no doubt visitors to that enterprising city will be made to feel at home.

The following papers are promised:—

1. Dr. Wm. Osler, (Philadelphia) "The Cardiac Relations of Chorea."

2. Dr. T. Wesley Mills, Montreal, "A Physiological Basis for an Improved Cardiac Pathology."

3. Dr. Archd. Malloch, Hamilton, "Report on Twenty Cases of Tracheotomy in Diphtheritic Croup."

4. Dr. Wm. Gardner, Montreal, "A Year's Work in Abdominal Surgery."

5. Dr. Ryerson, Toronto, "Thalamic Epilepsy."

6. Dr. Buller, Montreal, "Headaches in Connection with Certain Ocular Defects."

7. Dr. Stirling, Montreal, "A Few Points in the Etiology and Treatment of Strabismus."

8. Dr. R. L. MacDonnell, Montreal:

1. "Loss of Knee Jerk in Diphtheria."

2. "Aortic Aneurism." (*a*) Hitherto unobserved symptom. (*b*) The results of the treatment by iodide of potassium.

9. Dr. W. H. B. Aikins, Toronto, "Detection of Typhoid Bacilli in Drinking Water."

10. Dr. Sweetnam, Toronto, "Stricture of the Rectum,—A new form of treatment."

ISOLATION AND PLACARDING.

The Public Health Act endows Boards of Health and their medical officers with power to isolate and placard houses for infectious diseases; we note with great satisfaction the spread of this authority in many urban districts, and also note the want of it in our own metropolitan city. If the capital of a country will not set an example, it is hard for smaller municipalities to carry out or follow in any improvements. We cannot help expressing our opinion that the profession in Toronto are too lax in reporting cases of infectious diseases under the Health Act, and that some physicians are perhaps a little too sensitive about the feelings of their patients regarding placarding of houses. Our remarks are called forth, from noticing some recent doings in the City Council on the question of a small-pox hospital. A more impracticable site than that proposed, the neck of land south of Ashbridge Bay, cannot well be conceived, and we trust our able medical health officer will point this out to the Board of Health.

Isolation with proper safeguards can stamp out any disease. If we trust to the efficient enforcement of the Vaccination Act, and receive the support of the medical profession in reporting, isolating and placarding infectious diseases, there is no reason why the present hospital should not answer. There is, in our opinion, no better site for a hospital which requires complete isolation, whilst presenting easy access The promoters of any scheme to locate a hospital on a thoroughly isolated spit of land, must bear in mind that the object of the hospital is to cure and not to kill. A patient being driven to the proposed site, at any time of the year except during the summer

months, would have a rough journey to make, which might in many cases affect his chances of recovery.

Prevent the cause and spread of disease, and such places as our present small-pox hospital will stand empty, and be the proudest monuments of our intelligence and enlightenment as citizens of the foremost city in the Dominion.

THE COUNCIL EXAMINERS.

One of the rules recognized by the Ontario Medical Council in the appointment of examiners is, that no one shall be selected for the subject he teaches. We have frequently referred to the absurdity of such a regulation which is well shown in the recent appointment of an examiner in chemistry. After the death of Dr. Barrett, which occurred a short time before the last examination, Dr. Reeve was asked to fill his place, and consented with reluctance. In accordance with certain unwritten rules a Toronto School man was wanted, but such man must have nothing to do with the teaching of chemistry. Now it may be that Dr. Reeve's earnest and faithful work in connection with the eye and ear for the past twenty-two years may make him eminently qualified to examine in chemistry, but for ordinary mortals it is hard to see the connection. The wise Council appointed Dr. Reeve for a second term, but he declined with thanks. Being thus deserted by their otological and ophthalmological chemist, they chose Dr. Graham. It is well known that Dr. Graham, in practice and teaching, has devoted his attention especially to practice of medicine and diseases of the skin. Possibly in working at his specialties he may have become a brilliant chemist, and, as a consequence, the proper man to examine in this subject, but we have never heard anything to that effect. He, however, has declined to accept, and the Council, having thus lost their dermatological chemist are thinking of trying an anatomical one. How a man working in a dissecting room is likely to become thoroughly based in chemistry is another of these mysteries only understood by the Solons of the Council.

In our opinion, if he must be a Toronto School man, the lecturer on chemistry should be quite as competent as others to examine in this subject; but if knowledge of chemistry is not considered desirable we think we can name the member of the Toronto staff who possesses the most dense ignorance on the subject. Although this gentleman is not ambitious for such dizzy heights of honor as examining in chemistry, still if the Council considered his services indispensable they might possibly induce him to act.

THE ONTARIO MEDICAL LIBRARY ASSOCIATION.

Since our last issue very fair progress has been made in the preliminary work necessary to the formation of a large library. The Committee appointed by the Toronto Medical Society, and afterwards enlarged by the addition of several members of the Ontario Medical Association, has been actively at work in the prosecution of this scheme. After much deliberation, it was finally decided to form a joint stock company in much the same manner as described in our last number. The shares are placed at five dollars each, payable in five annual instalments.

A temporary Board of Management was formed as follows: Dr. J. E. Graham, Toronto, Chairman; Dr. Arnott, London; Dr. Burns, Toronto; Dr. Henderson, Kingston; Dr. Wishart, Secretary; Dr. McPhedran, Treasurer; Dr. Powell, Curator. Council—Drs. O'Reilly, Pyne, and Nevitt.

The first annual meeting of the Association will take place next June, when a permanent Board of Management will be appointed.

The members of the Committee have been cheered in their work not only by the liberal manner in which money has been subscribed, but also by the many promises made of large donations in books. We have every reason to believe that the library will be a great success—already about $2,500 has been subscribed. A full list of the shareholders will be published at another time.

