

## Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

- Coloured covers /  
Couverture de couleur
- Covers damaged /  
Couverture endommagée
- Covers restored and/or laminated /  
Couverture restaurée et/ou pelliculée
- Cover title missing /  
Le titre de couverture manque
- Coloured maps /  
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) /  
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations /  
Planches et/ou illustrations en couleur
- Bound with other material /  
Relié avec d'autres documents
- Only edition available /  
Seule édition disponible
- Tight binding may cause shadows or distortion  
along interior margin / La reliure serrée peut  
causer de l'ombre ou de la distorsion le long de la  
marge intérieure.
  
- Additional comments /  
Commentaires supplémentaires:

L'Institut a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /  
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/  
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /  
Qualité inégale de l'impression
  
- Includes supplementary materials /  
Comprend du matériel supplémentaire
  
- Blank leaves added during restorations may  
appear within the text. Whenever possible, these  
have been omitted from scanning / Il se peut que  
certaines pages blanches ajoutées lors d'une  
restauration apparaissent dans le texte, mais,  
lorsque cela était possible, ces pages n'ont pas  
été numérisées.

THE  
CANADA MEDICAL RECORD:

A MONTHLY JOURNAL OF

Medicine, Surgery and Pharmacy.

---

EDITORS:

A. LAPHORN SMITH, B.A., M.D., M.R.C.S., ENG., F.O.S., LONDON.

F. WAYLAND CAMPBELL, M.A., M.D., L.R.C.P., LONDON.

ASSISTANT EDITOR:

ROLLO CAMPBELL, C.M., M.D.

---

*Volume XXI, October, 1892, to September, 1893.*

---



Montreal:

PRINTED AND PUBLISHED BY JOHN LOVELL & SON.



# CONTENTS TO VOLUME XXI.

## ORIGINAL COMMUNICATIONS.

Abortion, Treatment of.....	1
Compound Fracture of the Lower Maxillary Bone, Cases of.....	105
Electricity in Gynæcology, Some Successes and Failures with.....	25
Eye Lesions consequent on Nasal Affections, Notes on.....	3
Gynæcology and Obstetrics.....	73
Incomplete Abortion, the Treatment of.....	123
Measles, An Epidemic of.....	49
Medicine, The Real Rewards of.....	224
New Contributions of the Electrical Treatment, both Galvanic and Faradic, to Diagnosis in Gynæcology.....	76
Note upon a New Application of the Alternative Sinusoidal Current in Gynæcology.....	78
Obstetrics, Two Rare Cases in.....	103
Physical Education in Relation to Mental Development in School Life.....	121
Puerperal Eclampsia, A Case of, ending fatally.....	80
Pulmonary Consumption, Some Observations upon the Nature, Symptoms and Treatment of the Pretubercular Stage of.....	217
The Importance of the Early Diagnosis and Repair of Lacerations of the Cervix Uteri, especially in view of their relation to Cancer of the Uterus.....	97
Tonsillitis, Notes on Acute.....	241
Valedictory Address on behalf of the Graduating Class of Bishop's College.....	149
Valedictory Address on behalf of the Faculty of Bishop's College.....	145

## CORRESPONDENCE 1892-1893.

American-Berlin Med. Society, a Report on the Origin and Progress of the.....	119
Correspondence.....	143
Pan-American Medical Congress.....	265

## PROGRESS OF MEDICAL SCIENCE.

Abdomen, Phantom Tumors of the.....	60
Abortion, Incomplete, the Treatment of.....	164
Abortive Treatment.....	5
Accouchement Forcé in certain Obstetrical Complications.....	93
Acute Catarrhal Inflammation of the Middle Ear, The Treatment of.....	230
Acute Mercurial Poisoning.....	186
Aged Subjects, Operations on.....	252
Amnesia.....	16
Anæsthesia.....	18
Anal Abscess.....	160
An Epigram Confirmed.....	186
Antinervin.....	181
Antisepsis of the Mouth.....	14
Apthous Sore Mouth in Children.....	203
Arsenic, Spontaneous Combustion.....	91
Arterio-Sclerotic Contracted Kidney, The.....	233
Asepsis and Antisepsis in the Country.....	54
Asiatic Cholera, Inoculation against.....	278
Bacteria in Wounds.....	163
Blood in Urine.....	92
Board of Health of the Province of Quebec.....	11

Boric Acid, Treatment of Boils by.....	205
Breathing Exercises.....	281
Bromamide.....	62
Burns.....	19
Burns.....	92
Burns, Glycerin for.....	17
Cacerous Uterus, Vaginal Extirpation of.....	162
Carbolic Smoke Ball, The.....	185
Carbuncles, The Excision of.....	17
Carcinoma.....	94
Cardiac Disease, Induction of Abortion in.....	257
Castor Oil, Palatable.....	19
Castration for Melancholia.....	93
Catheters, Preservation of.....	60
Cerebral Tumor twice extirpated with success.....	59
Cerebro-Spinal Meningitis.....	179
Children and the World's Fair.....	93
Chlora-Anæmia.....	92
Chloroform Anæsthesia, Vomiting in.....	186
Cholera and Imported Rags.....	61
Chronic Diarrhœa of Adults, Lemonade in the.....	58
Chronic Progressive Hereditary Chorea.....	181
Class-Room Notes.....	56
Class-Room Notes.....	163
Contracted Pelvis, Easy Labors in Cases of.....	182
Corrosive Sublimate, Injections of, in Tetanus.....	14
Craniectomy.....	133
Cystitis, Salol in.....	278
Death-Adder Bite in an Infant, Recovery.....	15
Decalcified Bone in Senn's Discs, A Substitute for.....	184
Dipsomania, The Care and Treatment of.....	247
Diabetes after Extirpation of the Pancreas.....	14
Diarrhœa, Prescription for.....	255
Diarrhœa from Retroflexion.....	162
Digitalis, The Use of, in Large Doses.....	258
Digitalis, Subcutaneous Injections of.....	58
Diphtheria, Peroxide of Hydrogen in.....	234
Diphtheria, Treatment of, with Chloride of Iron.....	255
Diphtheria.....	161
Diphtheria, The Bacillus of.....	7
Double Movable Kidney cured by Operation.....	132
Drowning, Treatment of Apparent Death in.....	59
Earache.....	64
Earache.....	255
Electricity, The Induction of Labor Pains by.....	17
Enuresis.....	90
Epilepsy, Bromide of Strontium in.....	60
Epistaxis, an Easy and Effectual Method of Plugging.....	89
Ergot, Effect of on the Involution of the Uterus during the Lying-in Period.....	94
Erysipelas, Mechanical Treatment of.....	14
Examination of the Urine by the Centrifugal Machine.....	161
Excision of the Coccyx for Coccygodynia.....	187
Exophthalmic Goitre, Iodide of Potassium in.....	248
External Hemorrhoids.....	168
Flatulency in Stomach Disorders.....	256
Frontal Headache and Iodide of Potash.....	55
Gauze Compress left behind in Abdominal Cavity after Ovariectomy.....	203
Glycosuria in Children.....	183
Gonorrhœa in Women.....	15
Gonorrhœa in Women.....	279

Gonorrhœa, Principles underlying the Modern Treatment of.....	205	Strumous Diseases of Childhood and their Relation to Tubercle.....	165
Gynaecology, Galvanism in.....	17	Sphincter Ani, How to Dilate the.....	165
Headaches, Treatment of.....	182	Surgeons, A Danger to.....	278
Heart Failure.....	202	Surgery, Cocaine in.....	254
Hemorrhoids, Medical Treatment of.....	277	Symphiseotomy.....	117
Hemorrhoids, the Diagnosis and Surgical Treatment of, etc.....	133	Syphilis and Pregnancy.....	253
Hemorrhoids, Ointment for.....	59	Syrups, Preservation of.....	90
Hydrocele, the Radical Cure of, by Incision.....	253	Testicular juice, Injections of, in Tubes.....	58
Hydrogen Peroxide as a Therapeutic and Diagnostic Agent.....	180	Therapeutic Suggestion in Diagnosis and Prognosis.....	59
Infantile Diarrhœa, Salicylate of Bismuth in.....	55	Therapeutical Study.....	257
Influenza, Etiology of.....	205	Thillanin.....	18
Influenza.....	112	Torsion of Arteries.....	117
Influenza, Salipyrin in.....	16	Total Removal of Uterus for Myoma.....	162
Insomnia.....	63	Total Absence of Menstruation in a Patient aged 24.....	182
Internes Cook County Hospital.....	178	Traumatic Tetanus treated by the Tizzoni-Cattani Antitoxin, A Seventh Case of.....	248
Intra-Uterine Injections, Danger of.....	162	Treatment of Typhoid Fever in a Nutshell.....	202
Iodoform as a Local Anæsthetic in Rectal Diseases.....	57	Tuberculosis, The Treatment of.....	206
Isolated Tubercular Pericarditis.....	116	Tuberculosis, Treatment of.....	59
Is there anything New under the Sun?.....	184	Tuberculous Mesenteric and Retroperitoneal Glands, Removal of.....	252
Keeley Gold Cure, The.....	63	Ulcer of the Stomach, Resorcin in.....	163
Labor, Belladonna in the First Stage of.....	17	Urine, Sugar in.....	202
Meat-eating and Bad Temper.....	280	Uterine Myoma.....	91
Medicine, Music as an aid to.....	280	Uterine Cancer, the Surgical Treatment of.....	180
Meningitis, Trephining for.....	252	Uterine Cancer, Results of Vaginal Hysterectomy in cases of.....	256
Mercurial Poisoning.....	94	Varicose veins of the Lower Extremities, the Treatment of.....	249
Midnight Oil or Midnight Sleep.....	160	Ventral Hernia, Radical Cure of.....	183
Midwifery, The use of Chloroform in.....	279	Vomiting of Pregnancy, Hydrastis Canadensis in the Treatment of.....	58
Mineral Waters, Professor Oscar Liebreich on.....	178	Water, the Dangers of Drinking.....	19
Mortality by Chloroform and Ether.....	204	What is to be done when Cholera is Imminent.....	12
National Quarantine in the United States, A.....	203	Whooping-Cough.....	10
Nervous Origin of Jaundice, The.....	17	Yawning as a Therapeutic Measure.....	58
Nipple, Fissures of the.....	117	Zoana, Treatment of.....	58
Nomenclature, An unusual.....	278		
Nurse, A Good.....	117		
Obstetric Forceps, Proper Method of Applying.....	117		
Odest Prescriptio in the World.....	281		
Oophoro-Salpingectomy.....	10		
Opening of the Mastoid Process in Median Otitis following Influenza.....	183		
Ozæna.....	10		
Pain.....	18		
Pelvic Suppuration, Vaginal Incision for.....	186	Albuminuria and Lithæmia.....	141
Pericæcal Abscess.....	180	Animal Extracts.....	284
Perityphlitis, the Surgical Treatment of.....	133	Are Silk and Silk Worm Gut Ligatures ever absorbed?.....	284
Perforation of the Cervix by Laminaria Tents.....	205	Bishop's College.....	65
Perforation of Uterus by the Curette.....	161	Bradycardia.....	119
Pharyngeal Hemorrhage.....	62	Cholera, The Lesson of the.....	20
Phthisis, An Epidemic of.....	111	Chronic Ulcer of the Leg, Elevation of the Limb in the Treatment of.....	261
Plugging the Nostrils.....	185	Constipation, The Relation of, to Mental Diseases.....	46
Pneumonia Treated by Ice-cold Applications.....	56	Diphtheria, The Early and Accurate Diagnosis of.....	209
Pneumonia, the New Treatment of, by large Doses of Digitalis.....	16	Dominion Reciprocity.....	20
Post-partum Uterine Colic, Pills for the Pains of.....	58	Expert Surgery, The Luxury of.....	209
Prescription Writing.....	281	French Medical Schools of Canada.....	235
Professional Spasms, Treatment of.....	58	Have you had a holiday?.....	261
Protrude of the Extremities in Head Presentations.....	179	International Congress at Rome, Postponement of.....	284
Protracted Hemorrhage following Abortion.....	10	Laval University.....	142
Pruritus Ani.....	138	Medical Bill, The.....	118, 141
Psoriasis.....	254	Medical Faculty of McGill University, The Good Fortune of.....	209
Puerperal Sepsis.....	89	Medico-Chirurgical Society of Montreal, A Hint for the.....	188
Quacks, Tax on.....	255	Montreal General Hospital.....	65
Quinine.....	255	New Journal, A.....	142
Quinine Topically.....	90	Pan-American Congress, The next.....	285
Quinine in Diseases of the Respiratory Organs.....	168	Pan-American Congress, President Pepper's Address at.....	283
Rectal Cancer.....	204	Pan-American Medical Congress, The.....	188
Ringworm, Treatment of.....	179	Pathology in Montreal.....	95
Saline Solutions, Injections of.....	59	Prostatic Hypertrophy.....	210
Scrofula of Children, Creasote in the.....	280	Reciprocity in Medical Degrees.....	46
Sexual Power, Treatment of Loss of, by Ligation of Veins.....	277	Ross, The late Dr. George.....	65
"Show" or Vaginal Hemorrhage in Newborn Children.....	256	Royal Victoria Hospital, The.....	285
Soothing Syrup without Opium.....	255	Sanitary Improvement in the City of Quebec.....	262
		Small Remuneration.....	66
		Symphiseotomy.....	67

#### EDITORIAL.

CONTENTS.

