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IDIOPATHIC ANÆMIA.*

BY J. E. GRAHAM, M.D. Toronto

(Read before the Ontario Medical Association, Hamilton, June 4th and 5th, 1884.)

There are few physicians of long experience who have not had at times under observation cases of anæmia terminating fatally, in whom the true nature of the disease was not made out. As post-mortems are seldom obtained the cause of death is usually put down as obscure cancer or abscess. Dr. Addison was the first to clearly describe a general anæmia occurring without any discernible cause whatever, to which he gave the term idiopathic anæmia.

In 1872, Biermer, of Zurich, described a number of similar cases of disease to which he gave the name progressive pernicious anæmia. During the past ten years a number of observers have written on this subject, Pye Smith in England, Gusserow and Quincke, in Germany, Pepper in the United States, Howard and Osler in Canada.

During the last seven or eight years I have had under observation seven cases of this disease. In some full notes have been made, while in others owing to limited opportunities of observation, the histories are defective. They are given however, with the purpose of adding in a very slight degree to the sum of our clinical knowledge of this obscure affection. It may be stated with truth that we have not made much advance in the study of this condition since the time of Addison. It is doubtful, if there has since appeared so clear and complete an account of the disease as was given by him in his article on disease of the supra-renal capsules.

The first case I shall give was under observation for nearly a year, and great doubt was experienced throughout the whole attendance, as to the real cause of the trouble. Case 1.

L. M., æt. 51, farmer, first consulted me in June, 1881. He was suffering from weakness and debility; he was somewhat anæmic, but not markedly so; he complained of shortness of breath upon exertion, and of a peculiar beating in the lower and back part of the thorax. He also felt a soreness over the sternum especially on violent exercise, or riding over rough roads. He could not ride in a lumber waggon on account of this pain and soreness. He also complained of a persistently sore mouth. The mucous membrane did not present any ulceration but spots of congestion were noticed. He had frequent attacks of nausea and vomiting; there were no hæmorrhages; bowels were constipated, urine normal, temperature about 100° F. His previous history was good, so far as his general health was concerned. When about twelve years of age he met with an accident, which resulted in persistent lameness of the back. He also suffered from chronic constipation.

There was no history of hereditary disease in his family.

The symptoms above described, viz., anæmia, sore throat, nausea, a constant

feeling of soreness in the region of the stomach and general weakness, continued throughout the summer. He was sometimes better and sometimes worse. His temperature was constantly elevated, varying from 99° to 101°. In the latter part of August he became much worse, and in one of his attacks he vomited what he supposed to be pus. He afterwards improved rapidly. The anæmia to a great extent disappeared, and he became much stronger. He continued in this improved condition until January, when the old symptoms returned with increased severity. During February he became rapidly weaker, and the anæmia became intense. He now vomited frequently. He complained of no pain, and when he awoke in the morning he felt as well as usual. On making any movement, however, his weakness became manifest. During February and March he had attacks of diarrhœa which weakened him very much. He could not take solid food, but took a fair amount of liquid nourishment. He suffered occasionally from bleeding of the nose and mouth. During the last week he was more or less drowsy. The stupor deepened into a comatose condition, which lasted for about twenty-four hours, and in which he died. In his wakeful intervals he tossed about in bed, restless and complaining of intense weakness and languor.

The treatment consisted in the administration of quinine, iron, phosphorus and latterly arsenic. The quinine had a decided effect in reducing the temperature. The other remedies appeared to have no effect.

Post-mortem examination was made nine hours after death. Pallor of the whole body greater than usual. There was moderate emaciation. On making the abdominal incision a large quantity of adipose tissue was exposed to view, which presented in the lamplight a remarkably white glistening appearance.

~~Thorax.~~—In the pericardium a small quantity of fluid was found. The heart was somewhat enlarged, ~~and~~ right ventricle dilated. ~~The~~ left ~~was~~ normal in size. The walls of the heart exhibited evidences of fatty degeneration. A very small amount of blood was found in the right ventricle; in fact there was a great decrease in the whole volume of blood. From the emptiness of the veins one might suppose that the patient had died from severe hæmorrhage.

The lungs presented a pale exsanguined appearance, ~~They were~~ otherwise healthy.

~~Abdomen.~~—The stomach was small and contracted. The mucous membrane presented a thin and atrophied appearance. No abnormal condition was found in the intestines.

The liver was normal in size, pale in appearance, and situated lower into the right side than is normally the case. The right lobe overlapped the kidney, so that the lower margin of each was on a level.

The spleen was enlarged and filled with broken down blood corpuscles.

The kidneys were somewhat larger than normal and pale in appearance. The capsules peeled off readily. A cyst of about the size of a walnut was found in each kidney. They were filled with a clear, transparent fluid.

There was extensive degeneration of the supra-renal capsules.

A cyst occupied the centre of each organ filled with opaque fluid and matter which had undergone cheesy degeneration. The walls were thin and fibrous. There was no calcification. The bladder was distended with urine.

A careful examination was made of the thoracic duct, receptaculum chyli and surrounding parts. There was a decided increase of fibrous tissue which appeared to be the result of previous inflammation in that neighbourhood. On cutting through the sternum the cancellous tissue of the bone presented a peculiar pink color. No microscopic examination of the bone marrow was made.

In the history of this case there are two or three points of interest.

1. The localized pain and tenderness in the epigastric region as well as soreness when any jarring of the body took place. These symptoms were so prominent that the diagnosis of cancer in the retro-peritoneal glands was made during life.

2. The increase of the connective tissue in the upper and posterior part of the abdomen. This condition was found by Habershon and others in Addison's disease.

3. The apparent recovery followed by relapse. This is not an uncommon event in the history of this disease.

4. The diseased condition of the supra-renal capsules. This was very marked, and was the only primary pathological condition found. In looking over the literature of this disease the condition of these organs is not mentioned in many of the cases related. In the majority of those in which mention is made of them, they were healthy. It might here be stated that there was no bronzing or other discolouration of the skin at any time noticed.