Prof. Wm. James suggests counter-irritation over the mastoid processes to prevent sea-sickness.

THE PROVINCIAL BOARD OF HEALTH.

In our last issue we announced certain changes in the *personnel* of the Board: Dr. Oldright and Prof. Galbraith, of Toronto, have been replaced by Dr. Macdonald, of Hamilton, and Dr. McKay, of Woodstock. We think it unfortunate, in the interests of the country, to lose the services of such an able and indefatigable enthusiast in sanitary science as Dr. Oldright. It is generally acknowledged that the Board has done excellent work, and the public in the Province have received great benefit from their labors. Much credit is due the founders of this organization, and if there is one above all others who deserves special mention, it is Dr. Oldright, who gave so much of his time in making the organization a perfect success.

We regret exceedingly that he will leave the Board, and scarcely think the time has arrived when he can be spared. Perhaps the Government had good reasons for removing him; if so, they have kept them carefully concealed. We had thought that Professor Galbraith was almost a necessity to the Board on acoount of his ability as a scientific sanitary engineer, and if any good reason exists for his removal we never heard it. We can assure both these gentlemen that their loss will be felt keenly by the profession generally, who will always have a kindly appreciation for the good work they have done in sanitary matters. Fortunately their successors have the confidence of the profession and the public, and we wish them every success.

INTERNATIONAL MEDICAL CONGRESS.

As a number of physicians from Toronto purpose attending the Medical Congress, arrangements are being perfected whereby a through Pullman car will be placed at their disposal. The rate will be lower than the usual rebate of one third for round trip. Any number up to forty can be accommodated (ladies included). Dr. J. E. White, Carlton Street, has the matter in hand. Those desiring to avail themselves may address him.

One of a party of Canadian students, who were being shown through a well-known New York hospital, writes:

. . . "In order that we might not depart without being impressed with a due sense of awe, the house-surgeon, on entering another ward, asked the nurse in charge what was the matter with a couple of the patients. She *immediately* replied: 'This patient is suffering from peripheral neuritis' (pronounced 'ētis), 'and this one from post-hemiplegic mobile spasm.' The first one of our party who 'came to' asked to be shown into the open air, and, after some reassuring words, and a little gentle stimulation, we were able to proceed."

Frænkel is convinced from certain experiments that the typhoidal virus infects the system through the alimentary canal; but that there must exist a certain predisposing condition of the stomach—a condition best secured in animals by starving until the intestines are empty.

Sommerbrodt gives the result of his treatment with kreasote of about five thousand cases of tuberculosis of the lungs and larynx, continued over a period of nine years. He gave the drug in gelatine capsules, and believes cases have been cured.

A DISCLAIMER.—"Practitioner," who has been telling what he knows about Medical Schools and boarding-house hash in the Toronto papers, is not the "CANADIAN PRACTITIONER."

Through an error in the report of the Ontario Medical Association meeting, mention was not made of an excellent paper by Dr. Brown, of Galt, on "Injuries to the Elbow Joint."

Resection of the pylorus has been performed by Billroth fifteen times for carcinoma, with success in seven cases.

Salol, introduced by Neucki, of Berne, is stated to be poisonous, as it contains 38 per cent. of phenol (Kobert).

Meetings of Medical Societies.

TORONTO MEDICAL SOCIETY.

STATED MEETING, June 2nd, '87.

The First Vice-President, Dr. Machell, in the chair. The following pathological specimens were shown:

CYSTITIS—ADHERENT PERICARDIUM.

Dr. W. H. B. Aikins presented the bladder, ureters, kidneys, uterus, and heart, removed at an autopsy in the General Hospital. The walls of the bladder were greatly thickened and there was evidence of an old cystitis. The ureters also were hypertrophied, and the kidneys, which showed cortical substance contracted, contained in their dilated pelves a quantity of pus mixed with urine. The uterus from the same case had a lateral flexion. The pericardium was so firmly attached to the heart throughout as to be separated with difficulty, and would closely correspond with what the ancients described as congenital absence of the pericardium.

Dr. A. H. Wright had seen this patient *intra vitam* as an extern patient at the General Hospital. She was said to have an abdominal tumor, but this proved to be a distended bladder; 30 or 40 ounces of rather turbid urine were drawn off. Some days later he was called to see her at her own home. She was then suffering from incontinence, but there was no distention of the bladder; had rather serious symptoms which he thought might be uræmic; advised her to go into Hospital; did not see her again; was surprised at appearance of bladder presented; it looked like a bladder slightly contracted with thickened walls; would not suppose it could hold so much as 30 or 40 oz.

SYCOSIS PARASITICA.

Dr. Cruickshank, Ellesmere, presented a patient suffering from sycosis parasitica. The affection commenced about a month ago. A flattened tumor, 2 by 3 inches in extent, and presenting a dark red areola., developed in the superior carotid region. It was pulsatile, but had not the expanding pulsation of aneurism. In several spots on the tumor were nodules topped by a discharging postule. Similar spots were also present on other parts of the neck and on the face and hands. Iodine seemed to aggravate the condition, but poulticing, followed by a dressing of corrosive sublimate—gr. ij ad ℥i—was found beneficial. The mycelium and spores of tinea were found under the microscope. Some cattle in the neighborhood had ringworm at the time, and it was supposed these were the source of contagion.

Dr. Ferguson had found crysophanic acid useful in similar cases, and had also used the sublimate in collodion—gr. x. ad ℥i., as advised by Taylor.

Dr. W. H. B. Aikins, speaking of the rarity of infections from cattle, quoted Neumann as having reported but seven cases in which the disease was derived from the lower animals.