The Origin of and Necessity for Private Hospitals	166	College of Physicians and Surgeons of the Province of Quebec.....	6
The Pan-American Congress, The Chicago Exhibition and the Canada Medical Association.....	262	Hamilton Medical and Surgical Society.....	153
Tubercular Peritonitis.....	95	Medico-Chirurgical Society of Montreal...34, 84, 107, 123, 151, 156, 169, 193, 228, 244,	267
Vital Statistics in the Province of Quebec.....	235	Pan-American Medical Congress Railway, Surgery at.....	64
American Quacks Abroad.....	63		
Class-Room Notes.....	240, 259		
General Complaint, A.....	72		
Language of Animals.....	72		
Literary Notes.....	24, 54		
Personals.....	286		
The Russians Object to Medicine.....	48		
<b>SOCIETY PROCEEDINGS.</b>			
American Electro-Therapeutic Association.....	30, 53		
American Gynaecological Society.....	63		
American Orthopaedic Association.....	87		
American Association of Obstetricians and Gynaecologists.....	54		
Association of the Medical Officers of the Dominion of Canada.....	64		
British Gynaecological Society.....	187		
British Medical Association, Annual Meeting of the Montreal Branch of.....	107		
Canadian Medical Association.....	38, 51, 81		
		<b>BOOK NOTICES, 1892-1893.</b>	
		1. Book Notices.....	21, 47, 67, 95, 120, 143, 167, 190, 214, 237, 263, 286
		2 Pamphlets received.....	21, 216, 263, 286
		<b>ANNOUNCEMENTS.</b>	
		American Electro-Therapeutic Association.....	264
		Association of American Medical Editors.....	178, 263
		Bureau of Information for Doctors attending the Columbian Exposition.....	178
		Canadian Medical Association.....	276
		International Congress of Medicine.....	131
		Johns Hopkins School of Medicine.....	278
		National Association of Railway Surgeons.....	96
		Pan-American Medical Congress.....	127, 131, 208, 211, 285
		News Items.....	94, 206, 266, 281, 282

# The Canada Medical Record.

VOL. XXI.

MONTREAL, OCTOBER, 1892.

No. 1.

## CONTENTS.

<b>ORIGINAL COMMUNICATIONS.</b>		What is to be done when cholera is imminent.....	12	Iodo-Naphthol-Beta—A new Anti-septic.....	17
Treatment of Abortion.....	1	Injections of corrosive sublimate in Tetanus.....	14	Thilamin.....	18
Notes on Eye Lesions consequent on Nasal Affections.....	3	Mechanical Treatment of Erysipelas, Antisepsis of the Mouth.....	14	Papain.....	18
<b>SOCIETY PROCEEDINGS.</b>		Diabetes after Extirpation of the Pancreas.....	15	Anæsthesia.....	18
College of Physicians and Surgeons of the Province of Quebec.....		Glycosuria in Children.....	15	Burns.....	19
<b>PROGRESS OF SCIENCE.</b>		Death-Adder Bite in an Infant-Recovery.....	15	Castor Oil (Palatable).....	19
The Bacillus of Diphtheria.....	7	Amnesia.....	15	The dangers of drinking water.....	19
Hemorrhages.....	10	Salipyrin in Influenza.....	16	<b>EDITORIAL.</b>	
Oophoro-Salpingectomy.....	10	The new treatment of Pneumonia by large doses of Digitalis.....	16	The Lesson of the Cholera.....	20
Ozaena.....	10	The Excision of Carbuncles.....	17	Dominion Reciprocity.....	20
Whooping-Cough.....	10	Glycerin for Burns.....	17	Pamphlets Received.....	21
Board of Health of the Province of Quebec.....	11	Galvanism in Gynecology.....	17	Book Notices.....	21
		The Induction of Labor-Pains by Electricity.....	17	Library.....	24
		Belladonna in the first stage of Labor.....	17	Luncheon tendered to the members of the American Gynæcological Society.....	24
		Fissures of the Nipple.....	17		

## Original Communications.

### TREATMENT OF ABORTION.

BY K. N. FENWICK, M.A., M.D., *Professor Obstetrics, Queen's University, Kingston.*

*Read before Canada Medical Association, Ottawa, Sept., 1892.*

Perhaps there is no case in practice which gives the physician more anxiety and worry than one of abortion. This is largely due to the diversity of opinion as to its proper treatment, some text-books and teachers recommending conservative methods and a plan of waiting and non-interference, while others, including recent writers, insist on the immediate removal of the secundines after the expulsion of the ovum. Thus Tarnier, who is an advocate of the former method, mentions a case which is probably a typical result, as follows: "During the first five days the patient did very well, but on the sixth, I thought I detected a slight odor in the lochia, and at three o'clock in the afternoon a violent chill came on, which lasted an hour. This unfortunate lady died on the tenth day. At the post-mortem examination we found

the uterine tissue softened and its cavity filled by the putrified and still adherent placenta."

Galabin says: "If the foetus has escaped and the placenta or incipient placenta remains behind, it is of the greatest importance to effect an early and complete evacuation of the uterus. Though this principle is generally accepted by all good authorities, it is not universally carried out in practice."

The expectant plan is very unsafe, for if we wait until dangerous symptoms set in it may be too late, for the patient may either die from loss of blood or suffer severely from subsequent anæmia; or if she escapes this fate she may die of septicæmia, or failing this may suffer from the effects of inflammation or subinvolution of the uterus, and we all know how many chronic uterine diseases may be traced to a neglected abortion.

Let us look for a moment at the nature of abortion, and we see it is not a natural physiological process like labor, but is an arrest of development and a premature separation of the uterine contents during the first three months of pregnancy, ac-

accompanied by tearing and laceration of the connection between the ovum and uterus. This does not always occur in the same way; thus, at an early period the ovum may come away entire, including the decidua vera, and leave the uterine surface raw; it may leave the decidua vera behind; later the embryo may come away and leave the amnion and chorion behind; and lastly, at the end of the third month, it may leave the placenta behind. The contents being different then and the size of the uterus varying, it will not always be possible to remove the secundines with the finger, as recommended, and so we must use the curette.

The plan of treatment in abortion has been, and among many practitioners now is, usually expectant with or without anti-septic precautions such as vaginal injections. Then, should hæmorrhage occur, they resort to hot water or the tampon; and should septic symptoms set in, vaginal or intrauterine injections; and failing with these, the odor persisting, and an elevation of temperature, they resort to the curette.

In undertaking a case of abortion we must first consider if it is possible to prevent it. This will depend on the amount of hæmorrhage, the severity of the pain, and the degree of dilatation of the cervix. If either of these symptoms are well marked it will be unsafe to predict its arrest; and if all are present, the ovum is sure to come away. The first requisite is rest,—rest of body, mind, and nervous system. The patient must be kept in the recumbent posture in bed, the room should be darkened, and the attendants must be quiet. A full dose of opium must be administered by the mouth or rectum. Dr. Thomas illustrates this point very impressively by an incident which occurred to himself when house-surgeon of a New York hospital. The late Dr. Marshall Hall was on a visit, and after criticizing the treatment of a

case of convulsions by revulsives, he remarked:—"Young man, let me tell you of an experience of my own. Not long since in London I procured two puppies of equal size and appearance, and poisoned them with large doses of strychnine. One of them I treated by keeping it in the light and making counter-irritation upon the surface of the body by frictions, etc. This puppy died. The other I put down in a deep cellar which was perfectly dark and absolutely quiet, and left him without any treatment. The result was that this second puppy got well."

Should there be a history of previous abortions, we should try to find the cause, and treat that accordingly. Thus seek a history of syphilis, cardiac incompetency, retroversion, endometritis, laceration of cervix, etc. If the trouble is due to fatty degeneration of the placenta, the patient should be given potassic chloride gr. 10 three times a day. This treatment was first suggested by the late Sir J. Y. Simpson, who was induced to use it from some experiments of Davy and Stephens, who found that an alkaline salt coming in contact with the blood rendered it of an arterial red color, and he thought that as potassic chloride contained so much oxygen, the blood would be better oxygenated, and so the foetus better nourished.

Should no cause be found for the repeated abortion, we have a very valuable remedy in *Viburnum Prunifolium* first known as a popular remedy among the slaves of the South, recommended by Phares in 1866, and later brought forward by Dr. Jenks. I have found it of great benefit myself in these cases, and have a patient just now under its influence who told me only last week that her last child's life was due to this medicine, and she would not be without it in the house.

If the abortion cannot be arrested by these means, we must not give any more opium, for this will prevent the painful



contractions which we now want to empty the uterus; and ergot is completely contra-indicated, for it causes spasmodic contractions of the os, and so retains the ovum. The most urgent symptom, hæmorrhage, is arrested by the tampon. This is best done with the speculum in Sim's position, and should be carefully applied to the posterior and anterior fornices of the vagina and then over the cervix, so as to occlude the upper part of the vagina, the material being wads of absorbent cotton which have been soaked in carbolic solution or bichloride, or, better still, baked cotton; or if these cannot be had, strips of clean linen or bandage. Sponges and sponge tents should never be used, the latter in obstetric practice are relics of barbarism. The tampon should be left in for 12 hours, and on removal the contents of the uterus are usually found in the vagina. When the membranes are not ruptured we should be careful not to interfere unless, prepared to at once remove everything, for these cases are seldom accompanied by much hæmorrhage.

If the secundines are still in utero, they should be at once removed and not left until septic symptoms set in. The books recommend us to use the finger to remove the contents, but this can only be done if the uterus is enlarged, as at the end of the third month. Before this the finger can hardly be got within the internal os in order to sweep the fundus.

The patient then should be prepared as for an operation, the urine drawn with catheter, placed on left side in Sim's position, the vulva and vagina thoroughly washed, cleansed, and disinfected with warm bichloride solution (1-3000). Then introduce Sim's speculum, and use a steel dilator, steadying the uterus by the hand outside, grasping the posterior lip of the cervix with a volsellum, and with Simon's spoon or a sharp curette, and in some cases with placenta forceps, remove the

uterine contents. Then flush out the cavity with warm bichloride solution (1-5000) by means of a Bozeman's tube, and repeat with hot water to prevent any chance of bichloride absorption.

If there has been any septic material in the uterus at the time of this treatment the cavity should be packed with iodoform gauze, which may be left for 24 hours, and then removed, subsequently using vaginal disinfectants. One writer has recently published 150 cases where this treatment has been carried out with only two deaths, and these not traceable to the treatment.

My own common sense and experience lead me to believe this to be the only correct method of conducting these cases.

#### NOTES ON EYE LESIONS CONSEQUENT ON NASAL AFFECTIONS.

BY GEORGE BAPTIE, M.A., M.B., OTTAWA.

The statement is now commonly found in medical literature, that many cases of ocular trouble, such as conjunctivitis and asthenopia, are dependent upon co-existing nasal affections.

The principal reason given for asserting the existence of this relation is the cure or amelioration of the ocular condition following treatment of the nose, and the connection is accounted for on the ground of:

- (1) Reflex action, or
- (2) By contiguity of tissue.

It is not my intention to dwell upon the alleged relationship, a view which, while entitled to respectful consideration, has been by some pushed so far as to stir up vigorous efforts to otherwise explain many of the facts cited in its support. I simply present for your consideration two cases in which eye lesions followed nasal troubles, and were probably caused by the latter.

Case 1.—In May, 1887, Mrs. P., aged about 70, was taken with severe pain in and about the eyes. This culminated in a profuse purulent discharge from the nasal side of the left orbit and destruction of the left eye-ball.

In the summer of 1890, she first consulted me for a nasal trouble. There was a nasty ill smelling discharge from the left nostril, which was completely occluded, and I was informed had been so for many years. In cleaning the nostril I found the cause of the obstruction to the passage of air to be a rhinolith, and a large one it proved to be.

Owing to the age, nervousness and general debility of the patient, only the slowest and gentlest procedure for its removal was possible. It was removed at four sittings by crushing and washing out the smaller fragments with a syringe; the larger fragments were taken out by using a strong pair of forceps—much of the material composing the rhinolith was lost, being washed away, and too little care taken to secure these fragments. The whole rhinolith must have been more than two inches in length, for at the last sitting one fragment measured over  $1'' \times \frac{3}{4}'' \times \frac{3}{8}''$ .

The pieces secured were very offensive and were put aside to dry and deodorize. After air drying for a couple of months the fragments were weighed. Their weight was 121 grains. The shrinkage in weight must have been very considerable.

Viewed merely as exhibiting a rhinolith, the case is not devoid of interest, but I think it is much more interesting as the probable cause of the loss of an eye. I connect the rhinolith with the loss of the eye in this way: It increased in size until it filled the cavity. Its presence and more its further growth, increasing its pressure upon the surrounding tissue, would and did give rise to a purulent discharge which found its way out through the nasal wall of the orbit. Cases might readily be cited

where a purulent discharge caused by the presence of a rhinolith made its way out of the nasal cavity in very different directions.

The nearest parallel that I know of to this case is that of Hartman. It will bear stating in this connection: "A man, 26, was seized with violent pains over frontal region, which gradually extended over the left side of the face, while at the same time *protrusion of the left eye-ball* became noticeable, and slowly increased. At the end of two weeks, marked febrile movement set in soon after the exophthalmos became apparent, a more or less purulent discharge made its appearance from the nasal cavity *which the patient himself noticed was increased by pressure upon the eyeball.*"

Now, in this Hartman's case, had the obstruction in the nasal cavity been a little greater, it is easy to imagine a purulent fluid which bulged out the eye, finding an exit by way of the orbit instead of the nostril. This would almost reproduce the case of Mrs. P. if the presence of a large rhinolith were overlooked as it was. This is an interesting case: (1) by reason of the great size of the rhinolith, and, (2) as I believe, the rhinolith was the unfortunate and very unusual cause of the loss of an eye, the adjacent one.

Case 2.—D G., aged 64, first seen on 2nd August, 1892, was then informed that the patient had been treated for nasal polypus, by injection, which I suppose was the introduction of, say, carbolic acid into the polypus by means of a hypodermic syringe. Four or five of these injections were made at different times, the last on the 19th July of that year. Within a few hours the adjacent eye and surrounding tissue were in such a condition that the people, when this old gentleman lived, deemed it necessary to acquaint his friends as to his condition. He was taken home, and Dr. Henderson attended him, Dr. H. going out of town for holidays, I was asked to see him.

Dr. H. gives the following as the principal things observed by him when he saw him: (1) Great prostration; (2) marked ocular congestion and ecchymosed condition about the right eye; (3) three patches, two over the eyebrows, one at the root of the nose, more affected than the rest of the eye tissue. When seen by me, his right upper eyelid or what remained of it was reddened, swollen and slightly overlapping the lower (about one-fourth of an inch), the inner fourth of the lid had nearly all sloughed away. The slough involved the lid from the middle of the margin to the inner canthus, and went beyond, eventually destroying the greater part of the inner or nasal quadrant of the upper eyelid. Above the eyebrows about an inch apart were two scabs five-eighths of an inch in diameter. The ocular conjunctiva was congested and the iris slightly muddy. When the slough came away it left a strip of the cornea and sclerotic exposed. This strip was about one-fourth of an inch wide.