The patient, whose history follows, I had the opportunity of examining through the kindness of Dr. Aikins. As he was only seen once, the history is very imperfect:—

Case II., A. B., æt. 30, farmer, married, of medium height, was examined by me March 31st, 1883. He was active and in good health up to July, 1882. While working at the hay harvest he suffered from sore mouth. White blisters appeared over the mucous membrane which prevented him from eating. He, however, continued at work, and consequently became very weak. He lost flesh and became very pale. At the same time he suffered from epigastric pains, which were eased by his taking food. Epigastric tenderness has been present up to the present time. In the latter part of July, while at work, his arm became numb and weak. His limbs were never completely paralysed, and they recovered slowly, so that in October and November he was able to hew railway ties. He then felt much better, but not well.

At Christmas he had again paralysis of the lower extremities, from which he has partially recovered. He still totters in walking.

Present Condition.—Countenance of a pale greenish hue. No enlargement of any of the abdominal organs could be made out by physical examination. He is more or less thirsty between meals. His appetite is poor. He cannot take the lightest food without its being followed by nausea. He has no hæmorrhoids nor has there been any hæmorrhage until a few mornings ago, when his nose began to bleed without any apparent cause. Urine normal. Temperature 100½°. Pulse 84. No cardiac valvular disease could be made out.

Blood examined by Gower's hæmacytometer, 1,500,000 in the c.c.m., about 3/10 of normal number. The patient returned home, and died on the 23rd of April, a little over three weeks after we saw him.

From a letter sent by his brother we learned that he was unable to take food after his return, and sank gradually.

As no post mortem was made in this case, it might be said that cancer was present. There was, however, no evidence of it from physical examination, and the symptoms were so typical of pernicious anæmia that we may, I think, reasonably put it under that head.

The one striking feature in this history is the account of the nervous symptoms. Somewhat similar phenomena were also noticed in another case, which I will relate further on. Immerman, Biermer and Cayley relate cases in which there was temporary paralysis. It has generally been considered a secondary lesion, the result of the abnormal condition of blood. In this case, however, the paralysis occurred very early in the disease, and it is a question whether the primary lesion after all does not exist in the nervous system.

Case III., C. W. F., æt. 47, a resident of Toronto, has during most of his life been engaged in the tannery business. He came under observation July 12th, 1883. He was a patient of Dr. Aikins, and through his kindness I have been permitted to study the case.

He first noticed in the winter of 1881 that he suffered from nausea after eating. He then began to vomit. These symptoms he attributed to smoking. Shortly afterwards pallor of the face began to be marked, and it has been increasing ever since. He has never had ague or hæmorrhoids. When vomiting he noticed blood on two or three occasions, but only in very small quantity. He came under Dr. Aikins' care during the winter of 1882-83.

~~Urine examined February, 1883.~~ No albumen. Specific gravity of urine 1026.

Family history good; no cancer in any member so far as known. His father and mother lived to a good old age.

Present Condition.—Patient presents a pale yellowish flabby countenance. He is not much emaciated, but is very weak and complains of shortness of breath on the slightest exertion. He came to the office in a carriage, and it is with difficulty that he can walk from the door to the street.

The lungs were found healthy. An anæmic bruit was heard over the cardiac region.

No tumour was found in the abdominal cavity, and no tenderness existed over the epigastric region. There was no enlargement of any of the abdominal viscera. He has lately had some swelling of the feet and legs. His digestion has been improved by regular diet. Tongue pale and marked by the teeth.

Temperature 100° 3/5. Pulse 100. Blood examined by the hæmacytometer, 1,500,000 in c.c.m., or about 3/10 of the normal number. No increase in the white corpuscles. Red corpuscles irregular in shape, some caudate and some presenting projections.

~~Treatment.~~ Iron and quinine, with strict attention to diet.

During the latter part of the time patient became much worse. He had an attack of diarrhœa which lasted some weeks. He recovered, however, and in the autumn began to improve. The improvement continued during the winter, and he is now in his usual health. The patient was seen about a week ago, and seemed to be in good health. There was still, however, a slight pallor of the countenance. Had no opportunity of again counting the corpuscles.

The diagnosis is in this case clear. It could not have been malignant disease, or he would not have recovered. It might be called intense dyspepsia. This, however, would not account for the profound anæmia without emaciation, for the rise in temperature or for the œdema of the limbs. Then there was no evidence of organic disease of the liver or kidneys. Although he is now in good health there is a possibility of a relapse.

Case IV.—F. F., farmer, was seen by me in Dr. Aikins' office in autumn of 1881. About fifteen years ago he had an attack of rheumatism lasting seventeen weeks. He had otherwise been quite well up to last June. On a warm day after mowing hay he laid himself down on the grass in the shade. He caught cold and felt ill for two or three days. In August he began to feel poorly, and in September he complained of pain in the breast, shortness of breath and pallor of countenance. The latter symptom gradually increased.

Present Condition.—Patient presents a very anæmic appearance, and has lost about twelve pounds in weight. He complains of severe pains in the knees, and has constant pain over the region of the heart.

On physical examination the most noticeable signs present were pallor of body, swelling of the feet, and a loud anæmic bruit at the base of the heart; lungs normal, liver normal in size, temperature 99°, pulse 88, respiration 16. Microscopical examina-

tion of the blood; no increase in the white corpuscles but a great diminution of the red—1.580.000 in a c.c.m. They were of irregular outline; some of them elongated and others presenting projections.

The after history of this case could not be readily obtained. One letter was received some months after his return, in which he stated that he was almost well.

This was a very typical case so far as the symptoms could demonstrate.

Case V.—H. I., æt. 29, farmer, entered the hospital April 17th, 1883, under the care of Dr. Burns. The first symptom of the disease began two years ago. His digestion became impaired. His appetite was good but after his meals he suffered from pain in the stomach, which lasted for some time. This continued for a year when he became pale and was troubled with weakness and langour. The feet became œdematous and he complained of numbness in both hands and feet. His bowels were constipated. About two months ago he had what appears to have been effusion into the peritoneal cavity. He complained of tenderness over the hepatic region, and became slightly jaundiced.

Present Condition.—He presents a pale yellow colour and is extremely weak. There is rapid beating of the heart and a small rapid pulse. Tenderness over the epigastric region. No enlargement of the spleen or liver. Temperature elevated and has remained so since his admission. No sign of tumour in the abdominal cavity. Skin very dry, appetite poor. He vomits after each meal, and is unable to retain anything on his stomach. His nose bleeds frequently, and he sleeps badly. There are no enlarged glands, and there is no systolic bruit. His eyesight is much impaired. His blood was found very deficient in the red corpuscles. No increase in white corpuscles.

