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THE

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Original Communications.

PHOTOGRAPHING THE RETINAL IMAGE IMPRESSED ON THE LIVING FUNDUS OCULI.

BY A. M. ROSEBRUGH, M.D., TORONTO.

(Read before the Canadian Institute, Toronto,
April 4th, 1887.)

In January, 1864, I had the privilege of reading a paper before the Canadian Institute on "Photographing the Living Fundus Oculi" This paper was published in the journal of the Institute, which was issued two months later, namely in March, 1864. This article was copied by the scientific journals abroad and, among others, attracted the attention of Prof. Zantedeschi, of Padua, Italy, who wrote me in June following. This communication of Prof. Zantedeschi led to the production of the photographs which I have the honor of presenting to the Institute this evening; and as this communication is interesting in itself, and as I have a literal translation thereof, I will read the same. He writes as follows:

PADUA, June 28th, 1864.

DEAR SIR,—In the numbers 3 and 6 of the *Moniteur du Photographie* for the year 1864, I read with great pleasure that you have photographed the bottom of the eye of living animals, and I congratulate myself with you. I should have need, for the promotion of my studies, that you would be so kind as to make an experiment for me. Let the eye of a man be directed to an

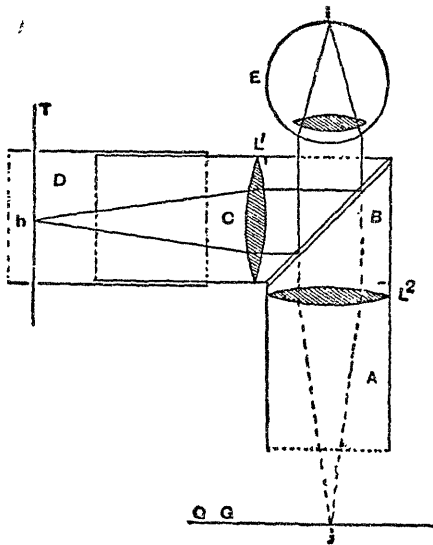
object, as, for example, a flower, whilst the image of the flower *persists* on the bottom of the eye or on the *retina*; let the photography be executed; does the image remain impressed on the paper (*sempilizzata*) in the same way as it is seen in common photography? I expressed my philosophical opinion in a *feuilleton* entitled "La Camera Lucida." Applied to the prototypes of the external world the images are subjective, the impression is objective, and the soul or mind refers the image to the object from which the excitement or the luminous motion is derived. Be so kind as to write me and to enclose in your letter an *essay* of an eye photographed by you whilst the image of the flower *persists* on the *retina*. I give you my best thanks beforehand and remain, with high esteem, yours truly,

FRANCIS ZANTEDESCHI.

I was not able to carry out the suggestion contained in this communication until the following summer (1865), when, after several attempts, I was so far successful as to be able to demonstrate the possibility of accomplishing what Prof. Zantedeschi had in view, namely, photographing not only the living retina of the eye, but also, at the same time, the inverted image of an object to which the eye was directed. My experiments did not extend beyond this point, and I have not found it convenient to take up the subject since that time. The result fell so far short of what I believed might be attained that I refrained from reporting the little that had been accomplished.

As, however, the subject does not seem to have been taken up by others, although 23

years have since elapsed, I desire now to report the result of these experiments, and to present some specimens of the photographs then made. These pictures are quite crude, but inasmuch as they appear to demonstrate at least the possibility of accomplishing the end desired, I trust they will not be found devoid of interest. They are prints from two negatives taken from the retina of a cat while under the influence of chloroform. The first is simply a view of the optic nerve entrance, with the radiating retinal blood vessels, and magnified about four diameters. The second, also magnified, presents a view of the ocular fundus with a dim outline of an image, in this case, a portrait, impinging upon this portion of the fundus. The ramifications of some retinal vessels are also to be seen in the photograph.



A, the camera tube. B, an extension outwards of the camera tube. C, a tube meeting tube B at right angles. D, the sliding tube for carrying the object to be photographed. E, the eye. P, the plate glass. T, the transparency. L^1 , L^2 , the lenses. G G, the ground glass at the back of the camera and where the prepared plate is placed. h, a single point of the illuminated object on the transparency. i, the image of this point on the retina of the eye, E. j, the photographic image of this point on the plate at the back of the camera.

My apparatus may be described as follows: A small photographic camera with a principal focus of about three inches is used. Upon the outer end of the tube carrying the camera-lens (or lenses) is attached a T tube, one tube crossing the other at right angles. We will

call the camera-tube containing the photograph lens, tube A, the tube attached thereto, tube B, and the tube meeting the latter at right angles tube C. D is a slotted tube sliding upon tube C. In tube B is placed an elliptical shaped plate of polished plate glass, and inclined at an angle of 45 degrees to tube C. This plate glass is placed so that rays of light impinging upon its surface from tube C are directed outwards from the outer end of tube B. This plate glass partly transmits and partly reflects rays of light incident upon its surface.

A, the camera tube. B, an extension outwards of the camera tube. C, a tube meeting tube B at right angles. D, the sliding tube for carrying the object to be photographed. E, the eye. P, the plate glass. T, the transparency. L^1 , L^2 , the lenses. G G, the ground glass at the back of the camera for adjusting the focus and where the prepared plate is placed. h, a single point of the illuminated object on the transparency. i, the image of this point on the retina of the eye, E. j, the photographic image of this point on the plate at the back of the camera.

While these photographs were being taken the eye of the cat was held near the opening at the outer end of tube B. The transparency was exposed to the direct rays of the sun, and the prepared plate was "exposed" about five seconds.

The principal difficulty in making these photographs arose from the fact that the cornea reflects the light very strongly. This is the case with the eye of lower animals as well as with the human eye, but in the latter a much larger proportion of the light reflected into the eye being absorbed, the light reflected from the fundus is comparatively feeble and not sufficiently intense to illuminate the prepared plate already partly illuminated by the light reflected from the cornea. Hence my attempts at photographing the human retina, or the inverted retinal image imprinted thereon, were not attended with success. As a large proportion of the rays of light incident upon the fundus oculi of the cat are again reflected, a comparative brilliant image is formed on the prepared plate, and this renders the photograph possible, notwithstanding the reflections of light from the

cornea. The inside of the tubes are, of course, well blackened (especially near the part marked B in the figure) for the purpose of absorbing all light not required in making the photographs.

The object, the retinal image of which is to be photographed, is placed near the outer end of tube D, while the eye, whose fundus is to be photographed, is placed near the end of tube B. The light from tube D, or a portion thereof, being reflected through the dilated pupil, causes a certain portion of the fundus to be illuminated. In the cat only a small percentage of the illuminating rays are absorbed. The larger part pass out of the pupil and (in this case) meeting the plate glass, a certain portion are reflected back through tubes C and D to the source of illumination, the balance of the rays are transmitted and pass through the lens to the ground-glass screen at the back of the camera. The eye of a cat being emmetropic or only slightly hyperopic, these rays of light on being emitted by the eye are nearly parallel, and, being refracted by the plate glass and the camera-lens, form a picture at the principal focus of said lens. Hence, although the eye to be photographed is very near the end of the tube, the adjustment of the camera is the same as for distant objects.

In photographing the retinal image my plan was as follows: The object to be photographed was placed in tube D. The object used was a glass transparency printed from a negative, a slot on each side of the tube being made to admit the glass slide on which the transparency was printed. A convex-lens was placed at the inner end of tube C, at its junction with tube B. The length of the focus of the lens was determined by its distance from the glass transparency; thus, if the distance from the lens to the transparency were, say, 3 inches, a lens of 3 inch focus would be used, the object being to render the rays of light from the transparency parallel before being reflected into the eye.

Tube D, being made adjustable with reference to tube C, the distance between the transparency and the lens may be adjusted at pleasure, the object being to place the transparency in that position that will give the best retinal image. If, for instance, the eye to be photographed

were myopic, the transparency would be placed at a point within the principal focus of the lens, and if, on the contrary, the eye were hyperopic, the transparency would be placed at a point beyond the principal focus. In the former case the rays of light reflected into the eye would be diverging, and in the latter case they would be converging.

The same principle applies in focusing the image on the ground glass at the back of the camera. In the case of a myopic eye the focus would be shortened, and in the case of a hyperopic eye the focus would be lengthened.

Although the definition of these photographs leaves much to be desired, the fact that such photographs are possible is not without interest in itself, apart from any practical use that may be made of it. These experiments are also confirmatory of two fundamental principles in physiological optics already demonstrated by the ophthalmoscope, namely:

1. The eye is a perfect *camera obscura*, and the object to which the eye is directed forms an inverted image on the retina.
2. When the eye is illuminated it becomes a *camera lucida*, and light is reflected from the fundus. In the hyperopic, or in the emmetropic eye, these reflected rays may be formed into an image (inverted) by means of a convex lens. In the myopic eye an inverted image is formed in front of the eye without the aid of a lens.

[Dr. Rosebrugh has shown us copies of photographs of the fundus oculi—two series. The first series represents the nerve entrance and the retinal vessels simply. The second series gives the retinal vessels and also a portrait. While the definition in these photographs is not all that could be desired, they at least seem to clearly demonstrate the possibility of attaining the end desired.—ED. PRACTITIONER.]

THEIR SOUND IS GONE OUT.—Dr. T. Addis Emmet says that he has not owned a uterine sound for years and his uterine probe has been disabled for a very long time. Both instruments are useless to him since he has employed bimanual palpation. On this basis it requires one-half less time to treat cases of pelvic inflammation of a non-surgical sort.—*Practitioner and News.*

THE TREATMENT OF UTERINE FIBROIDS.

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

(Read at Toronto Medical Society, May 12, 1887).

In presenting the subject of the treatment of uterine fibroids (or, more correctly speaking, fibro-myomata) I will relate the histories of a few cases which will illustrate certain points in the treatment of such tumors that I wish to present.

CASE I.—A. B., aged 37, unmarried, living in Colborne, Ontario, went to Toronto in the summer of 1874 to consult Dr. Hodder. She had a large abdominal tumour reaching to a point above umbilicus and well down into pelvis. It had been growing for some years, and caused considerable inconvenience without much pain. Dr. Hodder gave a decided opinion that it was a fibroid tumor of the uterus; that no operation would be of any use; that she would likely live for many years; that apart from the inconvenience before mentioned she might be able to pursue her ordinary avocations without much pain; that it might not grow any larger, and might even become smaller after a time; and that medicines would probably have little effect. He advised a certain course of treatment, giving chiefly bromide of potassium and ergot. I saw her some time after this and made no new suggestions. After an interval of nearly two years I again saw her in the summer of 1877, and found considerable increase in size of tumor, which then reached to a point near the ensiform cartilage. She had failed much in health, was suffering great pain, and had rather profuse uterine hemorrhages. She had been compelled to give up her work as a teacher some time before this, and was, in fact, a confirmed invalid. I never saw her again, but learned that she gradually grew worse and died in about a year.

CASE II.—Mrs. B., aged 47; four children, age of youngest 18; one miscarriage when about 32 years of age, never pregnant afterwards. Saw her in January, 1881. She had had rather profuse menorrhagia for nearly two years, which she attributed to "change of life." Two of the hemorrhages had been very severe and prolonged. Noticed a lump in lower part of ab-

domen about a year before, which was gradually increasing in size. On examination I found she had a large interstitial fibroid. Externally the tumor reached the umbilicus. Health fairly good. Considering age and general condition of system I gave rather a favorable prognosis. I pursued the usual medical treatment for such cases, relying chiefly on ergot or ergotine. The following mixture (as recommended by Goodell) appeared to do most good: Tincture of iron, dilute phosphoric acid, fluid extract of ergot, and tincture of cinnamon, 15 minims of each in water three times a day. She remained in bed during hemorrhages. The hemorrhages grew gradually less frequent and less severe until the year 1885 when she had her last, being then 51 years of age. When I last saw her, in 1886, the tumor was somewhat reduced in size and she was enjoying good health.

CASE III.—C. D., aged 26, seen in March, 1882. Married; one child, aged 2 years. Menstruation nearly normal. Complained of rather vague pelvic pains which had existed for some months. These pains had become suddenly more severe on the day I was called to see her, and were located in lower part of the back and extended from there down the thighs. On examination I found a subperitoneal fibroid, growing from posterior surface of body of uterus, about as large as a small orange. I found the uterus was slightly retroverted, and the small tumor was pressed rather strongly against the anterior surface of the sacrum. I was able, without much trouble, to change position of uterus by pressing upwards the tumor, and the severe pain was at once relieved.

A few weeks afterwards she was again seized with severe pain. I again raised the tumor, giving instant relief. The following day the pain recurred from same cause, and I introduced an Albert Smith pessary, which had the effect of keeping uterus with tumor in good position. The pessary was removed in about three months and never afterwards introduced. In 1883 the symptoms of pressure again appeared and were relieved by pushing up tumor as before. In the meantime the tumor had increased slightly in size, though still not larger than a medium sized orange. After this it never got wedged into pelvis while

patient was under my observation. During the following three years the tumor remained about the same size, and the patient suffered comparatively little inconvenience from its presence; but her knowledge of the condition of things had at times a very bad moral effect. Saw her last in January, 1886. Among the remedies given ergotine pills appeared to have the best effect, in two grain doses, taken twice or three times a day. Did not again become pregnant after birth of her child in 1880.

April 24th.—On day after writing this history saw Mrs. D. She was very well and had been so since her removal to Guelph fifteen months ago. During interval has taken ergotine pills almost constantly, and while she takes them feels no inconvenience from tumor; but says when she omits them for a few days her pains return. As she expresses it, she is "like a toper with his liquor—she can't do without the pills."