The width of this strip gradually became less through cicatricial contraction until now, as you see, very little of the eyeball is exposed.

When the eye could be more minutely inspected there was to be seen the remains of an iritis as spots upon the lens: atrophy of the optic nerve, vision gone entirely, no perception of light, and a partial paralysis of the external rectus. This paralysis is not now as great as at first: the inability to raise the eyelids remains as at first.

The patient complained of a numbness over the right brow; even yet when I pull the hair of the head over the temples gently on both sides, he says he feels the pulling on the right side much less than on the left.

In the right nostril was a tough tenacious slough, lying on the septum free in front and attached at the bottom and apparently at the back to the septum. Size roughly estimated to be about three-fourths

of a square inch and one-sixteenth thick. The underlying nasal tissue was very tender and easily lacerated. It was not deemed prudent to remove the dead tissue by mechanical means for this reason, and because the patient was extremely timid and would probably be scared by the slightest thing into abandoning all treatment; but on the 12th of Sept., by forceps I removed a part of the dead nasal tissue. On the 29th of August, a polypoid body presented itself alongside the visible portion of the slough, and most of it was removed by the forceps.

The points to be noted in this case are the apparent effects of an intra-nasal injection on (1) the upper eyelid, (2) the iris, and (3) perhaps the optic nerve.

Was the injection the cause or was it a mere coincidence. To contend that it was the cause is good enough reasoning, provided nothing else can be put forward which will equally well explain the facts of the case. To my mind, nothing else does this. What it might be taken for, and what is most resembled, apart from the nasal effect, was herpes frontalis. Over against this is the absence of the characteristic eruption of herpes, and, the decided opinion of the physician who saw the case in its earlier stages that it was not herpetic. On full consideration of the case it seems reasonable to say it was in some way the result of the intra-nasal injection, and if so, it is calculated to enforce the warnings of Beverly Robinson and others against the excessive and indiscriminate nasal treatment of the day. "Nasal treatment may carry with it unpleasant consequences."

#### FURUNCLES.

ABORTIVE TREATMENT.—The *Annales de Médecine* assert that furuncles can best be aborted by energetically painting the affected region with strong tincture of iodine until it takes on an almost black color. This is to be repeated several times daily.—*Condensed Extracts.*

## Society Proceedings.

### COLLEGE OF PHYSICIANS AND SURGEONS OF THE PROVINCE OF QUEBEC.

SEMI-ANNUAL MEETING.

#### *Candidates Admitted to the Study of Medicine.*

The half-yearly meeting of the College of Physicians and Surgeons of the Province of Quebec was held at Quebec on the 28th and 29th of September, under the presidency of the Hon. Dr. J. J. Ross. There were also present: Drs. Simard of Quebec and F. W. Campbell of Montreal, Vice-Presidents; Belleau of Quebec, and Brosseau of Montreal, Secretaries; Dagenais, Treasurer; and Beausoleil, Registrar; Drs. A. Vallée and W. A. Verge, Watters, Leon Larue, Lemieux of Quebec; C. Rinfret, M.P., Sainte Croix; I. T. E. Rousseau of St. Casimir; P. E. Guay, M.P., of St. Romuald; Alfred Morrissette of St. Henedine; J. M. McKay, of St. Foy; J. Duchrocher and Robert Craik, Montreal; Hon. Dr. Marcil of St. Eustache; J. B. L. Saint Germain, St. Hyacinthe; P. Laberge, Beauharnois; P. Cartier, M.P.P., Ste. Madeleine; H. Cholette, M.P.P., St. Justine de Newton; P. Latraverse, Sorel; L. J. L. Bissonette, St. Esprit; P. Paré, Sherbrooke; Thomas Larue, Coaticooke; E. P. C. Chevretils, Somerset; L. A. Plante, Louiseville. The report of the examiners for the preliminary examination was received and adopted. Of 69 candidates who presented themselves at the last examinations, 35 were admitted, 22 have to be re-examined on certain subjects, and 12 were "plucked." The following is the list of candidates, in their order of merit, who were passed at the last examination:—Messrs. Adonai Quintal, Josué Pinault, Philippe Sainte-Marie, Aubrey Dyer, Alfred Cadot, William Smilie, L. A. Lamarche, Austin Irvin, Fred. H. Gilday, Thomas Curran, Marsh Baulne, Achille Besner, Alexis Bouthillier, Alexandre Bourdalou, E. P. Chagnon, Isaie Charbonneau, P. Dansereau, J. B. Demers, L. O. Doré, Albert Drouin, Jos. A. Duhamel, Aristide Ferland, J. H. Hogle, Ludger Labelle, Arthur L'Ecuyer, Aldéric Lesage, Fred. Macartney, Joseph Marion, F. Xavier Martin, Aubrey T. Mussen, Emile Pelletier, Stuart E. Phelps, J. E. Prévost, Oswald Stockhouse, Cyril T. Verdun.

The following B. A.'s were admitted to the study of medicine without further examination.

The following is the list of candidates who were admitted to the study of medicine last May:—Messrs. Geo. S. Lovejoye, J. P. Roux, Jos. Latour, Arthur R. H. Lafleur, Paul Ber-

thiaume, Rodolphe Germain, Francis Duckett, Walter M. Fisk, Hector Meunier, G. I. Damour, Geo. A. Massicotte, C. O. Samson, E. Labbé De Grandchamp, N. Arthur Sabourin, J. L. P. H. Bédard, Robert H. Craig, Bruno Bordeleau, J. A. Christin, Esdras Clément, Joseph G. Dequoy, Geo. Fisk, Zotique O. Ménard, Rodolphe R. Ménard, R. A. Girardin, Ed. Lesage, Raoul Pepin, P. Vandandaigne.

The following were licensed to practice on presentation of their M. D. diplomas: Messrs. Joseph Frenette, Malbaie; Eug. Pâquet, St. Aubert; Jos. Abr. Arthur Lapointe, Malbaie; Jos. U. Caderre, Montreal; Jos. O. Bourget, St. Joseph de Lévis; Oscar Cloutier, Ste. Monique de Nicolet; Joseph Th. Toutant, Deschambault; Bruno E. Lehaye, Batiscan; Arthur Lapierre, Ste. Marguerite de Dorchester; Jos. K. Gagnon, Chambord, Lac St. Jean; Louis Philippe Désy, St. Hugues; Miss S. Grace Dougall, Miss Grace Ritchie, Montreal; B. W. Carmichael, J. B. Delisle, William Burnett, A. S. Bissonette, Peter McCormick, Ch. Martin, H. Masson Duhamel, François Sylvestre, J. A. Beaudoin, R. C. Laurier, C. A. Daigle, G. B. Gadbois, J. O. Johnson, Armand Hudon, E. G. Dagenais, J. A. O. Daoust, J. E. P. Chagnon, of Montreal; Ozias Payment, des Cèdres; J. C. Prieur, Côteau Landing; G. Morin, St. Judes; L. J. Bergevin, Canton Chambly.

Madame John Meloche was, after examination, licensed as a midwife.

Dr. Lebel, who was prevented from passing the matriculation in 1885, owing to his serving in the North-West expedition at that time, was granted a special dispensation.

On the motion of Dr. Cholette, seconded by Dr. Beausoleil, it was decided to grant ten dollars a day during the meeting of the board, instead of five, to those governors who resided where the meeting was held, and twenty dollars instead of ten to those coming from a distance.

Dr. Marcil renewed his notice of motion:—"That all the spare funds that the College now has on hand, or that it may collect from arrears, shall be devoted to the purchase of a medical library; and that 50 per cent. of the annual revenue of the College be devoted to the increase and maintenance of the said library; and that every member of the profession desirous of consulting the said library shall pay two dollars annually."

On this notice, Dr. Marcil moved, seconded by Dr. Beausoleil, "That the Board approves of the creation of a medical library, and that the Treasurer prepare a complete statement of the financial resources of the College, in order that the Board may decide what funds it can contribute for this purpose." This motion was adopted.

Dr. St. Germain, seconded by Dr. Bisson-

nette, gave notice of motion, "That 50 per cent. of the fees collected in each judicial district be handed over to any medical societies now existing, or to be founded."

Dr. Brosseau made his report on the conference lately held at Ottawa, with the delegates, from the Ontario Medical Council, on the subject of reciprocity in granting licenses.

A letter was read from Rev. Mr. Laflamme, on behalf of the Examiners, recommending that the questions be printed. A committee was formed for the purpose of having the recommendations carried out, consisting of Drs. Cholette and Cartier. The meeting then adjourned.

## Progress of Science.

### THE BACILLUS OF DIPHTHERIA.

By J. BRADFORD MCCONNELL, M.D., Professor of Pathology, and Lecturer on Physical Diagnosis University of Bishop's College, Montreal.

(Read before the Montreal Microscopical Society, October 21, 1891.)

In none of the departments of pathology are such advances being made as are to be noted in that of Bacteriology. The generally accepted belief, that all infectious diseases originate from some micro-organism, is being constantly confirmed by the discovery of one after another of the specific causes, and even our knowledge of diseases which were not suspected to depend on such bodies is being illumined by evidence discovering them as important factors in their evolution. These discoveries are placing the practice of medicine on a more scientific basis, and point to rational methods of treating the specific infectious diseases, which constitute nine-tenths of those we have to deal with, and we now behold the dawn of the period when empiricism will be replaced by effectual dealing, through scientific means, with this class of diseases. The work of Loeffler in regard to the specific cause of diphtheria can be considered only slightly less in importance than that of Koch in regard to cholera and tuberculosis.

The disease Diphtheria, under various appellations, has been recognized by observers in early historic times and through the centuries of the Christian era. *Ulcus Syriacum* and *Ulcus Egyptiacum* are among the names by which it was designated. Its first recorded appearance in America was during the 17th century, about the year 1659. It is mostly a disease of childhood, and is one attended with a considerable mortality when it is not arrested by efficient and prompt treatment. It is almost

constantly present in this and other large cities. Its contagiousness has long been recognized, the most liable to it being those not in sound health and suffering from catarrhal affections of the throat and nose. The infectious material may be conveyed in various articles of food, clothing or furniture and the like, which have come in contact with the patient. The disease may develop in from twelve hours to one or two weeks after exposure to the contagion.

The characteristic feature of the disease is the development of a pseudo-membrane on the mucous membranes of the body, usually on that of the sides and back of the pharynx, and also on wounds and abrasions. The membranous deposit is chiefly fibrinous exudation and changed epithelium, leucocytes, and a great variety of micro-organisms.

There is fever, prostration, and swelling of the tissues and glands in the throat region. The patches—small at first—increase in size, and where a number exists coalesce; may be only on one side, and extend later to the other. Sometimes it extends down to the larynx, constituting one of the most fatal diseases to which children are liable—diphtheritic croup—and may extend even into the bronchial tubes. The affection may last two or three days or a week or two. One attack does not apparently engender immunity from subsequent ones—in some cases it increases the liability to the disease, owing to the abnormal condition of the throat which results. In a certain proportion of cases during convalescence, paralysis of various groups of muscles occurs.

Until recently, diphtheria has been considered by most observers to be a constitutional disease, and the membrane a local manifestation. Others have regarded the local exudation as the beginning of the attack, the constitutional symptoms being a secondary event, and it is only within the last year or two since the establishment by numerous observers of the undoubted causal relation of the Bacillus discovered by Klebs in 1883 and Loeffler in 1884 that the latter view is becoming more generally accepted as the correct one.

I will endeavor to state very briefly what is known of the Bacillus, and indicate the improved position we now occupy through this knowledge, in regard to the nature of the disease, and to offering more rational and effectual indications for combating its depredation.

Although first recognized in 1883 by Klebs, Loeffler in the year following gave the results of his extensive investigations, which were carried out according to modern methods, and declared his bacillus to be the cause of Diphtheria, and his statements have been confirmed and amplified by numerous competent observers, and there is now no doubt but that Loeffler's Bacillus is the true cause of Diphtheria.

K. Fraenkel thus describes it:—"They are rods of moderate size, usually slightly bent, about as long as the tubercle bacillus ( $1\frac{1}{2}$  to  $3\frac{1}{2}$  micro mm.), but twice as broad, with rounded ends. The form is very variable. They sometimes appear enveloped in a glassy membrane. Sometimes the contents separate into several pieces, divided by a broad, transverse wall. One end of the rod is frequently thickened like a club; these are regarded as involution forms. The bacilli do not produce spores; they are semi-anærobic, and only thrive at a temperature between 20 and 40 C. Ten minutes' exposure to 58 C. (136.47) destroys them. The dried membrane is found to contain live bacilli months after. They endure much longer in moist surroundings. On gelatine plates they produce roundish, white, small colonies which do not liquify the gelatine. The colonies on agar or glycerine agar are of greyish white lustre, with a flat border, and show a ring-shaped stratification. They are not apparent until after forty-eight hours in the incubator, and each successive cultivation on agar lessens in virulence. In gelatine culture, small, white, round globules are formed along the inoculation puncture.