There is no valvular disease of the heart; kidneys, liver, and spleen healthy so far as can be made out.

The Treatment consists of milk diet with stimulants, iron and quinine.

After a few weeks he left the hospital unimproved. I learned from Dr. Black that he gradually sank, and died some weeks after he went home. No post-mortem was made.

Although this case presented many of the symptoms of pernicious anæmia there is still a doubt but that some obscure form of malignant disease was present. In the first case related, the symptoms of malignant disease were quite as marked, but none found at the autopsy.

Case VI.—Miss P., æt. 26, was referred to me by Dr. McKinnon, of Guelph, January, 1884. About six years ago patient suffered from chlorosis, and recovered under ordinary treatment. During the year 1882, she had frequent attacks of severe pain in the bowels, accompanied by vomiting. The vomiting was of a very persistent character, lasting for a week at a time. She never vomited blood. In January, 1883, she was treated locally for the uterine trouble, and was afterwards much improved, so that her parents thought she was getting well.

In June, she commenced to suffer from severe pain in the stomach, which was worse after eating. During the last few months the pain in the bowels appears to have been worse than that in the stomach.

From July to October she suffered from amennorrhœa. The "changes" returned in November and December. She has not been regular since. She lost colour during the year, but the anæmia has been more intense during the last three weeks There is no hæmorrhage of any kind.

Present Condition.—Patient is pale and anæmic. The countenance is of a greenish yellow colour; pulse, 120; respiration, 22; temperature, 100°·5; tongue, pale and not much coated; the bowels are constipated.

Blood, light coloured, not containing more than one-third the proper number of red corpuscles. They were irregular in shape.

Family history good. Since January I have been kept informed of her progress,

through the kindness of Dr. McKinnon. She became very much worse. Temperature, as shown by thermometer, was constantly elevated. She became very much emaciated, and was not able to leave her bed. She suffered from occasional attacks of diarrhœa, which weakened her very much.

She improved somewhat during March and April, but is now in *statu quo*.

Case VII.—I am indebted to Mr. David Jones for careful notes in this case.

M. L., æt. 45, farmer and hotel keeper. He was quite healthy and strong until six years ago. For many years he noticed that any excitement, or the sight of some substances, such as grease, &c., would cause nausea.

Six years ago his first serious illness began. He then complained of anorexia, languor and drowsiness; requiring a great deal of sleep. He vomited frequently and became exceedingly weak. The skin was of a yellowish colour; yellow patches appeared on the chest, and remained there until a year ago. The patches appear, last two or three weeks and disappear again. He complained of a disagreeable taste; could not take medicine. He at that time remained in bed three months, and at times could scarcely move his limbs. He then gradually recovered; but never became quite well; he was easily tired, and excitement would cause palpitation. He enjoyed fair health, however, until February, 1883, when he began to feel the same weakness and languor, together with nausea and sickness at the stomach. He was able to go about until April, when he went to bed, and remained there until the 20th of August. During most of this time he suffered from fever. The symptoms were much more severe than in the former attack. He became so weak that he could scarcely move in bed. He at one time lost the use of his right arm and the power of speech for about a day. It gradually returned. The same phenomena were repeated, and lasted two days; his face was intensely pale; he did not become much emaciated until the latter part of his illness; his teeth were covered with sordes, and his gums bled persistently; salivation was a marked symptom; he was always better in the morning, and often felt strong enough to get up. In a few hours he would feel as bad as ever. He could not eat anything, and was kept alive by nutrient enemata, chiefly beef peptonoids. His bowels were very constipated, and at one time over three weeks intervened between the motions. When at the worst he commenced drinking buttermilk, and from that time he began to improve. The colour gradually returned to his face. During this attack he did not have any discolouration of the skin as in the former one. His strength gradually returned, so that in the autumn he could walk out. During the winter he walked four or five miles every day, but always felt very tired after it. During February, 1884, the third attack commenced. The same symptoms returned, dullness, drowsiness, want of appetite, nausea. During the month he remained in the house, lying down a good part of the day. He felt feverish at times, and had frequent hæmorrhages from the gums. His teeth have a sore feeling, and he sleeps with his jaws lightly closed; he is losing somewhat in weight.

Present condition, March 24, 1884.—He is not much emaciated, and the skin presents a light yellow colour; conjunctivæ pearly white; gums very much congested and spongy; tongue moist; not coated, but pale.

Physical examination.—Pulse small, weak and easily compressible, 90 to 100; temperature, 99°. There is a loss of feeling in the ends of the fingers; he cannot feel a pin pricking him; his expression is one of weariness and anxiety.

Blood.—Examination by the hæmacytometer. The corpuscles formed into *rouleaux*, and were not irregular in outline. A

1690.00 in a c.c.m. a little less than a third of

few microcytes were seen. On counting the corpuscles, found 1,600,000 in a c.c.m., a little less than a third of the ordinary number.

March 26th. Patient often loses his rest at night owing to constant spitting. He is frequently feverish, and his temperature ranges between 99° and 100°. Examined all the organs of the body. Lungs healthy. No organic or valvular murmur. Hæmic murmur heard at the base of the heart and along the large vessels. *Bruit de diable* heard over the veins of the neck.

Liver normal in size; spleen not enlarged; no enlargement of lymphatic glands; slight tenderness on pressure over the region of the spleen.

Urine normal in quantity; no albumen or sugar; no anasarca present. He has for the past two or three weeks taken arsenic in the form of Fowler's solution. It produces so much nausea that he can only take it occasionally. The drug has had no perceptible effect.

April 1st. Examined the blood again. Found the number of red corpuscles slightly increased 1,800,000 in a c.c.m. Patient feels very weak; constant spitting of saliva, mixed with blood.

April 17th.—Patient remains the same. He is too weak to arise from his bed; passes sleepless nights.

May 1st.—Patient in much the same condition. He cannot for days take any other form of nourishment than koumyss, which his wife prepares for him. At times he will take buttermilk; cannot take milk unless it is a little sour. I ordered for him arsenious acid in 1-50th of a grain pill, thinking that he might be able to take them better than the Fowler's solution.