CASE IV.—H. M., aged 50 years; two children; age of youngest, 15 years; menorrhagia and metrorrhagia for some months. On examination found interstitial fibroid in right wall of uterus. After trying the effect of medicines it was decided after a prolonged hemorrhage to use the curette. The cervical canal was dilated with a tupelo tent, and the interior of the uterus scraped with Thomas's curette, a considerable amount of fungus granulations being removed. Although antiseptic precautions were adopted, I was humiliated by the result. A sharp attack of cellulitis followed, which ended in the formation of a pelvic abscess. She refused to allow any operative procedure for this, and after a few weeks the abscess opened into the bladder, and the patient had a tedious illness which finally ended in a fair recovery from the pelvic inflammation. She has had a number of hemorrhages since, but they recur at longer intervals and with less severity, and I hope she will soon have passed the menopause.

CASE V.—Mrs. M., aged 40; had 4 children, youngest child aged 9; no miscarriages. Admitted to Toronto General Hospital, May 14th, 1886. Had first noticed a swelling in abdomen two years before. Had pelvic pains and dysmenorrhœa, with slight menorrhagia, for about three years. Had an alarming hemorrhage in

April and another which commenced on May 10th, four days before admission. Flowing continued a week after admission. At the same time she had a continuous rise of temperature, sometimes reaching 105°, great pain in abdomen a rapid and feeble pulse, 100–130, face pale and expression very bad.

She was kept very quiet, took large doses of morphia to relieve pain—ergot and hydrastis Canadensis to check hemorrhage. Had for a time hot douches twice a day.

May 23rd.—Consultation with two members of staff. The general condition was much improved; temperature a little over normal, pulse 90–100. Slight tenderness over tumor, which we thought due to metritis or endometritis. The tumor extended to a point a little above umbilicus, due to fibroids which could not be very definitely located. Sound passed four inches. The majority decided against abdominal section and advised local treatment.

May 25th.—General condition fairly good. I made an intra-uterine application of a weak solution of subsulphate of iron. This was followed by a recurrence of the severe symptoms observed during first week after admission. For three or four days she was so exceedingly ill that we had little hopes of her recovery. There were intense pain, requiring large doses of morphia to mitigate it (we could not entirely control it), high temperature, and rapid pulse, sometimes 140. These symptoms gradually subsided after five or six days. About last of May a hemorrhage commenced which continued about nine days.

June 10th.—Comparatively comfortable, slight rise of temperature, pulse about 100. At a consultation abdominal section was recommended.

June 14th.—Section made; ovaries and tubes removed. Abdominal wound healed without any pus formation. There was, however, during convalescence much pain over uterus, somewhat similar to that in her former attacks but not so severe. She gained strength very slowly. Had one slight hemorrhage, lasting about two days, shortly after operation. About two weeks after operation tumor was considerably decreased in size. No further loss of blood while in hospital. She went out September 1, about two and a half

months after operation, and through a misunderstanding I did not learn where she went, and have heard nothing about her since.

I have selected these cases and given brief histories of them with the hope that they may be of interest, and furnish material which will be well worthy of our consideration. They show how serious some fibroids may be through their effects on their unfortunate possessors; this shows how comparatively innocuous they may be in other cases; and they also show the serious dangers which may arise to such patients through the manipulations of the surgeon.

No. 1 was a case which shows by its naked history probably better than I could explain in any other way the great advances which have been made in the surgical treatment of abdominal tumors. The name of Dr. Hodder furnishes a guarantee that no surgical procedure which had the confidence of the profession would be withheld. His verdict was that which would have been given at that time by the best surgeons in any part of the world. He, however, simply told her something to this effect: "Nothing much can be done for you; we will give you some medicine which may do you some good; rely simply on Providence and a little on our potions; there is some hope that your sufferings may be not quite sufficient to kill you, but time will tell as to that." When I last saw her, in 1877, she made a piteous appeal to me to do something for her. I had not then sufficient knowledge of abdominal surgery, or confidence in its procedures, to advise an operation. I simply gave her a prescription, folded my hands, and let her die. I will refer to this case again.

Case II. is such a one as we frequently meet in practice, and affords an opportunity for discussion of treatment. Some of our modern surgeons consider that abdominal section, with probably a removal of the uterine appendages, is the best plan of treatment in all cases. It is urged that the presence of such tumors is a constant source of a variety of dangers, and that a section with, of course, proper precautions is almost devoid of danger. Statistics are given to prove the latter fact, and certainly show, in the case of such an operator as Lawson Tait, that the rate of mortality is almost nothing. I

have not reached that stage of contempt for the risks connected with the opening of the peritoneum, and, with my present views, shall always consider an abdominal section a very serious operation, not to be undertaken without carefully weighing the matter in all its aspects. I have learned to think, however, that such a procedure involves less danger than some of the plans of treatment which a few years ago were considered comparatively safe. Two of my cases will illustrate this.

My patient was 47 years of age, in easy circumstances, so that she could afford to keep quiet when necessary. Although she had had two rather alarming hemorrhages she was in fairly good health. Her age gave me reason to hope that she would soon pass the menopause. Unfortunately, however, there is always a great element of uncertainty about this. The stimulus afforded by the presence of such a tumor often causes the recurrence of hemorrhages for several years after the average time for the cessation of menstruation, frequently up to the ages of 55 or even 60. I decided, as I usually do in such cases, to try the effect of medicines, with regulation of diet and strict injunctions to remain in the recumbent posture during hemorrhages. The result was, as I have indicated, quite satisfactory, and the patient is now alive and well, not having had any hemorrhage for about two years.

If the result of such treatment had not been favorable I would have advised the removal of the uterine appendages. When these tumors grow slowly there is a strong probability that the fibrous prevails over the muscular element, and in the great majority of cases it has been found that this operation prevents the recurrence of the hemorrhages, and even causes a reduction in the size of the tumors. When, on the other hand, we have what Tait calls the large and rapidly-growing œdematous fibroid, or pure myoma, the removal of the appendages has generally little or no effect. We had, I think, a good example of this variety in the large tumor, weighing 65 pounds, which was recently presented to this society by Dr. Atherton. For such a growth there is probably no remedy excepting its complete removal by the operation of hysterectomy.

In the case of the first patient I have referred to, I think Tait's operation should, with our present lights, have been performed when she was first seen by Dr. Hodder, and if that failed she should have had the benefit of the chances of hysterectomy. I consider the latter operation one of the most serious in the whole range of surgery, but with the brilliant work recently done by Keith, Tait and others before us, it is robbed of many of its terrors. In such cases, if left alone, we can look forward to nothing but confirmed invalidism with inevitable death following, and we are only obeying the general rule of surgery in recommending the only procedure which offers any chance of recovery.

Before leaving Case II. I wish to say something about our choice of remedies. In the first place it is well, of course, to keep up the condition of the patient on general principles. Keep the patient quiet during hemorrhages, and let her be in the open air as much as possible during the intervals. Second—Regulate the diet. Adopt Cutter's plan of excluding as far as possible the carbo-hydrates, starches, sugar, and such fermentable foods, and using as far as possible animal food. Third—Let us rely mainly on ergot or ergotine. Among the vast number of medicines proposed in addition to these I have found none of any value. I generally commence with fluid extract of ergot in 15 minim doses three times a day. In some cases I find ergotine answer better. I have had no extended experience in the hypodermic use of this remedy. It is a very efficacious plan, but rather hard to carry out in private practice. I have tried *hydrastis canadensis*, but with negative results, but it has been so highly recommended recently that I consider it worthy of a further trial.

In Case III. we have an example of a sub-peritoneal fibroid, occurring in a young woman, which has existed several years without giving rise to much inconvenience. And yet that small tumor caused very acute pain on three or four occasions by falling backwards and getting wedged into the lower and back part of the pelvis. The remedy, however, was simple. By pushing it upwards and holding it up for a time with the pessary the pains were removed.

Case IV. illustrates the grave danger which

may arise from manipulations of the uterus. As I have explained, the use of the tent and curette was followed by the formation of a pelvic abscess, which was more dangerous than an abdominal section should have proved. I endeavored to use the proper antiseptic precautions, but perhaps I failed in some particular. I unfortunately don't know how I could have been more careful. It so happens, however, that the use of tents has been followed by serious results in a certain proportion of cases of all who have employed them to any extent. In a similar case I think now that I would rather make the section if medicines had no effect, especially as the scraping of the endometrium is not likely to produce any permanent benefit.

Case V. also illustrates the dangers of local treatment. The patient was in a very serious and alarming condition. The flow was so profuse as to endanger her life. The severe pain arising from some form of inflammation complicated matters. I had serious doubts as to the proper method of treatment, but was inclined to favor an immediate section. I however decided, with the concurrence of others, to make an intra-uterine application. I have told you the result of that. It nearly placed my patient beyond all earthly pains, and that was exactly what I wished to avoid. For the future I will think twice before trying the same plan under similar conditions. As I have told you, the removal of the appendages caused far less constitutional disturbance, and practically effected a cure.

I will refer briefly to some other methods of treating these tumors. Among the most common is the removal of the submucous or interstitial fibroids through the vagina by enucleation. Some years ago I saw many removed by this procedure, in hospital practice, but the results were not very satisfactory. Occasionally a tumor may be enucleated and withdrawn with very little difficulty; frequently the operation is very difficult and dangerous. Under the most favorable circumstances there always remains an element of doubt, because there may be one or more tumors left behind to grow, and thus give rise to a fresh series of alarming symptoms.

The best method of enucleation is probably by means of Thomas's spoon saw. Dr. Thomas, himself, speaks very highly of this instrument; but in the hands of others it has proved neither so efficient nor harmless as in his practice. Dr. Carroll reports three fatal cases from its use in the New York Woman's Hospital. In each of these cases perforation of the uterine walls occurred, causing death by septic peritonitis. I have not used this serrated scoop, nor any of the enucleators or nail-curettes which have been recommended; and, considering the grave dangers connected with their use, as shown by the many fatal results in the hands of the most skilful operators, I am inclined to think I never will.

When, however, a submucous fibroid becomes partially extruded, and thus converted into a polypus, its removal through the vagina becomes, in the majority of cases, a comparatively safe and justifiable operation.

Electrolysis is a method from which much was expected for a time, but the results thus far have been, as far as I can learn, very discouraging. A few successful cures have been reported, but in the hands of some surgeons the patients have derived no benefit from this plan of treatment, and in the practice of Dr. Cutter, of Boston, four deaths resulted from it. In carrying out this treatment the galvanic current is passed into the tumors through steel needle-electrodes.

My chief aim in writing this paper has been to advocate, in the first place, a fair trial of conservative treatment in this class of tumors. Although very common, such growths may cause little or no inconvenience whatever. In rather a large proportion of cases they cause more or less suffering and anæmia. In a very small minority they cause death. Upon the whole, I think they may be considered as comparatively innocent. In consideration of these facts I have put in the plea for the old-fashioned methods of medical treatment as the first that should be resorted to in all cases. As far as my experience goes, these will be sufficient in the great majority of patients thus afflicted.

In some cases, however, as we well know, our best directed efforts in this direction will prove entirely useless, and we are compelled to resort

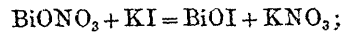
to surgical methods. I have endeavored to show the grave dangers connected with certain procedures, such as curetting, intra uterine applications, enucleation, and electrolysis.

On account of such dangers, I think that when medicinal treatment fails, our best course is to throw aside our conservatism, and proceed at once to the radical operation of laparotomy, with the removal of the appendages, as a rule, or hysterectomy in that small proportion of desperate cases which admit of no other means of relief.

PREPARATION OF BISMUTH SUBIODIDE.

BY L. M. SWEETNAM, M.D.

I have recently received a large number of requests for information regarding the preparation of bismuth subiodide from readers of the PRACTITIONER. To more fully respond to these, and with the hope of inducing others to give this new dressing a trial, I describe below the easiest, and probably the best way, of manufacturing this substance. The formula is:



or, to give the molecular weights:

$$288 + 167 = 353 + 102.$$

That is, 288 grs. of bismuth subnitrate and 167 grs. of potassium iodide produce 353 grs. of bismuth subiodide and 102 grs. of potassium nitrate; or, 3 oz. 2 drs. 4 grs. of bismuth subnitrate and 1 oz. 7 drs. 8 grs. of potassium iodide will produce 4 oz. of bismuth subiodide. To manufacture 4 oz. of bismuth subiodide, 1 oz. 7 drs. 8 grs. of potassium iodide are dissolved in a pint of cold water, 3 oz. 2 drs. 4 grs. of bismuth subnitrate are stirred in, to this are added 2 or 3 drs. of ac. mur. dil. (ac. nit. mur. dil will not answer), and the stirring continued for, say, half an hour; allow the mixture to stand for three or four days, stirring several times each day. You now have a bright red precipitate, bismuth subiodide, in a colorless solution of potassium nitrate; the solution of nitre is carefully decanted and replaced by clean water, the subiodide is then thoroughly stirred up to dissolve out any potassium nitrate, the subiodide having settled to the bottom the

water is poured off and replaced by fresh ; this washing is repeated at least twelve times, as any remaining nitre is apt to give rise to considerable smarting on coming in contact with a recent wound or abrasion. A moderate excess of bismuth will not interfere with the usefulness of the powder in the treatment of wounds or ulcerations ; but if employed in nasal catarrh, the presence of the bismuth subnitrate is apt to cause severe headache. Any excess of iodine will be removed by the washing.

I will deem it a favor if medical men will kindly report to me any cases in which the subiodide has failed to give entire satisfaction, with full particulars as to mode of application and the nature of the cases in which it has been employed.

CASES IN PRACTICE.

BY F. R. ECCLES, M.D., M.R.C.S., ENG., F.R.C.S.,
EDIN., LONDON.

CASE I. Oct. 27, 1885.—Miss H——, 18 years of age, tall and well proportioned, troubled with nocturnal incontinence from a child. The mother said it frequently took place within an hour after going to bed. When a child, she would drop asleep in her lap, and shortly after falling asleep, would wet herself. Knowing that she had been under treatment at various times, I felt convinced that she had taken belladonna before, and therefore had little confidence in the efficacy of that drug in her case. However, giving directions to the patient to take very little fluid of any kind during the afternoon, and to empty the bladder before going to bed, and *to the mother*, to wake her up every night before twelve to again empty the bladder, I commenced with the belladonna treatment, ten drops of the tincture at bedtime—to be increased five drops every night. At the end of a week she was taking forty drops every night, without any effects either physiological or therapeutical. I then ordered her teaspoonful doses of the tincture, to be taken at bedtime as before.