A thick, whitish, opaque coating develops on blood serum or on Loeffler's serum, and appears in about twenty-four hours after inoculation. This is characteristic of this bacillus, most others developing later. In bouillon the bacilli form white, very small firmly cohering peculiarly gritty grains, which generally sink to the bottom. The bacilli also grow in milk, and form an invisible growth on the potato. These cultures may be extended through a number of formations, still retaining their pathogenic properties. Several species of animals are susceptible to the action of this bacillus, such as rabbits and guinea-pigs, and most birds, especially chickens and pigeons. Pseudo-membranes are produced at the point of inoculation, followed by grave general symptoms and the death of the animals. Rabbits live longer than guinea-pigs, and the paralysis which occurs in the human patient at a time when he has apparently recovered, follows when death is delayed in rabbits. The disease produced in these animals is thus identical with that occurring in the human subject, and can be produced in them as well by a distant culture of the bacillus as by inoculation with the original exudation from the diphtheritic throat. The bacilli are only found at the point where the throat or other region is primarily infected. They only grow on the superficial parts of the false membrane, and do not penetrate into the tissues, so that neither the blood nor any of the internal organs, at any time harbor the bacillus. Hence the severe constitutional symptoms are not the result of bacterial growth in the blood or tissues, but are produced by highly poison-

ous tox-albumins, which are produced from the tissues by the chemical action of the growing bacilli, these enter the blood-current and lymphatic circulation, poisoning the system generally. Roux and Yersin have been able to produce in animals all the usual symptoms of Diphtheria by injecting them with bouillon in which the bacilli have grown for some time, and from which they have been removed by filtrations; 1.5th mgm. of the dried filtrate is sufficient to kill a rabbit. More recently, the active poisonous ingredient of the bouillon has been separated. The addition of acidulated alcohol to a concentrated portion of its filtrate throws down a precipitate, which after purification appears as a snow-white mass, having all the virulent properties of the original filtered bouillon culture. It has the characters of the albuminous bodies rather than that of a Ptomaine or animal alkaloid, is soluble in water, and destroyed when exposed to a temperature of from 60 to 70 C.

Doubtless, this potent poison—which is said to resemble the venom of poisonous reptiles—is produced when the bacilli develop on the mucous membranes of men or animals. The poison immediately destroys the epithelium and superficial portion of the mucous membrane by a process of coagulative necrosis forming the false membrane, the bacilli being found only on the outer older portion.

Another established point in regard to the bacilli is the fact that their virulence is greatly modified in artificial cultures, and they are found to be especially liable to natural attenuation, so that cultures may be obtained of various degrees of potency, as judged by their action on animals. This accords with the well-observed fact of different shades of severity in the symptoms in various epidemics. It has been proved that the more grave the attack the more virulent are the bacilli, and that the degree of virulence corresponds with the greater or less amount of tox-albumin generated, and it has been found that at the end of an attack, when the patient is recovering, the bacilli are less virulent.

One reason why Loeffler's work was not sooner accepted has been the fact that several other organisms have been described as the specific germ in diphtheria—a bacterium and a streptococcus (the latter by Oertel in 1871); and from the fact that a great variety of organisms may come in contact with the false membrane from its exposed position to germs from the air, it is supposed also that some of the illness and local action may be due to the growth of pyogenic streptococci and staphylococci, always present, and which have the power of growing in the blood and tissues. Moreover, there are certain cases (as in the membranous sore-throat of scarlatina and measles) of false membranes occurring without the presence of

Loeffler's bacillus. The constant presence of streptococci in these has led some observers quite recently to regard them as the specific germs, as in the case of Dr. Prudden's investigations. He has more recently, however, found Loeffler's bacillus in all cases of genuine diphtheria. Some observers have found a bacillus possessing all the characters of Loeffler's bacillus, but without its pathogenic properties. We have already spoken of the variability in the effects of the genuine bacillus, and some authorities regard this one as an attenuated bacillus diphtherias.

We might now sum up what has been gained by the discovery of this bacillus. It has settled the point as to the local origin of the disease, and thus the rational necessity of early and energetic local antiseptic treatment, although the grave toxic effects on the general system of the poison generated still calls for constitutional treatment. It has given us a method of deciding in doubtful cases within from eighteen to twenty-four hours as to whether a patch on the throat is diphtheria, or *follicular tonsillitis*, or otherwise.

It points out that the disease is spread through the secretions from the false membrane only, not from the breath, unless portions of infected mucous or saliva, or detached particles of membrane are ejected during expiration, nor from the other excretions of the body. It teaches the necessity of care and the thorough disinfection of all articles coming in contact with the patient, and the danger incurred in regard to subsequent cases of infection in the same house even months after, owing to the longevity of the bacilli, especially where dampness and want of light and dry air prevail. As evidence of this longevity, some of the cultures exhibited this evening, were made from a tube which had been inoculated 6 months ago and it will doubtless retain its activity for months to come.

The fact that it is so easily cultivated on artificial media is evidence as to the possibility of its being harbored where organic filth and refuse are allowed to accumulate around human habitations, and explains why in large cities, when it once gains a foothold, it is with so much difficulty eradicated—in fact, seldom is. In our city it is more or less constantly with us. That a temperature of 50 C. (122 F.) destroys the growing bacilli shows how readily clothing and utensils can be disinfected by dry heat or boiling.

The danger of allowing children who have suffered from an attack of diphtheria to attend school again without thorough disinfection of clothing and person is very obvious; and the fact that the bacilli have been found in the throat from one to four weeks after recovery points to the danger of children mingling with

others as soon as the membrane has disappeared and the patient supposed to be convalescent from the attack.

As the bacilli grow luxuriantly in milk, we can readily understand the grave possibilities of milk being distributed from dairies where a case of diphtheria may exist, and the necessity of proper inspection of these sources of food-supply. The use of antiseptic lozenges and inhalations by those exposed to the disease would seem in this affection to be commended as preventatives, and the patient should be isolated from all but the immediate attendants.

Although animals may be inoculated with human diphtheria, they are never affected by it in natural conditions. The epidemics of a disease resembling diphtheria in calves, pigeons, turkeys, and chickens is a different disease from that caused by the Loeffler bacillus, and the micro-organisms found in these cases is not the same in the different animals, so that human beings are not likely to get diphtheria from these sources, although there are those who maintain that human beings may contract diphtheria from fowls. Thus Bild states that on the island of Skiathus, N.E. of Greece, there had been no diphtheria for a third of a century, when a dozen turkeys were introduced from Salonica, two of them having on arrival a disease resembling diphtheria, which destroyed nine of them. Diphtheria began in a house near where the animals were kept, and resulted in one hundred and twenty-seven cases with thirty-six deaths, and there are many reports of a similar nature.

But in the case of cats, numerous instances are on record, showing that cats infected from human beings can convey the disease to others. Bruce Low mentions a case where a boy communicated the disease to his pet cat. A second cat received the contagion from this one, and communicated it to four children. Similar instances are mentioned by Duthill, Nicati, Oertel, Gerhardt, Velpeau and others, so that it may be considered established that animals affected with diphtheria may convey it to human beings, but doubtless only that species of false membrane affection which contains Loeffler's bacillus. As all false membranes in the human subjects are not evidence of genuine diphtheria, the same fact may apply to animals, so that the diagnostic nature of Loeffler's bacillus can be appealed to in these cases, and show when danger really threatens from such sources. There are many other points of interest which this subject suggests, but which could only be properly presented before a medical society. I have, however, offered sufficient evidence to convince you that a great stride has been made in our knowledge of this formidable disease, and that we are in a much better position to cope with and lessen its destructive effects.

## HEMORRHAGES.

PROTRACTED HÆMORRHAGE FOLLOWING ABORTION.—Grossmann (*Münchener medizinische Wochenschrift*, No. 22, 1892) says that hæmorrhages following abortions caused by a circumscribed tumor, deciduoma, diffuse proliferation in the endometrium or endometritis decidualis, which hæmorrhages prove rebellious to all other treatment, yield promptly to curetting the uterus. The author believes that this operation should be performed by all general practitioners.

Grossmann curetted nearly 50 such cases without general anæsthesia.

The following is his technique: he has the external genitals thoroughly washed with soap and water, places the patient on her back, and thoroughly disinfects. He copiously washes out the vagina with a 1 per cent. solution of creoline and lines it with pledgets of cotton. Then he soaks cotton or strips of gauze in 20 per cent. solution of cocaine, and inserts them into the vagina, leaving them there for from 5 to 10 minutes.

After the removal of the cotton or gauze he grasps the anterior lip of the womb through the speculum, and slightly drawing the womb forward, he introduces a Bozemann's catheter, and washes out the uterus with creoline.

Immediately thereafter he inserts into the womb a Braun's syringe enveloped with cotton and filled with 20 per cent. solution of cocaine, which is injected while slowly passing the syringe upward. This solution is allowed to act from 5 to 10 minutes. While this does not always produce complete local anæsthesia, it induces sufficient analgesia to warrant proceeding with the operation.

The author then inserts a small uterine curette, and scrapes the endometrium, beginning with posterior wall, then scraping the anterior wall and finally the angles of insertion of the Fallopian tubes. The scraping is done with gentle motions, but with sufficient force to produce an appreciable, even audible, sound.

This rarely increases the bleeding, which promptly yields to hot water irrigation.

After the operation a bit of iodoform gauze is placed before the os.

The author never experienced any unfavorable results from the operation.—*Condensed Extracts.*

## OOPHORO-SALPINGECTOMY.

Sabino Coelho (*A Medicina Contemporanea*, June 26, 1892) reports a patient, aged 48, who began to menstruate when she was 12 and who aborted when 31. She did not become pregnant since.

She complained of the following symptoms, all of which became aggravated a year before the operation: dysuria, pains in the left lumbar

and iliac regions, which eventually extended over the entire abdomen; almost complete inability to lie upon the left side and inability to walk even a few steps without supporting the abdomen with her hands. All remedies employed proved futile.

Examination revealed a tumor, painful to pressure, somewhat behind the uterus and extending to the left side, where its greater bulk was situated. The womb was normal.

On May 14th, 1892, Sabino Coelho made an incision 6 centimetres ( $2\frac{1}{3}$  inches) long through the median line, and found adhesions of the intestines to the bladder, which he carefully detached. The ovary and tube were adherent to the left obturator membrane and to the intestines. He decorticated and ligated the two pedicles and cauterized the superficies of the section.

As the pedicles did not bleed, he placed them permanently, and having satisfied himself that the right appendages of the uterus were in a healthy condition, he closed the abdominal wound with a mixed suture and dressed it with iodoform, covering all with a flannel bandage.

As one of the subcutaneous points showed a tendency to suppuration, the patient was kept in hospital until the middle of June, when she left radically cured. Serous cysts were found in the extirpated Fallopian tube and two abscesses in the ovary.—*Condensed Extracts.*

## OZAENA.

IODOL, TANNIC ACID AND BORAX.—Turban (*Therapeutische Monatshefte*, No. 5, 1892) treated 10 cases of rhinitis atrophicans fœtida with

℞ Iodol. cryst.....

Acid. tannic .....

Borac.....aa 5.0 (gr.LXXV.)

M f. pulv.

He orders a pinch of the powder to be inserted into each nostril 5 to 6 times daily in the beginning, afterwards 3 times daily.

The author employed no other local treatment. Under this powder secretion, crust-formation and fœtor soon ceased. The cases that proved most favorable were those in which the atrophy was accompanied by hypertrophic spots.—*Condensed Extracts.*

## WHOOPIING-COUGH.

OZONE.—Hellet (*Médecine moderne*, No. 6, 1892) recommends inhalations of ozone, 15 minutes daily.

IODOFORM.—Chibset (*Médecine moderne*, No. 6, 1892) orders powdered iodoform strewn upon the child's pillows.—*Condensed Extracts.*



## BOARD OF HEALTH OF THE PROVINCE OF QUEBEC.

TO THE MAYOR AND MUNICIPAL COUNCILLORS.

As Cholera has been, since a few days, more and more imminent, and may break out at any moment in our midst, it becomes a pressing duty to protect ourselves and to take, in each municipality, those measures which will prevent its spreading in the province with its usual devastation.

The present will indicate to your Municipal Council and its local Board of Health, what preventive measures must immediately be taken to protect your fellow-citizens from the dreaded disease. The Law gives you all necessary powers to insure the sufficient protection of your municipality, and it is your duty to use them in the interest of the whole community.

### PRELIMINARY PRECAUTIONS AGAINST CHOLERA.

1° Have your Board of Health in readiness to enforce the execution of our by-laws; appoint a reliable Health officer—preferably a physician, if there is one residing within the municipality—and let him and the Local Board exercise strict surveillance over the whole municipality, so as to be able to act at the first occurrence of the disease. In thus organizing your defence in advance, you will not be embarrassed in a case of emergency.

Your local Board must meet, at least, once a week, and even more frequently, if necessary, to study the sanitary condition of your municipality, and see to the execution of the measures hereafter described.

2° Have the water examined, and see that every family be supplied with pure unpolluted water; remedy all possible cause of pollution, this being of especially great importance when Cholera is about. Cause all suspicious wells to be emptied, cleansed and disinfected with lime, and order the filling up of all wells in too close proximity to stables or privy-pits. If water-works exist in your municipality, see that all those who cannot pay for their water be supplied at the expense of the municipal corporation, at all events during the prevalence of Cholera, so that each family will have pure water.

3° Have an inspection made of all dwellings, cellars, dependencies, yards, alleys, stables and other buildings, drains, sewers, gutters, sinks and privy-pits, in short, of any place or thing which may, by its unsanitary condition or faulty construction, become injurious to health. These places must immediately be rendered healthy, so that all what is liable to become a breeding place for Cholera germs may disappear.

Consequently, you must ascertain that all cellars, yards, alleys, stables and other depend-

encies be thoroughly cleansed and kept clean, that filth of any kind be burnt or removed and buried. Every day, kitchen and other refuse must be likewise burnt, or collected in a box to be removed, and its contents buried, in order that no decomposing matter may remain near dwellings.

Order all manure to be removed from the vicinity of the house, all drains and sewers to be put into perfect condition, and privy-pits to be emptied and disinfected.

Stagnant pools of water and street ditches containing liquids in putrefaction or sewage must receive your careful attention. If impossible to fill up, the pools must be rendered as healthy as possible by drainage or disinfection. Street ditches must be cleansed, especially in towns and villages, and the draining into them of slops, urine, and particularly the contents of privies, must be stopped.

4° Have an inspection made of all markets, factories and cemeteries in your municipality.

Ascertain, every day, through your inspector, that no animal or vegetable refuse remains inside or outside markets. Order any such refuse to be burned or buried. Have the meat, vegetables and fruits offered for sale examined, and, if found to be unsound and dangerous, have them confiscated and destroyed.

Enforce the observance of the sanitary requirements of the laws respecting factories and work-shops. No dirt or refuse must be tolerated inside or outside the buildings; the privies must be kept in a perfect condition; there should be no overcrowding and no accumulation of manufactured goods, in order that occupants may have all available breathing air.