May 8th.—Patient has improved somewhat since last notes were made. He has taken the pills without difficulty.

May 16th.—To-day found patient sitting up. He had been in bed since the latter part of March. He can now take eggs, brown bread, sour milk, and green vegetables, such as onions, etc. Singular to say, he cannot now take the koumyss.

May 26th.—Patient is still improving, and if the present rate of progress continues he will soon be able to drive out.

June 1st.—Patient is still improving. We counted the corpuscles; found forty-six per cent. of red, an increase of twenty per cent. over the last count. The red corpuscles exhibited irregularity of outline, and they did not form into *rouleaux*. This was not noticed at any previous examination.

The history of this case has been given somewhat in detail, as in my opinion it shows the close relationship which exists between Addison's disease and some of the forms of pernicious anæmia. The striking points in this case are—

1. The length of time the diseased condition has existed, exacerbations separated by comparatively healthy intervals. Periods of improvement have been frequently noticed in cases, but they have been neither so long nor decided as in this case.

2. The appearance of discolouration of the skin is somewhat similar to that found in Addison's disease. These discolourations have been noted in many of the recorded cases.

3. The symptoms of paralysis, which were no doubt to a certain extent produced by the abnormal condition of the blood. It must be remembered, however, that very early in the last attack numbness of the finger tips was noticed.

4. Profuse salivation, a symptom which I do not find in any of the recorded cases.

5. Another point was the hair becoming white in the first attack, and ever after remaining so. I noticed a similar loss of colour in another case, not recorded here, which presented many of the symptoms of pernicious anæmia, with some of leucocythæmia.

I will now make a brief *resumé* to show what light the seven cases recorded bear on the principal features of this obscure disease.

Causation.—It will be noticed that five of the cases were farmers, one and she a young lady, lived in the country, and another a tanner and lumberman. There is no doubt, but that the disease exists to a greater extent in some countries than others. It will also be noticed that all except one of my cases are males. It is generally stated that the majority are women. In the record I think many cases of children have been included. It must be remembered that the diet of farmers is often very monotonous; pork is often the only form of flesh used. It is a question whether the constant irritation of the nerves of the stomach by indigestible food may not produce an effect on the sympathetic system which reacts in lowering the condition of the blood.

Morbid anatomy and pathology, ~~of the three fatal cases, in only one~~ a post-mortem was made. In it the lesions found were very similar to those found in Addison's disease. In it there was a complete absence of bronzing of skin and the symptoms were typical of pernicious anæmia as described by Biermer, etc. There is no doubt but that a number of cases have been grouped together under the head of essential or idiopathic anæmia, in which the condition of the blood has arisen from different causes. There is however, in my opinion one set of cases which closely resemble Addison's disease, and it is possible that the initial lesion may be identical. The first and last cases given are examples of this point, and it is probable that Pepper of Philadelphia was correct in classing them together.

Clinical History.—Nothing of interest is shown different from that of previously recorded cases. At least five of them present typical histories. One might have been obscure malignant disease, and the sixth might have been of similar nature to chlorosis. Coupland however classes chlorosis and idiopathic anæmia together.

As above stated the diagnosis of five of the cases given is sufficiently plain, even if one adheres to the rigid lines drawn by Dr. Pye Smith in his recent article in Guy's hospital reports.

Prognosis should be given with care. I am of opinion that there is one class of cases necessarily fatal, but that so far we are not able to diagnose them from others in whom the lesion appears to be of a temporary nature. The number of fatal cases are largely in the majority of those recorded. In 130 cases given by Pye Smith, only twenty recovered. It is remarkable, that, in a great number of cases, there are periods of improvement followed by relapses.

Treatment.—The only internal remedy which has been found of benefit is arsenic. This has usually been given in Fowler's solution, but may be administered in pills as in the last case given.

It is of great importance to administer such nourishment as can be taken up and assimilated by the system. Case VII. would have succumbed in all probability had it not been for koumyss, on which he almost entirely depended for three weeks. It might be well here to draw the attention of the profession to the value of this form of nourishment. I have used it when nothing else would be tolerated by the stomach, and I am confident that in two cases at least it was largely instrumental in saving life.

It would appear that in some form of idiopathic anæmia the disease is of a more or less self-limited character, and if the system can be sustained until the crisis is past, recovery takes place rapidly.

After all the question still remains to be solved, where is the primary lesion in pernicious anæmia? Upon this we can only theorize, as there is as yet no solid basis made out by microscopical examination. Theories are often, however, useful in directing clinical and pathological investigation into channels which lead to the ultimate goal of fact and demonstration.

From the study of my own cases, and after reading carefully the histories of most

of those recorded, I am inclined to the opinion that the primary lesion will be found in the nervous system. I am inclined to look upon pernicious anæmia as an atrophy of the blood somewhat similar in nature to progressive muscular atrophy. If there is one trophic system of nerves which governs the nutrition of the muscles and that of the skin, why may not the healthy nature of the blood depend on a similar system. It is certain that the enrichment and the elaboration of the blood takes place principally in the large viscera situated in the upper part of the abdomen, and these are frequently affected in pernicious anæmia. It is possible then that in the sympathetic system which supplies these organs, or in the spinal cord itself the primary lesion may be found.

MANAGEMENT OF THE THIRD STAGE OF LABOUR.*

GEORGE A. TYE, M.D., CHATHAM, Ont.

(Read before the Ontario Medical Association, Hamilton, June 4th and 5th, 1884.)

Mr. President and Gentlemen:—

The management of the third stage of labour is always full of interest because it is so closely connected with *post-partum* hæmorrhage.

The object of this paper is chiefly to discuss Credé's method, a method lately warmly advocated by some prominent obstetricians. Unless properly limited it may bring disappointment to the practitioner and disaster to the patient.

The third stage, like the preceding ones, is a strictly physiological process and requires no assistance so long as the conditions are normal.

When, however, the conditions are pathological, then alone is interference justifiable.

When the uterus has been for a length of time vigorously engaged in the previous stages it is naturally more or less exhausted, and before commencing the third stage requires a period of rest.

