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Original Communications.

ABDOMINAL SECTION FOR FIBROMYOMA OF THE BROAD LIGAMENT.

BY UZZIEL OGDEN, M.D.,

Lecturer on Midwifery and Gynecology at the Toronto School of Medicine, and Gynecologist at the Toronto General Hospital.

Mrs. —, who consulted me on the 29th of October last, by request of Dr. Pattullo, of Brampton, was 24 years of age, married, and the mother of three children. She had miscarried eighteen months before, at the sixth month of gestation. Had been ill nine months when she came to me. Menstruation had been regular but excessive up to within one month, when it ceased; always had severe pain the first day or two. Had been suffering from nausea for one month. Complained of constant pain in the right side and back and all over the bowels. The bowels "felt in motion all the time as if he had taken physic." Headache and pain in the sides kept her from sleeping. Nine months ago, she noticed in the abdomen a lump, which continued to grow till it attained the size of an adult head. It was quite movable and very elastic or fluctuating. The edge of the hand could be placed between the tumour and the uterus, which appeared considerably enlarged. From the right side of the uterus a broad thick band, which could be made tense by pushing up the tumour, extended up to it; the edge of this band presented to the median line.

On vaginal examination the os was found large, with thick lips, and pointing far backwards. The fundus was also enlarged and pointing to the left of the pubes, apparently unconnected with the tumour, except by the band just mentioned.

The sound was not used owing to the probability of pregnancy. My diagnosis was probably an ovarian tumour with pregnancy, and as she was not much inconvenienced by its size, I advised her to go home and report again in two or three months. She went home, but owing to peculiar domestic circumstances, she determined in a few days to have the tumour removed at once, if possible, and accordingly returned to the city in about a week and entered the Toronto General Hospital under my care.

A consultation of the hospital staff was held, when the diagnosis was concurred in, and an operation advised. On the 5th of November, in the presence of several members of the hospital staff and students, and assisted by Dr. W. T. Aikins and others, I did the operation under full antiseptic precautions. On exposing the tumour, it was found to be quite solid, free from adhesions, and attached to the right side of the uterus by a very broad and thick pedicle about one inch long. There was barely room to place the cautery clamp between the tumour and uterus. The tumour was separated and the cautery applied to the pedicle, but owing to the proximity of the thick angle of the uterus, the pedicle split when the clamp was removed, and I then applied a strong silk ligature, tying it in three or four sections, using

the cobbler's stitch, as recommended by Dr. Emmett. There was no bleeding from any part, and the pedicle was dropped into the pelvis and the wound closed and dressed antiseptically. The uterus was scarcely handled for fear of ensuring a miscarriage.

The patient went on very well until the twelfth day, when she miscarried of twins, losing a good deal of blood during the process, but the hæmorrhage ceased as soon as the children were born. One placenta came away immediately, but I could not get the other without using more force than I thought justifiable, and it was left for twenty-four hours, when it was obtained without much trouble. As a result of the labour she had considerable tenderness in the womb next day, when the temperature rose to $102\frac{1}{3}^{\circ}$, but the day after it was normal again. In two days more it rose to 102° , and then came to normal on the seventeenth day. On the night of the eighteenth day she had an attack of diarrhœa, and when I saw her next morning she was almost in a state of collapse, but by free stimulation, warmth and elevation of the feet, reaction took place. From this time until she left the hospital, the temperature rose every night to about 101° , and was followed by copious sweating towards morning.

The appetite continued poor all the time she was in the hospital. On the thirty-fifth day she was carried to a cab and driven to the house of a sister about a mile and a-half distant, and when I called to see her two days afterwards she opened the door for me. The temperature had been normal from the time she left the hospital, the sweating had entirely ceased, and she had been able to eat as well as any labouring man all the time. She was walking about the house comfortably, and in two days more went to her home, a distance of 24 miles. While in the hospital she took, after the twelfth day, free doses of quinine every night; brandy, egg and milk during the night, with solid food during the day; and morphia with potass-bromide occasionally when very wakeful or suffering pain.

The tumour weighed four pounds and was very elastic, greyish white and not easily torn. It was a true fibromyoma enclosed within the

broad ligament. The right ovary was healthy and found lying on the posterior surface of the tumour; the left ovary was also healthy.

Three or four weeks after reaching home she wrote to say she was getting quite well.

A CASE OF PELVIC ABSCESS WITH SUDDEN FATAL TERMINATION.

BY A. H. WRIGHT, M.B., M.R.C.S. ENG.

(Read at a meeting of the Toronto Medical Society.)

Miss A. B., aged 20; admitted into Toronto General Hospital Oct. 10th, 1884; a daughter of a well-to-do farmer; never subjected to any hardships; nothing special in family or previous history. Stated that 15 months before admission she had an attack of chills and fever, accompanied by severe pains in lower bowels. The symptoms appeared during the menstrual period, but cause was unknown. Between this time (midsummer of 1883) and Jan. 1st, 1884, she had two or three such attacks. While in Toronto for a time, at New Year's, she had an attack, and a swelling was discovered in lower part of abdomen. She had chills and fever and great pain at the same time. Was seen by a surgeon of Toronto, who (as she said) told her she had a tumour which could not then be removed on account of severe constitutional symptoms. After this she had occasional recurrences with similar symptoms. Had not menstruated for six months.

On examination an enlargement was found in lower abdomen, its highest point being slightly above centre of line running between anterior superior spine of left side and umbilicus. From this the upper border extended to a point about one inch above pubes, and then rose to a level slightly above this in right iliac region. While watching the surface it was noticed that irregular contractions of abdominal walls took place, and during these contractions a sharp angular nodule became prominent at highest point of the enlargement before referred to. The percussion note over this nodule was tympanitic. These contractions occurred without apparent cause, and were accompanied by pain. Scratching anterior surface of abdomen

or flank did not produce them. The note over other portions of enlargement was dull.

Per vaginam, the roof was found to be perfectly hard, with a distinct indurated ring surrounding the cervix and bulging into vagina rather more on right side than left. Sound could not be passed. No special efforts made to pass it on account of pain which had been caused by the examination. Per rectum, a round indurated mass was found to be passing backwards.

We supposed the enlargement was caused by some sort of pelvic inflammation, but there was a suspicion in the minds of two members of the staff that it might be malignant. The treatment consisted in rest, hot vaginal douches, and opiates when required. I decided to call a regular consultation of the staff, and if thought advisable to make an exploratory incision with the hope of being able to open a large abscess, if such existed, after Lawson Tait's plan. She suffered some pain at times, but not in a marked degree.

On the evening of Oct. 19th, ten days after admission, she appeared pretty much as usual, until about 8.30 o'clock, when she was suddenly, without any apparent reason, seized with very severe pain, and sank rapidly. Local applications, and hypodermic injections of morphia, with the administration of milk and whiskey, had but little effect. She had all the symptoms of collapse, and died about 2 a.m., or a little more than four hours after the alarming symptoms commenced.

A partial *post-mortem* examination was made about sixteen hours after death by Dr. Martin, only the abdominal cavity being opened. As I had to perform an abdominal section the following day, I was unable to be present, but through the kindness of Dr. Martin, I am enabled to give you the following report:—

Post-mortem Examination.—Large, irregular tumour occupying the inguinal, and greater part of the hypogastric regions, about the size of a child's head. Firm and fibrous, adherent to the surrounding viscera, bladder, intestines, etc. The left Fallopian tube and ovary could not be made out. The uterus was somewhat displaced to the right, and firmly adherent to the right lower aspect of the tumour. The right Fallopian

tube and ovary were also somewhat involved in the adhesions. The descending colon traversed the anterior and left portion of the mass, about an inch of its substance intervening between the intestinal canal and the abdominal wall. In the upper part of the tumour, about half way between the colon and the umbilicus, an irregular oval opening was found, leading down to the central cavity large enough to contain ten or twelve ounces of fluid, and traversed by numerous trabeculae. The tissue to the depth of about an inch and a-half surrounding the central cavity was full of sinuses, and was partially disorganized and darker in colour than the main body of the tumour. The viscera and peritoneum in the vicinity of the growth gave evidence of recent inflammation. The abdominal cavity contained a large amount of sero-purulent fluid. The odour was exceedingly offensive.

I look on this case as one of the saddest in my professional experience. This young girl had come about a hundred miles to the Toronto General Hospital, with strong hopes that a surgical operation would remove her "tumour," and bring relief to all her ailments. Neither she nor her friends had the slightest idea that there was any immediate danger of a fatal termination. She was patient, cheerful, obedient, and apparently had the most implicit confidence in her medical attendants. I saw her one afternoon comparatively well, bright, and hopeful. In a few hours she was dead, and the first intimation her friends had of the issue was a telegram stating that her dead body was on its way to her sad home.

I will now refer to a few points in connection with the case. In the first place, there was some difficulty in making a diagnosis; but I think the history, showing repeated attacks, accompanied by pelvic swelling and pains, and the physical condition found, pointed pretty clearly to a generally-diffused inflammation, or repeated attacks of such inflammation of the pelvic tissues, as the cause of the enlargement. We are in the habit of considering such pelvic inflammations as consisting chiefly in three varieties, which are commonly called pelvic cellulitis, pelvic peritonitis, and salpingitis. Pelvic inflammation may undoubtedly com

mence in either the ordinary areolar tissue, in the peritoneum, or in the Fallopian tube. In the *post-mortem* examinations which I have seen of such cases there has been as a rule little to tell where the inflammation had commenced. There is usually ample evidence of inflammation existing in all these structures, as in the case we are now considering, but it is frequently impossible to differentiate the various structures as all are so thoroughly matted together that we are unable to separate them. In some cases we find a pyo-salpinx, and perhaps an abscess of an ovary—in other cases we cannot recognize the ovaries or tubes at all. We have had, in the past, very vague ideas about that form of pelvic inflammation which is so apt to recur, and we have been in the habit of calling it chronic pelvic cellulitis, or chronic pelvic abscess, but we have recently begun to discover, through the labours of Tait, Noeggerath, Wylie, and others, that salpingitis is a very, if not the most, important element in these chronic pelvic inflammations. The inflammation of the tube is generally caused by an inflammation of the endometrium, extending into the tubes. The most common causes of this are gonorrhœa, as first (I think) pointed out by Noegerrath, and, in virgins, catarrhal endometritis, as pointed out by Wylie.

In the case we are considering, I think the history of the pains, chills, and fever commencing at a menstrual period, and the comparatively regular recurrences of such attacks point strongly to salpingitis as being the main factor at the commencement. It is easy to see how the inflammation may spread to the ovaries, peritoneum, and adjacent areolar tissue; and, without discussing this point any further, I will say that I believe such were the cause and sequences in my patient.

The question of treatment is without doubt very important, and, whether considered in the light of our knowledge obtained before or after death, very difficult to decide. If we decided to aspirate, or open it in any way, I could find no suitable point to attack either in vagina or rectum. It would have required a bold, or rather rash hand to plunge a trocar or aspirator needle blindly through the abdominal wall, especially as we had reason to know that the

bowel was so closely connected with the mass. I think that under the circumstances the course contemplated of making an exploratory incision would have been at once the safest and wisest procedure. We could thus have ascertained the actual condition of things, and quite probably have detected the thin portion of the wall surrounding the pus cavity, and found the relations of the colon. The abscess might then have been opened, and the edges of its sac stitched to the margins of the incisions in the abdominal wall (after Tait's plan), the cavity thoroughly cleaned, and a drainage tube left in. The evidence obtained at the *post-mortem* examination, I think, goes to show that such an operation was the one most likely to have accomplished great good.

As to the manner of termination, it is well known that the most common places for large pelvic abscesses to spontaneously discharge are the iliac region, the vagina, and rectum, while among the less common is the peritoneal cavity. In the cases of this description which I have seen reported, where the abscess has opened into the peritoneal cavity, a general peritonitis has generally been set up which soon caused the death of the patient; but I do not at present remember any report where under such circumstances death has been caused by shock so soon after the unfortunate accident as in the case I have brought before your notice to-night.

HYDATID CYST OF THE LIVER.

BY ANGUS M'KINNON, M.D., GUELPH.

J. M., a native of Iceland, was admitted to the Guelph General Hospital, March 25th, 1884. Age, about 40 years.

For two years previous he complained of pain in the right side. In all other respects his health appeared to be very good. As he was unable to speak any language that I could understand, I could not obtain any history of the state of his health, or occupation, only that for the past two years he has been a farm-labourer in Ontario.

On examination, his pulse was about 70°, temperature normal, and body well nourished. Respiration slightly accelerated, but he had no

cough. The right side of the chest, near the base, was greatly expanded, very noticeably larger than the left; and there was complete dulness from the line of the nipple downwards, extending two inches below the level of the umbilicus. Along the lower limit of this area of dulness it was easy to distinguish the inferior border of the liver. There was neither ascites nor oedema of the lower extremities. Close to the cartilages of the ninth and tenth ribs a sense of fluctuation could be made out, and at this point a large-sized aspirator needle was inserted its full length. The fluid which was removed was whitish and turbid, and the quantity was one hundred and sixty ounces. As the fluid flowed away, the liver seemed gradually to rise nearer its normal situation. Three hours afterward he had a violent rigor, the pulse 108, temp. 104°, but next morning both were about normal. For some weeks there appeared to be a gradual increase in the area of dulness, as if the cyst were being refilled. In two months it began to diminish slowly, and by the end of the third month there was no more than the normal liver dulness; the patient was in all respects quite well.