OVARIES AND TUBES.

Dr. Cameron presented the ovaries and tubes from three cases. 1st. A woman, aged 24, complained of severe pelvic pain for two years and was incapacited for work. She had suffered three attacks of peritonitis, and there was great and constant pain over the lower part of the abdomen. Tait's operation was performed. Small cysts were found in both broad ligaments; the ovaries were enlarged, inflamed, and adherent to the surrounding structures—especially the right.

2nd. Patient aged 19 years. She had dysmenorrhœa with acute pelvic pain at and between the catamenial periods. She was bedridden, with repeated attacks of pelvic cellulitis. Dr. Ogden advised forcible dilatation of the cervix with the hope of allaying the constant vomiting from which the patient suffered. This was done, but without benefit. The operation was then performed, and patient has since entirely recovered from all these distressing symptoms.

3rd. Ovaries and tubes from a case operated on by Dr. Bryce. The woman was aged 40, married; had six children; she suffered from profuse hemorrhages, pains in the pelvis, and reflex symptoms; both ovaries were prolapsed into Douglas' pouch and very tender; a uterine displacement was relieved for a time by a pessary, but the symptoms returned. The patient recovered from the effects of the operation without any bad symptoms, and is now practically well.

Dr. A. H. Wright is opposed to forcible dilation, although it has been found useful in the hands of Goodell. It certainly never should be employed when there is any cellulitis. He is opposed to the removal of the uterine appendages of a young woman, otherwise healthy, unless every known palliative measure has been found useless. Sir Spencer Wells will never give his consent to an operation unless the alternative is death or loss of reason.

FUSIFORM ANEURISM.

Dr. Atherton exhibited a specimen of fusiform aneurism of the popliteal artery with consecutive thrombosis of the vessel above and below, resulting in senile gangrene. This case will be reported at length in the next issue.

BATHURST AND RIDEAU MEDICAL ASSOCIATION.

ANNUAL MEETING—ELECTION OF OFFICERS.

The annual meeting of the above Association was held at Carleton Place, July 13th, and was certainly the most successful meeting and the largest that has taken place for some years in this Division.

There were present: Dr. Cranston, president, Arnprior; Drs. W. R. Bell, A. J. Horsey, H. P. Wright, A. F. Rogers, C. J. H. Chifman, R. W. Powell, H. B. Small, and J. A. Grant, jun., of Ottawa; Drs. Preston, Allan, McEwen, and Robertson, of Carleton Place: Drs. Reeves, Lynch, Burns, McFarlane, of Almonte; D. O'Brien, of Renfrew; Baird, of Pakenham; and Groves, of Carp.

The secretary, Dr. H. B. Small, read the minutes of last meeting.

The treasurer, Dr. H. Hill, not being able to attend, sent his annual report to the secretary, which was read, and showed the Association to be in a sound financial state, their being no liabilities outstanding, and about $13 in negotiable securities in the hands of the venerable treasurer. The treasurer's budget did not require an assessment this year, as it was not anticipated that the current year's expenses would consume the funded capital, and a surplus was even expected in July, 1388, if the crops turned out well in this section.

Dr. Powell, in moving the adoption of the treasurer's report, suggested that under the circumstances it would be unwise to accept the treasurer's resignation, as it was unwise to change the man at the wheel when the ship was well steered, and that at present our financial condition was strained and would not bear trifling with.

Dr. Rogers moved, seconded by Dr. W. R. Bell, that a vote of thanks be tendered Dr. Hill for his past services for fourteen years.

The president, Dr. Cranston, then addressed the meeting, giving an account of what had been done at the Council since our last meeting. He referred to the special meeting in Toronto in January last, to consider the students' grievances and showed what concessions were granted. He then touched on the various amendments proposed to the Medical Act and the action of the Legislature in the premises; also with reference to the proposed new building he gave a *resume* of what the intentions of the Council are in this respect. He then spoke of the financial condition of the Council—its action as regards the appointment of a Provincial public prosecutor, whose duty it is to slaughter the unlicensed, put down quackery, and pocket the shekels. He concluded by referring to the appointment of Dr. H. P. Wright, of Ottawa, on the examining board this year.

The election of officers was then proceeded with, and resulted as follows:

1st Vice-President—Dr. R. W. Powell, Ottawa; 2nd Vice-President—Dr. D. Lynch, Almonte; Treasurer—Dr. H. Hill, Ottawa; Secretary—Dr. H. B. Small, Ottawa. Council—Drs. Preston and McEwen, of Carleton Place; Reeves and Burns, of Almonte; Baird, Pakenham, Groves, of Carp; and Robillard, Prevost and Grant, jun., of Ottawa.

The secretary was instructed to send a telegram to Dr. Hill, at his seaside resort, acquainting him of his unanimous re-election.

The action of Dr. E. J. Watts, of Franktown, in issuing a card, was then taken up. The card was read, and was intended as a public advertisement, calling attention to the benefits that would be derived by anyone seeking his services, which might be had by

paying for them at ordinary commercial rates. It stated that he was as good as the next man, if not better, and closed by the usual peroration—no cure, no pay, etc., etc

After very full discussion, during which the masks were removed and gloves thrown aside,

Dr. Rogers moved, seconded by Dr. H. P. Wright, that the conduct of Dr. Watts is very unprofessional, and that the secretary be instructed to write to him and say that if he did not cease such conduct within two months the secretary would refer his case to the Medical Council, to be dealt with by them.