After this rest contractions occur spontaneously; at first gentle, then gradually increasing in power; each contraction separates a portion of the placenta, and simultaneously closes the sinuses, and finally expels the whole contents of the uterus. The efforts thus begun continue till all danger of hæmorrhage is past.

This is Nature's method and can never be improved by Art. During this process the accoucheur is only a watchman, keeping the hand over the uterus, to warn him should internal hæmorrhage occur, and convey to him the nature of the uterine action.

It is the practice of some to interfere:

1. By traction on the funis;
2. By external pressure from all sides towards the os.

The latter process, known as Credé's method, has been taught and practiced for the last twenty-five years or longer. These methods are both unnecessary, because the process can be accomplished without their aid; they are both wrong, because they tend to deliver the placenta prematurely; that is before sufficient contraction has set in, and therefore favour *post-partum* hæmorrhage. The method of traction on the cord being rarely practiced requires no comment.

Credé's method is taught, considerably practiced, and lately warmly advocated, and that in all cases. When Credé's plan is practiced the placenta may be separated by the combined forces of the uterine effort and external pressure. But it is frequently detached by the external pressure alone, after separating a portion of the membranes which are liable to be retained. The placenta acts as a tampon, and as a stimulus while in the uterus and is of service until Nature's *tourniquet* uterine contraction is ready.

When the conditions are abnormal, such as strong adhesions, and strong uterine efforts fail to deliver in a reasonable time, then the method of Credé is valuable and will hasten expulsion. These cases are rare.

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Read before the Ont. Med. Association June 1884

It is the practice of this method in *every* case that is unjustifiable and dangerous.

For ten years I practiced this method and had a large number of hæmorrhages. I was struck by the fact that of all the labours to which I was called and arrived late flooding had rarely occurred. Cases attended by midwives, who did not interfere, were nearly exempt. These facts caused me to abandon the method and to rely upon the natural process as already indicated, the result has been most satisfactory and convincing during the last seven years.

Dr. Garrigues, of New York, in a recent paper before the Academy of Medicine, strongly advocates Credé's method. His first statement is that it should be used in *all* cases. Amongst the advantages that he claims for it is the *prevention* of hæmorrhage, but proof of this assertion is not in the paper.

In the discussion that followed Mundé speaks of Credé's method as a very excellent one, and free from danger when carried out aright, but qualifies it thus:—"When carried too far it might cause too rapid expulsion and favour inertia." He still further modifies it by saying, "The placenta should not be expressed until it is detached, but the uterus should be made to contract by manipulation and separate it, then it could be expressed." This statement is true and sound practice, but it is not Credé's method. When the placenta is once detached it is a foreign body and may be safely expressed, even traction on the cord may be admissible.

Dr. Isaac C. Taylor said that he looked upon everything connected with childbirth as physiological and not a pathological process, and thought we should not interfere with this process. Nature's method was to wait twenty minutes or even an hour. She was fatigued and needed rest. We should not compel her at once to renew her efforts to deliver the placenta. Medical opinion abroad is not now so favourable as formerly. Hofmeyer in a report on Obstetrics and Gynæcology in Germany, says:—"It is unquestionable that a certain reaction has set in against the method of the immediate expression of the placenta after labour introduced by Credé twenty or thirty years ago. As long as twelve or eighteen months ago various voices have been raised, Runge, Dohrn, Schultze, and others, calling attention to the disadvantages of an over hasty expression of the placenta, so that Credé himself has been inclined to again carefully limit the procedure introduced by him. Quite recently the manifold dangers of this method have been very minutely exposed by Ahfield, chiefly to the liability of secondary hæmorrhage and the retention of membranes. At the meeting of German Physicians at Freyburgh, I had the opportunity of hearing Hegar and Freund prefer an almost absolute expectancy to Credé's method."

When uterine inertia exists not due to fatigue, ergot is our most reliable stimulant, in addition to external manipulation. Sometimes the contractions produced by its use are irregular—a portion being contracted, another quite lax, so that the placenta becomes partially or completely encysted, and is not liberated until the influence of the ergot has passed away, or the hand has been introduced to remove it. As a rule, it is best to abstain from its use until the uterus is emptied, then a full dose may be administered to keep up contraction, the hand in the meantime being retained until its effects are manifest, the patient can then be left in safety, and much done to prevent puerperal fever.

Selections: Medicine.

How to Secure Good Dental Organs, Prevent their Decay, etc., H. E. Dennett, D.D.S., Boston.—In the discharge of their duties, the physician and dentist are daily asked, "What must I do to prevent my teeth from decaying?" The answer to this should be, "Correct your diet." That is, eat such food, and only such, as contains all its natural elements. If we eat all the

products of grain, we must eat them with all their elements as furnished by nature. If we eat meat, we must also eat bones, or our systems will suffer from a violation of one of nature's unerring laws. It is conceded that dental decay is the dissolving away of the lime salts by vitiated secretions. This is not due so much to a want of cleanliness of the mouth as is commonly supposed, for it is not true that "a clean tooth never decays." One may devote twelve hours out of the twenty-four to the ablution of the mouth, and fail to prevent decay of the teeth, so long as nature's dietetic laws are violated. Acid will dissolve lime whenever the two meet. Acid saliva may be expected to follow an excessive use of acids, or of those elements capable of producing acid, or from a deficiency of the opposite elements. Dental development in man is discernible as early as the seventh week of intra-uterine life; hence the importance of a strictly correct diet from the first, if mothers desire to give birth to children who may have perfect teeth, and perfect health includes perfect teeth, for the teeth are little indicators that denote by their condition that of the whole system, just as a thermometer indicates thermal changes. A mother who passes through the period of gestation and lactation without a sufficient amount of bone and tooth element in her food will suffer from decay of the teeth, neuralgia, rheumatism and other diseases that result from an impoverished state of the system. The lime from her teeth will be dissolved, taken into the circulation and appropriated by the offspring. Excepting civilized man, all flesh-eating animals take as much of the bone with the flesh they eat as they can break with their teeth sufficiently fine to swallow, and all have good dental organs. Place before a tribe of Indians everything the earth produces in the shape of food and they will eat only animal food, so long as it lasts; but put them on a reservation and feed them as civilized people feed themselves, and decay of the teeth is sure to follow. Take from any carnivorous animals their supply of bone which they get with the meat, and dental decay is the inevitable result. Several years ago the lions in the Zoological Gardens of London were fed upon the thighs of horses. These being large, they were unable to break and eat them. As a consequence their young were born with cleft palates, and died shortly after birth. Subsequently they were fed upon deer and other small animals, and their young were born with perfectly formed palates and lived. Veterinary surgeons have long known that certain diseases of their dumb patients can only be successfully treated by feeding to them bone meal. A dam, too aristocratic to gnaw bones, gave birth to successive litters of rickety pups; but after eating food that contained a liberal percentage of bone meal, she produced perfectly healthy ones by the same sire.