MALIGNANT TUMOUR OF LOWER END OF FEMUR. AMPUTATION. RECURRENCE.

BY J. F. W. ROSS, M.D., L.R.C.P. LOND.

(Reported at Toronto Medical Society.)

R. C., female, aged 12 years. Family and previous history fairly good.

History of present illness.—About the second week in April, 1884, she complained of pains in the limbs which became confined to the front and back of the knee-joint on the right side. About the end of April the pain was situated only in the outer side of right knee, just over the external condyle. It was worse at night; gradually grew more intense until, finally, a slight thickening over the bone could be felt.

About the 7th of May the skin became reddened, swelling became perceptible to the eye, and the part was tender on pressure. Aspirating needle was twice passed down to the bone

with negative results. Poultices and blisters applied.

She was admitted to the Children's Hospital on the 14th of May.

May 15.—Made an incision down the bone, over external condyle, under chloroform. A quantity of blood escaped, with globules of fat floating through it. Wound soon healed without a bad symptom.

June 20.—Under chloroform, made an exploratory incision. A gush of dark blood followed, showing that a blood-containing cavity had been opened. On passing finger, found a cavity in the bone, extending below to the articular cartilage, inwards through almost two-thirds the thickness of the bone, and upwards for about 3½ inches. Fully half of the external condyle was destroyed. The wall of the cavity broke away before the examining finger until firm bone was reached. Some egg-shell crackling was to be noticed. As there was some difference of opinion as to the exact condition present, amputation was done at the junction of the middle and upper third, instead of an amputation at the hip. The modified circular was the operation decided on. The bone looked perfectly healthy to the eye, and seemed to be divided well above the disease. No drainage tube was used. Serous effusion took place, separated the flaps, and the stump healed well by granulation.

About the first of October a small, pigmented spot was noticed to the upper and inner side of the line of cicatrix. It was painful on pressure, and soon developed into the typical fungating sarcoma of J. Hutchinson. As I was out of town from Oct. 1st to 16th, my confreres' wish to amputate at the hip was not acceded to by the parents, and the disease progressed so rapidly before my return that we decided to leave her alone. After several weeks the bone became eroded, and a deposit of bony material commenced in the soft parts around it. The fungating appearance gave way to a hard, bony mass, with large ulcerating cavities from which large quantities of pus were discharged, and into which one or two fingers could be readily passed for an inch or two. Bedsores formed, and the sacrum, trochanter, and anterior superior spinous process of ileum were laid bare, not-

withstanding the long-continued use of a water bed; the skin became bronzed, the abdominal walls thickened, and superficial abdominal veins enlarged, and the patient gradually sank, on the 26th of February, with a sub-normal temperature of 95°.

No *post-mortem* was obtained, further than an amputation at the hip-joint. On section, the tumour was found to be very hard, requiring the vigorous application of the saw to divide it. The rest of the bone was readily cut through with a scalpel and found to consist of a very much dilated medullary canal, filled with a chocolate-coloured substance of the consistence of lard, and a very thin shell of bone surrounding it. At the articular surface the medulla seemed bounded by articular cartilage alone.

An examination of the lower end of the femur, after the original amputation, shewed a large cavity with friable walls of carious looking bone, and it extended down to the articular cartilage, inwards through three-quarters of the thickness of the bone, and upwards about four inches.

As regards diagnosis, I consider the case to have commenced as a myeloid or central sarcoma, to have returned and become a fungating sarcoma when the soft parts were implicated, and then, later on, the term ossifying sarcoma would best express the condition found.

The most important points in diagnosis were the age, 12 years; the *pain* occurring early, of a lancinating character; the *increase* of size, rapid, though the limb was kept at rest; the *enlarged veins*.

The increase of temperature, peculiar shape of limb, the tenderness on pressure, the semi-fluctuating feeling, and history of injury are common to osteitis as well as central tumour of bone.

The diagnosis of these cases in their early stages is very often misleading. It is interesting to go over the symptoms of subperiosteal and central tumours of bone and of chronic peri, and endostitis.

The diagnosis of subperiosteal tumour is sometimes exceedingly difficult, especially from osteitis. An exploratory incision is often necessary. Butlin says: "The continuous increase in circumference which, in spite of rest, is

proved by careful measurements, at frequent intervals, is so significant of a malignant tumour that it may serve to turn the balance of opinion."

The diagnosis of central tumours is even more difficult than that of the subperiosteal variety. The growth is not as rapid. The enlargement is more globular, and affects the whole articular end, not the one side only. It may subsequently affect one side more than the other. They occur later in life than the diseases that usually produce a like condition of the end of the bone. The egg-crackling is characteristic of them.

Malignancy of bone tumours may be judged by the age at which they occur, namely, before adult life; by the rate at which they increase, with rapidity; by the amount of pain accompanying them; the lancinating character of the pain; the peculiar semi-fluctuating, gelatinous, elastic feeling; great tension of integument, dilated veins ramifying over their surface. Of course, later, cachexy sets in and the lymphatics are enlarged, but these signs are generally wanting when a correct diagnosis is of such vital importance. Enchondroma closely resembles these conditions, but is of much firmer consistence.

Subperiosteal and central tumours leave the joints intact. Sarcomata affect most frequently the long bones, and of them the lower end of femur and upper ends of tibia and fibula, the upper end of humerus, and lower ends of radius and ulna. Sarcomata of the tarsal bones are the most malignant. They may, as in the above case, fungate, although rather rarely.

Osteitis tends early to affect the joints. There is generally a history of injury; the integuments are sound; no venous obstruction. There is, however, oedema of integument; semi-fluctuating feeling; a feeling of yielding to the finger; local tenderness, or pain on firm pressure in endostitis, and the articular end is generally affected. It may occur in young patients. The temperature would be no guide.

Myeloid tumours of bone do not, as a rule, tend to recur in internal organs. They usually attack the epiphyses of long bones, and do not attack cartilage.

The younger the patient, and more globular

the tumour, the more are the chances in favour of central sarcoma. The older the patient, and more irregular the shape of the tumour, the greater the likelihood of its being osteochondroma.

Subperiosteal tumours are supposed to have a more acute angle at their junction with the shaft of the bone than endosteal.

ARSENIC.

BY JAMES STEWART, M.D.,

Professor of Materia Medica and Therapeutics, McGill University, Montreal; Physician to the Montreal Dispensary, and Director of the University Dispensary for Diseases of the Nervous System.

[The following remarks referring to the use of arsenic in certain skin diseases, were omitted from Dr. Stewart's valued communication which appeared in our last issue.]—Ed.

A much more common accidental effect than the staining is a general erythema ("Erythema Multiforme," or Lewin's "Dermatitis Exsudativa Erythematosia.")

This arsenical rash is well exemplified in the patient before you now, and as his case is an example of where we naturally look to the arsenic doing much good, I will give you a short account of it. He is, as you see, a powerfully-built man. He is 51 years of age. He first consulted me five days ago, at the Montreal Dispensary, complaining of great weakness of three months' standing. His mucous membranes and face are decidedly anæmic, but owing to the diffused redness of the other parts of the body his previous general paleness is not discernible. There is a marked diminution in the number of his red cells. They do not exceed 3,000,000 in each c.m.m. They have not suffered much in form or in individual value, the amount of hæmoglobin being not below 80 per cent. I cannot find any gross lesion to account for this anæmia, and am therefore obliged to look upon his case as one either simple anæmia or commencing pernicious anæmia. It is probably the former. When he came under observation five days ago, he was ordered 5 minims of Fowler's solution after each meal. After the sixth dose he felt feverish, and he noticed that his hands and

arms were red, swollen, and very hot. The redness of the skin spread rapidly until now it involves the entire surface, except the face. On examining it closely you will find the skin covered with countless papules about the size of millet seeds. You will notice also the great cedematous infiltration there is of the forearms, the integument of which has a darker tint than that of the other parts. This is due to the venous return being hindered by the copious transudation into the subcutaneous cellular tissue.

It is very unusual to find that such a small quantity of arsenic as half a drachm, in divided doses, give rise to such an extensive and intense efflorescence as we have here. It requires no special treatment.

Selections.

DIABETES MELLITUS.

DIET VERSUS DRUGS IN ITS TREATMENT.

BY G. C. SMYTHE, A.M., M.D.

The first thing which should be done is to free the patient's urine from sugar. This can be done in favourable cases in a few days by placing the patient upon a strictly nitrogenous diet, aided, if necessary, by evacuants such as the alkaline mineral waters. Nothing is more grateful to the stomach of the diabetic than a copious draught of Carlsbad water, and no restriction should be placed upon him in regard to the amount of fluid taken; his thirst will subside as soon as the sugar is eliminated. Water can do him no harm, but a withdrawal may result disastrously. With the disappearance of sugar from the urine all the disagreeable symptoms subside—thirst frequent and copious urination, etc. With a good supply of nitrogenous food, such as the patient can oxidize and assimilate, the craving appetite is also disposed of. If this condition of affairs can be brought about, our prognosis is correspondingly favourable, and while I am somewhat doubtful about being able to produce permanent cures, I do believe that the life of a diabetic, under favourable conditions, can be prolonged indefinitely by proper management.

Having freed the patient's urine from sugar, we are then prepared to study the individual case. It is a matter of surprise to note the difference in the ability of different patients suffering from this disease to assimilate foods of different kinds. Some can use starchy food in small quantities without sugar appearing in the urine; others cannot use the smallest quantity of starch, but can assimilate small quantities of cane-sugar; some can use all kinds of fruits and berries without detriment, while others cannot. Again, many patients can use milk and sugar, and consequently can use milk in all their foods where it can be used for cooking, etc., while a small quantity in others will cause sugar to appear promptly in a few hours after its ingestion; others can partake rather freely of certain vegetables like cabbage, tomatoes, and onions, while others cannot, and so on. These are some of the reasons why I insist that each case of diabetes must be studied and treated by itself. Every article of food which can be added to the list of a patient suffering from this disease is a great gain for him, and contributes very much to his happiness.

The time which elapses after partaking of food in these experiments, and that at which the urine for examination is passed is of the greatest importance. Sugar makes its appearance in the urine in a few minutes after the ingestion of starchy or saccharine food, and if a single indulgence is permitted, all traces of it will have disappeared in six or eight hours, so that a patient may eat these forbidden articles at the morning or noon meal, and no sugar appear in the night's urine. In order, then, to decide whether any given article of food is permissible, the first urine passed after the indulgence should be tested for sugar. In this way every article of food about which there is any doubt should be carefully verified in each and every case of this disease.

It is absolutely necessary that the diet of the patient at first should be restricted to the so-called meat diet, including meats of all kinds, fresh or salted—beef, mutton, pork, bacon, tripe, tongue, sausage, game of all kinds, poultry; fish of all kinds, fresh and salted; oysters, lobsters crabs; eggs cooked in any way; butter, cheese, and all oils and fats.

Almost every case of diabetes, especially if seen sufficiently early, can assimilate the articles mentioned above, or a sufficient number of them, to furnish him nourishment. He can drink without detriment tea, coffee or buttermilk.

There are other articles quite numerous which are debatable; some patients can use them without prejudice freely, while others cannot. These articles should be carefully tested after the sugar has been eliminated from the urine as before suggested. This list comprises cream, curds, sweet milk, and many vegetables, such as lettuce, endive, spinach, cabbage, cauliflower, coleslaw, broccoli, string-beans, water-cress, celery, asparagus, turnip-tops, young onions, cucumbers, pickles, olives, tomatoes, etc. While a majority of diabetics can eat these articles, or most of them in moderation, occasionally a patient will be found who cannot, and the only way to decide the question is to carefully test the urine for sugar after their ingestion. Most patients can use as food certain nuts, as almonds, walnuts, butternuts, filberts, pecans, Brazil nuts, but neither peanuts nor chestnuts.

There is a great difference in the power of patients to appropriate fruits; some can eat apples, peaches, and pears with impunity; others cannot use any of these; blackberries, raspberries, and strawberries without sugar, can be used freely by most patients suffering from this disease. I have one patient who can eat all the above-mentioned fruits and berries, but cannot use oranges or bananas. He can use apples grown in this latitude, but cannot use those grown in Michigan or New York. There seems to be a difference in the kind or amount of sugar contained in these Northern products which the patient is unable to oxidize.

It would seem that the bill of fare heretofore given from which to make selections of food would be amply sufficient to satisfy an ordinary mortal. But such is not the case. The one article not enumerated in this list, and for which they all clamour sooner or later, is bread, and I am sorry to say that no substitute which is at all satisfactory has been discovered.

In my younger days I experimented, very

much to the detriment of my patients, with the so-called gluten flours of different manufacturers. No preparation of this article that I have examined contained less than fifty per cent. of starch, and many samples contained more starch than the whole wheat flour ordinarily contains. I want to caution the younger members of the profession to avoid the errors I have made. While some of these preparations are doubtless wholesome and nutritious foods, they are utterly unfit for diabetics, and while I have not tried the almond bread recommended by Pavy, I am not satisfied that it will not prove to be hard to digest, unsatisfying, and unsatisfactory as a substitute for bread with this class of unfortunate patients. Even the bran flour made by the Compton process is not free from starch, small traces of sugar appearing in the urine of some of my patients after its use; it is a poor substitute for bread, one of its chief advantages being that it enables the patient to eat butter freely by furnishing something upon which to spread it. It is better that all attempts to furnish bread should be abandoned. The appetite for it should be crushed out. It requires great firmness upon the part of the physician, and great will-power upon the part of the patient to do it. Yet I have a patient who has not tasted bread for six years, and yet he can do without it with less trouble than he can quit the use of tobacco. Bread is the one rock upon which diabetics are wrecked. All other articles of diet are readily surrendered.