Further discussion ensued and explanations were heard, principally as regards his tender years and his lonely life in Franktown, when

Dr. Powell moved in amendment, seconded by Dr. Grant, jun., that, considering the fact that he is a young man, and that this is presumably his initial offence, the secretary be instructed to write to him, mentioning that our territorial division is acting under the American Code of Ethics, as adopted, and that his attention is respectfully directed to paragraph 4, art. I, of section 2 of the said code, the Association expecting that he will then govern himself accordingly. The original motion carried.

Dr. Rogers submitted a new tariff of fees for the city of Ottawa, approved by the profession of that city at a meeting called for the purpose, and moved its adoption, as required by law. Seconded by Dr. H. P. Wright. Carried.

Dr. Powell made a few remarks anent the Ontario Medical Association, and moved that the secretary take the necessary steps to affiliate this Association with the Ontario Medical Association. Carried.

Dr. J. A. Grant, jun., then read a carefully prepared paper, illustrated by photographs, of a case of fibrous anchylosis of the knee joint which he had treated by division of the hamstring tendons subcutaneously. It was a case of 35 years' standing, having originated shortly after birth. It proved a great success, the man being now able to walk quite well on the flat of his foot without a stick, but he uses the latter adjunct when going to and from his work, two miles each way daily. He has power also to flex and extend the knee-joint.

The doctor was warmly congratulated on his success in the treatment of this case, and so was the man.

Dr. Powell then read a report of a case of fracture of the neck of the scapula in a young child, from indirect violence caused by the mother roughly seizing the child by the arm, and dragging it sharply towards her to save it from being run over. The points in the diagnosis were carefully gone over and weighed by Dr. Powell and the differential diagnosis between it and injuries liable to be mistaken for it carefully argued out.

Dr. McFarlane, seconded by Dr. McEwen, moved a vote of thanks to Dr. Powell for his practical paper. Carried.

Dr. Horsey remarked on the rarity of such a case and thought the evidence failed altogether to prove that it was by indirect violence, and that the fall on the ground prior to the mother snatching it up might have caused the accident.

Dr. Powell replied to Dr. Horsey, defending his own position and pointing out that if it was by direct violence there would certainly have been local bruising.

Dr. Powell then related, *viva voce*, another case of fracture of neck of scapula in an adult caused by direct violence. It was the case of an Indian who received a fearful blow on the shoulder with a lacrosse, completely breaking the shoulder down, including this time the acromion as well as the glenoid process.

Dr. Groves, of Carp, related, *viva voce*, a case of morbus coxæ which had been under his care since Christmas. A fuller report was promised, but the case gave rise to a very good discussion on the treatment of this affection in its various stages.

The case not being there for inspection correct weight cannot be given to the various opinions expressed, though the discussion was spirited and carried on by Drs. Rogers, Bell, Grant, jun., McFarlane, Wright, and Powell.

Dr. Chifman read a short paper on enteric fever, pointing out the varieties—of type, the significance and importance of several symptoms, and related details of several cases now under treatment in the hospital at Ottawa under his supervision.

Dr. Burns related a curious coincidence. A

twin sister, aged 42 years, was confined for the first time; labor severe and instrumental. Nursed by her twin sister, the mother of eight children, she did well for about five days, when she became insane; improved rather under treatment, and then the nurse sister became insane. In two weeks patient died insane, only to be followed by her sister a week later.

Several curios were now reported, but none downed Dr. Burns' experience, and he was congratulated by one of the members in coming out of such a scrape *compos mentis* himself.

Dr. Small then read a short article on the classification and nomenclatnre of mineral springs.

The president stated that he would issue credentials to any of the members who proposed visiting Washington in September.

A motion of condolence was passed concerning the late Dr. Wilson, an octogenarian in the profession in Carleton Place, recently deceased, and the secretary was instructed to forward a copy to his relatives.

The meeting then adjourned to meet in Ottawa in January next. The National Anthem closed a pleasant meeting and an instructive afternoon.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

STATED MEETING, MARCH 11TH, 1887.

Dr. Wilkins, 1st Vice-President, in the chair.

Dr. Geo. H. Fox, of New York, Dr. Phelps, of Chateauguay, and Dr. Jackson, of Brockville, were present at the meeting.

Common Errors in the Treatment of Skin Diseases.—Dr. Fox read a paper on the common errors in the treatment of skin diseases. He said that the great error made by practitioners in treating skin diseases was failure to treat the patient; the disease is treated, not the patient. It is most important that the patient have fresh air, wholesome food—in short, everything that tends to improve the general health. Special treatment of the disease is of no avail without improving the condition of the patient. He regarded attention to the diet as most important, and said there should be a radical change both in the quantity and quality of the food; a strict course of diet should be given the patient; the majority of patients improve on starvation diet. He advised his patients to increase the quantity of fluids taken and decrease the solids; to eat less and exercise more. A change of diet almost invariably proves of value, the more radical the better; he gets the best therapeutical effects from a vegetable diet in the treatment of inflammatory skin affections. A meat diet congests the skin; a vegetable diet relieves the congestion. He is in the habit of restricting the meat in winter and forbidding it in summer. In giving directions to a patient it is better to tell them what to eat than what to avoid. Water should be taken sparingly at meals, but in quantity between meals. In speaking of local applications, he said that very few are needed. If the disease be acute, soothing applications should be given; if chronic, stimulating ones. Infantile eczema is, as a rule, too much stimulated, and chronic eczema with infiltration too little stimulated. In treating psoriasis, chrysophanic acid is the best remedy, but even this remedy should not be used in every case, as it does positive injury where there are congestion and inflammation, but later, when the eruption becomes dry, it does good. In acne a tonic treatment is best. In speaking of local applications, the reader of the paper stated that when the substance is needed to be absorbed by the skin, then the animal fats should be used; when mere protection is wanted, then vegetable fats do very well. Vaseline has but little power of penetrating the skin. He then went on to speak of arsenic, which, he said, is used too much by the general practitioner in the treatment of skin diseases, and which, as regards skin diseases, would not be missed if abolished from the pharmacopœia; he now rarely uses it. It is at best a much over-rated remedy, and its indiscriminate use in skin diseases is fraught with evil.