Nov. 16. Finding no physiological effect from a week's continuance, I abandoned the tincture, and commenced with the fluid extract

(Saunders's), five-drop dose, increasing two drops every night up to twelve drops.

Nov. 21. No incontinence for four nights ; still to continue twelve drops every night.

Nov. 30. Incontinence every night since 21st. As there had been no dryness of throat, or dimness of vision, the belladonna was ordered to be gradually increased, until some slight toxic effect was produced.

Dec. 12. Taking fifteen-drop doses.

Dec. 15. Eighteen-drop doses, with a diminution in the frequency of the nocturnal incontinence, but no dryness of the throat or interference with the vision.

Jan. 18, 1886. Patient now taking twenty-six drops every night—slight dilatation of pupil noticed, but not enough to interfere with vision or make patient complain—no incontinence since January 1st.

Feb. 8. The mother reports that she is practically cured, and says also that the medicine has become very repulsive to her, and that she absolutely refuses to take any more.

March 4. Incontinence returned, and the patient was pressed to resume the medicine again, from fifteen to twenty-five drops at bedtime.

April 22. No incontinence since, and as patient very much disliked the medicine, she discontinued it of her own accord.

June 19. Only once since April 22.

Aug. 7. Entirely free from the incontinence up to August 1st, since which she has twice soiled the bed—belladonna again resumed in twelve-drop doses to be gradually increased to twenty drops. In a few days the twenty-drop dose so affected her that the dose had to be lessened to sixteen drops. She had dimness of vision and dryness of the throat to a marked extent. Also complained that the medicine made her sick and sleepy.

Sept. 20. No incontinence since August 7th, but on account of her great objection to the belladonna, I changed it to atropia, one-thirtieth of a grain, and continued this for one month, at the expiration of which all treatment ceased. It is now seven months since she had any belladonna and there has been no return of the incontinence. She is in fact entirely well and free from an affliction which lasted for twelve or thirteen years. The interest and peculiarity

of the case are centred in the large doses required to produce the physiological effect of the drug; and the necessity for a long continuance of the remedy before the patient was completely cured.

CASE II. Nov. 15, 1886.—Case I. came under my care a second time. Ten days previous to this date she was in the bloom of health, full face, rosy lips and cheeks, in fact in every way the picture of health. Having had the opportunity of frequently seeing her from October 1885 to September 1886, as it was during that time she was under treatment for the incontinence), I was much surprised to see my old patient profoundly anæmic. No history of hemorrhage of any kind from the bowels, uterus or other organs. Menstruated on the 11th and had just ceased. Her mother stated that the discharge was scanty, watery and almost colorless, and entirely different from any previous menstrual period. She complained of pain and distress in the head. "I feel as if a wheel were going around in my head," she said. The mother said she inhaled vitalized air to prevent pain during the extraction of a tooth and that she never got completely under its influence. Next morning she noticed the pallor, but thought it was probably due to the painful condition of the jaw. After the pain and swelling had subsided, the pallor still remained and the mother brought her to me, just ten days after the administration of the nitrous oxide. My first impression was, that it was possibly the result of the prolonged administration of such large doses of belladonna; but upon referring to my notes, the large doses ceased nearly two months previous. I mentioned to the mother the nitrous oxide as a possible cause. She has been taking various preparations of iron and arsenic ever since, with considerable improvement, but she is by no means well yet. Her menstruation is regular, but quantity and quality are far below the normal.

Five days after (Nov. 20th) I was called to see Eva W—, a housemaid, under almost precisely similar circumstances and with almost the same symptoms. She was a country girl eighteen years of age, and had been with her employer since September, and never complained of any symptoms of weakness. The

house was a four-story one, and she thought nothing of running up the four flights. During the two months previous to this I frequently saw her (not professionally) at the house, and knew that she was anything but anæmic. She said she took vitalized air two weeks ago, and never felt well since the tooth was extracted. There was but little pain or swelling in the jaw afterwards. She complained of being unable to do her work—cannot go up one flight of stairs without producing dizziness, shortness of breath, and palpitation of the heart. She is exceedingly pallid, the lips are devoid of their rosy hue, and the pulse frequent and weak. A marked case of anæmia. My previous suspicions in the first case were now confirmed, and I had no hesitation in charging the nitrous oxide as being the direct cause of the anæmia in both cases. A few days ago I met at Forest Dr. Ovens and Mr. Rosenberry, the resident dentist, to whom I mentioned the cases, and they immediately cited two other cases that had come under their observation, the particulars of which I expect soon to get. In each of these two cases I have reported, the anæmia was so sudden and pronounced, that it might be compared to those rare cases of anæmia, which have been produced by nervous shock, such as sudden fright or overwhelming influence of great grief and where the prime cause was the profound impression made upon the nervous centres, which either results in the immediate destruction of hosts of red corpuscles, or the more or less effectual stoppage of blood formation, or a combination of both. Cases of *sudden anæmia* from nervous shock have been reported, but I am not aware of the report of any case of which nitrous oxide was the cause. It is a well known fact that certain poisons produce anæmia, such as malaria, syphilis, lead, accumulation of waste products in the system, as in gout, lithæmia, etc., but here the change is comparatively slow and probably direct, affecting the vitality of the cell. One may seek for explanation in the manner in which the anæsthesia is brought about by nitrous oxide—rapid venosity of the blood, thereby affecting the nerve cells. The venous condition of the blood counteracts any tendency to stoppage of the heart through the inhibitory action of the

pneumogastric, and this is one of the reasons why nitrous oxide for minor operations is looked upon as being much less dangerous than either chloroform or ether; but if infrequent cases of anæmia do occur, it may more than counterbalance its comparative safety, and raise serious objections to its use.

Close observation and careful inquiry in all cases of anæmia, will, I feel confident, elicit more information on this subject.

A CASE OF ARTHRITIS DEFORMANS SUCCESSFULLY TREATED WITH ARSENIC.

BY A. F. M'KENZIE, M.B. TOR. UNIV., BELGRAVE, ONT.

(Read before the Huron Medical Association, April, 1887.)

The treatment of rheumatoid arthritis, rheumatic gout, or, as it is perhaps more suitably called, arthritis deformans, from the great alteration which the disease produces in the size and shape of the joints, is, as a rule, so unsatisfactory that the following case is of interest:

Mrs. W——, aged 60, had been healthy until six years ago, when she began to have rheumatic pains in the joints. Five years ago was on crutches for two months, from lameness in the right leg. She then got better; and was tolerably well until about three years ago, when she began to suffer from shooting pains down the spine and into the left leg, which was œdematous throughout its whole extent, and the knee of which was inflamed. At this time, she says, she had no fever, nor did she feel sick—excepting what sickness might be expected from the severe pain, which gradually increased until she was confined to bed most of the time.

About two years ago she came under the care of a physician who diagnosed her disease as chronic spinal meningitis, and put her on iodide of potash, which she took for some two or three months with benefit, and so far improved that she could walk around with some degree of comfort on crutches. On discontinuing the iodide, however, she relapsed into her former condition.

She came under my observation last July, when I found her lying in bed, unable to turn without help, and suffering great pain. The

pains were principally of a neuralgic character, and would very often awaken her from her sleep and make her cry out. Temperature and pulse were normal. The left knee was fully an inch larger than the right in circumference. The heads of the tibia and fibula, and the lower extremity of the femur, could be felt enlarged and nodulated; and on placing the hand over the knee a crackling sensation could be felt. The left hip-joint felt larger than the right. The leg was not œdematous at this time. The third metacarpo-phalangeal joint of left hand and the right ankle were enlarged and painful. About the middle of the dorsal vertebræ there was a painful, tender spot, from which proceeded severe neuralgic pains. Her general health was very good apart from what might be expected from loss of sleep, etc. I diagnosed the case as being one of arthritis deformans, and put the patient on liq. arsenicalis, in five minim doses, three times a day after meals, in water, the dose to be gradually increased until the physiological effects of the drug were felt. In this way the dose was increased to ℥ viii. three times a day. Fly blisters were applied to the joints and to the painful spot in the spine. After the blisters healed, flannels wrung out of warm solution of pot. carb. were applied to the joints.

For the first couple of weeks patient thought she was a little worse; but after that she commenced to improve, and on October 30th, about three months after the commencement of the administration of arsenic, she was able to walk up a flight of stairs with the aid of a stick, and expressed herself as feeling much better than she had been since the commencement of her illness. Iodide of potash, in two and a half grain doses, and a bitter tonic, were now added to the liq. arsenicalis. On December 30th, five months after commencement of treatment, patient walked up-stairs into my office without the aid of any stick, although she still complained of some stiffness in the joints, especially after sitting some time. As the patient was now tired of taking medicine, and as I considered her practically cured, she discontinued treatment. Up to the present the patient has remained in good health, and the disease has manifested no signs of returning.

With regard to the use of arsenic in this troublesome affection, I believe that Fuller was one of the first to employ it, and he had such good success from its use that he says no case of rheumatic gout should be considered incurable in which arsenic has not been tried.

Ringer says that the indications for its employment in this troublesome disease are unknown; that in cases apparently identical it sometimes fails and sometimes cures, and that its effects are sometimes astonishing—stiffened joints, for a long time considerably enlarged, becoming reduced to their natural size and regaining their suppleness. Large doses are necessary, given for a considerable time; and, it must be borne in mind, that if improvement does not speedily ensue, it must not, therefore, be concluded that the medicine will fail.

Selections.

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

CALOMEL AS A DIURETIC IN HEART DISEASE.

BY DR. E. BIRÓ, BUDA-PESTH.

The author experimented with calomel in the following diseases:—Nine cases of heart disease, two of emphysema, three pleuritic exudation, four interstitial hepatitis, six nephritis. Out of the nine cases of heart disease calomel failed only once to give benefit, and in this case it was tried several times; but in the other eight cases the results were completely satisfactory. In a case of bicuspid insufficiency and mitral stenosis in a laborer aged 47 years, the quantity of urine was increased from 800 to 6,800 c.cm. on the fifth day of the calomel treatment. His experiments with calomel convinced Dr. Biró that the production of diuresis in heart disease is quite easy, although one must expect also many unpleasant accompanying symptoms, as stomatitis—which always occurs—and also colicky pains and diarrhoea. These disadvantages, however, are but of little importance in consideration of the very excellent effects of the remedy, for patients who

have once experienced its action on themselves implore a repetition of the treatment on a return of the dropsy. Its action, however, is not so favorable in other diseases accompanied by dropsy.

In the eight cases of heart disease the diuresis began on the third–fourth day of continuous treatment, on the fourth–fifth day the urine increased very greatly, and reached its maximum on the fifth to the seventh day, and then it gradually diminished again to the normal daily quantity. The degree of the diuresis depends upon the extent of the dropsy; in the first patient, in whom the dropsy was excessive at the beginning, the daily excretion arose from 800 to 6,800 c.cm.; but in the other cases of heart disease the maximum was 5,100 c.cm.

In a case of emphysema in a woman aged 37 years, when the dropsy was not excessive, the calomel here also proved itself of value. The daily quantity of urine, which here varied from 400 to 700 c.cm., was decreased on the second day to 1,500 c.cm., and on the third day to 2,600 c.cm. After this, however, it decreased again to 1,600, and for the next three days was only 1,000 c.cm. Stomatitis presented itself on the first day, and it was in every case a constant accompaniment to the diuresis. Biró also could observe no influence on the heart's action from the calomel or the increased diuresis; but, if it was necessary, he would resort to digitalis. The calomel was ordered with pulv. jalapæ in doses of 20 c.cm. (3 grains), three times a day for three or four days. In no case was it necessary to reduce the dose. A solution of potassium chlorate was used to mitigate the stomatitis, and for the colic pains and diarrhoea one ccm. of opium. This treatment relieved the above symptoms without in any way affecting the action of the calomel.—*Pester Med Chir. Presse.*

G. R. McD.

THE RELATIVE SMARTNESS OF DOCTORS' CHILDREN.—Galton has pointed out some very curious facts concerning the children of professional men. He found, from a study of the heredity of the members of some of the largest scientific societies of London, that the legal profession presented the most eminent men and the fewest idiots. The medical profession

came next; and lastly clergymen, who produced the smallest number of eminent men and the largest number of idiots and feeble-minded. The lawyers gave origin to six times as many more eminent men as the clergy. The clergy gave origin to six times as many more idiots and feeble-minded as the lawyers.—*N. Y. Med. Record.*

IODOFORM IN THE TREATMENT OF GONORRHOEA.

In an interesting communication to *Le Progrès Médical*, M. Thiéry extols in high terms the use of iodoform in the abortive treatment of gonorrhœa. He states that he feels a certain timidity in presenting a new therapeutical agent for this most troublesome disease after so many others have been tried, accepted, and rejected; and yet, impressed with the fact—based upon researches of Neisser and others—of the microbial origin of the disease, he was surprised that among all the antiseptics employed, such as corrosive sublimate, carbolic acid, boracic acid, resorcin, etc., iodoform should not have been included,—an antiseptic used daily in the practice of surgery.

Corrosive sublimate coagulates the albuminoids, forms non-antiseptic bases with them, and thus exerts but a passing and superficial influence upon the germs. Nitrate of silver acts upon the microbes, but at the same time seriously affects the mucous membrane. Iodoform, besides its antiseptic value, is readily absorbed wherever the mucous membrane is denuded, and is also decidedly analgesic,—two important qualities which adapt it specially to the treatment of gonorrhœa. Its odor can easily be disguised by a little oil of eucalyptus, vanilline, etc.

The purpose of the abortive treatment of gonorrhœa at the present time is to destroy the gonococcus. This accomplished, the inflammation will readily subside with appropriate measures. In an examination of thirty-eight cases it was found that in the pus passed during the period from the first to the fifth day the gonococci were comparatively few in number. They increased from the fifth to the fifteenth day. The maximum was attained from the eighth to

the tenth day, while after the fifteenth they began rapidly to decline, sometimes remaining, however, as late as the end of the third week. These figures are important as showing the most favorable time for the use of the antiseptic injection. Antisepsis will be best accomplished during the first four days.