Patients should be impressed with the fact that their lives are in their own hands, that medicine in the present state of our knowledge is powerless to cure them, but that they can prolong their own lives indefinitely if they do not partake of food which they cannot appropriate. It should be impressed upon their minds that the more starch and sugar they eat the hungrier and thirstier they become. In ages gone by saccharine and amylaceous foods were not used to the extent that they are now, they are modern inventions so to speak. Primeval man perhaps subsisted largely upon animal diet, with fruits and berries. His ability to oxidize starch and sugar has been brought about by the slow process of evolution. Every living thing subsists upon its own appropriate food.

We are all creatures of environment. The ox would fare badly upon raw meat, while the lion would starve upon fodder. The diabetic has his own appropriate food, upon which he can subsist and be a happy and useful citizen.

The object of writing this paper was to call particular attention to the importance of diet in treating this disease, and to claim that the benefits heretofore achieved in the management of this complaint have been by the proper regulation of the same, and that medicines are of no use whatever in controlling the diabetic process, and that they should be used as adjuvants only. Of course the functions of all the organs should be regulated by medical treatment when necessary, the same as in any other disease.—*N. Y. Medical Record.*

DYSPEPSIA AND INDIGESTION.

Dr. Austin Flint is arousing the prophets of common sense in relation to the management of the stomach, and the endeavour to overcome its difficulties. He is beginning to recognize that there is a physiological fallacy in the idea that what is called "weak digestion," or inability to take certain articles of food, is a malady which the sufferer ought either to accept as a dispensation of providence, or to meet by uncompromising surrender. This is how Dr. Austin Flint puts the matter. "The mind plays an important part in the etiology of the affection. The old method of treatment was to strictly regulate the diet, drink very little or no fluids, and always leave the table hungry. Such treatment is entirely wrong. Dyspepsia may be developed by the attempt to regulate the diet by rules intended to prevent the affection. I always ask a patient, Do you regulate your diet? and he always answers in the affirmative. I have never known a dyspeptic to get well who attempted to regulate his diet. Regulate by the appetite, the palate, and by common sense. A patient may ask, Am I not to be guided by personal experience, and avoid such articles as I have found to disagree with me? I answer that personal experience is very deceptive. An article that would disagree to-day would agree to-morrow. Do not adopt the rule of eating only twice or thrice a day. Be governed

by the appetite. Those articles are most digestible which are most acceptable to the palate. Do not leave the table hungry. Take animal and vegetable products, and drink according to the want of instinct. The diet which, in healthy subjects, is conducive to health, is the best diet for dyspeptics. It is a fallacy to suppose that, in dyspepsia, the organs of digestion need a prolonged rest. Patients should not be afraid to rely upon their digestive powers. Perfect cures have been obtained by following the instincts of nature. Dyspepsia is most common in the better educated classes, because they endeavour to regulate their diet on scientific principles." There is much sound sense in this view; it is not new, but only the old-fashioned, sensible, manly one revived. Physicians—some, at least—who have not posed either as "starving doctors," or as anti-alcohol and anti-tobacco practitioners, have been striving to stem the course of fanaticism in science, but vainly. Perhaps it was not worth while to struggle and toil against the stream. Those who have laid aside silently on the bank waiting until the tide turned, have had a less troubled time of it; and now it has turned, or is rapidly turning, doubtless more from natural causes than the efforts made by opponents of the "fad" of fashionable physicians. It will be amusing to see how the advanced fanatics contrive to change their policy. Already we hear it admitted that "port is a good sustaining wine." Before long, perhaps, it will be perceived that, since the days when good sound wine was recognized as a useful as well as permissible aid to digestion, and, in itself, a serviceable nutrient, the type of many maladies has been altered, and not for the better; while bad nervous affections and weaknesses, neuralgia, throat-maladies, and a host of distressing and debilitating disorders have been notably on the increase; while, as regards the *bête noir* of the anti-constitutionalist—another development of the fad in physis—the gout, a suppressed or undeveloped type of the disorder, has replaced the genuine old-fashioned "enemy," against which the weapons of art were infinitely more formidable than they are wont to prove against the bronchitic troubles, the kidney, liver, heart, brain, and nerve-disturbances,

which have sprung into prominence as the type of the manifestation of "the gout" has been reduced—or, shall we say, depressed—by the withdrawal of stimulants. Dr. Austin Flint's remarks appear opportunely during the delivery and publication of Dr. Lauder Brunton's instructive lectures before the Medical Society of London.—*British Medical.*

THE VALUE OF "FORCED DILATATION" OF THE ANAL SPHINCTERS IN THE CURE OF CONSTIPATION, ETC.

BY EDWARD M. SCHAEFFER, M.D., OF BALTIMORE.

The occurrence of reflex spasms in parts more or less remote from the seat of irritation is a well-known fact, the recognition of which has been extended of late years by the labors of Sayre, Otis and others, in their respective departments.

In regarding the nervous derangements and actual paralysis often associated with congenital phimosi, also the spasmodic strictures, irritable bladders, and neurasthenic disorders relieved, coincidentally, with the section of urethral contractions and narrowed meatuses, *analogy* has suggested the application of this principle of cure in cases of obstinate constipation, fecal accumulation, etc., in addition to its more common, though, probably, still infrequent employment of fissure, hemorrhoids, chronic ulcer, and spasmodic contractions of the anus.

CASE I. is that of a young lady, 24 years of age; nervous temperament; out of health for nine years with the following symptoms: constant headache and nausea, giddiness and fainting spells, great nervousness, irregular heart action; also, a muddy complexion, with persistent *acne* of entire face and shoulders.

During this long period (under homœopathic observation), thanks to the suggestion of a friend, some relief was interspersed by the use of hunyadi water. Horseback riding was also resorted to with slight benefit. Whilst attending other members of the family, my aid was first sought in regard to the very disfiguring *acne*. The patient stated, on enquiry, that the bowels were *moved* regularly every day. At

attention to the digestive and menstrual functions availed but little. Local applications to the eruption were only palliative. The use of the prepared clay dressings was, however, markedly beneficial. After a month or two of this temporizing, the patient asked one day for a strong purgative, as she "felt so choked up she could hardly breathe." She was given a pill containing resin, podophylli, half a grain, ext. nuc. vomic, and hyoscyamus. This produced several bilious evacuations, accompanying small scybala about the size of a marrow-fat pea; no sense of relief.

Finally the abdomen was examined, and a hardened mass found, plugging up the ascending colon, and extending half way across the transverse. The cæcum was tympanitic, and sensitive to pressure. Castor oil was given freely, and deep injections of soap-suds and water, with ox-gall, administered by the nurse. With the aid of a rectal tube I filled the bowel myself afterwards, as high as I could. There was no rectal impaction, but the sphincter grasped the injection tube so tightly that it could not be passed in further than six or seven inches. None of these measures sufficed; the purgatives and the enemata gave only liquid passages, while a few small pellets escaped (evidently through a central lumen in the mass). Complete dilatation of the sphincters was then resorted to (October 21, 1884) under chloroform, and followed by insertion of same rectal tube to the extent of nearly two feet, with another full injection.

This settled matters, or rather unsettled them. For a week or more the patient had two or three movements each day, passing large quantities of balls, lumps and chip-like pieces. Some of the balls were found to contain seeds resembling those of the cucumber and tomato. There was no straining necessary at any time after the operation.

It is interesting to note that the acne of years quite disappeared within two days; and the patient's commentary on the proceeding was, that it had made a new woman of her. The bowel is gradually recovering tone, after its long distention, and acting regularly under the occasional stimulus of aloes and iron.

All nausea, etc., which was invariably severe

at each menstrual crisis, has ceased. The instrument employed was the familiar three-bladed anal speculum, screwed up rapidly to its fullest extent.—*Medical News.*

INSANITY AND ALLIED NEUROSES.

Education has to be considered among the predisposing causes. And here it will be found that insanity occurs amongst the most highly educated, as well as those without any learning at all. Does education produce insanity? Is the present age of School Boards one in which insanity is manufactured by over-work? These are two of the most important questions which present themselves for solution at the present day. In my opinion, true education, that is, the true development of mind and body, are the best preventives of insanity. Over-education, or bad education, consists really in the development of one side of the human being at the expense or to the neglect of the rest; and the fault which one constantly sees is in educating the child along the lines to which its tastes lead it without paying sufficient attention to correlated functions. The precociously artistic child is encouraged to dabble in colours, and the musician of five years old is placed in the hands of a master. This is bad education, and is likely to do harm. I should not, however, think it well to follow the advice of a recent writer who suggested that it would be advantageous if all men were taught to be ambi-dexterous. For although it is well to be able to use both hands, it is better that one should be more facile and ready, rather than that both should be indifferently handy. I have rarely seen insanity produced by anything that could be fairly called over-education, if hygienic rules were followed, and if patients were not already strongly predisposed to insanity by inheritance. The weak-mindedness produced by over-special education falls most markedly upon those who have insane inheritance. As has already been stated, precocity is not unusual in such persons, and the precocious child is one often having intellectually weak parents, who are likely to mismanage it in all directions. A forcing process goes on which ends in a premature decay or an unnatural production. The education which I

have seen do most harm is that which may be called education out of harmony with the surroundings of the individual. Thus, the promising artisan who wins some prize, or who is taken up by some well-meaning patron, and who is educated in the book learning of the ancients, or in the science of the moderns, runs danger of suffering. I have constant examples in Bethlem of young men, who, having left the plough for the desk, have found, after years of struggle, that their path was barred by social or other hindrances, and disappointment, worry, and the solitude of a great city have produced insanity of an incurable type. The question of the number of hours of daily work that are to be considered sufficient beyond which over-work comes in, is a question which must depend on the individual; and in dealing with the question of education as a cause of insanity, I insist chiefly on the disturbance produced by education bad in quality or amount.

A strong healthy girl of a nervous family is encouraged to read for examination, and having distinguished herself, is, perhaps, sent to some fashionable forcing house, where useless book learning is crammed into her. She is exposed, like the Strasburg geese, to stuffing of mental food in over-heated rooms, and disorder of her functions results. Or if a similarly promising girl is allowed to educate herself at home, the danger of solitary work and want of social friction may be seen in conceit developing into insanity. It is in this manner that the results of defective education become often apparent in the case of the weaker sex now-a-days.

Finally, with regard to the question of education, most writers, who begin by stating that there is a great increase in insanity, end by saying that the increase is due to the increase of education, and that insanity grows directly as the education of the people increases. But this, again, to my mind, needs considerable qualification. Now-a-days education has spread far and wide; and although it may be theoretically for the benefit of mankind that the larger proportion should read and write, and have a sufficient knowledge of many things, yet it leads men to over-estimate their mental acquirements as compared with their bodily ability; so that the fact that a very large number of clerks be-

come insane is rather an evidence that there are many more clerks living struggling existences, than that the study required to qualify them for their occupation has caused their mental disturbance. With the increase of education are produced over-ambition, feverish pursuit of gain and pleasure, aggregation in towns, celibacy with vice of one kind and another, and the development of religious indifference and general unbelief, associated with neglect of general hygienic conditions.—*George H. Savage, M.D.* (See Book Notices, p. 125.)

MURIATE OF AMMONIA.—Nothnagel is celebrated for his scepticism about medicines, but he says the alkaline carbonates and salts are best employed in chronic catarrhal affections of the mucous membranes, notably in chronic catarrhal gastritis, and in that complex of symptoms known as the status gastricus, marked by loss of appetite, bad taste in the mouth, nausea, sometimes even vomiting, belching of gas, a feeling of pressure, fulness over the stomach, and a more or less coated tongue. The question, whether to use soda or muriate of ammonia, can be decided in favour of the latter when there is also a non-febrile bronchial catarrh present in its second stage; while soda is to be preferred when there is considerable irritability of the air-passages and an urgent desire to cough. Muriate of ammonia is to be preferred in bronchial catarrh when the fever has passed away, or the first severe febrile symptoms have disappeared, and there is only difficulty of expectoration. It is also followed by good effects in pneumonia when the crisis of the fever has passed; when there are few râles and only whistling and rattling sounds are heard, while expectoration is still difficult. It may also be given when the expectoration stops, in consequence of an acute relapse, or exacerbation of the inflammation.—*Med. Record.*

CHANCROID.—As a stimulating application to a chancroid, Prof. Gross recommends:—℞ Acid, tannici, gr. ij.; Ung. hydrarg. nit., ʒj.; Adipis benzoat., ad ʒj., M. Sig. Apply on a piece of lint.—*Medical Digest.*

Dr. North, of Chicago, in a letter to the *New York Medical Record*, establishes the fact that the specific gravity of urine is not the test of the presence of either albumen or sugar. He gives many instances in which urine of as low specific gravity as 1008 contained sugar, and of urine of high specific gravity containing albumen. He concludes a very interesting letter as follows:—

“If this article should come to the notice of any practitioner who has fallen into the way of using the urinometer as a means of diagnosing the presence or absence of sugar in urine, I trust that it will convince him of the uselessness of such an examination, and lead him to seek out methods that are reliable and trustworthy.”