Discussion.—Dr. Shepherd said he was not prepared to go the length Dr. Fox did, in attributing such a vast influence to diet in the treatment of skin diseases. No doubt it is often of importance, but he thought that Dr. Fox, like many other, was riding his special hobby too hard. Did not think that individuals among

the poorer classes with eczematous diathesis or when the disease was due to their occupation could be cured by dieting. No doubt people eat too much, and this is especially true in the higher ranks of society. In such patients diet is of the utmost importance. In this country people eat too much meat, and he is in the habit of limiting it to one meal a day. In regard to local applications, he was thoroughly in accord with Dr. Fox. Most physicians in inflammatory diseases stimulate too much. It is a common thing for physicians to prescribe zinc ointment in every case, and give no directions about the use of soap and water. He found many skins in the acute stage of eczema unable to bear ointments at all, and to be much relieved by mild lead lotions. He also agreed partially with Dr. Fox concerning the misuse of arsenic; it, like zinc ointment, is prescribed in routine practice by many practitioners. Though of little value in eczema, he thought he had given it with good effect in psoriasis and bullous eruptions. He had no hesitation, however, in stating that it was a most valuable tonic, and he would be sorry to do without it.

Dr. Howard said that the paper presented but few novelties in the present state of the science of medicine. Skin diseases are but local manifestations of a general condition, and it is but natural that the most successful treatment would be an alterative one, aimed at the cause of the unhealthy condition of the skin. He was not prepared, however, to hear that so much attention is given to diet, but it seems only rational. Chronic diseases generally require dietetic treatment, so one should not be surprised to find it efficient in chronic forms of skin diseases. Formerly arsenic was given for all forms of skin disease. He agreed with the last speaker in thinking that arsenic was valuable as a tonic, and he had obtained good results from its use in psoriasis and bullous affections.

Dr. Hingston said that for the last ten or fifteen years he had practically abandoned local treatment in skin affections, and used only constitutional, and had always regarded a carefully regulated diet of the first importance. He could not agree with Dr. Fox in what he said about a meat diet. The French-Canadians are great meat eaters, yet they were remarkably free from skin affections. Some, however, visit the United States, work in factories, and live in boarding-houses where the diet is largely composed of hot biscuit, doughnuts, pies and pastry, and live in small rooms; then come back with skin diseases which cannot be due to a meat diet. The speaker attributed most of the skin affections he had met with to want of fresh air and use of highly spiced and other forms of irritating food, while not a few cases could be traced to the excessive use of green tea. Bread and meat he considered a good diet in skin diseases; he also believed in taking large quantities of water between meals.

Dr. Phelps said that as a general practitioner in the country he could endorse every word Dr. Fox had said. He believed most thoroughly in a complete change of diet in skin affections. He had even found a change from a good diet to an apparently bad one beneficial. He mentioned some severe cases of infantile eczema which were completely cured by changing the diet from fresh cow's milk to condensed milk. Acne in females is very generally caused by uterine disease, and until this is cured the acne cannot be relieved.

Dr. Lapthorn Smith said he had long held that all skin diseases not parasitic or specific were due to errors in diet. He had little faith in local treatment, but considered that it is most important to attend to the condition of the stomach. He thought that the good old mixture of rhubarb and soda is too much neglected in the treatment of skin diseases.

Dr. Mills believed Dr. Fox's paper to be of great importance to the medical public. He regarded Dr. Fox as a type of a specialist, who, though a specialist, treats his patients from a broad knowledge of general medicine and dietetics. To this in no small degree he believed Dr. Fox's successful career to be due.

Dr. Wilkins asked if Dr. Fox believed in an exclusive milk diet in eczema; also if in penitentiaries, where the diet was regulated, was there less skin disease. He also asked if in Germany, where little meat is eaten, there is a less amount of skin disease.

Dr. Fox, in reply, stated that he did not so much object to meat as an article of diet as to its excessive use. He had found the most obsti-

nate cases of eczema yield to a complete change of diet that was only temporary. With regard to milk diet in eczema, he formerly believed in it, but found many patients could not take it. He had tried it on himself, and found he was unable to stand it for more than a few days. The excessive amount of skin disease in Germany could be accounted for by the habitual use of cabbage and beer as articles of diet. He found beer very injurious in inflammatory skin affections, much more so, indeed, than whiskey. Rhubarb and soda he regarded of great use, but are prescribed too much in a routine manner in dispensaries and hospitals. One must always treat each particular case, remembering that what is suitable treatment in one case may be positively injurious in another patient with the same disease.

Dr. Howard, in proposing a vote of thanks to Dr. Fox, referred to the great privilege the Society had enjoyed in so being brought in contact with a man of such extensive experience. In Dr. Fox's paper there was nothing new, and in saying this he paid him the highest possible compliment, for the whole tendency of his paper was to illustrate the great scientific truth that in medicine we cannot treat the disease. We must treat the individual, the constitution. He was struck by the effect of change of diet, as shown by the numerous examples quoted by the previous speakers in breaking up the sequence of disease; one speaker even advising the use of peaches as an article of diet.

Dr. Hingston seconded the motion. In the course of a few happy remarks he referred to the effect that the present fishery dispute might have in lessening the supply of a wholesome article of food in the American market.

It was then moved by Dr. Trenholme, seconded by Dr. Lapthorn Smith, that Dr. Fox be made an honorary member of the Society. This was carried unanimously.