M. Thiéry reports six cases treated with the iodoform injection with the most gratifying results. In his *résumé* he states that as to iodoform-intoxication it seems impossible. In the employment of iodoform alone, its elimination can easily be verified by an examination of the urine. In one case only did the patient complain of the taste of iodine in the mouth. Its presence in the saliva could never be detected by means of the test. In its use there were no other uncomfortable sensations, and yet as many as twenty-nine injections had been given in a period of twenty-eight days. On the other hand, its action is safe, rapid, and positive, the microbes quickly disappearing, sometimes being entirely absent by the eighth day.

As failure in the treatment of gonorrhœa occurs usually on account of the patient's ignorance in managing the injection, M. Thiéry recommends that the physician always attend to this part of the treatment himself. He uses as the injected material iodoform *porphyrized* as completely as possible, and simply suspended in the oil of sweet almonds. Before making the injection, the urethra should be gently washed out, to remove as much of the pus as possible. Micturition just before the injection is the best means of accomplishing this result and avoiding any backward flow of the pus into the bladder. The olive-shaped nozzle of the syringe should be introduced just within the meatus. About two grammes of the liquid is then thrown into the urethra, and retained there by the patient holding his finger over the meatus for about twenty minutes. A strict and temperate diet should be used during the period of the injections.—*Med. Times.*

MARTINEAU'S REMEDY FOR DIABETES, to which we have already referred, is prepared as follows: Carbonate of lithium, 3 grains; arseniate of sodium, $\frac{1}{10}$ grain; carbonic-acid water, 2 pints. Effect the solution under pressure.

The effervescing liquid is to be drunk at meals, mixed with claret, and the foregoing dose is to last for at least three meals—being taken at the two principal meals of the day customary in Paris. No change of diet is necessary.—*N. Y. Med. Record.*

WHEN IS THE PROPER TIME TO GIVE MEDICINES.

Prof. G. Sée made some practical remarks at his clinic to-day that are quite different in some respects from the teachings of the books, and also from custom; but, as they are the results of his nearly forty years' experience in hospitals, they can be followed with certainty. "When is the exact moment to give drugs so that the system will best accept them? There are a few that may be given any time you like, but these are the exception."

Cod-Liver Oil.—"What causes absorption of this oil? The action of the pancreatic and hepatic secretions. Given fasting, it will most likely cause vomiting, as the juices are not present; for secretion only commences when there is something in the stomach. Children take it well, and the reason is that in them the sense of taste is imperfect. It must be given, then, so that it will pass quickly on to where it can meet the pancreatic juice: so give it *at meals, just after taking soup*; and it can also, curious to say, be well digested without any 'returns,' if taken the last thing at night on going to bed. Cod liver oil contains fatty acids, more so than any other oil, and absorption proceeds better with it, as an emulsion is not so much needed as in other oils."

Emetics.—"When the intention is to have only mucus vomited, give these fasting; but in indigestion, etc., exhibit *after eating*, so that there will be something to vomit."

Purgatives.—"Here there must be a division. Carlsbad, Hunyadi János, and such like purgative waters should be given at once on rising, and always in *hot water*, to precipitate the elements; if given cold they are often vomited. Magnesia salts, on the other hand, require time, and should be taken at night. Next we come to purgatives that must *never be given fasting*: these are the drastics, such as jalap,

aloes, etc." (Here Dr. Sée tells a funny story of his young days, when patients were few and far between, and he got one to whom he ordered a compound aloes pill, with other things, and ordered it to be taken before each meal, with a result that the unfortunate patient had a vomiting-fit each time, and sent at once for the doctor's bill and requested him not to call any more.) "These, then, should be given 'in the middle of a meal;' don't say *during*, for, like *before* a meal, many people want to know the exact moment, and don't understand if you mean an hour before meals or at meals: so be very precise."

Minerals Waters.—Dr. Sée condemns the usual custom of putting these into the wine which is drunk at table, and he says they spoil both the wine and the digestion. He calls attention to the fact that at Vichy, and all the mineral water stations, the water is always given fasting and some time before a meal. The object being to increase the secretion of the gastric juice, they must be given before meals,—and not just before, but *at least half an hour before*. Vichy, administered in this way, gives better results than when it is used to turn red wine into a sort of ink.

Bitters, cinchona wines, etc., are what are called tonics, on account of the tannin that exists in them: these and acids should be taken *just at desert*, when the meal is almost over; certainly never before meals.

Iron.—It will precipitate the gastric juice taken before meals, therefore take it when there is something in the stomach to prevent this. It is not known how it gets into the circulation, because it is not seen to go out. In any case, give it *with meals*.

Pepsine.—In supposing that there is some virtue in pepsine, which has not been proved, it should be given just at the end of a meal to assist the digestion of it.—*Med. Times.*

Dr. Grawitz, assistant to Prof. Virchow, states that trichina spiralis has been found in as many as one-third of the cases of so-called muscular rheumatism, which have been examined *post-mortem*.—*South-Western Medical Gazette.*

ADONIS VERNALIS IN HEART DISEASE.

Dr. J. G. Herrmann, of St. Louis, writes us that he has recently had considerable experience with the use of adonis vernalis in cardiac affections. He believes that his experience, which has extended over ten months, warrants his statement that, while free from the evil effects of digitalis, infusions of adonis vernalis are quite as efficacious as that drug. He prescribes it in the form of an infusion, of the strength of three drachms of the herb to six ounces. Of this he gives a tablespoonful every two hours. He refers to several cases in which this drug proved successful even after digitalis had failed. One was a case in which the feet were highly œdematous, and there was general anasarca from heart-lesion. In two weeks of treatment with the infusion of adonis vernalis every two hours, in tablespoonful doses, almost perfect relief was secured. So also he states that he has caused great relief to a case of ascites, produced through heart disease. He noticed that it increased the fulness of the pulse and strengthened the cardiac pulsation. In asthma also he has combined it with quebracho with very satisfactory results.

The following are some of the prescriptions which he has employed:—

R Fl. ext. adonis vernalis.

Sig.—From two to six drops, as necessary.

R Fl. ext. adon. vernal. f 3 ss

Syr. menth. pip. ʒ vi

Combined, as desired sometimes, with brom. sodium and tr. opii camph. :

Sig.—ʒi to ʒi every two hours daily.

In asthma :

R Fl. ext. adonis vernalis ʒ ss

Fl. ext. quebracho ʒ ii

Tr. opii camph. ʒ ii

Syr. menth. pip. ʒ vi M.

Sig.—ʒi every two hours.

—*The Med. Summary.*

DR. LAUDER BRUNTON AND HOMŒOPATHY.—Faithful to his promise, Dr. Brunton has taken advantage of the opportunity afforded him by the appearance of the third edition of his work on Pharmacology, Therapeutics, and Materia

Medica, to repudiate the charge which interested parties have brought against him of having appropriated homœopathic remedies (?) without so much as a word of acknowledgment. He points out that homœopathy consists, not in the possession of this or that medicinal agent, but in the principle upon which it is used. The mere fact that certain drugs were or were not first employed by men professing to practice on homœopathic principles is altogether irrelevant, and beside the point. Just as homœopaths can prescribe mercury or opium in homœopathic doses and in accordance with Hahnemann's formula, so an ordinary practitioner can employ actæa racemosa or any other drug upon which homœopaths pride themselves without rendering himself amenable to the charge of trespassing on reserved ground. The essence of homœopathy as established by Hahnemann, says Dr. Brunton, lies in the infinitesimal dosage and the universal application of the rule *similia similibus curantur*. It is the fallacy of the claim which homœopathy makes, to be in possession, if not of the universal panacea, at least of the only true rule of practice, that makes homœopathy a system of quackery.—*Medical Press and Circular.*

PROPHYLACTIC MEASURES OF DISINFECTION TO BE USED IN CASES OF INFECTIOUS DISEASE.

—(*Arch. f. K.* [abstracted], Bd. viii. H. 1.)—This paper embodies the report of a commission composed of MM. Dellataille Jorissenne, Romée, and Putseys. The report contains statements concerning the mortality in Holland since 1872, when the law which pertains to infectious diseases went into force. The bearing of this law was with respect to isolation and disinfection. Since it went into effect there has been a diminution in the number of deaths from typhoid fever, smallpox, scarlet fever, measles, and diphtheria; but not from croup and whooping-cough.

Among the rich, isolation can be readily effected; but among the laboring classes and the very poor its accomplishment is difficult; therefore there should be for them houses of isolation and hospitals where they can obtain the necessary care and medical aid. With regard to the avoidance of infection in asylums

for little children, every institution of that character should have an isolating-room, into which every child should be brought who showed the slightest symptoms of infectious disease, and should be kept there under medical supervision until the disease is developed; then he should be transferred to a hospital.

As to avoidance of infection at school, no child who has passed through an infectious disease should be allowed to return to school again until a certificate is given by the physician that all danger of infection is over, and that the child's dwelling and clothing have been properly disinfected. Blanks are given to the school-children, which are to be filled out and returned whenever an infectious disease appears in their own families or in the families of those who may be living in the same house with them. Other blanks contain lists of both the well and the sick children in a family, and the school which each attends. The local authorities have the right to insist upon the proper disinfection of a house, furniture, clothing, etc., after they have been exposed to the influence of infectious diseases.

The best way to disinfect the house is by washing the walls, base-boards, and furniture with a 1-1000 solution of sublimate, and then with water and soap. Afterwards it should be freely ventilated. The best means for disinfecting beds, clothing, etc, is heat; the articles should be subjected for a long time to a temperature of 100° to 140° C. The sick-room should be thoroughly ventilated, and towels, bed-linen, etc., washed in a 1-2000 solution of sublimate before they are used again. Waggon's of transportation should also be disinfected after each time of use. All attendants should wash hands, nails, beard, and hair with a five-per-cent. solution of carbolic acid, or a 1-2000 solution of sublimate. Food should not be kept in a sick room.—*Archives of Pediatrics.*

HICCUGH DUE TO NEEDLES IN THE STOMACH.
—M. Liégevis reports a case of obstinate hiccough that proved rebellious to all remedies during twenty-four days. During sleep under hypnotics the hiccough ceased, to begin again on awakening. After some days it stopped for awhile, but would return when the female became

angry or partook of food or drink. Some months later an abscess formed at the right of the epigastric hollow and gave issue to a needle—eight more were extracted, and the hiccough ceased finally. The patient pretended ignorance of the manner in which the needles got there.—*Lyon Medicale.*

SEXUAL STARVATION.—Very many of the morbid conditions affecting the sexual apparatus are due to reflex sexual irritation through the medium of the mind. Very often the patient reads a great deal of literature of a more or less stimulating nature, or allows his mind to dwell upon sexual affairs, and as a consequence the sexual organs are never at rest. I suppose, moreover, that every unmarried man suffers more or less from sexual starvation. The male sex has no monopoly in this respect, for unmarried women suffer from the same difficulty. Only a few days ago a young lady consulted me for this trouble. She informed me that she was annoyed continually by extreme sexual desire, or as she expressed it, "excitement." The young lady was intelligent, well educated and refined, and was aware that she had some obscure trouble of the uterus, which might account for her ailment. She was averse to an examination, but I concluded inferentially that she had some inflammatory affection of the uterus or ovaries which was causing reflex excitement or sexual hyperæsthesia. She stated that she was greatly annoyed by peculiar, quivering sensations about the uterus, attended by emissions of a fluid of some kind, and occurring daily. You are probably aware of the physiological fact that women do not have emissions during intercourse; what they really have is an excessive secretion of the mucus which normally lubricates the genital tract, and this mucus constituted the "emission" in this instance. I mention this case simply to demonstrate to you the fact that it is not alone the male sex which suffers from sexual starvation, though women are not so liable to understand the true situation as men. A great many females know that there is something the matter with them, but they do not ascribe the trouble to its real source, which is no more nor less than sexual starvation. Hysteria, melan-

cholia, hypochondria, and a great many other nervous conditions in women, may result reflexly from irritation of the sexual apparatus, and irritation of the uterus and ovaries may result from the instinctive physiological craving with which every woman, however pure, is endowed. It may not be recognized, but the necessity for a proper performance of sexual function exists in every adult human being. No man or woman at adult age is in a perfectly physiological condition until the sexual function is naturally and regularly performed. It is not merely the sexual act, viz., the orgasm and discharge of semen in the male, or the orgasm and reception in the female, that is essential to the relief of this condition, which has been termed "sexual starvation," but there should rightfully be a physiological purpose in the performance of the procreative function, and this is never accomplished except in the matrimonial state. The sexual appetite of the average man, after two or three years of married life, becomes less active, and, after awhile, he ceases to think of his sexual organs to any great extent; in fact, he does not usually concern himself any more than he worries about the function of his bowels or bladder, hence he lives contentedly, as far as his sexual organs are concerned, and performs his family duties in very much the same perfunctory fashion that he goes to stool.—*Dr. Lydston, in Medical and Surgical Reporter.*

THE AVERAGE INCOME OF THE FAMILY DOCTOR.—The average income of the family doctor in England, according to estimates made by Dr. E. Paget Thurstan in *The Lancet*, is £625, or \$3,225. Deducting the average working expenses and the interest on capital sunk, the average net income is estimated at \$1,775. If there be included all the physicians having only salaries, as assistants, etc., or having no practice, the average net income is placed at about \$1,000. An average gross income of \$3,225 is very much beyond that by American physicians, if we include the younger men who are still striving to establish a practice. This is the natural result of the fact that we have twice as many doctors proportionately as there are in England. We have to divide the fees.—*N. Y. Med. Record.*

EUCALYPTOL INJECTIONS IN PHTHISIS.—At a meeting of the Academie de Medicine, March 22, 1887, Ball gives his results of the new treatment of pulmonary phthisis with hypodermic injections of eucalyptol, first established by Roussel. Out of twenty-one patients submitted to that treatment, six have died, ten have improved and left the hospital, five are still under treatment. He thinks the remedy acts upon the septic matter of phthisis, lessens the sweats, the diarrhoea, the expectoration, and the fever. The solution used is 1 to 4. Dose, 15 to 20 minims.—*Progres Medical.—Med. Gazette.*

TREATMENT OF DYSENTERY.—In a correspondence from Bombay, Dr. C. MacDowall, physician in the British army of East India, speaks with great enthusiasm of the treatment of dysentery by ipecacuanha. Like other friends of this treatment, such as Docker, Ewart, Cunningham, Malun, etc., he says that it is almost a specific, renders the disease easy to cure, and prevents the complication most feared, *i. e.*, hepatic suppuration. But he emphasizes, particularly, "that the remedy be given early in the disease, at the proper time and in the proper manner." The principles of the treatment are:

1. To give a large dose of ipecac, at least 30 grains, for an adult.
2. To prepare the stomach to accept and retain such a large dose by about twenty drops of iaudanum an hour before giving the ipecac; also the application of a sinapism over the stomach; and to administer the ipecac in the form of large pills, not in solution. It must also be given at night, at the time of going to sleep, never in the morning, and not during the day, and no liquid is to be taken after the dose has been given.