See that cemeteries be in such a condition as will prevent their becoming a source of infection to the neighborhood, and, above all, let them not contaminate, by their drainage, any well or other source of drinking water.

5° In order that all these preventive measures, although preliminary yet so important, be conscientiously and effectually executed, it is necessary for your Health Officer to personally visit each house and working establishment, and give the instructions needed in each place for the guidance of those living or working there, so that, knowing what is expected of them, they may act accordingly. Give your careful attention to everything, and suffer no negligence from any in the performance of their duties.

### PRECAUTIONS TO BE TAKEN WHEN CHOLERA HAS MADE ITS APPEARANCE.

1° Institute an active surveillance so as to be able to discover and control any doubtful or genuine case of Cholera. Bring before the

Courts of Justice those neglecting to give you the notification required by law.

2° Notify this Board immediately, by telegram if possible, should any case occur in your municipality.

3° Placard immediately infected premises.

4° See that, whenever it is possible, Cholera patients be immediately removed to the isolation hospital, if there is one. It would be most desirable for your municipality to have a special building, shed or tent (barns have sometimes been used with advantage) for the isolation of the sick. The number of infected places in the locality can then be greatly reduced.

5° Superintend the immediate quarantine of the house and inmates and the lot upon which it is situated. Place a guardian near the house to do the outside service, and see that quarantine be continued until ten complete days after the disinfection of the premises.

6° Provide an ambulance or carriage for the exclusive conveyance of infected patients to the isolation hospital, as also hearses or carriages to be used only for the transportation of corpses. These carriages shall be disinfected after each use.

7° Superintend personally, or through your Health Officer or other qualified person specially appointed for the purpose, the disinfection of infected houses and contents, their dependencies, stables (evacuations may have been thrown there), ambulances or carriages. Such disinfections are to be made according to the methods described in the by laws of our Board.

8° Provide suitable shelter for families who have to leave their houses during the disinfection.

9° Superintend the removal and interment of infected corpses, and allow no one to attend the funeral except the clergyman, a member of the family, the person removing the body and the grave-digger.

10° Discourage public meetings and assemblies and generally any large congregation of individuals.

For any information you may require, apply to the Board of Health of the Province, No. 76 St. Gabriel Street, Montreal.

Such are briefly the preventive measures which you must take in the interest of all those entrusted to your care and to whom you are in law bound to give all possible protection. There is no difficulty whatever to be met with in carrying out the above prescribed measures which it is your duty to execute. You have only to *set to work firmly* and at once, being convinced that the means offered to you are the only ones by which you can prevent and fight Cholera, and that there is not a moment to be lost if you desire to protect your municipality promptly and efficiently.

Therefore the Board of Health of the Province hopes that, under the circumstances, you will do your duty with courage and resolution, and that nothing will be neglected by you to help in averting the threatened danger and keeping back the common foe, if possible, or in fighting with energy against it if it comes amongst us. Every family in your municipality relies upon your zeal and activity for its protection, and it is your duty to act so as to impress upon the mind of the whole community that confidence and security which is so useful and necessary during an epidemic.

We have the honor to be,

Your obedient servants,

ELZÉAR PELLETIER,

*Secretary.*

E. T. LACHAPPELLE,

*President.*

MONTREAL, September 1st, 1892.

## WHAT IS TO BE DONE WHEN CHOLERA IS IMMINENT.

(INSTRUCTIONS TO FAMILIES)

### PRECAUTIONS AGAINST CHOLERA.

Avoid hardships and exhaustion.

Avoid excesses in every form, and be particularly moderate in drinking and eating.

Avoid unripe or unsound fruits; beverages of inferior quality; uncooked or undone food, especially vegetables.

Avoid dampness and chills, iced food and drinks.

Avoid uselessly attending public assemblies.

See that your drinking water be pure. Boil it, if you doubt its purity; this should always be done with well-water. It is well also to always boil the milk especially as it is often adulterated with water.

Have your food always of good quality, sound and well cooked.

Pay a great attention to personal cleanliness and also to that of your clothing.

Your house, from cellar to garret, must be kept scrupulously clean, especially the cellar which is most generally neglected. Give free entrance to air, light and sun, for they are the best means of making a house healthy.

Be particular that the soil around your house is not contaminated by stagnant pools of water or animal and vegetable refuse. Remove from the vicinity of your house all rubbish in state of decomposition. Burn all filth and refuse, or have them removed and buried.

Empty, clean and disinfect all what may be soiled in your house or in its vicinity: cess-pools, privy pits, water-closets, sinks, drains, gutters, manure boxes, stables and other dependencies. An excellent practice would be to

lime-wash the walls and ceiling of the cellars, stables and other dependencies.

Have all defective drains renewed or repaired.

All the preventive measures against Cholera are outlined in the following axiom: *Live healthy in a healthy home.*

The symptoms of Cholera are diarrhoea, the discharges successively showing the rice water characteristics, vomiting, cramps, exhaustion and fall of the temperature (algid stage).

#### HOW TO OPPOSE CHOLERA.

When a case of Cholera declares itself in your household, notify immediately the Health Officer or the Secretary-Treasurer of your municipality.

If there is, in the municipality, an isolation hospital, house or tent, it is most advisable to remove the patient to it. The quarantine of your house is thus shortened as also the exposure of your family, the disinfection of the house being then made immediately after the removal of the patient.

If the patient is not removed to the isolation hospital, house or tent, have your house placarded, and isolate immediately the patient with his nurse in a separate room, from which curtains, carpets and needless furniture have been removed and into which the physician and clergyman only shall be admitted.

All the other members of the household must remain quarantined on the premises until disinfection is made, that is to say: shall not leave the lot upon which the house is situated or put themselves in communication with people outside, except with the guardian in attendance at the door, who will do the outside service for the inmates.

Doubtful cases of Cholera should be treated as genuine cases.

When Cholera is about, looseness of the bowels should never be overlooked, as diarrhoea either predisposes individuals to Cholera or is the first symptom of Cholera itself. Thus, especially if there are cases of Cholera in the vicinity, the slightest attack of diarrhoea must be attended to at once.

#### DISINFECTION.

The principal disinfectants are the following:

1. Fire.
2. Steam.
3. Boiling water.
4. Bichloride of mercury: two drachms in a gallon of water.
5. Carbolic acid: 4 ounces in a gallon of water.
6. Milk of lime which is prepared as follows:

Sprinkle gradually quick lime of good quality with one half its weight of water; dilute the powder so obtained with twice its volume of water. Keep in a carefully closed vessel.

7. Chloride of lime in powder or in solution: six ounces in a gallon of water.

8. Sulphurous acid, by burning 3 pounds of sulphur for each 1000 cubic feet of space.

The above disinfectants *only* are recommended by the Board of Health of the Province, and it is in your interest not to put too much confidence in the so called disinfectants of the trade, most of them being merely deodorizers.

Disinfectants No. 2 and No. 8 are used only in the general disinfection of the house and its contents, which disinfection must always be made the supervision of the local Board of Health of the municipality.

The following should be considered *infected* by Cholera: whatever has been soiled by the stools, the vomit or urine of a choleric patient, whatever has remained in the patient's room or has been in contact with his clothing or anything that has been used by him.

#### METHODS OF DISINFECTION.

Disinfect immediately everything coming out from the patient's room.

Crockery and utensils must be washed in boiling water. Remains of food together with rags or linen, if of little value, which have been used by the patient, must be burned.

Underclothing, sheets, towels, soiled or not by evacuations, must, in the room, be put into a tub containing solution No. 4 or No. 5, to steep therein for 4 hours, and then be washed in boiling water.

The evacuations of the patient (vomits, stools and urine) must be received in a vessel one-third full of one of the solutions No. 4, No. 5 or No. 6, and immediately thrown into the water-closets or privies. It is most important that those evacuations be disinfected, for they, more than anything else, contain the Cholera poison. As long as the disease exists, water-closets and privy pits must be daily disinfected with solution No. 4, No. 5 or No. 6.

To disinfect themselves, persons must wash the whole of their bodies with a solution of carbolic acid: two ounces in a gallon of water. The nurse shall often wash his hands with the same solution, particularly before eating, and frequently rinse his mouth with a solution of carbolic acid: one ounce in a gallon of water.

To purify any place that has been soiled by filth or refuse, etc., sprinkle with solution No. 4, No. 5 or No. 6.

The body of a person who has died from Cholera must be wrapped in a sheet saturated with solution No. 4 or No. 5, and put in a coffin with 2 pounds of chloride of lime. The body must remain completely isolated in the room and be interred within 24 hours after death.

No one is allowed to attend the funeral or burial except the clergyman, one member of the family, the person removing the body to the cemetery, and the grave-digger.

Every vehicle used in transporting such body, together with the outside garments of the persons who have dressed or buried it, must be immediately disinfected under the direction of the local Board of Health.

After the death or recovery of the patient, your house, all the inmates and effects contained therein must be disinfected under the direction of the local Board of Health and according to the regulations of the Board of Health of the Province.

The quarantine of your house shall not be raised until 10 complete days after its disinfection.

For other information which you may need, apply to the Health Officer or Secretary-Treasurer of your municipality.

Make it your special duty, in your interest as well as in the interest of the whole community, to strictly follow the instructions which are given out to you, and to help, by your co-operation, the work of the sanitary authorities.

Published by order of the Board of Health of the Province of Quebec.

## INJECTIONS OF CORROSIVE SUBLIMATE IN TETANUS.

CELLI (*Arch. Ital. di Pediatria*, November, 1891) reports a case of severe tetanus successfully treated by injections of corrosive sublimate. The patient was a child in whom tetanus appeared after a wound of the sole of the foot. Free incision and antiseptic dressings were first tried, but without avail, the symptoms increasing in gravity. The plan first practised by Baculo, of injecting corrosive sublimate, was tried. During seven days nine injections were given hypodermically, each consisting of 0.5 centigramme dissolved in water. From the time of commencing this treatment a progressive improvement was observed, and on the eighth day the patient was completely cured. As a direct result of the injections there were noticed progressive fall of temperature and pulse-rate, with gradual increase in diuresis.—*British Medical Journal*.

## MECHANICAL TREATMENT OF ERYSIPELAS.

In the *Therap. Monatsk.*, February, 1892, Kroell describes a modification of this method, and gives the theoretical grounds on which it is based. The conditions necessary to the success of such a method are (1) a specific relation of the characteristic micro-organism to

the cutis. Here the author is strongly of opinion that the streptococcus erysipelatis is not identical with the *S. pyogenes*, and that if suppuration occur it is the result of a mixed infection. (2) The spread of the disease in the cutis by continuity only. The appearance of the disease elsewhere, as in erratic erysipelas, is due to a second infection at that place; and (3) that erysipelas does not spread in all directions with equal ease. The specific inflammation is the chief element in the disease, the general symptoms being produced by the toxins absorbed. The more limited the former, the fewer the toxins produced. The elastic bandage which the author uses must be applied sufficiently firmly, but in such a way as to permit of the circulation being maintained in the parts so cut off. As regards facial erysipelas, the object is to prevent its spread to the scalp. The bandage is carried from the back of the neck round the forehead. The inflammation may spread to the margin of the bandage, but not beyond it. The thick skin of the neck usually prevents its spread to the trunk. The bandage must not be omitted as soon as the fever disappears. The absence of tenderness shows the limiting of the process at the bandage margin. The author has only once seen this margin overstepped, and then it was due to the incautious application of the bandage. The treatment is naturally not applicable to the trunk. In the extremities the distal application is alone available. If the disease is spreading towards the trunk the slight disturbance in the circulation caused by the bandage may give rise to increased pain, and even gangrene. A slight oedema is immaterial, but any blueness of the limb must be avoided.—*British Medical Journal*.

## ANTISEPSIS OF THE MOUTH.

In illustration of the value of antiseptics of the mouth in protecting the organism against infection, Laborde (*Sem. Méd.*, February 10th, 1892) calls attention to a method of preventive treatment against coryza which has for several years proved successful in his hands. This consists in washing out the mouth and nasal fossæ regularly two or three times a day with a 1 in 1,000 solution of carbolic acid, as hot as can be borne.—*British Medical Journal*.

## DIABETES AFTER EXTIRPATION OF THE PANCREAS.

MINKOWSKI (*Berl. klin. Wochens.*, February 1st, 1892) says that in dogs, complete removal of the pancreas is always followed by diabetes if the animal lives long enough. In a cat the

author produced the same effect; but in rabbits he has not come to any conclusion, as complete removal is almost impossible. In a pig in which all but one-third of the gland was extirpated, sugar appeared five days after a meal of bread. It was diminished when meat was given, and disappeared after a day's fast. Slight forms of diabetes are also observed in dogs if not more than one-sixth of the gland is left behind. In birds and frogs diabetes cannot be produced as in dogs. In the latter the sugar appears in 24 to 48 hours, and reaches its height in 2 to 3 days. If the strength fails or complications appear, the amount of sugar diminishes and disappears before death in animals as in man. This function of the pancreas is a specific one, but sugar in the urine can be brought about in other ways than by disturbance of this function of the pancreas, as is seen in phloridzin diabetes. In this latter the sugar is not increased in the blood as in pancreas diabetes. Again, phloridzin diabetes occurs in birds and in animals whose pancreas has been removed without diabetes appearing. By grafting pieces of the pancreas into the tissues outside the abdomen, the development of diabetes after the removal of the piece of the pancreas left in the abdomen is hindered. Lépine's view is that a ferment is produced by the pancreas which causes the destruction of the sugar, and that the absence of this ferment brings about diabetes. Minkowski says, however, that many more facts must be known before a clear explanation can be given. The following are two striking events: (1) That glycogen should disappear so soon from the liver after extirpation of the pancreas; and (2) that lævulose can still be used up in the organism as it is excreted in a small amount in the urine, and it only slightly increases the amount of grape sugar.—*British Medical Journal*.