The London *Lancet* defines "moderate drinking" as that which is indulged in to the extent that the individual has a clean tongue, a good appetite, a slow pulse, a cool skin, a clear head, a steady hand, good walking power, and light, refreshing sleep.

Correspondence.

To the Editors of the CANADIAN PRACTITIONER.

MEDICAL DEFENCE UNION.

DEAR SIRS,—In the July number of your valuable journal I notice that the Committee appointed to consider the above subject brought in a report remarkable alike for its diction and its import. Moreover, strange as it may seem, this report was adopted by the Ontario Medical Association without a dissenting voice.

That any body of intelligent men, such as the members of the Ontario Medical Association undoubtedly are, could, in cold blood, devote certain of their number to the "duty" of considering "appeals from members of the Association who may consider themselves persecuted by unfounded or malicious accusations," must, I fear, remain as a blot upon the medical record of this fair Jubilee year.

How can these gentlemen be expected to faithfully discharge the "duty" devolving upon them as members of this Committee? What inducement is there? It cannot be a monetary consideration, for no provision for remuneration is made. The fees of expert witnesses are not tempting, and no amount of money can repay a man for the wear, tear, and swear which cases of litigation involve. Honor? Too often even the best men cut but a sorry figure before the examining lawyer, and though we know the peacemakers are "blessed," we have always been led to believe that he who endeavors to conciliate two angry disputants (who may be both equally wrong), is invariably rewarded by the abuse of both, unalloyed with the honor of either. Can it be for "divarshun?" *Most* of the members of this Committee are staid and dignified elderly gentlemen who abhor publicity, and have always studiously avoided anything approaching wrangling. Not having found a sufficient motive so far, I must conclude that these gentlemen are expected to assume this onerous and exceedingly disagreeable "duty" at great sacrifice of time and money, from motives of pure and disinterested love of the profession generally, and of those who "consider themselves persecuted" in particular.

Now, even from a proverbially obliging and complaisant profession, I submit that this is too much to expect, and I venture to croakingly predict that this Committee will find that they cannot do their "duty," as defined to them, satisfactorily and conscientiously, *as a Committee.* Doubtless those of the Committee whose tastes lie in the direction of litigation and publicity, will find divers opportunities for displaying their zeal for the professional weal, but that the professional weal will be secured thereby does not so plainly appear.

Now, Mr. Editor, understand I am not finding fault with medical defence. On the other hand, I consider the points so tenaciously held and so ably advocated by Dr. Henderson, are well taken, and I trust that, in the near future, some workable scheme may be elaborated. But the object of this letter is to call attention to the wretchedly incomplete and abortive work done by some of the Committees of the Association, and to the culpable apathy of the members in voting for any and every motion which may come up.

Yours truly,

A MEMBER.

TORONTO, July 20th, 1887.

To the Editors of the CANADIAN PRACTITIONER.

SIR,—Many of your readers will remember a short controversy which took place in your columns a few months ago, with regard to prominent medical men giving every new preparation brought before them a "send off;" comparison was made between Permangano Phenyline, and Little's Soluble Phenyle, the latter preparation being considered the inferior. Now, sir, what are the facts of the case, nothing more than that Permangano Phenyline is Little's Soluble Phenyle largely diluted with water, and a small quantity of permanganate of potash added. This may seem a sweeping statement, but the fact that one of the manufacturers has made this acknowledgment will suffice. We do not wish to stir up old strife, but surely this should teach us all to be more careful in our comparisons, and not state that a germicide—(strength $\frac{1}{100}$) according to the report of a meeting which Dr. Sternberg was chairman, held at Johns Hopkins University in 1885—is inferior to one, the antiseptic properties of which are not known.

JUSTITIA.

Book Notices.

A Unique Case of Bilateral Athetosis. By C. H. HUGHES, M.D., St. Louis.

Eighteenth Annual Report of the State Board of Health of Mass., 1886.

McGill University. Annual Calendar, 55th Session, 1887-1888.

Annual Announcement of Medical Department of the Western University.

Annual Announcement of Detroit Medical College.

Renal Colic, Parasitic and Calculous. By J. B. MARVIN, M.D. Louisville. Reprint.

Annual Announcement of Trinity Medical School, Toronto.

Fifth Annual Announcement of the Medical Department of Niagara University, Buffalo, New York.

The Relation of the Nervous System to Hæmophilia, Malaria, Hæmaturia, etc. By C. H. HUGHES, M.D., St. Louis.

Practical Urine Testing. By C. G. JENNINGS, M.D. Detroit: D. O. Haynes & Co., 1887.

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1. *Laryngology and its Cognate Branches in America.*
2. *The Simplest and Most Efficient Treatment of Diphtheria.* Reprint. By W. H. DALY, M.D., Pittsburg, Pa.

Transactions of the Pathological Society of Philadelphia. Vol. 12. Edited by W. E. HUGHES, M.D., Philadelphia. Printed by Wm. J. Dernan.

Transactions of the Michigan State Medical Society. Twenty-second Annual Meeting held in Lansing, May 12th and 13th, 1887. George Duffield, Secretary. Detroit, Mich. D. O. Haynes & Co., 1887.:

What to Do in Cases of Poisoning.—By WM. MURRELL, M.D., F.R.C.P. Edited by Frank Woodbury, M.D. Published by the Medical Register Co., Philadelphia, 1887.

It is quite unnecessary to write a review of this little work. The caption tells exactly what it is—and it is excellent.

Physicians' Office Day-Book, designed by C. HENRI LEONARD, M.D., Detroit. Illustrated. Issued by the Medical Journal Co. to any address. Price $2.00 post paid.