Sometimes the patient vomits a little mucus towards the morning hours, but the greater portion of the remedy has by that time been absorbed. This treatment must be renewed every night, and usually the improvement is marked by the third morning, or sooner; blood, mucus, pain, all three having disappeared. A disease which formerly made us despair now has lost its terror to us.

The opium may be substituted by a hypoder-

mic injection of morphia. Bismuth subnitrat. may be given during the day. Small doses of ipecac are more than useless; they have been tried in India for over two centuries without lessening the mortality in dysentery. Since more than twenty years the above has been adopted as almost the only treatment in British India and has given the best results.—*Progres Medical.—Med. Gazette.*

THE CARE OF THE SUBSCAPULAR NERVES IN REMOVING ENLARGED GLANDS FROM THE AXILLA.—Prof. Kuster directs attention to the fact that in cleaning out the axilia after extirpating a cancerous breast, great care should be taken not to injure the subscapular nerves supplying the subscapular muscle, the teres major and the latissimus dorsi. He had seen cases where the nerves were injured, in which the movements of the arm were so restricted that the patient was unable to fasten her clothing. Since he has paid proper attention to the protection of these nerves he had not seen such results following the operation.—*Centralblatt für Chirurgie.—Practitioner and News.*

ICE OR HOT WATER IN UTERINE HEMORRHAGE?—In a case of post-partum hemorrhage, which occurred recently at the Philadelphia Hospital, the resident physician, after vainly using vinegar and then introducing a lump of ice into the uterus, stopped the flow by intrauterine injections of hot water. The patient got on well until the third day, when septicaemia was manifested, the disease happily yielding to intrauterine injections of corrosive sublimate, as indeed most cases of this disorder in the puerperium do when these injections are properly used. But the question naturally arises as to the origin of this isolated and single case of the disease. Considering the very remarkable results obtained by Prudden, stated in a recent number of the *Medical News*, as to the enormous number of living bacteria found in the ice supplied to many of the citizens of New York, often from twenty to fifty thousand in a cubic centimetre, and with the probability that some of the Philadelphia ice is no better, it does not seem impossible that the disease was conveyed to the patient by the ice which was put into the uterus.

The choice between ice and hot water for the arrest of post-partum hemorrhage ought not to be doubtful, for most assuredly the latter is more certain in its action, and does not produce the depression that follows the application of cold. But if it is possible that septic infection may be conveyed by the introduction of ice into the uterus, we have a still stronger argument against its employment.—*Medical News.*

A recent Australian legal decision is of considerable pharmaceutical interest. A veterinarian prescribed "phenyle" (a patent preparation) as an ingredient in an ointment intended for the treatment of a dog. The pharmacist took this to mean phenol. The dog died from convulsions. The veterinarian was sued by the owner of the dog, who recovered damages. The judge held that the mere fact that a prescription was so carelessly written that a mistake could take place made the prescriber liable. When a drug is not in the Pharmacopœia was prescribed nothing must be assumed, but it must be described in such a way that no pharmacist can misunderstand the meaning. This case, when not interfered with by special legislation, holds good as a precedent in all English-speaking countries. Under the spirit of this decision the physician is liable for carelessly written prescriptions, and particularly so when preparations not in the Pharmacopœia are designated.—*Western Druggist.*

They had joined the ladies after dinner and the conversation had turned to matters dramatic and thence to disturbances during a performance. "Do you know," said the hostess, "I think children at the theatre are a nuisance. I was at Wallack's the other night and a woman had a baby in the parquette—" Just then the sleepy one in the corner woke up and exclaimed: "Dear me, how awfully embarrassing; but I suppose there was a doctor there."—*Pacific Record.*

UNUSUAL CONSTIPATION.—Two cases were recently reported at the Louisville Clinical Society—one a young lady, who from girlhood had had a stool but once a month; and a second lady who had an action from the bowels only when she menstruated.—*Practice.*

Therapeutical Notes.

ANTIPYRIN FOR HEADACHE.—Various kinds of headache were promptly relieved at their onset by fifteen grain doses of antipyrin, in the hands of Dr. John Blake White, of New York. — *Med. Times.*

FOR NEURALGIA.—

R Coniini hydrobromat 0.10
Aq. naphæ 10.0

Take three to five drops three times a day.—
Centralblatt für Therapie.

The best treatment for a bunion, in Prof. Gross' opinion, is the following: The patient should wear a broad boot, apply a blister to the bunion, remove the skin, and then freely apply a mixture of cosmoline and tannic acid, equal parts.—*The Med. Summary.*

OINTMENT FOR DRESSING.—

R Iodoformi 2.5
Ol. eucalypti 20.0
Paraffini
Vaseline 50.0

—*Centralblatt für Therapie.*

ANAPHRODISIAC EFFECTS OF COFFEE.—Dupuy has observed the frequent occurrence of impotence in those who drink large quantities of strong coffee (five to six glasses daily), and has noted a return of virile power on abstaining from coffee, with reappearance of impotence on its resumption.—*Med. Chronicle.*

TO STOP TOOTHACHE.—A small quantity of the following mixture, introduced on a small piece of raw cotton into the tooth cavity, is said to be effective:—

R Camphoræ
Choral hydrat. āā gr. lxxv.
Cocain. muriat. gr. xv. M.

—*Coll. and Clin. Record.*

ANTISEPTIC MOUTH WASH.—

R Sodæ biberatis, 1 gramme;
Thymol, 0.50 grammes;
Aqua destill., 300 grammes. Ft. Sol.

This preparation is said to be an excellent

corrective for fetid breath, when it proceeds from decaying matter in carious teeth, etc.—Magitot, in *Gazette Hebdomadaire*.—*Medical Press and Circular.*

STYES.—Styes are such troublesome little ailments that the following remedy for their cure, recommended by M. Abadil, may be welcome:

R Acidi boracis, 10 grammes;
Aquæ dest., 300 grammes. Dissolve.

With a wetted piece of wadding drop some of this solution on the styte several times a day. It is said not only to effect a cure, but to prevent a return of the annoyance.

TREATMENT OF WHOOPING-COUGH BY ANTIPYRIN.—Sonnenberg (*Deut. Med. Woch*) recommends antipyrin as the best remedy in whooping-cough. He has used it in seventy cases, and asserts that it surpasses in efficacy and utility all other remedies. He gives one-seventh of a grain to very young children, and gradually increases the dose according to the age of the child. To adults he gives fifteen grains. The medicine is administered three times daily, and sometimes once during the night.—*Medical Chronicle.*

SOOTHING MIXTURE FOR CONSUMPTION.—

R Syrup liquorice root ʒj
Aromatic syrup rhubarb ʒ ss
Fluid extract of opium ʒj
Liquor ammon. acetat. ʒ v M.

Sig.—Shake well. Dose.—A tablespoonful every two or three hours.

Patients become very fond of this mixture, and it in no wise interferes with the stomach or appetite. Should constipation ensue, it is easily overcome by an occasional dose of comp. liquorice powder.—J. B. Johnson, in *Medical and Surgical Reporter.*

ALOPECIA AREATA.—Schachmann (*Annales de Derm. et Syph.*) advocates strongly the treatment adopted by Vidal in this affection. A vesicatory is applied as large as the patch itself, and kept on until the formation of blisters. The skin is then removed, and the wound dressed in the ordinary way. Generally, about

the end of three days the skin is dry, and a new blister must then be applied. This is to be repeated three, four, six, or even ten times, until coloured hair begins to grow. The rest of the head is in the meantime rubbed, morning and evening, with the following lotion:—

R. Essentiæ terebinthinæ 2 oz.
Ammoniaë 1½ oz.
Aquæ 10 oz.

The procedure is certainly rather severe, but seems, from the cases which he details, to be effectual, and more rapid than those usually adopted.—*Medical Chronicle*.

IODOL.—Seifert (*Münch Med. Woch.*) advocates the insufflation of iodol several times daily in tubercular ulcerations of the larynx. From the cases he records, however, it does not appear that the use of this drug leads to more than temporary improvement of the local condition. He states that he succeeded several times in healing up tubercular ulcerations of the larynx, but his cases eventually died from advance of the lung disease. He has also employed iodol successfully in syphilitic ulcerations of the nasal cavity. To a case of struma hyperplastica he gave seven grains of iodol daily in pills, on the fourth day iodine was found in the urine. He himself took a dose of seven grains, and it produced no digestive troubles and no symptoms of iodine intoxication, but he found iodine present in the urine in twelve hours, and it could be detected there for three days. Iodol, therefore, he says, is only slowly absorbed.—*Med. Chronicle*.

BROMHYDRATE OF CONIIN IN IDIOPATHIC TETANUS.—Demme records the case of a boy, aged seven, who suffered from trismus and tetanus, after exposure to wet and cold, and recovered under treatment by bromhydrate of coniin. He first injected $\frac{1}{2}$ of a grain twice, at an interval of two hours, and the spasm of the masticatory muscles so far diminished afterwards as to allow the administration of liquids. On its recurrence, the same amount was given by the mouth three times every two hours; the spasm was much weakened. On the second day of the attack only four doses were given, on the third day two doses were administered, and

after this trismus disappeared. Demme states that under the influence of the drug the superficial and deep reflexes were diminished. He noticed, too, increased flow of the saliva, and increased frequency, with irregularity, of the respiration. His observation agrees with the results obtained by Schulz and Binz in their experiments on the influence of the coniin salts on animals poisoned by brucin.—*Med. Chronicle*.

THE

Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

TORONTO, JUNE, 1887.

CLINICAL EXAMINATIONS AND THE MEDICAL COUNCIL.

We again draw attention to an important defect in the examinations held by the Medical Council, viz., the absence of any test of the clinical knowledge of candidates for license to practice. It is simply preposterous that men should receive permission to practice in this Province who may not be able to do the simplest surgical operation, not even able to pass a catheter. Under existing arrangements candidates may be successful in passing the examinations who cannot make a diagnosis between bronchitis and pneumonia, nor give any idea of the condition of the lungs as to health or disease. Yet such men when they obtain their license are considered quite competent, for instance, to examine persons for life insurance, where thousands of dollars are at stake. Is this all the benefit the public is to receive from our expensive medical parliament? If members of the Council who talk so much about raising the standard of matriculation so high as to simply exclude some of the best students from the profession would pay a little more attention to the institution of a thorough and rigid clinical examination of their final students they would do greater service to the profession and to the country.

Now that it is plain to any one that the present system of examination is very defective in this regard, and that a change should be

made, the question arises why this delay on the part of the Council? The old cry, that clinical examinations are not feasible, must be given up, as the Toronto University has demonstrated that such examinations can be easily conducted in the Toronto General Hospital. We understand the Trinity University will shortly institute practical examination for final candidates. Our Medical Council, which ought to be in the van of medical progress, will then be disgracefully in the rear.

We return to the question of delay on the part of the Council in this particular. What is the reason? Can it be possible that some members are afraid of too great a preponderance being given to clinical teaching? Can too great attention be paid to this department? We are strongly of opinion that so far as the final branches are concerned, nearly all the instruction given in medical schools should be of a clinical character. This brings us to another point. According to the present regulation, a student is required to take two full courses of one hundred lectures each on the final branches, medicine, surgery, and midwifery. Can anything be more absurd than to require a student to listen to the same lectures a second time? It would, in our opinion, be much better to limit the didactic lectures to sixty and increase the amount of clinical instruction.

Who will take up this matter? We are strongly of opinion that no action of the Council would give greater satisfaction to the profession and the public than the institution of changes in this direction.

Since the above was written we have learned with pleasure that, at Dr. Burns' request, a committee was appointed last year to deal with this matter, and to report at the next meeting of the Council. We hope the report will be a favorable one, and that it will be adopted.

The Registrar of the College of Physicians and Surgeons will issue copies of the new Medical Register, containing the recent amendments to the Medical Act, and other interesting matter, but only to those who have paid their annual dues. The protective tariff is one dollar a year.

ONTARIO MEDICAL ASSOCIATION.