BROMIDE OF POTASSIUM NOT BENEFICIAL IN SPERMATORRHEA AND IMPOTENCE.—Dr. Joseph Howe, in his recently published work on Excessive Venery, expresses himself as opposed to the use of the Bromide of Potassium in the majority of patients suffering from seminal emission, and has no hesitation in saying that its administration in spermatorrhœa and impotence is a source of incalculable injury to the patient; when given in full medicinal doses for two or three weeks it has a depressing effect on the nervous centres. This is evidenced by defective memory, dulness of sight and hearing, tendency to sleep, and weight and fulness about the head. It is known to diminish the blood supply to the brain and spinal cord, and thus aggravate the symptoms mentioned. It is known to impoverish the blood and prevent assimilation. It impairs, and may altogether destroy, the virility of the patient. Heusle says it produces torpidity of the genital organs. Bartholow says “a very notable action of the bromides—chiefly bromide of potassium—is the diminution of the sexual feeling, and of the power of the erections produced by it. This fact has been established by abundant clinical evidence. . . . The pallor and anæmia of bromism are due to several causes: to diminished action of the heart, slowness of the capillary circulation, a consequent interference in the metamorphosis of tissue, and diminished blood supply to the cerebro-spinal axis,”

Little argument is needed to show that the administration of a medicine which in nearly all persons produce the effects mentioned must necessarily be injurious to patients suffering from the effects of masturbation or sexual excesses. A patient whose nervous system is already anæmic from bad habits and frequent seminal losses, certainly does not need a medicine which still more diminishes the quantity of blood going to his brain and spinal cord. There are only a few cases where the administration of the bromides is admissible.

THE PULSE IN CHILDREN.

Physiologically, the pulse in a child is more frequent than in an adult. According to Landois, at the ages of 1, 3, 5 and 11 years, very frequently, averages are found of 134, 108, 90 and 80 per minute.

In typhoid fever the infant's pulse may oscillate between 88 and 180, thus Dr. Pierre Parizot thinks with Parrot that in children an average pulse rate cannot be fixed in typhoid fever, inasmuch as this frequency depends largely upon the age. The extreme frequency of the pulse in a very young infant does not aggravate the prognosis in this disease.

Dr. Parizot's observations have been upon children of from 10 to 14 years, and in them he has not found a frequency of pulse different from adults. The existence of dirotism has been contested in children by many authors and allowed very rarely by others. Parrot has found it in a child of 13 and another of 14, that is at an epoch very near adolescence. Dr. Parizot has observed it in two young girls of 10, with a temperature of 39.7 and 39.8.

In regard to the differential diagnosis by the pulse between typhoid fever and tubercular meningitis: In the former the pulse is, with few exceptions, accelerated; in meningitis it is mobile, passing in a few minutes from 80 to 120. At the acme of the disease, in fever it preserves its frequency, in meningitis it is slowed. In the last stage of the disease, it is accelerated in meningitis, in typhoid fever with a favorable termination its frequency is lessened.

In regard to its rhythm, in meningitis it is

irregular. In typhoid it is regular, except in the ataxic or meningeal forms.

The form of the pulse should be studied anew in the child with an appropriate sphygmograph in order that the absence of diastole, which is wanting in the meningitis of adults, may be confidently stated and so have the same diagnostic value. We might also, with better instruments, find in children the sign of meningitis discovered by Sivedey in adult tracings, viz., fine markings at the origin of the line of descent, which disappear at the union of the first with the second third of this line.—*L'Un. Méd. du Canada.*

R. B. N.

COCAINE IN ACUTE CORYZA.—Dr. W. S. Paget (*British Medical Journal*) has produced gratifying results by the application of a four-per-cent. solution to the interior of the nostrils by means of pledgets of cotton. Permanent relief was experienced after a single application. The solution may also be injected into the nose. The writer believes that cocaine will become the remedy *par excellence* in hay fever.—*N. Y. Med. Journal.*

HIMROD'S ASTHMA CURE.—Dr. A. J. Campbell writes in the *British Medical Journal*: "In Martindale's *Extra Pharmacopœia* there is an excellent substitute for Himrod's asthma cure, which I have tried and found very useful. Dissolve two ounces of nitrate of potassium in two ounces of boiling distilled water, and add two ounces each of lobelia, stramonium leaves, and black tea well powdered; mix well and dry thoroughly. A teaspoonful burned, and the fumes inhaled, generally gives immediate relief."

ANTISEPTIC SILK.—Freeman uses Chinese twist which has been rendered aseptic by boiling for ten minutes in a two-per-cent solution of chromic acid, and then soaking for twelve hours in a one-per-cent. solution of the same. He states that the sutures may be left *in situ* for three weeks without the occurrence of either suppuration or softening of the silk. Silk thus prepared is especially useful in operations about the genital organs in women, as well as in laparotomy.—*N. Y. Med. Journal.*

IODOFORM AS AN ANTISEPTIC.

Professor Billroth in a recent lecture spoke of iodoform as the best and most useful antiseptic drug. He preferred it to the hydrargyri bichloride solution—which is at present the antiseptic in use in Germany and England—for the following reasons: The latter discolored the instruments and destroyed their polish, and Professor Billroth takes the utmost care of his instruments. By constant use of the bichloride, even in weak solutions, the hands of the operator become soon unfit for delicate operations, where a nice sense of touch is required. The skin on the hands, and especially about the tips of the fingers, is hardened, cracked, fissured, and sore. But the principal objection of Professor Billroth was, that many cases of mercurial poisoning had occurred with the use of this antiseptic. Some of these cases had resulted fatally. With iodoform and carbolic acid solutions none of these objective features were present. Iodoform properly used caused absolutely no severe symptoms. Formerly there had been cases of iodoform poisoning; these were divided into two classes, the light cases of poisoning and the severe form. In almost all of the operative cases in the surgical wards, within twenty-four hours a yellow colour appeared in the urine, a slight odour of iodoform in the breath, and a faint taste of iodoform was present. These symptoms soon passed off, and were not of any importance. The lighter set of cases of poisoning were characterized by gastric symptoms, increase of the above symptoms, slight nausea, and vomiting and headache. This was the form of poisoning which presented at times in the clinic, usually after wounds of extensive surface which had to granulate, or in wounds about the mouth or face. These cases were treated symptomatically, and recovered in two or three days without any further trouble. The severe form of iodoform poisoning usually proves fatal. According to the experience in the surgical wards here, it need never occur; only two such cases have happened, and these early in the use of iodoform for antiseptics.

The preparations of iodoform in use in the service of Professor Billroth, are the following:

1, The powder, used in places where the gauze is impracticable, as in the pharynx, or in wounds of the soft or hard palate; 2, the gauze, of three kinds; the ordinary gauze for general dressing purposes, containing from ten to twenty per cent. of iodoform; the iodoform gauze with colophonium, used about the mouth and where there is parenchymatous bleeding; and a third variety of gauze with tannin and iodoform, used where there is profuse bleeding, as in operations about the face and genitals; 3, an emulsion with glycerine, containing about twenty per cent. of iodoform, and used as an injection after the evacuation of pus in cold abscesses, empyema, etc.; 4, iodoform with collodion, used in small superficial wounds, ulcers, etc.; 5, iodoform pencils, of different sizes, for insertion into sinuses, urethra, etc., containing about twenty-five per cent.; 6, iodoform vaseline, twenty to forty per cent.

The powder is only used when the gauze cannot be, and not in large quantities. The gauze must come everywhere in contact with the fresh surface, if it is a wound whose edges are not brought together; over this first layer of gauze is heaped layer upon layer of the same material; over this absorbent cotton and the ordinary bandages. This dressing is always to be removed within the first twenty-four hours after the operation where there was much bleeding, or in operations of considerable size, and entirely new dressings applied in the same manner. This second dressing is not to be changed in from eight to fourteen days. This rule is especially insisted upon, particularly in wounds about the mouth. Repeated changing of the dressings, with the use of fresh gauze, is the chief cause of iodoform poisoning. In wounds which are to heal by granulation, very light compression is made. Before applying any dressing, the wound and the parts surrounding it are always thoroughly irrigated with a one per cent. solution of carbolic acid. With these precautions, in spite of what would seem to the American surgeon the immoderate use of iodoform, there has not been a single severe case of iodoform poisoning in Professor Billroth's service.—*Vienna Letter, N. Y. Med. Record.*

Brockville is now agitating for a General Hospital.

SUBMAXILLARY ABSCESS PHLEBITIS OF THE FACIAL VEINS AND OF THE SINUSES OF THE DURA-MATER.

We know how easily, by their position and relations, the facial veins can become inflamed after a trifling lesion such as a boil. These facial phlebitis may cause inflammation of the sinuses of the dura-mater, or produce purulent infection, and thus cause the death of the patient. But what is not generally known is that the same consequences can likewise originate from alveolo-dental osteo-periostitis. Guyon, Théophile, Auger, and Demons de Bordeaux have reported cases in which inflammation of the inferior maxilla has been followed by phlebitis of the facial veins and of the sinuses, and caused death. Dr. Colomb de Liseaux relates the following case which, although no autopsy confirms it, is of some interest:—A child, aged 10, in bed six days; the right side of the face is swollen and hard without fluctuation, the swelling extending to the subhyoid region. The mouth can hardly be opened; speech difficult. The swelling increased, and on Aug. 12th an abscess of the palate formed; this was opened and the œdema diminished. On the 16th a second abscess appeared. The œdema had reached the right eyelid. There was no exophthalmos; on the left side of the cheek the veins are well-defined, and there is one which gives to the finger the sensation of a hard cord, which runs up to the root of the nose. On the 18th the patient had violent chills, became comatose, and died the next day, the œdema having nearly entirely disappeared. This case is important, as it is the first in which inflammation of the facial veins and sinuses has resulted from osteo-periostitis of the superior maxilla.—(*Dr. Fissiaux in Journal de Médecine de Paris.*) R. Z.

PHOSPHORATED OIL FOR CORNS.—Phosphorated oil (boiled oil) 1 in 300 is recommended by the *Medical Courier* without giving the author's name. Every morning with a brush dipped in the phosphorated oil that portion of the stocking in contact with the corn is soaked. In about a fortnight only a thin pedicle remains.—*L'Un. Méd. du Canada.*

THE ANATOMY OF THE INTESTINAL CANAL.

The Hunterian Lectures, recently delivered by Mr. Frederick Treves, on the anatomy of the intestinal canal, present many points of great interest to the profession. Anatomists have been so much engaged in minute investigation that the gross anatomy of some parts of body has been incorrectly given. This error has also arisen from the fact that many authors have taken for granted the description of their predecessors, instead of investigating for themselves.

Mr. Treves has carefully examined this abdominal cavity in a hundred cases, and has given the results in the Hunterian Lectures.

We quote from the *British Medical Journal* a summary of these results :

"Mr. Treves has based his lectures upon the careful and systematic examination of one hundred fresh bodies, but has been careful to bear in mind that, without morphology, human anatomy is often unintelligible, and accordingly has studied the viscera of a large number of the lower animals. Some of the lecturer's statistical records are by no means devoid of interest. Thus, the average length of the small intestine in the adult male he finds to be 22 feet 6 inches, and in the female 23 feet 4 inches. The length of the bowel appears to be independent, in the adult, of age, height, and weight, and the ratio between the small and large intestine is not constant. The peculiarities of the proportionate growth of these two parts of the alimentary tract in different stages of childhood are shown to be very remarkable, and the growth of the small intestine seems to be influenced in no small degree by nutrition. Mr. Treves dwelt at great length on the somewhat puzzling relations of the peritoneum to the duodenum, and the true character of the fossa duodeno-jejunalis, which may be irreverently termed the new toy of the anatomists. In the hundred specimens which he examined, he has never found the posterior surface of the cæcum uncovered by peritoneum; he has never discovered it to be attached by areolar tissue to the pelvic fascia; and he has not met with one single example of a meso-cæcum. In every instance that he has yet seen,

the cæcum has been entirely enveloped on all sides by peritoneum, and has been free in the abdominal cavity. The lecturer also carefully examined the arrangement of the loops of the small intestine, but found that it is impossible to localize their coils so as to form some notion of the part of the jejunum or ileum that would be likely to be involved in the various herniæ on different sides of the body. Another curious fact revealed by Mr. Treves' investigations is the presence in the mesentery of an oval area, destitute of fat, and vessels very subject, on that account, to atrophy and form a pouch which constitutes the sac of a mesenteric hernia. A hole may form in the atrophied tissue, through which a loop of bowel may become strangulated."

HÆMATOCELE AFTER REMOVAL OF THE APPENDAGES.

In connection with the question of removal of the appendages for uterine myoma, we may call attention to MR. TAIT'S experience with that operation for inflammatory disease of the appendages. Of his 201 cases, 10 or 5 per cent. perished. In the majority, relief was complete and immediate; but he cannot speak precisely of the absolute effects of the operation, because a sufficient time had not elapsed in very many of the cases.

In 13 cases, however, for a period varying from six months to two years, little or no relief was obtained, and in every one of these the cause of failure was the formation of a hæmatocele, generally within a week after the operation. In some it was clearly localized on one side, while in others the effusion uniformly surrounded the uterus. In every case the pulse and temperature went up, there was much pain, and the patient remained an invalid. In one patient, the effusion having suppurated, Mr. Tait reopened the belly about four months after the original operation, and cleaned out a small quantity of pus, with the result of affording complete and immediate relief.