We have been using one of these day books for some years, and have found it most satisfactory. The plan of book-keeping as designed by Dr. Leonard, is simple, yet complete, and is well worth a trial.

Anæmia.—By F. P. HENRY, M.D., Prof. of Clinical Medicine in the Philadelphia Polyclinic, etc., etc. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut St, 1887. Price 75 cents.

This little treatise is a reprint of a series of articles published in the *Polyclinic* during the past year, and is largely based upon the personal observation of the author. Those who were not privileged to read the articles as they appeared, would do well to secure this book, which is a trustworthy guide, and in keeping with the most modern thought on the subject.

Earth as a Topical Application in Surgery.—By ADDIWELL HEWSON, M.D. Second Edition, with four photo-relief illustrations. Philadelphia: The Medical Register Co., 1887. Price $1.

This work is from the pen of a practical surgeon, and for this reason commands respect. He has in a large variety of surgical cases used earth from deep diggings, (well dried and powdered,) as a topical application and reports a uniformly favorable result. We must, however, take exception to the opinion expressed that putrefaction depends solely on temperature. He ignores the fact that suppuration is *always* due to microbial action, and that microorganisms of definite varieties are never absent in pus formations.

The American Systems of Gynecology and Obstetrics.—In four very handsome royal octavo volumes of about 900 pages each, fully illustrated with engravings and coloured plates. Prices per volume: Cloth, $6.00; leather, $7; half russia, $8. For sale by subscription only. The following are the contributors to volume I.: Edward W. Jenks, M.D., LL.D., Detroit; Henry J. Garrigues, A.M., M.D., New York; Henry C. Coe, A.M., M.D., New York; Egbert H. Grandin, A.M., M.D., New York; E. C. Dudley, A.B., M.D., Chicago; Alexander J. C. Skene, M.D., Brooklyn; Alphonso D. Rockwell, M.D., New York; W. Gill Wylie, M.D., New York; A. Reeves Jackson, A.M., M.D., Chicago; Matthew D. Mann, A.M., M.D., Buffalo; C. D. Palmer, M.D., Cincinnati; Thaddeus A. Reamy, A.M., M.D., Cincinnati; Richard B. Maury, M.D., Memphis; Ely Van De Warker, M.D., Syracuse, N.Y.

The Cremation of the Dead, considered from an Æsthetic, Sanitary, Religious, Historical, Medico-Legal, and Economical Standpoint. By HUGO ERICHSEN, M.D., etc., etc. With *An Introductory Note* by Sir F. SPENCER WELLS, Bart., F.R.S. Illustrated. Detroit: D. O. Haynes & Co. 1887.

In seven concise chapters, the author of this work ably advocates cremation, and very fairly puts before his readers the arguments for and against this means of disposal of the dead. Those interested in the subject will find the various points at issue clearly stated, and we have no doubt it will be generally admitted that, as to the *sanitary*, *medico-legal*, and *economical* standpoints, Dr. Erichsen makes out a strong case in favor of cremation. The *æsthetic* and *religious* standpoints are the ones to which the public require to be educated, and a book like the one before us will do much to fulfil this requirement. It is printed in clear type, on good paper, and is neatly bound.

Clinical Manual for the Study of Medical Cases. Edited by JAMES FINLAYSON, M.D. Second Edition, revised and enlarged, with one hundred and fifty-eight illustrations. Philadelphia: Lea Brothers & Co. 1886.

Dr. Finlayson, in this second edition of his manual on "Clinical Diagnosis," has spared no pains to make his work a complete and reliable guide to the student of clinical medicine in the all-important department of diagnosis of disease. Much of the work has been entirely re-written, and the number of illustrations increased from 85 to 160. The student will find this book a reliable guide in the discrimi-

nation of disease—a right knowledge of which is *sine-qua-non* in the education of a practica physician, who aspires to practice medicine with satisfaction to himself and benefit to his patient. Dr. Finlayson has had as able coadjutors, Drs. W. F. Gairdner, Alexander Robertson, Joseph Coats, William Stephenson, and Samuel Gemmell, all of whom occupy a position in the front rank of scientific physicians and clinical teachers in Scotland.

A Treatise on Diphtheria: Historically and Practically Considered; including Croup, Tracheotomy and Intubation. By A. SANNE. Translated and annotated, and Surgical Anatomy added, by Henry Z. Gill, A.M., M.D., LL.D. St. Louis: J. H. Chambers & Co. 1887. pp. 656.

The original work appeared in French in 1876, and was a thorough digest of the subject. As a student of Barthez and Trousseau, two teachers who have contributed much to the pathology of diphtheria, Dr. Sanné had unusually good opportunities to become acquainted with the subject and to collect material for the production of a most complete work. In the translation which has just been published, Dr. Gill has added much that is of the greatest importance. His thorough description of the surgical anatomy concerned in the operation of tracheotomy, including the irregularities in the vascular arrangement, and presented with numerous woodcuts, must be highly praised. The history of diphtheria, going back as it does to the days of Hippocrates and Galen, is interesting. The pathological anatomy is described under two heads, the first comprehending the primary lesions in the throat, the microscopic and chemical characters of the false membrane, the parasitic element, etc.; and the other comprising the secondary lesions, brought about in the general system by the effects of the disease and including the paralyses and the changes in the different tissues. Then follow comprehensive articles on the general description and localization of the disease, and referring to the diagnostic appearances of the false membrane in the various parts of the body in which it may be present. In the article on the development of epidemics, the different modes of transmission are fully discussed, and the conclusions arrived at are that it may be transmitted by inhalation of the surrounding air, by absorption from the mucous surfaces, and by absorption from the surfaces of wounds. With regard to the nature of diphtheria the specific character of the disease is maintained, and the writer gives in his strong adherence to the two points laid down by Bretonneau, viz., the identity of diphtheria with so-called membranous croup, and also the point not less important, that the false membrane is purely exudative in character, although he admits that necrosis may take place beneath the false membrane. The chapter on prognosis is supplemented by extensive tables of mortality statistics from the different cities of the United States and Europe. The description of the treatment comprises both therapeutic and surgical; the former including the methods adopted in various countries, and the latter giving a most complete account of the operation of tracheotomy, the manner of its performance, the dangers to be avoided, the accidents which are liable to occur, and especially the after-treatment, down to the removal of the cannula and cicatrization of the wound, and also the possible sequelæ, such as cicatrization from ulceration of the trachea, and tracheal fistula, etc. Lastly, we have a brief article on intubation of the larynx and an imperfect comparison of it with tracheotomy. On the whole, the work is very complete, and is the most comprehensive work on diphtheria and tracheotomy that has yet been published.