The arrangements for the coming meeting of the Association are almost concluded, and the result so far is most satisfactory. The first matter on the second morning will be the report of the Committee on Ethics, which it was understood at the last meeting should take precedence over all other business at that hour. There is also a notice of motion by Dr. Henderson, of Kingston, for action to be taken for the formation of a Medical Protective Union, having for its object the defending or assisting in the defence of its members in cases of alleged malpractice, when unjust or groundless action is taken by irresponsible parties. So important a subject will doubtless receive the attention of which it is deserving. Special rates, we are informed, have not only been made with the railroad companies, but with the leading hotels, for the members of the Association (Queen's, Rossin House, Walker, and American), and in addition we trust the proverbial hospitality of the profession in the city will be fully exercised. Special discussions will be opened in medicine on "The Relation of Masturbation to Insanity," by Dr. Lett, of the Homewood Retreat, Guelph, besides the subject of "Phosphaturia," by Dr. Arnott, Dean of London Medical College. In surgery, a wise selection has been made by Dr. Strange, of Toronto, "Points in the minor surgery of the general practitioner." In midwifery, the very interesting topic of "Functional paralyses of pregnancy" will be discussed by Dr. Taylor of Goderich. We are pleased to hear that some very prominent gentlemen from New York, Philadelphia, Detroit, and other places in the United States, have accepted invitations to be present; among these we may mention Dr. John H. Packard, the editor of "Holmes' Surgery," whose theme is "The views held by surgeons of the last century and our views of them. Dr. Satterthwaite, Professor of Pathology in the New York Post-Graduate School, contributes a paper on "The so-called uric acid diathesis;" Dr. Porter, Professor in the Polyclinic, on the "Etiology and pathology of increased body-heat in relation to disease and the use of antipyretics." Professor Wyeth, also of the Polyclinic, has promised a paper on "Osteo-plastic surgery;" Dr. Manton,

of Detroit, one on "Rare forms of vulvar tumors;" Dr. George H. Fox, of New York, on "The surgical treatment of some diseases of the skin." He will illustrate his subject by the scarification of lupus, the extraction of superfluous hairs by electrolysis, and the surgical treatment of pustular acne. Dr. Whitbeck, of Rochester, also may contribute, if the time of the meeting is not fully occupied. Dr. Rosebrugh, of Toronto, will open the discussion on ophthalmology and otology with a paper, "Some practical points in the treatment of diseases of the eye," and Dr. Ryerson will follow on the rare subject of "Ophthalmic epilepsy." Dr. Murray, of Thorndale, will show a case of laceration of the femoral artery. Among the other contributions promised may be noticed the following:—Dr. J. E. Graham, on "Pathological notes of a case of herpes zoster;" Dr. Brown, of Galt, "Injuries to the elbow joint;" Dr. Powell, of Ottawa, "Pelvic hæmatocele;" Dr. McDonagh, "Primary tuberculosis of the larynx;" Dr. Groves, of Fergus, "Prostatotomy;" Dr. Ferguson, on "Arsenical neuritis;" Dr. Adam Wright, "Removal of the uterine appendages;" Dr. Turver, Parkdale, "Certain forms of treatment in acute lung affections;" also, Dr. Fenwick, Kingston, "Lacerations of the cervix uteri."

MALIGNANT ENDOCARDITIS.

Dr. J. H. Musser, of Philadelphia, reports two cases of malignant endocarditis, in the *Journal of the American Medical Association*. In the second case there were marked embolic phenomena, with vomiting, diarrhoea, and jaundice. At the autopsy it was found that there was proliferative bacterial endocarditis confined to the mitral valve, and a microscopical examination of the fresh clot in the artery and the vegetation in the valve revealed the staphylococcus pyogenes aureus—the micrococcus common to ulcerative endocarditis. In the Gulstonian Lectures, Osler pointed out the frequent association of acute croupous pneumonia with ulcerative endocarditis; and Bramwell, in a recent paper, mentions having detected micrococci in the pneumonic exudation in two cases of croupous pneumonia, but he

was unable to satisfy himself that they were identical with the micrococci in the cardiac vegetations. In Dr. Musser's first case, the malignant endocarditis was associated with rheumatism, and the type was essentially of a pyæmic nature.

"H. R., male, aged 23 years, laborer, consulted Dr. Musser, June 25, on account of rheumatism. He was visited by his physician the first week in July once, the second week four times, and the third twice. On the 1st of August grave symptoms set in, and on the 3rd of September he died. It will be observed, therefore, that in July the patient was not very ill; in fact, he continued at light work on his farm, and on the 1st of August was in the harvest field, when the first embolus manifested itself. During that month he had rheumatism, and for a short time before August 1st, chills and fever.

"August 1. Sudden severe pain occurred in the right brachial artery. Could not be removed to his house at once on account of collapse. Dr. Musser saw him, and found the pulse absent at the wrist, the hand cold and cyanosed. Two days subsequently the femoral artery became plugged, much pain being occasioned at the time. The circulation in neither arm nor leg was ever restored, and gangrene ensued. Attention was at once called to the heart, and a distinct systolic murmur was heard at base and apex. During the month an irregular fever, with irregularly recurring chills, was present. Death took place from exhaustion, September 3, thirty-three days after serious symptoms set in."

HÆMOGLOBINURIA.—In the *Wiener Med. Blätter* is recorded a fatal case of hæmoglobinuria after exposure and cold. A boy, five years old, fell into cold water from which he was immediately rescued. Two hours afterwards the child vomited matter streaked with blood, and an hour later the urine passed was of a brownish color; pulse weak, rapid and irregular. Collapse increased, and five hours after the immersion the boy died. At the autopsy numerous ecchymotic spots were seen on the mucous membranes, and in the urinary tubules there was a detritus of broken-down red blood corpuscles.

THE RECENT EXAMINATIONS OF THE MEDICAL COUNCIL.

The medical examiners had an arduous task with the immense number of candidates who presented themselves at the recent examinations. There were one hundred and sixty-eight up for final, and twenty-eight, or sixteen per cent., rejected; two hundred and ninety-nine for primary, and thirty-four, or eleven per cent., rejected. Dr. Pyne, the Registrar, deserves the highest praise for the perfection of his arrangements, but notwithstanding this the candidates were crowded together in such a way that it was difficult, or in fact impossible, to prevent a certain amount of "cribbing."

With such a number of budding doctors it may be well to consider the advisability of having two or three examinations during the year, say,—the ordinary one in April, a second after the completion of the summer sessions in July, and a third in November; or if only two, let the second be held in autumn. Such a change would be beneficial in many ways. In the first place, the examinations would be more manageable; in the second place, it would frequently relieve the examiners of much embarrassment. They might sometimes refer a candidate for a few months when he had come so near the required standard that he scarcely deserved to be thrown back for a year; or they might follow the plan adopted in some places of referring the unfortunates for a few months or a year according to the extent of their deficiencies. In this connection we would draw attention to the communication of our correspondent "M" on another page.

THE MEDICAL COUNCIL OF BRITISH COLUMBIA.

—The ballot recently taken resulted in the election of Drs. Milne, Powell, Hannington, Trew, (New Westminster), McGuigan (Vancouver), Davie, Tunstall (Kamloops). The names are given according to the votes polled, the highest being mentioned first.

At the first meeting of the newly-appointed council the following were selected as officers: Dr. Trew, president; Dr. Davie, vice-president; Dr. Hannington, treasurer; Dr. Milne, registrar and secretary.

SALOL.

This new remedy for rheumatic affections is a crystalline powder, having a marked but not unpleasant odor resembling wintergreen. It was first introduced by Prof. Neucke, of Berne, and has been used extensively on the continent. Dr. Siefert, of Wurtzburg, has prescribed it frequently as a mouth-wash with happy results in such cases as ulceration of the tongue—wounded during an epileptic seizure—or ulceration following the use of the cautery, or when due to stomatis, and also as an application in ozæna and tubercular ulceration of the larynx. As an anti-rheumatic remedy it is greatly vaunted by Bielschowsky, of Breslau, and Rosenberg, of Berlin. In the majority of cases where the latter used this drug the effect was prompt in causing a lowering of temperature and greatly lessening the pain of the joints in from twenty-four to forty-eight hours. The dose administered whilst pain and fever were present was fifteen grains every hour or two. The quantity was reduced as the symptoms disappeared. Relapses, however, were of frequent occurrence, and in every case he detected the carbolic odor in the urine.

THE TREATMENT OF GONORRHŒA.

At a recent meeting of the New York Dermatological Society, Dr. Brewer read an exhaustive paper on "The Modern Treatment of Gonorrhœa." He is of opinion that the disease is of parasitic origin, and he advocates the treatment by irrigation from behind forwards, or by what he calls "retrojection." He has used various forms of paraciticide lotions, but principally relies on a solution of bichloride of mercury from 1 to 6,000 to 1 to 10,000. This method of treatment is not new, as the system of irrigation of the urethra from behind forwards was introduced some years ago. Dr. Brewer's results with the bichloride solution are much better than those with the ordinary astringents. The average duration in his experience is seventeen days, and some cases have been cured in two or three days.

The American Medical Association will meet in Chicago, June 7th, 8th, 9th and 10th.

MEDICAL EXAMINATIONS.

TORONTO UNIVERSITY.—SCHOLARSHIPS AND MEDALS.—*Gold Medallist*—A. Ego. *Scholarships*—First Year—1, L. F. Barker; 2, W. C. Morrison. Second Year—1, W. A. Smith; 2, J. H. Collins. Third Year—1, G. A. Fere; 2, J. Galloway. A noteworthy fact is that the gold medallist, Mr. Ego, and all the scholarship men, with the exception of Mr. G. A. Fere, who is from Trinity School of Medicine, are from the Toronto School of Medicine.

Passmen.—First Year—D. Archer, W. A. Baker, L. F. Barker, W. L. Bond, E. Bowie, A. S. Bueglass, T. S. Cullen, A. R. Gordon, R. A. Hardie, D. L. Heggie, W. C. Herriman, D. Hutchison, A. S. Ironside, Miss E. J. Irvine, E. F. Irwin, J. A. McDonald, R. H. Mason, W. McGillivray, A. V. Michell, W. C. Morrison, W. H. Philp, A. L. Reed, W. Reid, J. A. Robinson, T. Russell, J. L. Smith, C. L. Starr, F. Zwick, M. J. McFarlane, W. M. Pugh, E. Strain, C. B. Carveth. To take the physiology of the first examination over: T. S. Cullen, D. L. Heggie, A. S. Ironside, J. A. Robinson. Second Year—second examination—W. J. Armstrong, A. C. Aylesworth, W. W. Baldwin, W. C. Barber, J. E. Bowman, J. T. Campbell, G. Chambers, C. P. Clark, J. H. Collins, G. A. Dickinson, W. J. Earley, J. B. Gamble, M. E. Gillie, F. E. Godfrey, T. M. Hardie, J. McBride, H. McColl, C. McLachlin, C. J. McNamara, R. H. Palmer, W. A. Sangster, G. Silverthorne, E. Sisley, O. Sisley, W. A. Smith, J. Webster, A. J. Wilson, F. A. Wiggle, H. Grundy, W. R. G. Phair, W. McWright. To take materia medica of the second examination over: A. C. Aylesworth, W. W. Baldwin, W. J. Earley, H. Grundy, T. M. Hardy, O. McLachlan, C. J. McNamara, W. R. G. Phair, E. Sisley, O. Sisley. Primary examinations—G. M. Bowman, Miss L. A. Davis, M. J. Farrish, T. A. Ferguson, J. McGillawee, E. Meek, A. B. McCallum. Of these M. J. Farrish will take materia medica, T. A. Ferguson, biology, and E. Meek, chemistry (organic and physiological), over again. Third Year—F. T. Bibby, G. A. Fere, J. Galloway, G. F. Jones, A. Ochs, J. A. Palmer, W. H. Smith, J. H. Eastwood. E. T. Bibby will take obstetrics over again.

Degree of M.D.—J. N. Mackie.

Degree of M.B.—Fourth Year—G. Acheson, W. H. Clark, C. F. Durand, A. Ego, J. Guirane, D. Johnston, M. J. Keane, J. A. McMahon, J. A. Palmer, J. Olmsted, W. O. Stewart, J. D. Thorburn, J. H. Eastwood, W. R. Walters, J. B. Reid.

Final Examinations.—A. D. Barnet, J. J. Brown, G. F. Dryden, A. E. Lackner, T. McKenzie, A. H. Perfect, A. R. Pyne, J. R. Shannon, A. E. MacKay, H. A. McCallum.

For want of space the Honor List is not given.

PHYSICIANS AND SURGEONS.—Following is the result of the examinations for 1887, at the College of Physicians and Surgeons of Ontario:—

Final Examination.—T. A. Amos, George Acheson, J. Appelbe, W. Armstrong, O. R. Avison, A. G. Allen, J. V. Anglin, Jas. Bell, J. D. Balfour, J. J. Brown, A. D. Barnett, S. G. T. Barton, A. Bradford, J. W. Begg, G. G. Caron, E. Clouse, A. W. Campbell, W. H. Clarke, C. R. Charters, A. E. Collins, D. Cameron, J. M. Cameron, E. Campbell, G. F. Dryden, C. F. Durand, D. A. Dobie, C. L. Easton, Ed. Evans, J. H. Eastwood, A. J. Errett, W. A. Fish, A. B. Foster, A. E. Freeman, E. J. Free, Ada A. Funnell, J. M. Fraser, A. D. Graham, Jas. Galloway, J. Guirane, H. P. Galloway, W. R. Gillespie, W. J. Glassford, M. J. Glass, W. F. Graham, M. Gallagher, B. Hawke, M. W. Hart, H. R. Hay, Wm. Hall, J. H. Hoover, R. R. Hopkins, T. H. Halsted, S. J. Jones, G. F. Jones, J. W. Johnson, D. Johnson, M. James, R. A. Kennedy, J. A. A. Kelly, M. J. Keane, F. Lawrence, Marjot Livingston, A. Lawson, A. E. Lackner, W. F. Loucks, T. A. Moore, J. Mundell, D. Mitchell, M. Mullock, J. A. Macmahon, C. F. Moore, M. Maybee, J. E. Maybee, C. H. McLean, A. M. McFaul, H. R. McCullough, E. McEwen, A. L. McDonald, D. P. McPhail, J. H. McCasey, T. McKenzie, C. D. McDonald, Jas. McLurg, J. H. Nenimo, T. J. Norman, W. Newell, O. G. Nie-meier, A. Ochs, D. H. Piper, A. H. Perfect, L. T. Pare, T. S. Philp, J. A. Palmer, A. F. Pirie, A. R. Pyne, S. H. Quance, James Rea, G. C. Richardson, J. W. Ross, R. R. Ross, L. F. Ross, D. L. Ross, J. B. Reid, W. J. Stevenson, Geo. H. Shaver, G. Stewart, W. D. Scott, Gustave G. Smith, C. R. Staples, J. W. Shellington, W. O. Stewart, W. R. Shaw, J. C. Smith, D. Sinclair, W. A. Shannon, J. R. Shannon, A. J. Stevenson, R. S. Smith, Thos. Scales, Adam Thompson, S. H. Thorne, M. Tovell, J. M. Thompson, J. D. Thorburn, A. F. Warner, W. R. Walters, W. J. Walsh, A. E. Yelland.