The accident described by Mr. Tait has been met with by Mr. Savage, who briefly notices it in the *British Medical Journal* for January 31, 1885, in which number Mr. Tait's paper may

also be found. In two cases, in the third week after the removal of the appendages, a second laparotomy was made, blood and pus evacuated, and a drainage-tube inserted. Both patients recovered, although the symptoms indicated a fatal issue before the belly was opened.

The occurrence of these hæmatocœles is most puzzling; but they constitute an important cause of failure after the removal of the appendages, and we are indebted to Mr. Tait for having recognized and called attention to them.—*Phil. Medical News.*

A SIMPLE METHOD OF TESTING THE QUALITY OF HUMAN MILK.—Dr. Paul Helot, Surgeon-in-Chief to the Maternity Hospital at Rouen, suggests a method simple and precise. Taking advantage of the fact that the size of the drops of different liquids differs according to their density or molecular cohesion, he determined the average number of drops in a certain volume of healthy human milk at a temperature of about 15° C. (60° F.). The same was done for distilled water. He used for the purpose a Pravaz syringe, holding one cubic centimetre without the needles. It was found that one cubic centimetre of good human milk gave thirty-five drops from the syringe; the same volume of water gave thirty drops. Hence the formula: In a dropper of a given capacity the number of drops of distilled water at 15° C. is to that of woman's milk as six is to seven. Some variations occur within healthy limits; if, however, the number of drops was below thirty-three or above thirty-nine or forty, the milk should be rejected. As human milk varies at different times, the standard adopted was that of a healthy mother nursing a healthy two months' child, samples of milk being taken from each breast at the mid-period of nursing.—*Medical Record.*

TREATMENT OF CHOLERA.—'In view of the expected visit of the cholera to this country during the coming year, any contribution to medical literature, bearing upon the treatment of this disease, should receive careful and earnest consideration on the part of the medical profession.

By the researches of Dr. Koch, it is now known that acids are the most useful to kill the cholera microbe, and have been successfully employed by the profession in Europe.

Dr. Charles Gatchell, of Chicago, in his "Treatment of Cholera," says: "As it is known that the cholera microbe does not flourish in acid solutions, it would be well to slightly acidulate the drinking water. This may be done by adding to each glass of water half a teaspoonful of Horsford's Acid Phosphate. This will not only render the water of an acid reaction, but also render boiled water more agreeable to the taste. It may be sweetened if desired. The Acid Phosphate, taken as recommended, will also tend to invigorate the system and correct debility, thus giving increased power of resistance to disease. It is the acid of the system, a product of the gastric functions, and hence will not create that disturbance liable to follow the use of mineral acids."

CERVICAL PREGNANCY.

Dr. E. E. Montgomery read a paper in which he recounted the history of a case seen by him in consultation with Dr. Alexander. The patient had been pregnant eight times; the last labour had been terminated by forceps. The pregnancy had lasted three months when she was taken with severe pain and quite profuse hemorrhage. An examination under ether disclosed that the cervix was distended, forming a globular tumour. The os, turned backward, was filled up with a tense membrane; breaking through it, the cervix was found to be a large cavity in which were the foetus and its envelopes. The body of the uterus appeared like an excrescence upon the distended cervix; it would admit a finger, and was lined by a decidua. The membrane below was continuous with the outer mucous membrane of the cervix, so that the remains of it hung as a fringe from the os.

This case differed from the few cases of this condition described, in that there was no contraction of the os; in the majority of cases it occurs in primiparæ, and when discovered it is necessary to proceed to operative measures to make an opening.

Dr. Goodell remarked that he had no know-

ledge of cervical pregnancy. One case which had been sent to him as such was epithelial cancer of the cervix. How could such a case be diagnosticated without a *post-mortem* examination? Dr. Montgomery's hypothesis of an arrested abortion was probably the correct solution of such a case as he had described. The foetus might be forced out of the body of the uterus and arrested in the cervix by an unyielding os or by cicatricial bands. Some years ago a physician of this city, of large obstetrical practice, had borrowed his ecraseur for the removal of a supposed uterine polypus, which proved to be a foetus in its amniotic sac. Dr. Goodell had never been able to understand how an experienced man could make such a mistake, but the description of this case of cervical pregnancy has thrown light upon the matter. Dr. Montgomery's description of the distended cervix would apply very well to uterine polypus with long pedicle, and a mistake in diagnosis might easily be made.

Dr. Montgomery questioned the primary occurrence of cervical pregnancy. He believed the foetus had originally taken its seat in the body of the uterus, and was forced into its lower position later; but it might have been primary; the internal os being patulous, the same conditions that sometimes cause placenta prævia might cause the entire fecundated ovum to be arrested in the cervix. [Proceedings Obstetrical Society of Philadelphia.]—*Med. Times*.

TREATMENT OF DELIRIUM TREMENS.

EXTRACT FROM A CLINIC BY DR. WHITTAKER.

What will you do for a case of delirium tremens? I have already intimated to you that it is not, as a rule, a dangerous disease. Most cases recover. When they die, they die of complications, or those slow changes that are brought about by the continued ingestion of alcohol; namely, the destructive inflammation of the connective tissue of the brain, giving rise to progressive paralysis of the insane; or a chronic inflammation of the connective tissue of the liver, giving rise to cirrhosis. I have told you that it is necessary to use some restraint in these cases. Now, you should use just enough

force to keep the patient quiet, and not any more. If you have attendants enough, it is only necessary for them to watch beside the bed and to keep him from leaving it. It is more a matter of vigilance than of force.

We have next to discuss remedial agents. The best remedy is chloral, but to have success, we must give it in large doses. It is better to give it in one large dose, as forty grains at a time, than in repeated small doses. Chloral is preferred to other remedies because it does not interfere with digestion and does not leave any traces behind. But then there are certain contra-indications to its use. You could not give an old drinker chloral; the alcohol has already produced changes in the heart that you must watch. The heart has become fatty, and the aorta atheromatous. You detect these changes in the pulse or by putting the ear down over the heart. Many and many a drinker has been pushed off with a dose of chloral. What, then, in a case which you could not give chloral, would be the substitutes? The best substitute is opium. Opium was looked upon as the sheet-anchor in these cases until the discovery of chloral. You shall give it in the form of morphia in the dose of quarter or half a grain under the skin, that it be not rejected, and watch the effects. The individual as a rule falls into a sound sleep, but you would hesitate to give the remedy too frequently. You may have to repeat the dose once or twice until the patient gets a grain or more, but you would watch the effect closely; you would watch to see if the pupils were contracted. If dangerous symptoms supervened, you would have to sit down beside the bed and keep the individual awake. You do not have to make him walk about to do that, but simply sit beside him and occasionally pinch his ear or slap his face or especially call him by name; usually this is enough. While you watch the patient, count his respirations. As a rule you would not venture to leave him until his respirations were as frequent at least as ten per minute. Do not forget how boldly you may use atropia, in the dose of half a grain hypodermically, in a desperate case. Now, in a case where there was some sign of fatty degeneration of the heart, as there is in the case before us, you would certainly put the

patient under digitalis. Grade your dose according to the condition of the patient; sometimes you will have to give as high as a tablespoonful of the infusion every two hours. Then there is a remedy which you would have the patient use as a drink, and it is in a mild case almost a specific, namely, coffee; you would have the individual drink strong coffee. Let him drink it without any milk, because the tannic acid of the coffee coagulates the albumen of the milk, and renders it less easily absorbed; or you might give the active principle of coffee—caffeine.

Binze found that coffee was an absolute antidote to alcohol, and that dogs saturated with caffeine could hardly be intoxicated with alcohol. So you would use coffee or caffeine, and you would recover your patient, as we have done this man within the short space of twenty-four hours. Lastly, if you choose, when you are all through you may lay aside the role of physician and assume that of the preacher. You can generally do more good than the temperance lecturers. You can call attention to the harm that alcohol does to his brain and his liver. These are the chief organs to suffer; but you are not hence to infer the alcohol is carried irregularly over the body; it is carried uniformly everywhere—absorbed always by the veins—never by the lymph vessels. Tell your patient that alcohol is one of those poisons that leave a permanent effect. Opium does not, and nicotine does not. A man may suffer the profoundest poisoning with opium and nicotine, and yet recover entirely from it. A man may take either for years, but the moment he stops the poison is eliminated. But it is not so with alcohol. Alcohol produces the profoundest lesions in the brain and other organs, diseases that are called progressive. These things, I say, you can depict to the patient, and sometimes you can rescue him from the habit, but not as a rule, for he has become addicted to it for life, and is not capable of breaking it off, because the force of his will is broken, too. Most of the inebriate asylums of the country are failures. The individual can be sent to an asylum, and so long as there, kept under observation, he will do very well; but the moment he is out from observation, he relapses, because, as I have

said, the regular drinker has lost his will. We do not expect to accomplish much by that method, or by our other sermons; but we expect to accomplish more by good laws—by license laws, perhaps—by some means that will put the abundance of liquor beyond the reach of the majority of men. It was found in Russia that the amount of crime was in exact ratio to the tax that was put upon liquor. In the countries where people drink the milder wines, we do not find any of these diseases. So, if we can do no more, we may impress upon the patient the wisdom of taking only the lighter drinks.—*Journal Am. Med. Association.*

From the Pharmacopœia of the Adelaide Hospital, Dublin:—

Mistura Carminativa:

- Tincture of rhubarb 48 mins.
- Carbonate of magnesia 9 grs.
- Aromatic spirits of ammonia .. 9 mins.
- Water to 1 oz.

Mistura Diapheretica:

- Solution of acetate of ammonia .. 1 drachm.
- Nitrate of potash 20 grs.
- Water to 1 oz.

Mistura Diuretica:

- Acetate of potash 20 grs.
- Sweet spirits of nitre..... 30 mins.
- Decoction of broom 1 oz.

Mistura Pectoralis:

- Carbonate of ammonia 3 grs.
- Tincture of squill 20 mins.
- Syrup ½ drachm.
- Water to ½ oz.
- Dose—Half ounce to one ounce.

TO PREVENT FALLING OUT OF THE HAIR
Dujardin, Beaumetz recommends the following:—

- Chloralgrammes, 5
- Distilled water..... “ 100

Use as a lotion every evening before going to bed. After a fortnight no more danoruff will form and the hairs will cease to fall—*Jour. de Med. de Paris.* R. B. N.

GLYCERIDE FOR VAGINITIS.—(Sigurund.)

Iodine	grammes, 0.08
Iodide of Potassium, “	0.40 to 0.80
Glycerine, pure	“ 20

Make a solution. Paint the solution over the vaginal walls with a camel's hair brush, or introduce tampons of lint soaked with the solution into the vagina in cases of blennorrhagic vaginitis with granulations.—*L'Union Méd.*

R. B. N.

THE

Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

To CORRESPONDENTS.—*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.*

To SUBSCRIBERS.—*Those in arrears are requested to send dues to Dr. W. H. B. Aikins, 40 Queen St. East.*

TORONTO, APRIL, 1885.

MALIGNANT ENDOCARDITIS.

The Gulstonian lectures for this year have been delivered by Dr. William Osler. So far as we know, it is the first time that so high an honour in the medical profession has been conferred upon a native-born Canadian.

The subject chosen is one of great interest, and one to which Dr. Osler has given much attention. He had also exceptionally good advantages for making investigation in the Montreal General Hospital.

He divides endocarditis into two forms, simple and malignant. According to his views malignant endocarditis occurs under the following conditions:—"1. As a primary disease of the lining of the heart or its valves, either attacking persons in previous good health, or more often attacking the debilitated and dissipated, or those with old valve lesions; 2. As a secondary affection in connection with many diseases, particularly rheumatic fever, pneumonia, scarlet fever, diphtheria, ague, etc.; 3. As an associated condition in septic processes, traumatic or puerperal."

The lesions may be vegetative, ulcerative, or suppurative. These forms may occur alone or in combination.

His description of the histological character of these vegetative or ulcerative is of especial interest. The small, fresh endocardial vegetation are made up of cells derived from the subendothelial layer. The surface of endocardium is elevated and soon becomes covered by a cap of film, of the nature of a thrombosis, derived from the blood. In this latter are often found the granule masses of Schultze or blood-plates of Bezozzen.

The larger vegetations are more characteristic of malignant endocarditis, and are made up of "granular material composed of altered and dead tissue element, fibrinous exudation, and colours of micrococci." There is more or less infiltration and increase of cell elements in the valve at the point of attachment. The micrococci are not all of the same kind. Klebs gives two varieties—one found in septic, and the other in rheumatic cases. They may be found in zoogloea or colonies, in chaplets, or in the form of distinct capsules. Bacilli have also been found.

Dr. Osler also agrees with Klebs in the opinion that the micrococci find their way into the endothelium directly from the blood. The parts of the heart most frequently affected are the aortic and mitral valves, then the heart wall. The bicuspid and pulmonary valves were found diseased in only 9 out of 100 cases.

The most important changes in the heart structure are due to the ulcerative process. Valve segments may be perforated, the chordæ tendinæ may be eroded, and the heart muscle may be partially ulcerated through. Aneurisms arise in this way.

With regard to the secondary processes which result from endocarditis: "Cases may be divided into those without any embolic processes, cases in which the infarcts are simple, not suppurative; those in which there are innumerable suppurative infarcts; and cases in which some of the infarcts are simple and some suppurative." The spleen is most often the seat of infarcts, and next to that the kidney. Various changes take place in different parts of the body as a consequence of these infarcts.