#### GLYCOSURIA IN CHILDREN.

PAUL BINET has made a large series of observations as to the occurrence of glucose in the urine of children under various conditions (*Rev. Méd. de la Suisse Rom.*, February 20th, 1892). The tests he used were (1) reduction of Fehling's solution, (2) the reaction with naphthol, (3) the crystalline reaction with phenyl-hydrazine. He found that in the normal urine of healthy adults and children a small quantity was present in nine-tenths of the specimens examined, while in about half the urine behaved with phenyl-hydrazine like a solution containing  $\frac{1}{2}$  per cent. of glucose. In children suffering from various diseases a distinct augmenta-

tion in the amount of glucose was only observed with any constancy in diphtheria; in 38 severe cases the reaction of glucose with phenyl-hydrazine was obtained in 27. The quantity was not in any case sufficient to give a precipitate with Fehling's solution. Grognot (*Rev. des Mal. de l'Enfance*, March, 1892) mentions that in 3 out of 4 cases of diphtheria he found that the urine contained some substance which reduced Fehling's solution, but that in another series of 25 cases examined *ad hoc* reduction was not observed in a single case. The 4 cases first mentioned were all treated by asepsol or naphthol, and Grognot suggests that the treatment may have been responsible for the appearance of the reducing body in the urine.—*British Medical Journal*.

#### DEATH-ADDER BITE IN AN INFANT: RECOVERY.

AT 5 P.M. one day a female infant 16 months old was bitten on the third finger of the left hand by a death-adder. A few minutes later the top of the third finger was removed, and the stump sucked, and then drenched with ammonia, and ligatures applied to the arm. She was taken to the nearest hospital, where she was seen at 8 P.M. by C. A. W. Hunt, who records the case (*Austral. Med. Gaz.*, December, 1891). The child was almost comatose, body and extremities cold and clammy, pupils widely dilated and insensible to light, pulse too rapid, feeble, and irregular to be counted; the face was pinched and slightly cyanotic, and the strongest cutaneous stimuli failed to excite response. The clothes were removed, and the child wrapped in hot flannels with a hot bottle to the feet; liq. strychninæ (m iv) was injected into the right arm, the left being much swollen owing to the ligatures, which were now removed. A strong faradic current was applied to the nape of the neck and along the spine, and in fifteen minutes a second dose of strychnine of the same amount was injected. The pulse then improved markedly, the pupils began to contract and react to light, the body heat was restored, the stimulus of the battery was responded to more quickly every minute, and the child recognized its parents and took notice of what was going on. By 10 P.M. the infant was practically out of danger, and was quite well the next day. In the same journal several cases of the successful treatment of snake bite by strychnine are recorded, but this is probably the youngest patient known to have recovered. *British Medical Journal*.

## AMNESIA.

CHARCOT (*Rev. de Méd.*, March, 1892) reports a case of amnesia, probably of hysterical origin, and which he terms retro-anterograde. A woman, aged 34, previously well, suddenly received a (false) report on August 28th, 1891, that her husband was dead. She became delirious with hallucinations, and later lethargic, the whole attack lasting three days. It was then found that she had lost all recollection of events occurring between July 15th and August 28th (period of retrograde amnesia), although it was ascertained that her memory during that period had been perfect. Events which occurred before July 15th were very clearly and exceptionally well retained. Why the loss of memory should have begun on that date, no sufficient reason can be given, but this is noted also in traumatic amnesia. After the attack she could apparently hardly recollect anything of what was going on round about her, but that events were registered is clear from the fact that they were reproduced in sleep and in the hypnotic state. This condition would thus seem less grave, as it shows only a dynamic loss and not a destructive amnesia. Thus, for instance, the fact that she had been bitten by a dog in October (that is, within the period of anterograde amnesia) was absolutely forgotten in the waking state, but clearly recollected in the hypnotic sleep. Although there was no marked evidence of hysteria, Charcot thinks that the case is of that nature, and that the patient had passed through a delirious phase of that disease into this amnesic state. The long duration—namely, four months—is not astonishing when compared with hysterical vigil-ambulism. A slow recovery, with the help of suggestion, is to be anticipated. (A note made in January, 1892—that is, nearly a month later—shows that the patient had already begun to improve.) *British Medical Journal*.

## SALIPYRIN IN INFLUENZA.

Dr. Arthur Hennig, of Königsberg, states (*Allgemeine med. Central Zeitung*, No. 93, 1891) that salipyrin exerts a favorable action on influenza, especially in the nervous and cardiac forms of that disease. It is equally efficient in the gastric and respiratory forms. In the latter cases it may be combined with expectorants and intestinal antiseptics. Salipyrin is dissolved with difficulty in water, but may nevertheless be given in that liquid. Hennig recommends the following formula:—

R Salipyrini,..... 6 grammes (ʒiiss).  
Glycerini,..... 14 grammes (ʒiiiss).  
Syr. rubi idæi,..... 30 grammes (ʒviiss).  
Aquæ destillatæ,..... 40 grammes (ʒx).—M.

Sig.—A tablespoonful every half hour, until all is taken.

Professor V. Mosengeil, of Bonn, indorses Hennig's opinion concerning the specific action of salipyrin in influenza. All complications, however, require special treatment, but with Hennig's treatment complications are less frequently met with.—*La Médecine Moderne*, December 17, 1891, p. 878.

## THE NEW TREATMENT OF PNEUMONIA BY LARGE DOSES OF DIGITALIS.

Petresco claims that digitalis in large doses does good not only in infectious croupous pneumonia, but even in broncho- and pleuro-pneumonias. He claims to have cut short this disease by this sole treatment in from twenty-four to forty-eight hours, during which time he has observed an abrupt fall of temperature from 106.5° F. (the highest seen) to 98°, 96.8°, and even 95° F., together with a marked reduction of the pulse, which, from as high as 140, and even higher, was brought down to 60, 40, 30, and, in one remarkable instance, to as low as 24. In the last case, the patient fell into a quiet sleep, this being followed by a local and general improvement. In 825 cases, treated by him since 1883, exclusively by large doses of the drug, he has had a mortality of 2.06 per cent. Bennet, it will be remembered, obtained under the tonic treatment a mortality of 3 per cent. in 129 cases, and a mortality of 6.08 per cent. in 720 cases under the expectant treatment. In the experience of Edinbourg, in a record of 698 cases, treated by venesection alone, the mortality was 34.5 per cent., which speaks for itself. Petresco used 60 to 90 grains (4 to 6 grammes) a day, in infusion, for three and four days consecutively, and in these doses never noticed untoward effects, such as vomiting, diarrhoea, disturbance of the pulse, and, much less, collapse.

The latest contribution to this subject is that of Tikl, of Vienna. Sixty-one carefully-studied observations were made by him of which 47 were cases of fibrinous and 14 of lobular pneumonia. All these cases were inclusively treated with large doses of digitalis. Only 1 death occurred, giving a mortality of 1.65 per cent. In the whole series of these cases, some disagreeable, but not fatal, symptoms were observed: in 2, there was a moderate collapse; in 12, vomiting; in 4, an intermittent pulse; and in a few, slight diarrhoea. These effects disappear on suspension of the drug, after which the good results come on rapidly. Tikl prescribed, during twenty-four hours, 3 grammes (45 grains) of digitalis in 200 grammes (6½ ounces) of water in the form of an infusion.—*Medical and Surgical Reporter*, December 12, 1891, p. 941.

## THE EXCISION OF CARBUNCLES.

Wölfler (*Centralblatt für Chirurgie*, No. 40, 1891) writes as follows: The slow healing of carbuncles after treatment by the usual method of deep incisions, the gangrene of the skin, and the danger of renewed infection of the adjacent parts, as well as the formation of a frequently disfiguring cicatrix, induced Riedel, since 1883, to excise at once in all cases. For this purpose a circular incision is made around the infiltrated parts. This is followed by radiating incisions, starting from the periphery of the previous one, and perpendicular to it, in the direction of the sound tissue. The carbuncle itself is not incised. In this way, at least four skin flaps are formed. These are cleared of inflammatory products. Once beyond the area of infiltration, the knife must be carried down to the fascia of the muscles and the whole of the morbid tissue removed, to bring the operation to an end. There is frequently very free bleeding, which is arrested by pressure and plugging. On the evening following the operation, the temperature tends to become normal; on the following day, the skin-flaps are brought nearer together. The central solution of continuity allows escape of secretions. Riedel praises this method for the following reasons: 1. A harmless loss of skin and subcutaneous tissue gets rid of a dangerous focus of inflammation. 2. The excision brings the local morbid processes to an end at once, and, consequently, all danger of general infection is removed. 3. The loss of sound tissue is small. 4. The healing is rapid. 5. The cicatrix is good.—*The Provincial Medical Journal*, December 1, 1891, p. 751.

## GLYCERIN FOR BURNS.

M. Grigoresen, of Bucharest, highly recommends pure glycerin as a remedy for burns. On first application, a slight burning feeling is experienced, which soon gives way to a local anæsthesia, somewhat resembling that produced by carbolic acid. In severe cases, two or three applications should be made, so that the parts are kept constantly wet with the glycerin. Under this treatment, the inflammation is subdued almost completely, and only a slight cicatrix is usually left.—*Notes on new Remedies*, December, 1891, p. 81.

## GALVANISM IN GYNÆCOLOGY.

Engleman, of Kreutznach, discusses (*Deut. Med. Woch.*) the value of galvanism in gynæcology. He believes that a retrograde metamorphosis in fibroid tumors is seldom had under galvanism,—at least, enough to show sensible diminution in size; endometritis is benefited, hæmorrhage and leucorrhœa disappear, pressure symptoms are relieved, reflex neuroses disappear; and he thinks the method of value

as an adjunct to other plans.—*St. Louis Medical and Surgical Journal*, November, 1891, p. 306.

## THE INDUCTION OF LABOR-PAINS BY ELECTRICITY.

Freund reports (*Centralblatt für Gynecologie*) the induction of labor-pains by the application of electricity to the mammary gland. He applied the cathode to the gland and the anode to the abdomen. Five to seven milliamperes are suggested.—*St. Louis Medical and Surgical Journal*, November, 1891, p. 306.

## BELLADONNA IN THE FIRST STAGE OF LABOR.

When, notwithstanding persistent pains, the os uteri does not dilate sufficiently (especially if the patient be a primipara), Asher (*Australian Medical Journal*) recommends the administration, every hour or at shorter intervals, of 20 to 30 drops of the tincture of belladonna (never less than 20 drops). In numerous cases in which he tried this treatment, the results were always excellent,—rapid diminution of the pains, energetic dilatation of the os. Belladonna is superior to chloral.—*Rev. Méd.-Chir. des Mal. des Femmes*, October 25, 1891, p. 625.

## FISSURES OF THE NIPPLE.

Vinay recommends the following application for cracked or fissured nipples:—

R Aristoli..... 4 grammes (3j).  
Vasellini liquidi..... 20 grammes (ʒv).—M.  
Sig.—Paint the nipple with a camel's hair pencil, dipped in this liquid, after each nursing. Care should be taken to pinch the base of the nipple to expose the papillæ and discover all the cracks or fissures.—*Rev. Méd.-Chir. des Mal. des Femmes*, October 25, 1891, p. 626.

Dr. Frank Van Allen writes to the *New York Medical Journal* that he has found the painting of the nipples several times a day with the white of egg a most successful remedy in this distressing complaint. The albumen may best be applied just after nursing, while the nipple is still moist from the baby's mouth. The film should be allowed to dry on thoroughly before covering the breasts. It is well to moisten the nipple just before the baby is again put to the breast.—*St. Louis Medical and Surgical Journal*, November, 1891, p. 299.

## IODO NAPHTHOL-BETA—A NEW ANTISEPTIC.

M. Braille (*Répertoire de Pharmacie*) has prepared with naphthol-beta and iodine a new antiseptic resembling aristol to which he has given the name iodo-naphthol-beta, or naphthol-beta diiodide. It is an inodorous, tasteless, greenish-yellow powder, insoluble in water,

slightly soluble in ether, freely soluble in chloroform, and almost insoluble in alcohol or acetic acid.—*La Médecine Moderne*, November 19, 1891, Supplement, p. 286.

### THILANIN.

Thilanin is a new product of lanolin, devised by Seibel, a chemist in Berlin. It is a "brown, sulphuretted lanolin," containing, presumably, 3 per cent. of sulphur; but this fact is not positively vouched for by Dr. Edmund Saalfeld, of Berlin, who made the first announcement and report on this product before the Congress of the German Dermatological Society (Leipzig, September, 1891). Thilanin is designed to replace ichthyol and thiol, and its claims for preference are based on its more convenient form and greater purity. As an offspring of lanolin it is, of course, entitled to favorable notice; but it will hardly independently supersede ichthyol, and much less the synthetic, chemically pure, and non-toxic thiol.—*Notes on New Remedies*, November, 1891, p. 68.

### PAPAIN.

Dr. G. Herschell, in a memoir on "Indigestion," describes the origin and nature of this ferment, and cites the evidence upon which its powerful peptonizing influence was established. Experiments conducted with a view to deciding whether the substance produced true peptone or not resulted in conclusive proof that the former was the case. For practical purposes, says Dr. Herschell, as a digestive ferment, to be given medicinally, papain presents the following advantages over pepsin and pancreatin:—

1. It will convert or digest many more times its own weight of meat than they are able to.
2. It can be used when pepsin and pancreatin are contra-indicated or powerless. (This latter, as known, is the case when the stomach contents are too concentrated or insufficiently acid. Under these conditions pepsin is of little or no value, while papain acts energetically).
3. As regards albuminoids, it combines in itself the joint action of pepsin and pancreatin.
4. It can be given combined with acids, alkalis, or antiseptics, as indicated by the demands of the case.
5. It has a local action on the stomach that pepsin has not.
6. It is not so repulsive to the mind as pepsin, as it is purely vegetable.

Thus, papain is indicated in deficiency of the gastric juice, excess of unhealthy mucus in the stomach, irritable condition of that viscus, and duodenal dyspepsia.—*Notes on New Remedies*, December, 1891, p. 86.

### ANÆSTHESIA.

VOMITING IN CHLOROFORM NARCOSIS.—Pauch (quoted by the *Reichs-Medicinal-Anzeiger*, July 29, 1892) attributes vomiting in chloroform-anæsthesia to the direct action of chloroform upon the gastric mucous membrane, which is favored by frequent swallowing of the increased salivary secretion.