WHY HE WROTE IT.—H. Rider Haggard gives as one of his reasons for writing "King Solomon's Mines": "Because I want my boy Harry, who is over there at the hospital in London studying to become a doctor, to have something to amuse him and keep him out of mischief for a week or so. Hospital work must sometimes pall and get rather dull—for even cutting up dead bodies there must come satiety."

NOMENCLATURE OF SOME OF THE PATHOGENIC MICRO ORGANISMS.—*Bacillus tuberculosis* (Koch), in phthisis; *bacillus lepræ* (Hansen), in leprosy; *bacillus typhi-abdominalis* (Eberth), in typhoid fever; *bacillus syphilis* (Lustgarten); *komma bacillus* (Koch), Asiatic cholera; *bacillus anthracis* (Cohn), in anthrax; *diplococcus pneumoniae* (Wichselbaum), in pneumonia; *bacillus malarie* (Tommasi-Crudeli, and Councilman), in malaria; *spirillum obermeieri* (Obermeyer), in relapsing fever; *streptococcus erysipelatis* (Koch), in erysipelas; *bacillus mallei* (Schutz), in glanders; *bacillus diphtherie* (Löffler), in diphtheria; *micrococcus gonorrhoeæ* (Neisser), in gonorrhœa; *streptococcus febris puerperalis* (Lomer), in puerperal fever.

Seventy cases of erysipelas observed by Shadeck in the military hospital of Kiev have been carefully recorded in the *St. Petersburger Med. Woch.* The majority occurred in winter and early spring. The source of infection could not be discovered in fifty. Three arose from wounds, eight from facial eczema, five from otitis externa, one from excoriation of the nose, and one from a burn. The chief complications were pneumonia, capillary bronchitis, suppuration of the skin, otitis externa, and inflammation of the pharynx.

Dr. C. Noorden communicated the results of some experiments in connection with the microorganisms of erysipelas to the *Müncher Med. Woch.* There was in one case a general infection of the body arising from facial erysipelas, parenchymatous nephritis, acute oophoritis and and great enlargement of the spleen. In the blood of the heart, taken thirty-six hours after death, he found the *streptococcus erysipelatis* and the *streptococcus pyogenes*, which, when cultivated and injected into the ear of a rabbit, caused an acute septicæmia.

GASEOUS ENEMATA IN PULMONARY PHTHISIS.—Dr. Henry Leffmann, of the *Polyclinic* (P.O. Box 791, Philadelphia), desires to obtain results of the new treatment of pulmonary consumption and phthisis by gaseous enemata, for publication. The correct therapeutic value of

this method can only be arrived at by the collection of statistics, and he therefore requests any one who has administered the gas to communicate the result to him, the formula used, and any special information that may be useful.

The Council of the English Society for the Study and Cure of Inebriety, have completed arrangements for an International Congress, to be held in London, July 5th and 6th. Papers and addresses are promised from distinguished German, French, and English physicians.

We are told that the most celebrated of the eleven celebrated *English Surgeons* who recently visited this city is a graduate from an Ontario university of not more than two years' standing, and one who did not take the Council examination.

At the meeting of the Medical Congress in Wiesbaden, Fränkel, of Berlin, related an interesting case of typhoid where a relapse occurred several months after the first infection of the body with typhoid bacilli.

OUR SPORTS.—It is stated that forty one of the Toronto doctors attended the Woodbine races on the 24th.

The latest disinfectant is glycozone, which consists of chemically pure glycerine with four volumes of ozone.

A case of death under chloroform is reported from Hamilton, but we have not yet heard the particulars.

We desire to call the attention of our subscribers to Lepage's Syrup of Hypophosphites Comp., the advertisement of which appears on page 10. This Syrup has been before the public for nearly two years, and has been found reliable and efficacious in the treatment of all cases where the Hypophosphites are required. In response to numerous orders the proprietors of this Syrup have decided to put it up in 8 oz. Winchester's for dispensing purposes, which will be appreciated by druggists as well as by those practitioners who do their own dispensing.

Meetings of Medical Societies.

TORONTO MEDICAL SOCIETY.

STATED MEETING, MAY 12TH.

The President, Dr. Nevitt, in the chair.

Dr. A. H. Wright read a paper on

THE TREATMENT OF UTERINE FIBROIDS,

which appears in this number of the CANADIAN PRACTITIONER.

Dr. Rosebrugh, of Hamilton, who was present, was invited by the president to take part in the discussion. He agreed in the main with the conclusions drawn by the reader of the paper. He has never had occasion to resort to surgical measures in the treatment of these neoplasms. Ergot is undoubtedly the most useful drug, and is well borne if the excipiente is changed occasionally. If the hemorrhage is profuse it may be checked (other means failing) by the application of Churchill's tincture of iodine, or by plugging the os uteri.

Dr. Powell also read a paper entitled

PLEUROTOMY FOR EMPYEMA, METHODS OF DRAINAGE AND REPORT OF CASES.

The course of a purulent pleurisy untreated or subjected only to medical treatment was outlined, and the fact that nature could not be trusted to effect a cure was dwelt upon. Surgical aid must be invoked or the prognosis would be practically hopeless. Even this aid, before the general adoption of antiseptic methods, failed to reduce the general mortality below 50 per cent. Now, however, the reader had an impression that it did not exceed 20 per cent. His own cases, six in number, were given. Four of these were under care from the beginning of the disease, and all recovered with good lung expansion and no chest deformity. The other two were chronic cases and recovered only imperfectly as regards the chest wall and the lung of the affected side. Siphon drainage was adopted in most of the cases. A large Nelaton catheter, having been introduced, was fixed by being passed through a hole punched in a piece of Esmarch baudage, worn like a belt around the chest, as first suggested by Dr. Eby of Rochester. The outer end of the catheter was attached to a glass tube pass-

ing through a rubber stopper into a bottle of carbolic solution. The bottle was worn in the hip pocket by patients able to go about. To wash out the chest all that was necessary was to alternately raise and lower the bottle. One of the cases reported had in addition to a large collection of pus in the pleural cavity an interlobar sac not communicating with it. The two cavities were drained separately.

Attention was called to the fact not yet generally recognized that the line which bounds superiorly the flatness in cases of effusion in the pleural cavity is a curved line, rising highest toward the axilla, and not a water-level line. This point was first observed in 1843 by Damaiseau, and independently by Dr. Calvin Ellis, of Boston, in 1876.

The Ellis curve had been made out by the reader in every case of pleuritic effusion examined during the last ten years. Diagrams illustrating its location in a number of cases were shown. The importance of an early recognition of notable purulency in an effusion in the chest, its evacuation and continuous drainage, according to recent antiseptic methods, and the obliteration of the cavity by adhesion of its walls, aided if required by irrigation or costal resections, was next taken up, and finally discussion was invited upon aspiration in empyema, siphon drainage, irrigations, free incisions, and antiseptic methods in operating and in after treatment.

STATED MEETING, MAY 19TH, 1887.

The President, Dr. Nevitt, in the chair.

Adjourned discussion on Dr. Powell's paper.

—Dr. Oldright in the course of his discussion on the paper presented a patient on whom he had performed *paracenteses thoracis* in 1871. The siphon was inserted each day, and the chest cavity washed out antiseptically until a cure was effected. The patient is now in good health, the expansion on the affected side being perfect. He regards siphon drainage as most effective, since if the free end of the tube be kept under water the bellows action of chest is maintained.

Dr. McPhedran congratulated Dr. Powell on the excellent results in all his cases. His method of drainage is ingenious, but there is probably nothing to be gained by it. If the suppurating

cavity can be well drained a free opening is preferable, and to obtain such, a portion of a rib should, if necessary, be removed. The entrance of air under such circumstances can do no harm, and washing out of the cavity will not be required. He thought the cases were few in which much could be expected from aspiration. Unless under exceptional circumstances it would seem advisable to resort to free drainage at once, not only as the most certain means of effecting a cure, but also on account of the importance of relieving the lung from compression, and thus prevent as far as possible its being bound down by adhesions. The parabolic curve of the upper margin of the area of dulness that obtains in many cases of moderate effusion is doubtless due to the elasticity of the lung, as explained by Broadbent, Ellis, and others. As the fluid is effused the lung contracts by virtue of its own elasticity, as it does when the chest is opened to the admission of air. This contraction is greatest upward, inwards and backwards, and thus tends to leave most space between lung and chest wall in the axillary region, and in this the fluid collects chiefly. With this limited amount of effusion there is no *compression* of the lung, only a contraction of it, due to its own elasticity. This disposition of the fluid would indicate that the lower parts of the axillary region should be selected for making drainage; if the patient were confined to bed the opening should be made back near the apex of the scapula, as the fluid would gravitate backwards more or less. In cases of old thoracic fistula exsection of the ribs—Estlander's operation—should be resorted to. It had been done lately with very good results by Dr. Park of Buffalo (*Annals of Surgery*, May, 1887), and Gerster of New York (*Medical News*, May, 1887). It has been successfully resorted to in some cases of pyo pneumothorax, and offers the only ground of hope in this disease.

Dr. Atherton said: In looking over my notes on cases of empyema, I find that I have treated since 1874 eight patients suffering from this disease. Their ages, taken in regular order, were 24, 19, 40, 21, 10, 8, 2 years and 11 months, and 16. Out of these the one aged 40 died, about ten weeks after opening the chest,

from an attack of purulent diarrhœa, set up by eating a lot of green things, contrary to my strict orders. The empyema in her case followed a few days after the opening of a pelvic abscess; and previous to her indulgence she had very much improved in her general condition, being able to get down stairs for the first time subsequent to the attack of pelvic inflammation. The side was still discharging somewhat at the time of seizure with bowel trouble, and she succumbed after twelve days of diarrhœa, which was uninfluenced by any treatment. My first and fourth cases were still living at last accounts, with fistulous openings in side, it being more than ten years since I operated on them. Both of them had symptoms of pleuritic effusion, lasting more than a year before coming under my care. One of them I tapped five times in the course of two years, the intervals between the tapplings being, on two occasions, as long as nine months, and her increase of weight being as much as fifteen pounds. Finally, however, after the last tapping symptoms of severe inflammation arose, and I was forced to make a permanent opening. My other five remaining cases all fully recovered in from six weeks to three months after opening the chest. The last one of them was a boy aged 16, who had about ten weeks before got a bit of nutshell in right bronchus, where it set up ulceration and suppuration of right pleural cavity. The piece of shell was expectorated eleven days before the chest was opened, but he continued to spit up most horribly offensive pus, and at the time of operation he seemed nearly moribund, there being general anasarca, and his respirations being fifty per minute. About two quarts of fœtid matter were removed, and I was informed that in a few weeks he was able to be out and at light field work. As to prognosis in cases of empyema, there can be no doubt the two chief factors to be taken into account are the age of the patient and the length of time during which the chest has been distended previous to operation. If the pleural cavity has been full of fluid for a year or more, and the patient is eighteen years of age or upwards, the best result attainable (without a resort to Estlander's operation) is recovery with a permanent fistula. Even

patients younger than the above would likely be a long time subject to some discharge. In younger persons, however, where the disease has been going on less than six months, my experience would lead me to expect a perfect recovery in from six weeks to three or four months. In only the first one of my cases did I wash out the chest cavity; and as I found this procedure was somewhat annoying in the patient's weak state I omitted it after the first week, and have never resorted to it since. I consider that the free ingress and egress of a volatile antiseptic as applied on the dressing produces much the same effect as the use of antiseptic washings. Besides the latter are known more than once to have been attended by sudden death; and they are now, I think, very generally condemned during the first few weeks of treatment. When, however, fistulae remain for a long time they are permissible with a view of drying up any small cavity which may be left. During a recent discussion upon the subject of empyema in the London Medico-Chirurgical Society, a large proportion of the speakers expressed themselves as opposed to washing out the pleural cavity after operation, and none of those present spoke in its favor. I am strongly of the opinion that all of these cases should be treated with the strictest Listerian precaution, including the spray.

Dr. Macheil reported several cases of empyema successfully treated with free drainage:—

1. R. P., aged 5 years. During sixth week of typhoid fever developed pneumonia and afterwards empyema. An effort was made to draw off the pus without opening the chest freely. This was abandoned. The chest wall was well opened and a large drainage-tube put in, and as there was some fetor the pleural cavity was washed out with carbolized water. This was in February, 1881. Within two months he was comparatively well, and ever since has been able to do work on his father's market garden; and though the discharge has nearly stopped a dozen times, there is still a little. He is so well that his parents refuse to have anything more done for him in the shape of another operation.

2. A. C., aged 8 years. On January 24th, 1886, aspirated chest, and on pus flowing,

opened freely and introduced a drainage-tube; carbolized tow used as a dressing; discharge stopped entirely in five and a half months. The only time it became offensive was when his mother ran out of the tow and used the ordinary coarse cotton batting instead. Two or three times washing out with carbolized water rendered the discharge aseptic again.

3. F. W., aged 3½ years, had his chest aspirated on 30th January, 1886, and finding pus, opened well, and put in drainage tube. Chest never washed out at all. Discharge never had any odor. Wound closed in eleven weeks. Dressing, carbolized tow.

4. D., aged 20 years. Seen in consultation with Dr. Simpson, April 14th, 1886. The chest was aspirated, then opened freely, and drained into carbolized tow. Wound closed in five to six weeks.

5. K., aged 9 years, also a patient of Dr. Simpson. Seen in consultation April 25th, 1886. Chest aspirated, double drainage tube put in. Carbolized tow drainage. Wound closed in four to five weeks.