Extensive extravasation of the membranes of the brain was met with in 25 out of 200 cases. Lungs may be affected, even gangrene has been found. Pleurisy also sometimes occurs. Head symptoms, resulting from emboli of the cerebral vessels, are also very common.

This finishes a short and very imperfect epitome of the first lecture. We shall be glad to give an account of the other two in our next number.

THE DEPOPULATION OF FRANCE.

Apart from all moral aspects, the question of the increase in population is an important one for the State. French *savants* are now discussing the subject very seriously. According to the *N. Y. Med. Jour.*, M. Lagneau presented a paper to the Academy which contained some rather startling statistics. The population of France, two centuries ago, amounted to one-third of that contained in the whole of Europe, while now it is only one-tenth. As the death rate is low, the explanation must be found in the diminished number of births. Such diminution is said to arise from various causes—marriages are becoming more infrequent, conception is avoided by the many devices which are now becoming too well known. Women are sterile through defective physical development and luxurious habits; many men are unfit for marriage on account of previous dissipation and immorality in youth.

Such evils are not confined to France, although it is probably the most immoral among civilized, if not all, nations. They exist in this continent, especially in the older states of the American Republic, but, to a certain extent, also in Canada. Among the so-called better classes in this country marriages are becoming more infrequent and longer deferred. Many of our women, through defective training with luxurious and indolent habits, are physically unfit to become mothers. Others are becoming wonderfully *wise*, and systematically avoid conception. Such practices have been rigorously denounced by many American physicians.

Medical men can hardly be held responsible for the customs and habits of the general public, but it is certainly their duty to protest against

anything which is likely to cause physical deterioration of the people. Parents should be warned against endeavoring to develop the mental qualities of their children at the expense of the bodily. Wives should be taught as far as possible by their physicians that which seems often to be forgotten in these modern days, that their highest and noblest vocation is to bear and rear children.

TORONTO GENERAL HOSPITAL.

To show the rapid growth of Toronto during recent years as a centre for medical education, we may refer to Toronto General Hospital with its ever-increasing facilities for teaching which have been taken advantage of by an unprecedented number of students during the session just closed. Four hundred and fourteen medical students registered their names at the hospital, and nearly all of them have already presented their tickets for certificates of attendance at the clinics and autopsies. The seating capacity in the operating theatre was found to be insufficient, and additional accommodation was provided. Every Saturday it was faithfully attended to witness the operations which have largely increased in number and importance. Mr. Lawson Tait, in his American notes, says: "I spent a long afternoon in the hospital in Toronto, and saw there the results of surgical work as brilliant as any to be found in Great Britain." The interest taken by the class in practical hospital work is shown by the great demand which there was for clinical clerkships and dresserships.

The daily average number of patients under treatment has been over 200. In the last nine years the number of in-door patients has increased from 921 in 1875 to 2,098 in 1884, which increase must and does add greatly to the clinical advantages to be derived by the students in attendance. The Eye and Ear department has grown apace; four services a week were regularly attended by the final class. The special Skin Clinic, by Dr. Graham, has been largely attended, and gave the greatest satisfaction; as have also the regular practical Gynæcological Clinics which were carried out in the special wards—Dr. Temple taking the

first three, and Dr. U. Ogden the last three months of the session. These improvements indicate that the energetic Medical Superintendent and the staff have not forgotten the interests of the students while attending to the welfare of the patients. Special efforts will be put forth to make the summer session of great value to those remaining to take the course. The large amount of clinical material which there is will be fully utilized.

TRAINING SCHOOL FOR NURSES.

The nurses' school now numbers 34 pupils. The course requires attendance for two years. Lectures on all the essential branches are delivered by members of the active and resident staff, and practical instruction given daily in the wards. Great improvement in the nursing department is noticeable. Physicians throughout the country will soon be able to obtain the services of a well-drilled nurse on making application to the school.

In connection with the training school it is desired to have a nurses' home erected, which is greatly needed. Cannot some of our wealthy citizens take the matter up and give the necessary amount—ten thousand—and thus perpetuate their names in a philanthropic cause.

CHLORIDE OF GOLD AND SODIUM.

This medicine has been recently introduced to the notice of the profession by Roberts Bartholow, who read a paper on the subject, which was read before the American Neurological Association, and published in the *Medical News*. He says it sometimes acts surprisingly well in affections characterized by spasm, as asthma, laryngismus stridulus, and singultus. Rabuteau has shown by physiological experiments that, when taken in large doses, it is never completely eliminated from the system, but the metal is reduced and deposited in the epithelium and nerve tissues. Most of our information, however, as to the effects of the remedy is derived rather from clinical observation than from physiological investigation, and goes to show that it acts as an alterative and anti-spasmodic.

In a recent number of the *American Journal*

of *Obstetrics*, Dr. Magruder, of Washington, gives his experience of its use in a few cases of whooping-cough, in which the results were apparently good. He gave the following prescription to a child three years old:—

R Auri et Sodii Chlorid gr. ij.

Aq. destil. ʒi.

Five drops to be given every two hours.

In the few cases where this was administered great relief was afforded to the serious symptoms.

Chloride of gold and sodium is a caustic, the chloride of gold resembling in its action nitrate of silver. According to Stillé and Maisch the action of gold bears some analogy with that of mercury, its salts producing local irritating effects, and internally developing a state of erethism which resembles mercurial fever. It would be very satisfactory to find that its use is generally followed by such good results as in the hands of Bartholow and Magruder, but it is well to remember that various preparations of gold were largely used in the past, especially in Italy, and the general verdict at that time was that they were comparatively useless.

PYROGALLIC ACID IN THE TREATMENT OF LUPUS.

In a recent number of the *British Medical Journal* Dr. Thin, gave a short account of the remedies which have of late been used in lupus, and gives prominence to the method of first scraping the spot, and then applying a solution of pyrogallic acid. It must be remembered that serious constitutional symptoms follow the use of pyrogallic acid when it is applied to a large surface of the body, as is often done in psoriasis. In lupus, however, the diseased surface is limited, and there is little danger of constitutional effects.

The writer has found pyrogallic acid of great service in the treatment of superficial epithelioma or rodent ulcer. He has applied it as an ointment of the strength of ʒss. — ʒj. — to the ounce. It may be used twice daily for three or four days, and the part afterwards poulticed. The superficial slough will come away in a few days, and the parts beneath will heal quickly.

CATARRHAL JAUNDICE.

In the so-called catarrhal jaundice we have more or less severe constitutional symptoms, such as marked weakness, pains, vomiting, diarrhoea, increase of temperature, and well-pronounced jaundice. It has generally been supposed that the cause of these symptoms was obstruction to the flow along the bile ducts arising from a catarrhal inflammation extending from the gastro-duodenal mucous membrane.

M. Chauffard, who has published a paper on the subject in *Revue de Médecine* which is noticed in the *London Lancet*, takes the ground that the jaundice is not caused by such local inflammation, but is one of the later symptoms of a general disease of the system running a regular course in which a primary irritation of the biliary gland precedes a secondary catarrh of its excretory ducts.

THE MEDICAL DEPARTMENT OF THE GERMAN ARMY IN THE WAR OF 1870-71.

At the time of the declaration of war there were 3,679 military surgeons, of whom 1,083 had previously been private practitioners. 2,767 followed the regiments, and 912 were attached to troops in garrison. Besides these, 1,779 physicians were attached to various hospitals and to companies of prisoners. They accepted the services of 347 foreign physicians—39 English, 57 American, 15 Belgian, 84 Dutch, 69 Swiss, 49 Russian, 22 Austrian, 2 Spanish, 2 Italian, 2 Greek, and one from each of the following countries: Norway, Sweden, Turkey, Roumania, Servia and Mexico. The number of military apothecaries was 478. There was one physician to every 170 men, including nurses, attendants, etc., and there were in the whole department 35,662 men.

Sixty-six surgeons died from wounds or disease, 66 were wounded and afterwards recovered, and 352 became invalids. There were 119 field hospitals, which received 280,910 wounded and sick soldiers, who spent 3,245,743 days in treatment. They sent away 250,000 wounded and sick, of whom 40,000 were sent by special sanitary trains.

The hospitals of the interior received 602,262 patients, of whom 176,262 were prisoners. One can form some idea from these numbers of the extent and great activity of the German medical department during the war.

THE MORTALITY OF INFANTS, AND VACCINATION.

The following comparison of the mortality of children from variola, in Bavaria, where vaccination is obligatory, and Holland, where it is not, ought certainly to satisfy the most obstinate anti-vaccinationist of the utility of the operation.

Of a thousand children the number of deaths were as follows:—

	In Holland.	In Bavaria.
Under one year.....	766	232
From one to five years.....	455	10
From five to ten years.....	145	3

SUMMER SESSION.

We are glad to announce that an important advance has been made in the mode of conducting the Summers' Session for this year.

Members of the faculty of both schools, who are also on the hospital staff, have combined to form a teaching faculty, who will give all the lectures in the Toronto General Hospital.

The course will be almost entirely of a practical character. Clinical instruction will be given in the theatre and wards of the hospital from 1.30 to 4.30 p.m., each day except Saturday, when operations will be performed. Courses of instruction will be given in the mornings by the following gentlemen:—Operations on the Cadaver, Dr. Fulton; Diseases of Joints, Dr. McFarlane; Genito-Urinary Diseases, Dr. Grasett; Diseases of the Nervous System, Dr. Graham; Diseases of the Heart and Lungs, Dr. Sheard; Diseases of the Digestive System, Dr. George Wright; Gynæcology, Drs. Ogden and Temple; Obstetric Operations, Dr. A. H. Wright; Ophthalmology and Laryngology, Drs. Reeve and Ryerson; Pathological Histology, Drs. Sheard and W. H. B. Aikins.

The course will begin on May 1st, and continue for ten weeks. So far as we know this is the first course of medical instruction given in

Canada, entirely within the walls of a hospital, and we have little doubt that the superior advantages afforded, and their appreciation by the students, will render this Summer Faculty in the Toronto General Hospital a permanent success.

TREATMENT OF WRITER'S CRAMP.

In a late number of the *British Medical*, Dr. De Watteville reports the very successful treatment of Writer's Cramp by a system of massage and gymnastics. This system is carried out most successfully by a Mr. Wolff, with whom it originated. Mr. Wolff is well known to the leading physicians of Europe and is highly thought of by Dr. Charcot:—

The massage consists of rubbing, kneading, stretching, and beating of the fingers, and the several muscles of the hand and arm, with or without the simultaneous assistance of elastic bands.

The gymnastic exercises are active and passive. The latter consist of flexions and extensions of all the joints of the fingers, hand, and arm. Active exercises include systematic voluntary movements of the parts affected; and if the general condition of the patient requires it, of all the limbs and trunk. As a rule, at least two sittings daily are required, extending from twenty to forty minutes each on an average; and, in addition to this, the patient may be required to practise the gymnastic exercises at home. Later on, graduated exercises in writing are prescribed. It is impossible to enter into minute details concerning these operations, which must vary with the idiosyncrasies and peculiarities in the case of individual patients.

As will be seen by the notice on another page the next meeting of the Ontario Medical Association will take place in London, in the first week of June. We hope that those gentlemen who intend reading papers will send early notice of their intention to the Secretary, so that a printed programme may be issued. As will be remembered, the last meeting in Hamilton was a great success, and we trust that these annual re-unions of the profession will ever increase in interest and profit.

Dr. Milne, of Victoria, B.C., writes that they have been trying to secure a new Medical Act for that Province, but it has fallen through this year on account of the difference which exists between the Canadian and the English and American graduates; but it is only a matter of time till the Canadians gain their point of having the standard a four years' course, instead of three, as at present.

We would direct the attention of our readers to the Foster's Surgical Chair, an advertisement of which appears in the inset.

Meetings of Medical Societies.

TORONTO MEDICAL SOCIETY.

MARCH 5th, 1885.

The President, Dr. Reeve, in the chair. After reading the minutes of the last meeting, Dr. Hall, of Queen Street West, was elected to membership. Dr. A. H. Wright presented a portion of intestine which was involved in a strangulated oblique inguinal hernia. The patient was admitted to the hospital March 3rd, at 2 p.m., in a very low condition. Several attempts to reduce the hernia were made without avail. At 3.30 the patient was anaesthetized and taxis again tried. Herniotomy was then performed. The bowel was dark in colour being almost gangrenous. The patient died the following day.

HERNIA OF THE DIAPHRAGM.

Reported by DR. OLDRIGHT.

E. W., aged four years. I had known her from birth, and had not known of any peculiarity in her. I was called to see her on the evening of the 18th February. She had been in her usual health till noon. Had eaten of dried beef and other food. Early in the afternoon vomiting had set in and continued persistently all afternoon. She was much prostrated. Pupils were much dilated. Ordered bismuth carb. gr. iij., morphia mur. gr. $\frac{1}{10}$, aq. cin. ℥j. every half-hour till vomiting should subside; also a sinapism to the epigastrium. Castor oil had already been given.

Early next morning Mrs. W. called at my

office and reported that vomiting still persisted and that the bowels had not moved. I ordered very small dose of atropia with bismuth and chloroform every half-hour till the vomiting should cease, the oil and the mustard plaster to be repeated and an injection to be given. I saw the child during the forenoon. The pulse was very rapid and throbbing; vomiting had somewhat subsided and the patient seemed to be in less pain. The bowels had not moved, and I ordered oft-repeated injections till the desired result should be obtained. I was telephoned for at 6.30 in the evening, and on arriving found the child in convulsions and in a warm bath. I administered chloroform and ordered a mixture of potassium bromide and chloral, and another with drop doses of *ol. tigllii*. The little patient was unable to take either, and on my return in an hour and a half she had just breathed her last.