Hence, to avoid vomiting, it is well to incite patients, while being narcotized, to expectorate frequently, to prevent swallowing the anæsthetic.

Senewitch successfully treated 6 cases of long continued vomiting, following anæsthesia, by washing out the stomach with a  $\frac{1}{2}$  to 1 per cent. warm solution of soda.

OBSTETRICAL ANÆSTHESIA.—Dührssen (*Berliner klinische Wochenschrift*, No. 15, 1892) says that general practitioners have too great a dread of anæsthetics in labor, which can very well be employed without assistants.

The author prepares the patient, renders her and himself aseptic, and then devotes his exclusive attention to narcotizing her. As a rule, unconsciousness, once produced, suffices; when this is not the case, he draws the tongue forward and instructs the midwife to pour one or two drops of chloroform upon the mask, should the patient be aroused sufficiently to interfere with operation. The addition of chloroform must not be repeated, however, until the mask ceases to smell of chloroform. The author says that thus the physician is freed from responsibility, because most of the severe asphyxias occur during the beginning of narcosis, and when they happen later, it is owing to senseless additions of chloroform.

Aside of relief from pain, anæsthesia is of great value in:

1. *Precise diagnosis*.—The foetal pulse can be observed, which is often impossible when the patient throws herself about. The mother's pulse is not apt to deceive. If it remains above 100 during narcosis, it is not due to simple excitement but to severe crushing of the maternal soft parts, and, if the temperature is high, perhaps to sepsis.

Anæsthesia considerably facilitates exploration. In susceptible primipara without narcosis, the tense perineum may make it very difficult to reach high up into the pelvis for the purpose of ascertaining how deeply the head has entered it. Abnormal positions of the head can more readily be diagnosed and the head more extensively examined under narcosis than otherwise. Furthermore, the necessity of version is recognizable early and is more easily performed.

2. *Operative procedures*.—Where internal manipulations require support of the other hand externally, in pressing the womb toward the hand within it, anæsthesia facilitates the operation, particularly in combined version and



detachment of the placenta, in birth at term or premature labor. In such cases it is important to press the child's breech to the superior strait, which can be done only under narcosis, and then it proves surprisingly easy.

In detaching the placenta, the upper part of the womb must be specially pressed against the hand within, otherwise it cannot reach the fundus, particularly at the angles of insertion of the Fallopian tubes where the after birth is most firmly attached.

Anæmia is not a contra-indication to narcosis; on the contrary, anæmic parturients bear chloroform well.

Tumors wedged into the pelvis, which would otherwise compel Cæsarian section, can often be rendered mobile and pushed out of the pelvis under narcosis, and delivery accomplished without the more serious operation.

Anæsthesia is also very useful in cases where a rigid os will admit only a finger, especially in multipara with transverse presentation of the child; under narcosis the hand often can be easily introduced and version and delivery performed.

In miscarriages, deep narcosis permits entrance into the cervical canal for the removal of placental remains.

Slight anæsthesia, produced by a few drops of chloroform, suffices to arrest spasmodic labor-pains and furthers the progress of parturition to a marked degree. Thus, cases in which the os has admitted but a finger for several days dilate within two or three hours.

The author designates the following as contra-indications to anæsthesia:

In *sepsis*, anæsthesia not infrequently produces deep asphyxia and death;

*Tetanus uteri*;

In *eclampsia* the author never induces prolonged anæsthesia, but delivers in deep narcosis, which prevents development of new attacks;

*Defective cardiac action.*—*Condensed Extracts.*

### BURNS.

**BISMUTH.**—von Bardeleben (*Deutsche medicinische Wochenschrift*, No. 23, 1892) recommends the topical employment of bismuth in burns, except those of a slight character, in which weak solutions of silver nitrate and elastic collodion suffice. He thinks severe burns requiring early amputation may also be excepted from burns amenable to the bismuth treatment.

After thoroughly cleansing the burned sites, the author washes them with 3 per cent. carbolic or 3 per cent. salicylic acid solution. He then removes any blisters and their contents that may be present, employing antiseptic precautions while so doing. Then he thoroughly powders the whole region with

R Bismuth. subnit. substilliss. pulv.

Amyl.....aa. 50,0 (3 XIIss.)

M. f. pulv.

This he dresses with layers of cotton which, when saturated by the secretions, are removed, except the lowermost layer, which is left to maintain exclusion of the air. This dressing may be left *in situ* 1 or 2 weeks, even a month, thus avoiding all pain incidental to change of dressing.

In most cases the pain of the original injury disappears within a few hours after applying the bismuth.

In burns of the face von Bardeleben uses no other dressing. He disinfects the burn, removes the bullæ, and powders the wound with bismuth. The crusts developed are gradually removed in a week or two by grease, especially where they are most adherent, *i. e.*, at hairy surfaces, such as the eye-brows, beard, etc. If any denuded surfaces remain, they soon are covered with skin under the employment of silver nitrate.—*Condensed Extracts.*

### CASTOR OIL (PALATABLE).

*Der Kinder-Arzt*, July, 1892, mentions a savory castor-oil recently introduced by Töllner and Bergmann, of Bremen. They repeatedly treat the oil with hot water and the addition of saccharin, until it tastes like a thin syrup. Then small quantities of the aldehyde of Ceylon cinnamon-oil and some essence of vanilla are added until all traces of the scratching taste disappear. Its action is the same as that of ordinary castor-oil.—*Condensed Extracts.*

### THE DANGERS OF DRINKING WATER.

News of typhoid fever in Dublin, and the large number of typhoid attacks in the Riviera among the American and European travellers, attributed chiefly to polluted drinking-water, had hardly become familiar to the profession before it heard that strenuous efforts were being made to remove the evils of Chicago drinking-water, and more recently the reports about the dangers of the drinking-water which Paris takes from the River Seine have created alarm, in view of the choleraic disturbances. All of these circumstances have again directed attention to natural mineral waters of dietetic rather than medicinal character. These dietetic waters, more generally called "table waters," if pure, are of great value as hygienic agents. Travellers are those who are oftenest exposed to the dangers of the bad drinking-water which the majority of communities furnish. Therefore they should as much as possible confine themselves to the use of well-known and admittedly pure table waters, and this is quite practicable. There is at least one such, the Apollinaris, which can be found everywhere. Where such waters can not be obtained, the ordinary drinking-water, if the least suspicion attaches to it, should be boiled before using.

**THE CANADA MEDICAL RECORD.**

PUBLISHED MONTHLY.

*Subscription Price, \$2.00 per annum in advance. Single Copies, 20 cts.***EDITORS :****A. LAPHORN SMITH, B.A., M.D., M.R.C.S., Eng., F.O.S.,**  
London.**F. WAYLAND CAMPBELL, M.A., M.D., L.R.C.P.,** London.**ASSISTANT EDITOR****ROLLO CAMPBELL, C.M., M.D.**

Make all Cheques or P.O. Money Orders for subscription or advertising payable to JOHN LOVELL & SON, 23 St. Nicholas Street, Montreal, to whom all business communications should be addressed.

All letters on professional subjects, books for review and exchanges should be addressed to the Editor, Dr. Laphorn Smith, 248 Bishop Street.

Writers of original communications desiring reprints can have them at a trifling cost, by notifying JOHN LOVELL & SON, immediately on the acceptance of their article by the Editor.

**MONTREAL, OCTOBER, 1892.****THE LESSON OF THE CHOLERA.**

The cholera scare is already a thing of the past. While the scare was here it did good work by frightening the people into demanding that the Dominion government do what it should have done long ago at the request of its scientific advisers, namely, to put the quarantine system of the country in an efficient condition. Now that full particulars of the origin and progress of the disease are at hand, we are in a position to reiterate with authority what we only ventured to surmise in our last issue. Hamburg was the great source of danger to this continent, being the great port of embarkation for the emigrant from Russia to America. The epidemic occurred in the following manner: A number of Russian Jews with cholera arrived by train, and were duly taken to the emigrant sheds on the American quay. Their motions were a few minutes later polluting the Elbe, the water of which was soon filling the tanks of the vast fleet of ships moored below this point. From the ship's tanks to the sailors' and passengers' stomachs was but a short journey, and there is no wonder that the disease broke out on board. The only wonder is that any of those on board these ships escaped at all. The explanation is to be found in the fact

that the water is generally so uninviting on board ship that few could drink it raw, but generally take it boiled in the form of tea or coffee or soup, while those who could afford it drank bottled beer. It has also been shown that the water supply of Hamburg, which is only Elbe water filtered, was quite insufficient for the number of inhabitants, so that several thousand of the poorer class living on the river front took their supply directly from the infected Elbe. Something also has been learned with regard to treatment. The only method which proved of any avail was the subcutaneous or intravenous injection of 1000 to 1500 cubic centimetres of physiological salt solution, which opposes the tendency to death caused by the solidification of the blood. After the entrance of 400 cubic centimetres, patients already pulseless and in collapse would generally revive, and most of the cases so treated recovered. The only other method that seemed to be of any service was frequent washing of the intestines with 1 to 4 drams of tannic acid to 2 or 3 pints of hot water; but whether this is administered by the mouth or by enema does not seem quite clear. It acts by closing up the open papillæ of the intestine which permit the water of the blood to escape. All other remedies, such as salol, calomel, opium, castor oil, seemed to have proven useless.

**DOMINION RECIPROCITY.**

At the invitation of the College of Physicians and Surgeons of Ontario, there will assemble in Ottawa, on September 20th, representatives from the legal Medical Boards of the various Provinces. It has for a long time been evident that some arrangement must be come to, whereby a legally qualified medical man in our Province can with ease have the whole Dominion open to him. To come to such an arrangement is the object of this meeting. We sincerely hope that mutual concessions will be made, and the grand object achieved. Towards this end our own Province has been working for several years, and we feel certain that at the forthcoming meeting its representatives can be depended on to throw no obstacles in the way.

## PAMPHLETS RECEIVED.

**INSOMNIA IN AN INFANT.**—With Reflections on Pathological Sleeplessness. By C. H. Hughes, M.D., St. Louis, Mo.

**MEDICAL MANHOOD AND METHODS OF PROFESSIONAL SUCCESS.**—Valedictory address before the Graduating Class of the Marion-Sims College of Medicine, at St. Louis, April 25, 1892. By C. H. Hughes, M.D., St. Louis, late Professor of Neurology, Psychiatry and Electrotherapy, now President of Barnes Medical College.

**NOTE ON THE HYSTERICAL CONCOMITANTS OF ORGANIC NERVOUS DISEASE.**—By C. H. Hughes, M.D., St. Louis.

**TUBERCULIN AND THE LIVING CELL.**—An inquiry as to how the One Aids the Other in the Fight against Tuberculosis. By Charles Denison, A.M., M.D., Professor of Diseases of the Chest and Climatology, University of Denver; Author of "The Rocky Mountain Health Resorts;" "The Annual and Seasonal Climatic Maps of the United States," etc.

**CLINICAL REPORT OF CYSTECTOMY FOR POLYCYSTIC OVARIAN TUMOR.**—By Prof. Howard A. Kelly.

**GYNÆCOLOGICAL TECHNIQUE.** A brief summary of the principles involved, as well as the technique of the gynæcological operations performed in the Johns Hopkins Hospital. The significance of the operation and its technical surroundings to gynæcological practice. By Howard A. Kelly, M.D., Professor of Gynæcology and Obstetrics in the Johns Hopkins University.

**THE RESEMBLANCE OF SOME FORMS OF BENIGN DISEASE TO MALIGNANT.** By Edward W. Jenks, M.D., LL.D., Detroit.

**THE RELATIONS OF GOITRE TO PREGNANCY and derangements of the generative organs of women.** By Edward W. Jenks, M.D., LL.D., Detroit.

**THE PRACTICE OF GYNÆCOLOGY IN ANCIENT TIMES.** By Edward W. Jenks, M.D., LL.D., Detroit.

**COLPO-PERINEORRHAPHY.** By Edward W. Jenks, M.D., of Detroit.

**THE EDUCATION OF GIRLS FROM A MEDICAL STANDPOINT.** By Edward W. Jenks, M.D., LL.D.

**REPORT OF A CASE OF CESAREAN OPERATION, WITH SOME COMMENTS.** By Edward W. Jenks, M.D., Detroit.

**THE THERAPEUTIC ASPECT OF SOME OVARIAN DISORDERS.** By Edward W. Jenks, M.D., LL.D., Detroit, Mich.

## BOOK NOTICES.

**DISEASES OF WOMEN.**—A Manual of Non-Surgical Gynecology, designed especially for the use of Students and General Practitioners. By F. H. Davenport, A.B., M.D., instructor in Gynecology, Harvard Medical School; Assistant Surgeon to the Free Hospital for Women; Physician to the Department of Gynecology, Boston Dispensary. Second edition, revised and enlarged. With numerous illustrations. Philadelphia: Lea Brothers & Co., 1892. Price \$1.50. The fact that a second edition has been called for so soon after the appearance of the first is a proof that we did not over-estimate its value in our previous review of it. This edition is still better than the first.

**THE STUDENT'S QUIZ SERIES.**—Practice of Medicine. A Manual for Students and Practitioners. By Edwin T. Doubleday, M.D., Attending Physician New York Hospital, Out-Patient Department, and Member New York Pathological Society; and J. Darwin Nagel, M.D., adjunct to the Department of Nervous Diseases of the New York Polyclinic; Visiting Physician to the French Hospital; Member New York County Medical Association. Series edited by Bern. B. Gallaudet, M.D., demonstrator of Anatomy, College of Physicians and Surgeons, New York; Visiting Surgeon Bellevue Hospital, New York. Philadelphia: Lea Brothers & Co. Price \$1.00. This is a useful little book, in the form of questions and answers. The compilation is well done.