Personal.

Dr. Ryerson is at Sturgeon Point.

Dr. Sweetnam takes a trip up the lakes.

Dr. B. Field has located on Spadina Avenue.

Dr. U. Ogden is at his summer residence, Mimico.

Dr. Wishart has removed from Anne to College Street.

Dr. A. L. Smith, of Montreal, has returned from Europe.

Dr. McFarlane has returned from Sturgeon Point.

Dr. D. Johnson has commenced practice in Morrisburg.

Dr. Cassidy will spend his holidays at Murray Bay.

Dr. McPhedran has removed to 84 College Avenue.

Dr. Shaw, of Ottawa, goes to Orillia to take the practice of Dr. Elliott.

Dr. Elliott, of Orillia, will locate in Ottawa, where he will do a consulting practice.

Dr. William Young has commenced practice at 82 McCaul Street, Toronto.

Prof. Osler, of Philadelphia, will make Toronto his headquarters for the next five or six weeks.

Dr. Jno. Leeming (Toronto School of Medicine) has been appointed to the Dispensary staff of the Chicago Medical College.

Drs. George Wright and J. E. Graham are spending their vacation at a fashionable watering place!-Port Sandfield, Muskoka.

It is expected that Mr. Bantock, of the Samaritan Hospital for Women, London, will be at the meeting of the Canada Medical Association, and deliver an address.

Dr. Malcolm Ferguson, brother of Dr. A. H. Ferguson, of Winnipeg, was at the head of the graduating class of Bellevue Hospital Medical College at the recent examination.

Mr. A. B. Macallum, B.A., Lecturer on Physiology in the new University Medical School, has gone to the Old World, and will spend a few months in Great Britain and the Continent in investigating the best and most practical methods of teaching in his department.

College of Physicians and Surgeons, Province of Quebec.—*Officers for* 1887-89.—Wm. H. Hingston, M.D., President; Dr. J. L. Leprohon and Hon. Dr. Ross, Vice-Presidents; Dr. Leonidas La Rue (Quebec), Registrar; Dr. E. P. Lachapelle, Montreal, Treasurer; Drs. F. W. Campbell, Montreal, and A. G. Belleau, Quebec, Secretaries.

No one in connection with the University of Toronto is better or more favorably known by recent Graduates in Medicine than the late Registrar, Mr. Alfred Baker. He has recently been promoted to the important and responsible position of Professor of Mathematics. The appointment is generally recognized as an excellent one. Unfortunately he will be much missed in the Senate, and we hope the Graduates will see that he is soon a regular member of that body.

A Clergyman on the "Faith Cure."—In a recent sermon on this subject, Rev. E. C. Ray, Hyde Park, Ill., says: "Apparent cures are often followed by a relapse, temporary improvement by permanent decline. From reported cases of cure we must deduct many of unreported relapse; it is not in human nature, when a wonderful cure has been published abroad, to follow it up with an account of the relapse coming afterward. Mistaken diagnosis accounts for many supposed cures. Physicians often, patients more often, mistake the nature of a disease. Temporary swellings are called malignant tumors or cancers (thus cancer-doctors get their reputations); hysteria simulates almost every other disease, so as to deceive even the most elect of doctors; dyspepsia produces symptoms of heart-disease or other deadly illness. There can be no question that a large proportion of faith-cures, and mind-cures, and a considerable proportion of cases under ordinary medical treatment, are cases of mistaken diagnosis, the disease being less serious in its nature than was supposed. Mistaken prognosis accounts for many cases; mistake as to what would be the outcome of the disease if no curative methods were employed. It is a truth seldom recognized by patients, though well known to physicians, that in most cases not hopeles-ly fatal from the start, there is from the start a strong tendency toward recovery. Dr. Austin Flint, sen., than whom perhaps no abler physician has lived in this land, always urged upon his students the truth that no drugs, but *vis medicatrix naturæ*, the healing-power of nature, is the means of recovery. The wise physician and nurse seldom attempt more than gently and humbly to assist Nature in her curative processes Let me add the statement of a conviction derived from some years of such close scrutiny of medical practice of various schools as a pastor has good opportunity for,—a conviction agreed to, I think, by most physicians:—The benefit of medicine is often not its direct action upon the disease or upon the body, but its action upon the mind, and through that upon the nervous system and the whole body, stimulating faith, hope, expectation of recovery, good cheer, which are probably nature's mightiest remedial assistants."—*Med. and Surg. Rep.*

The late Prof. Friedlander's journal, *Fortschritte der Medicin*, will be continued under the editorship of Profs. Weigert and Unverricht.

Died.

At Hespeler, July 13th, Dr. Thomas Swan, of cancer.