Post-mortem on the 20th February. On opening the abdomen the stomach was found immensely distended and its surface covered by an apron which could not be raised, and in front of this again the spleen carried to the right of its normal position. The intestines were empty with the exception of one or two semi-solid lumps in the head of the colon. On passing the hand over the stomach it was found that a portion of the large intestine had escaped into the thoracic cavity. The thorax was now opened and the protruding, or rather intruding, mass of intestine was seen covered by a serous sac (pleura and peritoneum); behind this the kidney was also found—in the thorax, but not in the sac with the intestine. I now decided to remove the stomach. Messrs. Ellis and Barber, who made the *post-mortem* under my supervision, found that the relative position of the cardiac and pyloric orifices was reversed, and that the stomach had been twisted on its vertical axis. It was opened, and a congested patch was found on the mucous surface. The stomach contained a large quantity of fluid, more than a quart. The diaphragm was carefully dissected, and it was found that the muscular coat had given way and that the peritoneum and pleura had been shoved in front of the intestine, forming a hernial sac.

Since the death of the little patient I have been told that a week or so before her illness she fell off a sofa striking on the top of her head. Three theories may be advanced to account for the condition and symptoms: (1) That rupture of the muscular fibres and some displacement of the viscera took place at the time of the fall, giving rise to the subsequent vomiting, by which the hernia was incurred; (2) That the hernia caused the vomiting; (3) That the violent vomiting caused the hernia. The first appears to me to be the most probable.

ARRESTED DEVELOPMENT OF A FŒTUS.

Dr. Machell, on 1st of March, was called to see Mrs. B., who was then having hard labour pains, and shortly after he entered the room passed a foetus in its membranes with the placenta. It appeared to be between three and three and a-half months old. The sac was of a dirty brown colour and contained the usual quantity of fluid, which was also of a dirty brown colour. The placenta had a much fresher appearance, its maternal surface being apparently covered with a thin layer of inflammatory material.

The mother gave the following history: Has had three children, with an equal number of miscarriages—a miscarriage after each child. The last child is now 20 months old. Menstruated about the middle of July, and supposed herself for four or five months to be pregnant. As she had not been getting larger lately she thought something must be wrong. Except for a sharp gush of blood for a few minutes about Christmas time, she was perfectly well all through.

The foetus must have been dead for at least three months. What caused its death? There is no specific history and the patient could assign no cause for it except several consecutive days of hard work early in November. This would be about the time of its death, to judge from its size. A reasonable explanation would be that at that time some inflammation took place between the placenta and uterus, cutting off the blood supply to the former. This theory would seem to be borne out by the appearance of the placenta.

SYPHILITIC DISEASE OF THE BRAIN AND SPINAL
CORD SUCCESSFULLY TREATED BY
IODIDE OF POTASSIUM.

(Reported by Dr. J. E. Graham.)

Mr. M., aged 49, banker. Patient has enjoyed moderately good health until the commencement of the present illness. About two years and half ago he had what he calls bilious attacks, which were accompanied by slight jaundice. He then suffered from pains in lumbar region, which were much more severe at night. These however passed away. About two years ago he had a more severe attack of jaundice, which lasted some weeks. He shortly afterwards caught cold, and noticed weakness and pain in the legs, also weakness of the bladder. He had frequent desire to pass water. This latter symptom has been present ever since. The weakness of the limbs increased until he could scarcely walk, and at one time both the bladder and rectum were partially paralysed. For the last three or four weeks he has noticed gradually failing eyesight. He cannot read and can scarcely see his way. He has never had any paralysis of the upper extremities, and, so far as can be ascertained, he did not lose sensation in the lower limbs. He has been impotent for the last two years.

On making close enquiry, I found that the patient suffered from the primary symptoms of syphilis about seven or eight years ago. These consisted of chancre and indolent bubo. Secondary lesions followed in due course. I do not know whether at that time anti-syphilitic treatment was adopted or not.

It might here be stated that patient's social position rather precluded the idea of syphilis, and this case shows how important it is to make these enquiries where there is any doubt whatever.

Present condition.—Patient is tall and somewhat emaciated. He could not walk into the office without assistance. His gait is very unsteady, and he moved his feet forward in the peculiar jerky manner of one suffering from lateral sclerosis. He is at times troubled with drowsiness.

His eyes were examined by Dr. Reeve, who sent the following report: "I find vision of left

eye $\frac{3}{10}$ th of normal, of right one-third. The examination of fundus gave negative results. The field of vision is markedly affected, the function of the optic nerve fibres supplying nasal half of each eye being practically reduced to *nil*. I should infer some centric mischief, likely of syphilitic nature, involving optic tract or chiasm."

His hearing is not at all affected. There is a slight hesitancy in speaking, but the intellect is perfectly clear. The arm was examined and found normal. The heart and lungs were found in the same condition. There is a slight enlargement of the prostate gland, which may partly account for the irritability of the bladder.

On more particular examination of legs, find the sensation normal. There is a very marked increase in the tendon reflexes. This sign is present in both limbs. The muscular irritability, as shown by the faradic current, is rather less than normal.

Patient was put on ten-grain doses of potass. iodide, together with small doses of perchloride. The iodide has been increased to half a drachm three times a day. Under this treatment, patient began to improve in a few days and has since been steadily getting better. His eyesight has been so much improved that he can now read his letters without difficulty. His gait is still unsteady, but he can walk a mile without fatigue. He sleeps well, but is still annoyed with frequent passage of urine. He expects shortly to resume his work, after an interval of more than two years.

This case is reported to show the favourable results which follow the administration of large doses of iodide of potassium in the centre nerve lesions of syphilis. In this case the lesion in the cord appears to be confined principally to the lateral column. This is rather unusual, as syphilitic growths are found generally connected with the meninges of the cord. No ataxic symptoms were present.

It is said that Dr. Koller, the discoverer of the anæsthetic properties of cocaine, has recently fought a duel. His antagonist, one of Billroth's assistants, received a wound that may prove fatal.—*Boston Med. and Surg. Journal.*

Book Notices.

Report for the year 1883-84, of the Yale College Observatory.

Address in Medicine delivered before the Medical Society of the State of Pennsylvania, May 1884. By W. H. DALY, M.D.

School Hygiene in relation to its influence upon the vision of Children, or School Sanitatum. By A. W. CALHOUN, M.D., Atlanta, Ga.

The Physiological Effects and Therapeutical Uses of Hydrastis. By ROBERTS BARTHOLOW, M.D., LL.D.

Extensive Burn involving the cavity of the Knee-joint. W. H. DALY, M.D., Pittsburgh, Penn.

Sulla Emicorea Sintomatica, per il Prof. L. BIANCHI. Naples, 1885. (Reprint from *Medicina Contemporanea.*)

Le Andature (Cammine). Studio Semiotice per le Malattie Nervose e Mentale pel. Prof. L. BIANCHI. Naples, 1885. (Reprint from *Giornale Internazionale delle Scienze Mediche.*)

Typhoid Fever and Low Water in Wells. By HENRY B. BAKER, M.D., Lansing, Mich. Reprinted from the annual report of the Michigan State Board of Health, 1884.

Mimicismo ó Neurósis Imitante (Miryachit Jumping, Latah.) Estudio Critice for José Armaugny y Tuset, con un prologo de D. Juan Giné y Partagás. Barcelona, 1884.

Contributo alla Dotturia della Temperatura Cefalica. Ricerche Cliniche e Sperimentali. Per i Prof. Leonardo Bianchi e Dottori Alfonso Montefusco e Francesco Bifulco. Naples, 1885. Reprint from *La P Sichiatria.*

Canadian Filicinee. By JOHN MACOUN, M.A., F.L.S., and T. J. W. BURGESS, M.B. Read in abstract before the Royal Society of Canada, May 23rd, 1884.

For this volume we are indebted to the kindness of Dr. T. J. W. Burgess, London, Ont.

Cocaine and its Use in Ophthalmic and General Surgery. By H. KNAPP, New York. G. P. Putnam's Sons, New York and London.

This is a reprint (with addenda) from the Archives of Ophthalmology of an elaborate article—prefaced by a translation of Koller's original paper—embodying the author's own experiments and experience as well as those of a goodly array of practitioners, whom he has quoted or asked to contribute. It is a tribute to the laudable zeal of the profession in testing the qualities of this very valuable agent.

The Elements of Physiological Physics. By J. MCGREGOR-ROBERTSON, M.A., M.B., C.M. Philadelphia: Henry C. Lea's Son & Co.

In teaching the physical signs of chest diseases we have often been struck by the want of knowledge on the part of students of the laws of physics, and have often thought that a work such as the present one would be a great boon. In the study of physiology it is absolutely necessary to have a fair knowledge of physics and chemistry. The student will find in this text-book all that he requires to know of physics, and given in such a way as to be of especial value in his physiological work.

Elements of Surgical Diagnosis. By A. PEARCE GOULD, F.R.C.S. Philadelphia: Henry C. Lea's, Son & Co.; Toronto: Vannevar & Co.

This will be found a useful and compendious manual by those who are desirous of perfecting themselves on surgical diagnosis, and more particularly by those who for various reasons may desire to express with accuracy the exact surgical condition which they may be called upon to treat. For though a surgeon may treat two different surgical diseases in the same manner, it does not follow that he should not aim at obtaining accurate ideas of all the circumstances which are necessary to the formation of a correct diagnosis in each case. The author separates the diagnosis of injuries from that of diseases, and we are inclined to agree with him that though this course is not in strict accordance with the ways of nature, it yet seems to possess the advantage of greater simplicity. We heartily recommend this volume to the profession.

Doctrines of the Circulation. By J. C. DALTON, M.D., Professor Emeritus of Physiology in the College of Physicians and Surgeons, New York, etc. Philadelphia: Henry C. Lea's Son & Co. Toronto: Vannevar & Co.

This work gives a history of physiological opinions of the past and present in connection with the circulation of the blood. Its perusal will give a good idea of the views of writers on the subject from the days of Aristotle to the time of Harvey, and will be exceedingly interesting to physicians of the present day.

Intestinal Obstruction: its Varieties, with their Pathology, Diagnosis, and Treatment. By FREDERICK TREVES, F.R.C.S., Surgeon to the London Hospital, etc. Philadelphia: Henry C. Lea's Son & Co. Toronto: Vannevar & Co.

This work is in substance the essay to which the Jacksonian Prize was awarded by the College of Surgeons of England, in 1884. The subject is one of the deepest interest to all physicians and surgeons, and its importance may be estimated by the circumstance referred to by the author, that over two thousand die every year in England from various forms of obstruction of the bowels, exclusive of hernia. The manual is all that might be expected from such a laborious and able worker as Mr. Treves, and is one of the most valuable contributions to modern surgical literature.

A Manual of Organic Materia Medica. By JOHN M. MAISCH, Phar.D. Philadelphia: Lea Brothers & Co.

The second edition of this very valuable work has been recently issued. The author is too well known, on account of his work in connection with "The National Dispensatory," to need any special commendation from us. This book of over five hundred pages contains an immense amount of information on a most important department, and so well arranged that it can easily be made use of. It is especially valuable, as it contains a description of the properties and uses of those indigenous herbs which have of late come into notice. While we should not forsake the old and tried remedies, we ought to study the properties of those which have recently been discovered. We recommend this manual to students of medicine and pharmacy. It will also be useful to practitioners for reference.

The Popular Science Monthly for April, 1885. New York: D. Appleton & Co. Fifty cents a number, \$5 a year.

In "The Character and Discipline of Political Economy," with which the April number of *The Popular Science Monthly* opens, Professor Laurence Laughlin, of Harvard University, exhibits the study named as a valuable educational factor. Professor W. R. Benedict, with the aid of illustrations, describes the structure of the nervous system, and lays the foundation for a discussion of its relation to consciousness. Among the other articles are those of Dr. von Pettenkofer, on the modes of propagation of cholera; of Mr. Fernald, on "Aristotle as a Zoologist;" of Mr. Allen Pringle, on "Agriculture;" of Charles Morris, on the "Structure and Division of the Organic Cell;" of Mr. Edis, on the "Internal Arrangement of Town-Houses;" and Mattieu Williams' "Chemistry of Cookery."

The International Encyclopedia of Surgery. By authors of various nations. Edited by JOHN ASHURST, JR., M.D. In six volumes. Vol. V. New York: Wm. Wood & Co.

The fifth volume of this excellent work treats of injuries and diseases of the head, chest and abdomen, and is second to none that have appeared up to the present time. The list of authors includes such names as Annandale, Heath, John Wood, Solis-Cohen, Frederick Treves, Henry Morris, Lefferts, and others equally well known.

There is, perhaps, an unnecessary division of labour as far as surgical diseases and injuries of the head are concerned, but the articles are all good, even though it be conceded that some are more interesting for specialists than general practitioners. Such papers, however, as Nancrede's on injuries of the head, Treves' on malformations and diseases of the head, Heath's on injuries of the mouth and adjacent parts, and Macleod's on injuries and diseases of the neck, are all that could be desired; while the articles on injuries of the chest by Bennett, diseases of the breast by Annandale, injuries and diseases of the abdomen by Morris, and hernia by Wood, will prove exceedingly interesting and valuable to all who read the volume.