Arguments in favour of eating bone to prevent the decay of the teeth, as well as to cure a long catalogue of bone and kindred diseases, might be continued indefinitely; but, as "a word to the wise is sufficient," it seems only necessary to add that as a long and continued experiment has been made upon a family, with results that justify all claims as to its beneficial effects. The bones used were selected from perfectly healthy animals, carefully cured without being allowed to pass through any perceptible chemical changes, finely granulated and incorporated into soups, gravies, bread, etc., in the proportion of from one to three spoonfuls of the meal to each pint of flour, gravy or soup. The relative proportion of nutritive elements in one hundred parts of different kinds of animal food have been found as follows: Beef, 26; mutton, 29; chicken, 27; pork, 24; brain, 20; blood, 21; codfish, 21; white of egg, 14; milk, 7; bone, 51.—*Med. Annals.*

THE EYE-DISTURBANCES IN TABES DORSALIS.—Dr. L. Schmeichler, of Vienna, has lately written an interesting paper on this subject. The following leading points are abstracted from it. The clinical material upon which the paper is based was derived from the eye clinic and a hospital department partly devoted to nervous disorders; also from the Home for Incurables. As the eye-symptoms of tabes are generally initial, the cases were, therefore, studied in the inception, in the progress, and in the decline of the disease. The eye-symptoms may be divided into—1, those of the optic nerve; 2, those of the pupil; 3, those of the eye muscles.

1. Disease of the optic nerve. Atrophy is a frequent and early symptom of tabes; hence the importance, in case of atrophy, of testing the tendon reflex, etc. Schmeichler has never seen a commencing optic

nerve atrophy where the spinal sclerosis was fully developed, and estimates from his own experience and that of others that forty per cent. of cases of incipient optic nerve atrophy may be traced to tabes. Both eyes are affected at the same time, but often in different degrees. The only essential ophthalmoscopic appearance is the discolouration of the papillæ; this is the first symptom of the atrophic process, but as the disease advances vessel-changes are apparent. The apparent calibre of a vein on the papillæ may enlarge to double the normal size, retain the enlargement for some distance from the disc, and then gradually narrow to the normal calibre. This is independent of anything like papillitis. One cannot tell from the ophthalmoscopic appearances whether the visual acuteness is much decreased or not; papillæ which apparently are exactly similar are associated with very varied amounts of sight. The characteristic field of vision is the one with concentric limitation. 2. The pupillary changes in tabes are (*a*) reflex iridoplegia, or lack of pupillary reaction to light; (*b*) total iridoplegia, or absence of the reaction on convergence, the accommodation being intact; (*c*) myosis, or contracted pupil; with atropia it may be widened to four or five millimetres' diameter, and rapidly contracts again under pilocarpine: the pupil dilated with atropine, if left to itself, requires a long time (four to five weeks) to reach the same size it possessed before the use of the mydriatic; (*d*) inequality of the pupils, a striking symptom, but not so characteristic as those previously mentioned. 3. Changes in the innervation of the ocular muscles. This results in paresis of one or several of the muscles. It generally occurs very early in the disease,—sometimes precedes every other symptom by many years. A clinical illustration of this is given. The paresis generally comes on gradually; may remain constant, or after several months disappear entirely, in some cases reappearing after several years.—*Phil. Medical Times.*

Diarrhœa in Children.—Dr. Lees, in his paper, called attention to a class of cases, not very uncommon in children, in which the main symptom was an irresistible impulse to defæcation experienced almost immediately after food had been taken. Colic-pain might or might not be present; but there was no sensation of weight at the epigastrium, heartburn, flatulence, or other symptom of dyspepsia. The motions were usually semi-solid, not often watery or slimy, and frequently contained undigested food. Usually, a motion was passed almost immediately after every meal, and perhaps once or twice more during the twenty-four hours. Dr. Lees pointed out that these symptoms were evidently due to a hyperperistalsis of the alimentary canal without increase of secretion, the two factors of ordinary diarrhœa being here disassociated. Such increase of peristalsis was probably due to irritation of the vagus nerve, which supplied the excitor fibres to the intestine, the splanchnics conveying the inhibitory fibres. The proximity of the nucleus of the vagus to that of the trigeminus in the medulla indicated the possibility that this increased excitability of the intestine might in part be due to dental irritation, the cases in question usually occurring during the period of the second dentition. Believing in the purely neurotic origin of the symptoms, Dr. Lees had treated several cases with bromide of potassium simply, without opium or any astringent, and had obtained immediate success, even in cases which had persisted for several months. The diarrhœa was usually arrested in a few days, and occasionally the children became so costive that the medicine had to be discontinued. Four cases were narrated, also a similar case occurring in an adult, in all of which speedy relief was given by bromide. In conclusion, it was remarked that individuals who suffered from these symptoms were often of a markedly neurotic temperament, timid, and easily frightened.—*Brit. Med. Journal.*

Ammonia Treatment of Typhoid Fever.—Dr. T. K. Jackson of Norfolk, Virginia, in a paper presented to the section on Practice of Medicine, at the recent meeting of the Am. Med. Association (*Md. Med. Jnl.*) advocates ammonia in the treatment of typhoid fever. He says the nitrate of ammonia is the most sedative salt, and the carbonate, the most stimulating of the Materia Medica. The nitrate of ammonia is capable of reducing the typhoid fever heat to 102° F. and of keeping it there. Ten or twelve grains of the salt every two hours are sufficient for this purpose. If diarrhœa super-

venes the acetate is substituted and lead and opium administered. If nervous symptoms show themselves with a failure of the vital powers the carbonate in conjunction with the potassium chlorate is resorted to. But if coma develops the effect is magical of five grains every two hours of the hydrochlorate of ammonia. Delirium never fails to become quieted in a few hours after the free administration of ammonia. Wandering sometimes occurs if the dose is too small or the intervals between are too long.