**"SATURDAY NIGHT'S" CHRISTMAS FOR 1892.**—The cover, which contains a picture in photo-lithograph in seven colors and as many half tones, is "Ye Gentlemen and Dames of Olden Times." The pictorial supplement, which is larger than that of last year, is a reproduction of a picture owned by the proprietors of SATURDAY NIGHT, entitled "Her Bright Smile Haunts Me Still." It is exceedingly lovely, and no one can pass it without turning to look again at the beautiful face and the look of farewell. The stories this year are as follows:

"Tom's Little Sister," by John Habberton, author of Helen's Babies.

"The Nephew of His Uncle," by Octave Thanet, author of Expiation. (The most popular magazine writer in America).

"The Rich Relation," by George Parsons Lathrop. (There is no more attractive name in American magazines.)

"Kate Gordon's Christmas Miracle," by Julian Hawthorne.

"Little Lady," by Ida Burwash, probably the prettiest story in the book.

"Senor the Engineer," by Edmund E. Sheppard.

All these stories are magnificently and copiously illustrated by the best artists in New York and London. Mr. Sheppard's story is being specially illustrated by Mr. F. A. Feraud of New York, from photographs and studies made by the author while in Mexico, and, artistically at least, this will be one of the most prettily illustrated tales that has ever appeared in America. It can be well understood that the well known names in the above list cost a great deal of money to procure for a Christmas magazine, but Christmas is the one time when *Toronto Saturday Night* advertises itself and in its Christmas number it does it well. *The Newsdealer, Publisher and Stationer's Bulletin*, the Canadian correspondent of which has seen advance copies of all that is promised by *Saturday Night* this year, says that "It will doubtless be the most beautiful publication ever attempted in America, and compares more than favorably with *Figaro* and the most expensive Old Country Christmas numbers." It is something for Canadians to boast of, for while much of the work requiring the greatest possible artistic skill has to be done abroad, the enterprise is purely Canadian and will rebound to the credit of Canada.

OBSTETRICS, by Charles W. Hayt, M.D., House Physician Nursery and Children's Hospital, New York. Being volume 11 of The STUDENTS QUIZ SERIES. Pocket size, 190 pages, \$1.00. Philadelphia, Lea Brothers & Co., 1892.

In the preface the author says, in the writing of this Compend the object sought has been to place before the student the most important matter in the subject of Obstetrics in as condensed a manner as possible. Much has been omitted in the way of theories and obscure or disputed points, which are appropriate only in an extended text-book.

Brief manuals have a position of unquestionable value to the student and practitioner, provided the text is clear, accurate, and well proportioned to the importance of the many subjects necessary to a practical comprehension of the whole. These requisites have been borne in mind in the preparation of the present volume.

In its compilation the following works have been consulted, as well as notes taken at the lectures of Dr. James W. McLane of the College of Physicians and Surgeons, New York City: Charpentier's *Cyclopædia of Obstetrics and Gynecology*, Hirst's *System of Obstetrics*, Playfair, Winckel, Lusk and King.

The illustrations are taken from Playfair and King.

It is surprising what a large amount of well arranged information can be obtained from this small work. We can heartily recommend it.

PRINCIPLES OF THEORETICAL CHEMISTRY, with special reference to the Constitution of Chemical Compounds. By Ira Remsen, M.D., Ph.D., Professor of Chemistry in the John Hopkins University, Baltimore. Fourth and thoroughly revised edition. In one handsome royal 12mo. volume of 325 pages. Cloth, \$2.00. Just ready. Philadelphia, Lea Brothers & Co., 1892.

The author says: In preparing this new edition I have been tempted to change the book fundamentally, and give it a character more in keeping with the recent tendencies of work in the field of Physical or General Chemistry. But, taking everything into consideration, I have concluded to resist the temptation, and remain true to the original title and character of the book. Accordingly, it is essentially what it has been—a brief treatise on those facts and speculations that have to deal especially with the problem of the constitution of chemical compounds. My object has been and is to help students to get clear ideas in regard to the foundations of chemistry. That the treatment has been regarded with favor is shown by the fact that four editions of the book have been demanded in a comparatively short time; and further, by the fact that, since the appearance of the last American edition, it has been translated into German and into Italian. I believe that all changes called for by the advance of the science have been made, and that this edition will be found abreast of the times. The chief addition is a short Chapter on Solutions.

It is not a book that we can recommend to any but the most advanced students of chemistry. It is of little use to students or practitioners of medicine.

MATERIA MEDICA AND THERAPEUTICS, by L. F. Warner, M.D., Attending Physician St. Bartholomew's Dispensary, New York. Being volume 5 of the students quiz series. Pocket size, 224 pages, \$1.00. Philadelphia, Lea Brothers & Co., 1892.

There are some who are entirely opposed to the Quiz series of books for students, but we do not agree with them. The number of subjects has increased so much and the mass of knowledge pertaining to each department has become so large, that it is utterly impossible for the student to read all the large text-books, some of them comprising over two thousand pages of closely printed matter. We therefore think that these books fill a want; and if they are carefully prepared, as the one under notice undoubtedly is, they prove of real service to the overburdened student and busy practitioner who want to get at the facts without wading through a mass of conflicting theories.

The author has admirably succeeded in his endeavor to furnish a work containing a convenient and concise statement of the most important facts in *Materia Medica* and Therapeutics.

REPORT ON ABDOMINAL AND PELVIC SURGERY, INCLUDING THIRTY-TWO SUCCESSFUL CASES OF LAPAROTOMY. Report of the Chairman of the Committee on Abdominal and Pelvic Surgery, read before the Kentucky State Medical Society, May 6, 1892. By William H. Wathen, M.D., of Louisville, Ky. Professor of Abdominal Surgery and Gynecology in the Kentucky School of Medicine; ex-President of the Section on Obstetrics and Gynecology of the American Medical Association; ex-President of the Kentucky State Medical Society; Fellow of the American Gynecological Society, of the American Association of Obstetricians and Gynecologists, and of the Southern Surgical and Gynecological Society; Consulting Gynecologist to the Louisville City Hospital, etc.

A MANUAL OF OBSTETRICS.—By A. F. A. King, A.M., M.D., Professor of obstetrics and diseases of women and children in the medical department of the Columbian University, Washington, D.C., and in the University of Vermont; President (1885-86-87) of the Washington Obstetrical & Gynecological Society; Fellow of the British Gynecological and of the American Gynecological Societies; consulting physician to the Children's hospital; consulting physician to the Woman's Dispensary, Washington, D. C.; obstetrician to the Columbia Lying-in hospital; member of the Medical, Philosophical, Anthropological and Biological Societies of Washington, D.C., etc. Fifth edition with one hundred and fifty illustrations. Cloth \$2.50. Philadelphia, Lea Brothers & Co., 1892.

The author says: The chief purpose of this book is to present, in an easily intelligible form, such an outline of the rudiments and essentials of Obstetric Science as may constitute a good ground work for the student at the beginning of his obstetric studies, and one by which it is hoped he will be the better prepared to understand and assimilate the extensive knowledge and classical descriptions contained in larger and more elaborate text books. Confessedly, in great part, a compilation from these, it is upon the more recent treatises of Leishman, Playfair and Lusk that I have most largely depended as authorities in dealing with matters that are still unsettled, and it is with pleasure I acknowledge my indebtedness to these authors.

Whatever value the book may possess as a book of reference for the practitioner, I cannot but hope it may prove of service to those whose onerous duties allow but little leisure for con-

sulting larger works, and who simply desire to refresh their minds upon the more essential points of obstetric practice.

Dr. King has long been known as a most accomplished writer on the subject of obstetrics and gynecology. He has succeeded admirably in furnishing a good groundwork to the obstetric student at the outset of studies. Although ostensibly written for the busy practitioner will find much information within its pages that he will not find in any work. Of the 141 illustrations it may safely be said that they all illustrate, and that the engraver's work is excellent. From every standpoint we can heartily recommend the book to practitioner and student.

A MANUAL OF CHEMISTRY, for the use of students of medicine. By Arthur P. Luff, M.D., B.Sc., Lecturer on Medical Jurisprudence and Toxicological Chemistry, St. Mary's Hospital Medical School, London. In one 12mo. volume of 522 pages, with 36 engravings. Cloth, \$2.00. Philadelphia, Lea Brothers & Co., 1892.

This book has been written to bring together in concise form those portions of chemical science that directly or indirectly bear upon the study and practice of medicine. As is usual with all the Lea Brothers publications. The paper and type are excellent, while the author has succeeded in presenting within a small space an unusually complete work on chemistry. In part five, illustrations are given of the modes of working out the various chemical problems,—a feature which we have not noticed before in similar works.

AN AMERICAN TEXT BOOK OF SURGERY, for practitioners and students, by Charles H. Burnett, M.D., Phineas S. Conner, M.D., Frederick S. Dennis, M.D., William W. Keen, M.D., Charles B. Nancrede, M.D., Roswell Park, M.D., Lewis S. Pilcher, M.D., Nicholas Seen, M.D., Francis J. Shepherd, M.D., Lewis A. Stimson, M.D., William Thomson, M.D., Colin Warren, M.D., J. William White, M.D., edited by William W. Keen, M.D., LL.D., and J. William White, M.D., Ph. D. Profusely illustrated, Philadelphia. W. B. Saunders, 913 Walnut, Price \$7.00 net cloth, \$8.00 sheep, \$9.00 half Russia.

The great advances which have been made in the science and art of surgery, within the last few years, has created a need for new sources of reference, both for the student and the practitioner—a need which has been met with to some extent abroad, but not so thoroughly in this country. For this reason the present text-book has been prepared by American authors who are teachers of surgery in leading medical schools and hospitals. Many of the most important subjects are considered from a new standpoint, and especial prominence

has been given to Surgical Bacteriology and to the most recent methods of treatment, particularly in relation to asepsis and antisepsis and to the newer methods in those departments in which of late such notable progress has been made, as in cerebral, spinal, abdominal and pelvic surgery, etc.

The entire book has been submitted in proof sheets to all of the authors for mutual criticism and revision. As a whole, the book may therefore be said to express upon important surgical topics the concensus of opinion of the surgeons who have its preparation. While it thus represents in general the views of all the authors, each individual author is free from absolute responsibility for any particular statement. Many of the illustrations are original, among these the bacteriological colored plates and the numerous half tone plates which are reproduced with great fidelity from photographs of patients or of specimens, and which add to the value of the work both artistically and surgically. As it contains over twelve hundred pages including over four hundred wood cuts and forty plates, it is not surprising that the various subjects are treated in a very thorough manner, although not exhaustively. It is apparently condensed as much as possible, but this has no doubt been a difficult task where so many as thirteen very able writers have been at work in it together. What strikes us most, looking carefully over half a dozen or more subjects, is the fact that every chapter seems thoroughly up to date. We can find no fault of omission. If there is any fault at all it is the size and voluminousness; but, in the opinion of many, this fault is a good one. That it is a first class book of reference there cannot be the slightest doubt; but whether the student will be able to read it through is very doubtful, life is so short and our art is so long. For teachers of surgery and for surgeons, either specialists or practitioners, devoting special attention to surgery, the work is admirable and well worth the price charged. Messrs. Saunders deserve the highest praise for their success in carrying such a heavy undertaking to completion and for the excellent quality of the mechanical part of the work, such as paper, type and binding. On the whole it is far ahead of any single volume on surgery that we have yet seen.

THE READY-REFERENCE HANDBOOK OF DISEASES OF THE SKIN. By George Thomas Jackson, M.D., Chief of Clinic and Instructor in Dermatology, College of Physicians and Surgeons, New York; Professor of Dermatology in the Women's Medical College of the New York Infirmary. In one handsome duodecimo volume of 534 pages, with 50 engravings and a colored plate. Cloth, \$2.75. Philadelphia, Lea Brothers & Co., 1892.

The author's large experience as a prac-

itioner and teacher has been brought to bear in producing a work admirably adapted to convey a practical knowledge of Dermatology. It would be difficult to conceive of a work more exactly suited to the needs of both students and practitioners. Richly illustrated, issued in convenient form, and at a price within the means of all, the volume is assured of wide usefulness.

Among its special features may be noted an alphabetical arrangement of diseases, the English, French, German and Latin synonyms, and also the pronunciation. A great deal of useless matter usually found in works of the kind has been left out, only what is thoroughly practical being retained. As usual with Messrs. Lea Brothers, publications, the type and paper make it a pleasure to read it.

#### LITERARY NOTE.

We are informed that in view of the general interest awakened in the Cholera, Dr. Klein's well known little book on "The Bacteria in Asiatic Cholera," published by Macmillan, has been reduced in price to one dollar. Dr. Klein is lecturer at St. Bartholomew's Hospital, London, and is an acknowledged authority on Bacteria.

LUNCHEON TENDERED TO THE MEMBERS OF THE AMERICAN GYNAECOLOGICAL SOCIETY AT HOTEL ST. GEORGE, BROOKLYN, SEPTEMBER 20th, 1892.

The following favorite prescription of Prof. A. J. C. Skene of Brooklyn, was ordered for the Fellows of the American Gynaecological Society at its Brooklyn meeting and proved very palatable and exhilarating.

R

Extracti carnis in poculis, . . . . .	℥ ij
Olivæ Hispanicæ, . . . . .	℥ ss
Amygdalæ salsæ, . . . . .	℥ j
Raphani, . . . . .	℥ ss
Panis carnisque varietatis, . . . . .	℥ viij
Astici cum condimento Auroro, . . . . .	℥ iv
Vini Burdigaleusi, . . . . .	℥ i
Crusti glandii vitulini, modo Regino, . . . . .	℔ ss
Calidi quoddam Washingtoniensis, . . . . .	℥ iij
Acetariæ e pullis gallinaceis, . . . . .	℥ ij
Acetariæ e astacis, . . . . .	℥ j
Solani esculenti cum condimento Mayonnaiseo . . . . .	℥ j
Vini Gallici . . . . .	℥ vj
Cremoris glaciis vanillæ, . . . . .	℥ j
Pastellæ varæi, . . . . .	gr. ij
Pomæ diversæ, . . . . .	gr. v
Caffææ, . . . . .	℥ ij
Spiriti frumenti, . . . . .	ad libitum
Spiriti vini Gallici, . . . . .	" "
Aquæ puræ, . . . . .	q. s
Herbæ Nicotianæ.	

M

Sig.—℥ ij every five minutes.