A Manual of the Medical Botany of North America. By LAURENCE JOHNSON, A.M., M.D. New York: William Wood & Co.

The December number (1884) of Wood's Library, is an attempt to supply that "long felt want" of a text book, suited to the needs of American medical students. Part I. Treats of the elements of Botany, and gives a concise and well illustrated summary of what a medical student ought to know of the life history of plants. The coloured plates of familiar American plants are excellent. The author's views as to the medicinal properties of certain plants will not of course meet with general approval. He states, however, in his preface that a "judicious scepticism is wiser than a blind credulity." Referring to Gelsemium, (page 227) he says: "Regarding its therapeutic applications, rejecting as we reasonably may all its specific effects in certain diseases, there seems to remain no other just place for it except in febrile and inflammatory affections of a decided sthenic type. That in such cases it may moderate or subdue febrile action, through its powerfully depressent effect is very evident, but that the desired result can be obtained more readily and more safely by this drug than by some other and more certain agents certainly requires demonstration." Meanwhile the judicious physician will suspend judgment, and at least experiment with great caution.

Insanity and Allied Neuroses. By GEORGE H. SAVAGE, M.D., M.R.C.P. Henry C. Lea's Son & Co., Philadelphia.

We have read this book with very great pleasure, and can confidently recommend it to the profession as a work containing in a small compass all that is necessary for a general practitioner to know of insanity. It is written in an easy, pleasant style, and many of the chapters are as interesting as a romance.

Dr. Savage holds what appear to us to be very common-sense views on the more debatable points connected with insanity, and they are of the greater value as they are doubtless the result of many years' experience and observation. We quote the following remarks on the unsatisfactory nature of the *post-mortem* observations which have so far been made of the brains of insane patients:

"One of the greatest difficulties which has ever presented itself to the student of insanity has been the fact that *post-mortem* so little has been found visible to the naked eye. I may say that, with my experience of years, and after seeing many hundreds of *post-mortem* examinations of the bodies of the insane, I have met with few coarse changes within the skull, and even with the higher powers of the microscope all that can often be detected may be evidences of change in the nutrition of the connective tissue of the brain. This may seem unsatisfactory; but the time will come when the inter-relations between the million of nerve cells with their manifold processes, and their dependence for healthy action upon healthy blood and pure air, will be better understood. The brain, like a kaleidoscope, consists of innumerable parts, which adapt themselves to varying patterns. A shake occurs, the pattern changes, but each one of the pieces still exists as it did before; no change in shape, no change in colour, only change in relationship. So, I believe, it will be found to be with many forms of insanity, change in one faculty changing the mental pattern."

We give among the selections a greater part of his chapter on education as a predisposing cause of insanity, as we think it of especial value.

The following sensible remarks are made on self-education:

"Another common example of over-work is that seen in the self-educated man, who so frequently has an unbounded desire for knowledge, but does not know how to acquire it. He has a great idea that knowledge of facts is education, and looks with contempt upon the older universities and schools as mere excuses for passing time for the *jeunesse dorée*. He cannot see that education literally and really means the development of all sides of his character, and that mere special culture will fail to make a learned man. The effects of solitary self-culture are worse if begun after the plastic youthful nervous system has taken its form, as it is hard to change its figure after it has once hardened into habit."

We must close our review of this valuable book, and wish that not only the medical profession, but also the intelligent laity, may have an opportunity of reading it.

A Handbook of Pathological Anatomy and Histology. By FRANCIS DELAFIELD, M.D., and T. MITCHELL PRUDDEN, M.D. William Wood & Co., New York.

This is the second edition of a manual published by Dr. Delafield some years ago. The latter we have constantly used, and have found it of great service in the *post-mortem* room.

The present work is so much improved and enlarged as to form an almost new book. It is intended not only for reference as to the gross lessons, but also as a text-book of pathological histology. The illustrations, 146 in number, are quite original and give an excellent idea of the microscopical anatomy of diseased structures.

"The work comprises instruction in the methods of making *post-mortem* examinations, of preserving diseased tissues, and of preparing them for microscopical examination; and of preparing and examining bacteria; an account of such general processes as inflammation and degeneration; a description of the tumour of the lesions of all the different parts of the body, of the general diseases, of violent deaths, and of deaths from poisoning."

We would especially recommend the book to those who have frequently to make *post-mortems* for coroners, as well as to those practitioners who wish to keep up with the times in pathological histology. It is also an excellent text-book for students.

The Principles and Practice of Gynecology. By THOMAS ADDIS EMMETT, M.D., LL.D., Surgeon to the Women's Hospital of New York, etc. Third edition. Philadelphia: Henry C. Lea's Son & Co. Toronto: Vannevar & Co.

The author of this excellent work has long since been fully recognized as one of the most careful observers, one of the most faithful and original workers, and one of the most scientific gynecologists of this or any age. The former editions are well known to the profession, but great advances are being made in this department, evidences of which are abundantly present in this volume; and this, the third edition, may almost be considered a new work on gynecology. The chapters on pelvic cellulitis, and lacerations at the vaginal outlet and through the sphincter ani, and perinæum are especially interesting and valuable. Considering the book as a whole, we may say that it is beyond all praise that we can bestow, and will add much to the fame of its worthy and distinguished author.

Personal.

Dr. Martin, late resident assistant in Toronto General Hospital, is now practicing at Erin.

Drs. Lesslie and Ryerson, of this city, have left with the troops for the North-West.

Dr. Harrison Allen, Professor of Physiology in the Medical Faculty of the University of Pennsylvania, has resigned.

Dr. Wm. A. Goodall (Toronto, '84) passed the final examination in the King's and Queen's College of Physicians in Ireland.

Drs. Davidson and Furrer have been admitted to the membership of the Royal College of Surgeons.

At the annual meeting of the Toronto School of Medicine Medical Society the following were elected officers for the ensuing year:—President, Dr. W. H. B. Aikins; 1st Vice-President, J. W. Mustard, B.A.; 2nd Vice-President, J. Leeming; Corresponding Secretary, D. R. Johnston; Recording Secretary, J. Vrooman; Cuvator, J. Halsted; Treasurer, J. Weir; Councillors, G. H. Shaver, H. C. Scadding, J. Jones, J. Rea, R. Charters.

Miscellaneous.

Billroth has operated eighteen times for resection of the stomach.

The Rush Medical College of Chicago recently graduated a class of one hundred, and fifty-one members.

FISSURED NIPPLE.—Nitrate of lead ointment has been recommended recently as valuable in this painful condition.

SUICIDE OF A MEDICAL STUDENT.—The report reaches us that a young medical student, in St. Louis, Mo., medical college, shot himself on March 2nd because he had failed to pass his examinations.

The number of medical diplomas granted in France for the scholastic year 1883-1884 is 510. Of these 384 were conferred on the graduates of Paris schools.

An exchange remarks that, "rich folks do not hire poor doctors to cure them. A doctor to cure rich folks must live in a fashionable street, in an expensive house, and elegant style."

At the trial of Dr. Buchanan and Madame Russell for issuing bogus medical diplomas, Madame swore that "M.D." attached to her name on the sign meant "money down." Buchanan was found guilty, and Madame Russell acquitted.

DIAGNOSTIC DREAMS.—Typhus fever is marked by short, delirious, broken dreams. Remittent fever by long, dolorous, painful dreams. Scarlet fever by realistic dreams, excited by surroundings. Herein are suggested some suitable points in diagnosis.—*Med. World.*

At the University of Berlin, 5,066 students are inscribed in the books for this term, of whom 1,133 are students of medicine; of these, 128 are non-European, 112 being American, 15 coming from Asia, and one from Africa. In Leipsic, out of 3,281 students, 695 are medical students; at Königsberg, there are 247 medical students, out of a total of 879; at Würzburg, 740, out of 1,280; at Breslau, 378, out of 1,389; at Halle, 298, out of 1,631; at Tübingen, 185, out of 1,237.—*British Medical.*

A gardener named Croulebois, living at Meudon, has met with his death in a singular manner. He was knocking down nuts from a tree, and, in order to aim with more certainty, climbed into the tree, and kept his face uplifted. A nut suddenly fell on the right eye and crushed it. He was immediately removed to the hospital, suffering intolerable agony. Excision of the eyeball was attempted but found to be impossible; cerebral congestion set in, and the sufferer died.—*British Medical.*

AN EXCUSE FOR DELAYED CALLS.—This story is told as illustrating the ready wit of the late Dr. Howard, of Chelmsford. He had for a patient a very pious woman who lived in Bilberica, who sent for him one day quite urgently.

He did not respond so promptly as his patient desired, and when he did arrive she upbraided him sharply. "When I send for a doctor," she said, "I expect him to come right away." "But, my dear madam," he replied, "what does the Good Book say about it?" "I didn't know the Good Book referred to the subject," she testily replied. "Yes, it does," retorted the doctor, "it says the expectation of the wicked shall be cut off." The old lady was mollified.—*Exchange.*

COOKERY-LESSONS FOR STUDENTS OF MEDICINE.—Considering the important part played by the medical profession in the matter of ordering suitable diet for patients, we are glad to observe that, in Edinburgh, medical students have now an opportunity of learning practically how the foods appropriate to the invalid are prepared. The Edinburgh School of Cookery has, during the present session, given four lessons in the preparation of food and drinks in the large theatre of the Royal Infirmary. The lessons were well attended and highly appreciated. Among other things, the preparation of beef-tea, beef-jelly, milk-jelly, gruel, and milk-gruel, and self-digested farina, were shown, and students were invited to examine for themselves practically the various diets ordered for patients. Such a practical course should, we think, be almost made compulsory, or, at least, students should be strongly advised to avail themselves of the course by their professors and lecturers.—*British Medical.*

THE PRECARIOUSNESS OF A PHYSICIAN'S INCOME.—No profession suffers more than ours from the financial pressure incident to sudden failure of health, to accident and to misfortune occurring in the course of a professional career. The medical man, unlike the trader, must earn his living with his own brain and his own hands. When he is disabled only temporarily in mind or body, his power of earning leaves him. A great merchant, when his physician expressed surprise at the serenity with which he bore a long-continued illness, answered, "On my sick-bed I have the consolation of knowing that others are toiling for me day and night;

manager and clerks working in my office, ships bringing my merchandise over sea to the markets, and sellers earning me money, and keeping my children, even when I lie here disabled." The medical man has no such comfort. For him the suspension of working power means the suspension of earning power. Bodily pain is only too often intensified by mental suffering and financial worry, and the same blow which affects his physical well-being often shatters his prospects in life, and leaves him more or less helpless. Even in temporary emergencies, the necessity of paying for a substitute at a time when his earnings are diminished, greatly adds to his cares, and tends rapidly to exhaust his resources.—*London Medical Times*.

"The following case is reported from Bangkok, Siam, and may be relied on as authentic:—About three months ago a native was attacked with cholera. An American missionary attended him, and administered all medicines he could, but at last the man was so far gone that they gave up all hopes of recovery, and would do no more. Relatives of the patient begging the doctor not to give him up as lost, the doctor thought of Horsford's Acid Phosphate. After the second dose the patient commenced to revive, and in six hours he was pronounced out of danger.—*Adv.*

TO THE MEDICAL ELECTORS OF KINGS AND QUEEN'S DIVISION.

GENTLEMEN :

Ten years have now elapsed since I addressed you as a Candidate for this Division, since which time I have closely attended to your interests as your representative in the Medical Council; whether I have succeeded in fulfilling these duties—my record is before you; you are the judges. I have again been solicited by a highly respectable number of my professional brethren to offer myself again as a candidate for your suffrages in 1885. It is very gratifying to me to have such a respectable number of my friends come forward, many of whom, unsolicited, have appended their signatures to my nomination paper. Some time ago I had every intention of retiring from the responsibilities of

office; but, when so strongly urged once more to enter the arena, I could not do otherwise than allow my name to be used for that purpose. Many of you have certainly given me more credit than I deserved for alleged zeal in your behalf. Allow me to state that I have always been devotedly attached to the medical profession, not so much for the emoluments as for the scope which it offers for mental gratification in the cause of suffering humanity, both by night and by day—although we sometimes receive the doubtful honour and unmerited abuse from many of those whom we often risk our own lives to serve, without any reward whatever. However, we have hours of happiness in the thought of doing more real good to mankind than all the other professions put together.

It is altogether unnecessary for me to say much on the duties devolving on the Members of the Council; permit me only to say, that it is in contemplation to have the Medical Act amended. Some of those amendments I approve of—others seem to me of rather doubtful propriety, such as the increase in our annual assessment. I have not yet seen any medical man in this Division who approves of such a step. The law also ought to be amended whereby actions for malpractice shall be brought within a limited time, and security given by the plaintiff for costs incurred in the bringing of such suit, as in the majority of cases tried the plaintiff is some miserable creature, with scarcely the coat on his back or even the will to earn it—to say nothing of the trouble and expense to the defendant, whether he is successful or not, and on whom, not unfrequently, ruin is entailed and probably his prospects blasted for life.

There are other improvements that might be stated, the nature of which I shall not enter upon; but, if you should feel at liberty to tender me your vote, it shall be my pleasing duty to do everything in my power to promote the honour and dignity of the profession generally.

Thanking you for the confidence you have so long reposed in me, I have the honour to be,

Gentlemen,

Yours sincerely,

W. ALLISON.

Bowmanville, March 9, 1885.