NEW TEST FOR STRYCHNINE.—The Russian chemist, R. Mandelin, proposes a solution of one part of vanadate of ammonia in 100 parts of sulphuric acid as a valuable reagent for detecting strychnine. He says that a trace of this alkaloid on being brought into contact with a few drops of this new reagent upon a watch glass, causes a momentary but splendid blue colouration, which changes very rapidly into violet and vermilion.

In his experiments he has found that the blue colour is evident with one-thousandth part of a milligramme of strychnine. If so, the reagent in question possesses a very great degree of sensitiveness.

The author has also found that this reagent is very stable. It is prepared by the trituration of colourless vanadate of ammonia with pure sulphuric acid (mono-hydrated). On account of the colourless state of the ingredients composing this reagent, it will probably supersede the ordinary chromic acid test, if the results we have just described be confirmed, of which we have little doubt.—*Monthly Mag.*

DISCOVERIES IN EPIDERMAL SCALES TAKEN FROM SCARLET FEVER PATIENTS DURING THE PERIOD OF DESQUAMATION.—Pincus (Berlin) found in fragments of removed epidermal tissue micrococci of the smallest size, which he considers pathogenetic. The existence of a great number of fine, point-like bodies upon epidermal cells demonstrated to his mind that the morbid process begins in one of the upper layers, as the under surface of the scale, which is subsequently shed, shows that it represents, at an advanced stage of the process, the zone of active irritation, and that this active irritation is somewhat suddenly interrupted when the scale is removed, and the process is to be taken up by the next stratum. The author's conclusions in respect to this matter are that disinfective treatment of the skin is appropriate. *Arch. of Pediatrics.*

CUTANEOUS PHENOMENA IN CONNECTION WITH CHOREA IN CHILDREN (Ollivier) :—Two cases are detailed in which the phenomena in question were seen. In one case there was a polymorphous erythema, in the other an urticaria. With the first eruption there developed simultaneously a cardiac lesion and articular pains, with the other the articular pains only. The recurrences seemed to the author sufficiently rare to merit attention, especially as he found no record of similar cases. He also takes occasion to say that chorea may be preceded or accompanied by simple, papular, or nodose erythema, by urticaria, and probably by purpura. He agrees with GermainSée and Roger in believing that chorea, and the cardiac affections which accompany it, are of a rheumatic nature; also stating that it is probable that the cutaneous phenomena in such cases are of similar origin.—*Arch. of Pediatrics.*

HÆMOSTATIC TRANSFUSION. — Professor Hayem has found as the results of his studies that stagnant or slowly moving blood is rendered more coagulable by the intravenous injection of certain substances, especially of blood serum. He applies this discovery to the treatment of severe hæmorrhage or in aneurism. Normal blood acts as an hæmostatic but defibrinated blood, artificial serum or distilled water are more active but less so than blood serum. Blood serum from an animal may cause serious consequences if injected into the human body—a variety of coagulation taking place, called by Hayem coagulation by precipitation. By it the circulating blood is immediately filled with thousands of concretions which are arrested in the smaller vessels producing numerous hæmorrhagic infarcts.—*Med. Rec.*

DR. CLEVENGER, of Chicago, makes the suggestion that the abrasions requiring protection, by cauterization or otherwise, before conducting a *post-mortem* examination, may be discovered by holding the hands over strong aqua ammonia. The smarting will generally reveal abrasions so minute as to escape detection otherwise.—*Medical Age.*

SANTONINE PILLS.—Dr. Von Puchy, of Feldsberg, recommends these pills made up with castor oil, soap and powdered marsh-mallow root, and coated with a solution of one part white pine resin, ten parts each of balsam of tolu, and of spirits of wine, and 100 parts of ether. This compound remains unchanged till it reaches the alkaline and biliary secretion in the intestines and so allows the drug to come in contact with the ascarides.—*Monthly Mag. of Pharm.*

HEPATIC COLIC.—M. Paul finds nothing more satisfactory in the treatment of biliary colic than the pills of Belloste (Mercury, Aloes and Scammony) associated with Carlsbad water.

M. Blondeau extols the following pill:—

℞ Ext. Hyoscyami	.01.	grs. ⅓	M.
Ext. Nucis vom	.01.	grs. ⅓	
Podophyllin	.01½.	grs. ¼	
Sapo durus	.05.	grs. i.	

One to three pills a day.—*Le Prog. Méd.*

THE MCDADE TREATMENT OF SYPHILIS.—The experience of Dr. Glenn, as related to the Medical Society of Tennessee (*Nash. Jnl. of Med. and Surg.*) of this method of treatment affirms it to be a complete failure. Other members of the Society participated in this opinion. Surg. John Godfrey of the Marine Hospital Service (*Therapeutic Gaz.*) gives a condensed report of five cases treated by McDade's formula without improvement, or such a slight amount as not to justify continuance of the treatment.

BECK'S EXPECTORANT MIXTURE:

℞ Hydrochlorate of apomorphine	0.10 centigr.		1½ grs.
Dilute hydrochloric acid	1.70 "		30
Simple syrup	50 grmmes		℥ ii
Distilled Water	200 "		℥ vi

℔

DOSE.—For an adult, one tablespoonful; for a child, one teaspoonful, every two or three hours.—*Jour. de Méd. de Paris.*

PAIN ON PERCUSSION IN HEPATIC CANCER.—Dr. Geo. Drury states (*N. Y. Med. Jnl.*), that in cases of hepatic cancer, where the liver is not enlarged and is concealed under the costal arch, the persistent tenderness of the liver induced by percussion of the hepatic region, where there is absence of any cause of an existing cachexia becomes a highly diagnostic sign.

Surgery.

HOSPITAL ANTISEPTIC SURGERY.

BY GEORGE R. FOWLER, M.D., BROOKLYN,

Surgeon to St. Mary's General Hospital.