In closing the discussion Dr. Powell urged the more frequent use of the hypodermic syringe for diagnostic puncture in cases of doubt as to the presence of fluid in the chest. It is by the very early detection of empyema that we are placed in a position to treat it most successfully. No hard and fast rules for operating can be laid down. The indications are clear, and that method is best which most fully meets them. Free incision, with drainage into antiseptic absorbents, will most frequently be called for.

PATHOLOGICAL SPECIMENS.—ACUTE RECURRING ENDOCARDITIS.

Dr. W. H. B. Aikins presented a *Heart* with greatly dilated right auricle, hypertrophied left ventricle, and a considerable stenosis of the aortic orifice due to thickening, partial calcification, and adhesions of the aortic valves with one another. There were numerous small, recently formed vegetations on the free margins of the valves and one or two spots of erosion. Years ago the patient had organic heart trouble with intermissions of tolerably good health. When seen for last illness she was suffering

from a facial erysipelas, the temperature not rising higher than 103°; as the fever was subsiding the cardiac symptoms became marked and distressing, with, for a short time, pain in and swelling of the left arm. The action of the heart was irregular, apex beat diffused and displaced outwards, an aortic systolic murmur was distinctly heard. It was supposed that the erysipelas caused a general sepsis, which resulted in the *materies morbi* being deposited on the valves and giving rise to a fresh endocardial infection, although, on examining the valves for micro-organisms, the *streptococcus erysipelatis* was not observed.

Dr. R. B. Nevitt then showed a

CYSTIC TUMOR

removed from the upper and inner aspect of a man's thigh. Forty years ago the tumor had appeared as a hard round movable nodule, and had gradually assumed its present dimensions—about six inches in length and about the same in circumference—containing three or four cysts. The lower portions were ulcerated and sloughing and an inflammatory zone surrounded the lower third of the tumor. Thirty minims of a four per cent. solution of cocaine were injected in the line of the proposed incision and the tumor removed. The blood supply was large, one vessel the size of the internal pudic requiring ligature and two other smaller being twisted. The pedicle peeled cleanly from the connective tissue of the sheath of the adductor. There were several other tumors on the body—one on the opposite side, one on the same thigh, one on the back, and one on the face.

Correspondence.

To the Editors of the CANADIAN PRACTITIONER.

MEDICAL COUNCIL EXAMINATIONS

DEAR SIRs,—As efforts are now being made to elevate the standard of medical education in Ontario, some suggestions as to the examinations and regulations of the Medical Council may be not amiss.

Has not the time come to substitute quarterly for yearly examinations? Were the proposed change made, fewer students would come

up at each examination, and the examiners, giving more time to each student, could form a better estimate of the knowledge of each. The examination would thus be fairer and more searching. The examiners are overworked and the student suffer for it. When one conducts a *viva voce* from early morning until eight or nine at night, one can hardly be expected to preserve a judicial frame of mind during the whole of that time. The written papers should be read before the orals commence, so that the candidate may be further examined on any points in which his answers were unsatisfactory. How can this be done, when, as was the case this year with one unfortunate, the examiner has over seven hundred papers to read? At the examinations just held, seven minutes were allowed for the oral of each primary student. The Council prescribes *two years* as the least time in which the student can obtain a sufficient knowledge of these primary subjects, and then undertakes in *seven minutes* to ascertain that he has that sufficient knowledge.

Should the candidate be plucked, he must wait a year before presenting himself for re-examination. To state it in other words—no matter *how near* he be to the standard, he is referred for a year; no matter *how far* he be from the standard he is referred for exactly the same time. To this fact many a man owes his license, for the examiners are human, and humane—albeit the student thinketh not so. They recognize the injustice of this regulation, and allow a candidate who has *nearly* reached the standard to pass. Were the proposed change made the examiners might refer a candidate for three months, or for thirty, as they saw fit.

It is not sufficient that the student make the percentage demanded, for he may do that without any real or intelligent knowledge of the subject. He should show that he has sufficient knowledge to enable him to practise intelligently, and with at least SOME degree of safety to his patients. One may rank in the honor list, and yet, by some answer, show that one has ideas which may result in disaster. Any examiner can cite such instances. Let the student be examined until the examiner is *satisfied* of his ability or inability to practise. This is too important a matter for an examiner to be bound down to a

written examination of a couple of hours and an oral of ten or fifteen minutes.

A rejected candidate should, before re-examination, show proof of having made an effort to improve himself in the branch in which he was rejected. He should be required to receive additional instruction, both theoretical and clinical, in such subject. As things now are, the rejected candidate betakes himself to business, to farming, to teaching, to anything so long as it is not connected with medicine. A month or so before the next examination he sets wildly to work, trusting a little cramming, a kind Providence, and a compassionate examiner to pass him.

M.

Book Notices.

Transplantation of the Rabbit's Eye with the Human Orbit.—Reprint.

Practical Examples in Prescription-Writing.
By CHAS. H. MAY, M.D., New York.

Fifth Annual Report of the Provincial Board of Health of Ontario for the Year 1886.

The Scientific Rationale of Electro-Therapy. By C. H. HUGHES, M.D., St. Louis. Reprint.

A Novel System of Operating for the Correction of the Deflected Septum. By WM. C. JARVIS, M.D. Reprint.

Clinical Manual for the Study of Medical Cases.
Edited by JAMES FINLAYSON, M.D. Philadelphia: Lea Bros. & Co.

Earth as a Topical Application in Surgery. By ADDIWELL HENSON, M.D. Philadelphia: The Medical Register Co. 1887.

Transactions of the Association of American Physicians. First session, held in Washington, D.C., June 17th and 18th. Philadelphia: Wm. J. Dornan, Printer. 1886.

Removal of an enormous Calculus from the Pelvis of the Kidney by Lumbar Incision, with Remarks. By F. J. SHEPHERD, M.D., Montreal. Reprint.

The Physician's Dose and Symptom Book.
By JOS. H. WYTHE, M.D., Professor of His-

tology and Microscopy, Cooper Medical College, San Francisco. Seventeenth Edition. Completely rewritten and enlarged. Philadelphia: P. Blakiston, Son & Co., 1021 Walnut Street.

Adapted to the needs of students and busy practitioners to save the trouble of reference to more elaborate works.

The Vest Pocket Anatomist (founded upon Gray).
By C. HENRI LEONARD, A.M., M.D., Professor of the Medical and Surgical Diseases of Women in the Detroit College of Medicine. 13th Revised Edition. Detroit: The Illustrated Medical Journal Co., 1887, cloth, 86 illustrations, 154 pages, post-paid, 75 cents.

This little volume in its former editions is so well-known that it is only necessary to confine our notice to this, the thirteenth edition, which contains very clear and accurate topographical plates of the Venous, Arterial and Nervous systems, photo-engraved from the English cuts in "Gray's Anatomy." This makes the work especially of value to accompany the surgical case of any practitioner.

Elementary Microscopical Technology. A manual for Students in Microscopy. In three parts. Part I. The Technical History of a Slide, from the crude materials to the finished mount. By FRANK L. JAMES, Ph.D., M.D., President St. Louis Society of Microscopists, etc. St. Louis, Mo., Medical and Surgical Co. 1887.

The value of this little manual to the student depends largely on the fact that nothing is taken for granted; no previous acquaintance with the subject matter is pre-supposed, and each process and manipulation is lucidly explained in orderly sequence. The work is embellished with a number of suggestive illustrations, and if the succeeding numbers sustain the reputation which this bids fair to establish, this manual will form a valuable addition to a student's equipment.

A Treatise on Diseases of the Skin. By T. MCCALL ANDERSON, M.D. P. Blakiston Sons & Co., Philadelphia.

Dr. Anderson's reputation as a physician and dermatologist is of so high a character that the publication of his large work on skin diseases has given rise to great expectations.

His former book, as well as his published articles have already gained him a position as an author. The present work is an exhaustive treatise on dermatology, and contains all the newer modes of treatment as well as the latest discoveries in pathology. We are pleased to see that the work of American dermatologists has been more fully recognized by Dr. Anderson than is generally the case in European publications.

The author has been assisted in the preparation of his work by Dr. James Christie, who has written on the diseases of foreign climes; Dr. Hector Cameron, who has contributed most of the purely surgical sections; and Dr. William McEwen, who has written on ulcers.

As might be expected from the vast experience of the author, his treatises are largely of a practical character, and although the pathology of skin diseases is very fully given, the greatest attention has been given to the subject of treatment. This will recommend the book to practitioners, who are naturally more anxious to know how to cure a disease than to read a discussion of minute points in pathology. Those who wish to obtain an exhaustive work on dermatology, and one fully up to the times, cannot do better than purchase Dr. Anderson's book.

Obituaries.

JOHN FULTON, M.R.C.S. ENG., L.R.C.P.
LONDON.

There was probably no surgeon better known in all parts of the Dominion of Canada, than Dr. John Fulton, of Toronto. He was in the enjoyment of his usual health until the first week in May, when he contracted a cold which developed into pneumonia, and caused his death on the evening of May 14th, at the age of fifty. He was born in Elgin County, and came to Toronto to study medicine in Rolph's School, from which he graduated with high honors in Toronto University, and the University of Victoria College in 1863. He went to England the same year, and took the degrees from the Royal College of Surgeons and

the College of Physicians, London. He soon afterwards came to Toronto, and worked ardently as a medical teacher, practitioner, author and journalist.

He was connected with Rolph's School as Professor of Physiology, and had the same Chair in Trinity Medical School for some time, until 1880, when he was appointed Professor of Surgery, which position he retained until the date of his death. During this time he wrote a work on physiology which has been used as a text-book in the Trinity Medical School for many years. He was one of the representatives from his school on the active staff of the Toronto General Hospital, where he was one of the most efficient clinical teachers ever known in that institution.

He became connected with the Canada *Lancet* in 1868, and from that time was editor and proprietor of that journal, which he conducted with great vigor and ability. He held many positions of honor, such as that of member of the Senate of Toronto University, member of the Ontario Medical Council from 1866 to 1869, and various positions in the Dominion and Ontario Medical Associations.

He was one of the most faithful and systematic workers that has ever lived in this city, in fact we know of no one who accomplished so much in the same number of years. He was a great source of strength to his medical college, where he will be sadly missed by his students and colleagues. The students of the two medical schools in attendance at the summer session held a meeting in the General Hospital on Monday, May 16th, when many of them spoke in the kindest terms of their late teacher, and framed a resolution of condolence which has been forwarded to the afflicted family. They also attended in a body the funeral on Wednesday, May 18th. Mrs. Fulton died about two years ago and there are left four children—three girls and one boy—who have the warmest and kindest sympathy of their many friends in their doubly sad bereavement.

We regret to notice the death of Dr. E. Danver Hudson, of New York City, at the early age of 24. He had already obtained a

leading position in New York, and was just entering on a large and lucrative practice when he was suddenly cut off. His small work on "Physical Diagnosis," is a world of conciseness, and has been extensively used.

Personal.

Dr. J. M. Cameron will practice in Galt.

Dr. B. Patullo has located in Tilsonburg.

Drs. Oakley, of Streetsville, have settled in Parkdale.

Dr. R. J. Wood has commenced practice in Streetsville.

Dr. M. J. Keane has commenced practice on Carlton Street, Toronto.

Dr. J. A. Palmer will enter a partnership with Dr. Langstaff, Richmond Hill.

Dr. Ed. Campbell has entered partnership with Dr. Plummer, of Sault Ste. Marie.

Dr. Walters has entered into partnership with Dr. McKenzie, of Norway.

Dr. Daniel G. Brinton has retired from the editorship of the *Medical and Surgical Reporter*.

Dr. Noecker has returned from Vienna and commenced practice in Waterloo.

Dr. Furrer has been appointed to take charge of the hospital in Kamloops, B.C.

Dr. James Rea has entered into partnership with Dr. Bateman, of Pickering.

Prof. Olshausen, of Halle, has been appointed to fill the late Prof. Schröder's chair of midwifery.

Dr. Woodhead has been chosen director of the new experimental laboratory established by the Royal College of Physicians, Edinburgh.

Drs. W. Caven, Scadding, and Winnett, late of the Toronto General Hospital House-Staff, and Dr. J. D. Thorburn have sailed for England.

Dr. Salam Pasha, late Dean of the Medical College in Cairo, and physician to the Khedive, has been nominated to represent Egyptian Medicine at the International Medical Congress, to be held in Washington, commencing September 5th.

At a regular meeting of the Toronto Medical Society, held May 5th, the following officers

were elected for the ensuing year:—President, Dr. R. B. Nevitt; 1st Vice President, Dr. Machell; 2nd Vice-President, Dr. Atherton; Recording Secretary, Dr. Wishart; Corresponding Secretary, Dr. Carveth; Treasurer (re-elected), Dr. Spencer; Councillors, Drs. Graham, Powell, and Carson.

Marriage.

On Wednesday, May 18th, Dr. Alford T. Little, Churchill, to Miss Jeannie Maude Arnsen, of Bradford.

Miscellaneous.

The physicians of Columbus, Ind., have organized a Physicians' Protective Association.

Doctor: "My dear man you have no organic trouble, no symptoms of disease, properly speaking; but you are simply run down. What is your occupation?" *Patient*: "I am a city laborer, and work upon the public streets." *Doctor*: "Ah! it is as I suspected. You require exercise."—*Boston Transcript*.

A party of vegetarians who were boarding in a water-cure establishment, while taking a walk in the fields, were attacked by a bull, which chased them furiously out of his pasture. "That's your gratitude, is it, you great hateful thing!" exclaimed one of the ladies, panting with fright and fatigue. "After this I'll eat beef three times a day."—*Jour. of Reconstruct.*

IMPETIGO.—Dr. Saerbs recommends spirits of turpentine in the treatment of impetigo of the scalp. The hair on the affected part and for a certain space around must be first removed, and the turpentine applied by means of frictions with the fingers; allowed to remain for five minutes, then washed off with carbolic soap and warm water. Then dilute tinct. of iodine or a solution of iodine (two per cent.) in spirits of turpentine is applied. These applications are to be made once or twice daily. They are painless, causing merely a slight itching.—*Jour. de Med. de Paris*.