In every ward of our hospital there are large stock bottles of a five per cent. solution of carbolic acid. Tin basins, towels, and soap are disposed conveniently about, and no orderly would think of bringing anything else but the solution of carbolic acid, diluted with water one half, for the surgeon to wash his hands as he enters and leaves the ward.

It is required of internes that they shall not have visited the mortuary department, nor have handled any gangrenous ulcer, etc., upon the day that they are to assist at an operation. Prior to taking part in the operation they are required to most thoroughly disinfect themselves with soap and a two-and-a-half-per-cent. solution of carbolic acid. After this their hands and arms are dipped in a solution of corrosive sublimate of the strength of one to one thousand.

Besides the ordinary preparation that patients undergo prior to operation, they are here thoroughly washed in carbolized water and soap for some distance beyond the point of operation; if, for instance, it is a foot to be operated upon, the entire leg takes part in the ablution. This is done in the ward, and towels, wrung out of the sublimate solution, are wrapped about the parts until the operation is about to begin. The patient being brought to the operating theatre, the rubber sheet covering the table is sponged off with the sublimate solution; the surrounding parts, as well as the site of operation, are again drenched with the same. Towels, wrung out of sublimate solution, are folded in convenient shapes and so disposed about the field of operation as to thoroughly isolate it from the rest of the surroundings.

Although corrosive sublimate is the favourite antiseptic with us, yet among the few objections to its use may be mentioned its blackening effect upon bright instruments. For this reason we still adhere to the use of a two-and-a-half-per-cent. solution of carbolic acid as a germicide bath for the instruments. These latter are conveniently arranged in square, shallow tin pans, in the bottom of which are placed folded towels;

just before the operator is ready to proceed, the solution is poured upon them.

As we rarely use the spray in the hospital at the present time, the subject of irrigation becomes one of great importance, for we feel that some efficient method must be adopted to prevent the permanent lodgment in the tissues of floating matter from the atmosphere. We know of no method next to the spray, of accomplishing this object with a fair degree of certainty except by means of irrigation, and by some the latter is considered superior to the former. Frequent irrigation during the course of the operation is most desirable, and for this purpose the corrosive sublimate solution would be by far the preferable antiseptic were it not for its damaging effects upon the Péan forceps and other instruments in use in and about the wound. For this reason it has never been popular in our operating theatre for irrigating purposes during operations. The two-and-a-half-per-cent. solution of carbolic acid here serves a good purpose, but at the close of the operation, after all instruments are out of the way, and just before placing the sutures, the wound in all its recesses and surroundings is most thoroughly douched with the corrosive-sublimate solution.

We look upon the arrest of hæmorrhage before closing the wound as a very important part of the antiseptic method, and no point of oozing is ever overlooked. It is at once grasped by a Pèan or other flat-bladed and ring-handled spring-catch forceps, and, if these accumulate in the operating field so as to be in the way while the operator still continues at work, an assistant is directed to throw a ligature around each one, and whatever it may happen to grasp, without stopping to isolate the vessel. As catgut ligatures alone are used, it is believed that it makes but little difference about the tissues inclosed in the ligature, so long as the hæmorrhage is controlled. Of course, no one would think of including a large nerve trunk. Further, it is thought to be senseless folly to keep removing forceps to see if the oozing has been controlled by pressure, then having to reapply them or resort to torsion, and finally be compelled to tie the vessel. All this involves an extravagant waste of time and much awkward manœuvring. As only absorbable ligatures are used, and these of an unirritating character, it is not deemed objectionable to have a large number of them in the wound.

It may be of interest to know the method we employ in the preparation of our catgut ligatures. We procure the best Italian guitar "E" and violin "E" strings, these two sizes being found sufficient for all practical purposes. In their preparation the latest method of Lister is adopted.

We keep some powdered iodoform in the box with the ligatures. It should be remembered that the strings are almost sure to untwist, unless prevented from doing so, and become thereby useless, when soaked in these solutions for so long a time. In order to prevent this we have adopted the following expedient: The skeins are slipped, just as they come from the importers, upon a round glass bottle upon which they snugly fit; this is filled with sand, so that it readily sinks into the solutions, and here they are kept during the whole process of preparation, and, when finally dried, are removed, and will be found to have retained their original size and shape, the latter a very convenient one. When they are to be used, we cut, say, half a dozen ligatures of about eight inches in length, and place them in two-and-a-half-per-cent. solution of carbolic acid, or, better still, in the one-to-one-thousand solution of corrosive sublimate. This is done just at the beginning of the operation, and, when needed, they are found soft, pliable, strong, and perfectly antiseptic. They may be relied upon to hold, in a non-suppurating wound, either as ligatures or sutures, for at least ten days.

Next in importance to the securing of every bleeding point, and thereby securing a dry wound before closing it, is the consideration of some simple and efficacious mode of draining away the wound secretions as they occur. As in most hospitals, rubber tubing of different sizes, having perforations in its walls, is the stock material for this purpose. It is cheap, and upon the whole, quite efficient, although occasionally it is to be regretted, a sinus is left marking the track of the drainage-tube long after the rest has fully healed. In amputations of the breast we prefer Neuber's absorbable bone drains, and have had some remarkably rapid healing under one dressing with their use. In cases of extirpation of large tumors, where quite a cavity remains, and perhaps several pockets, I have devised and practised a method called "branched drains." It

consists essentially in taking a single stitch, with a needle threaded with catgut ligature material prepared as before described, in the deeper portion of the wound, and bringing out both ends from the most dependent angle of the wound. This is repeated in different parts of the wound and its flaps, all the strands being thus brought to the lower angle of the wound from different parts of its cavity and lower surface of its flaps. Other strands of the same material are laid along the middle of the wound directly underneath the line of sutures in the ordinary way, if deemed needful. Thus it will be seen that these branching drains, coming, as it were, from every part of the wound surfaces and leading to the most dependent portion, must drain more efficiently than a single tube or bundle of capillary drains simply laid along the middle line of a large wound-cavity. Being likewise absorbable, their presence need give the surgeon no uneasiness, and the dressings can remain, but for some reason other than the removal of the drains, until the wound is entirely healed, thus realizing the surgeon's *beau ideal*—viz., perfect healing under one dressing.

As sutures, carbolized silk, horse-hair, silver wire, and catgut hold about equal rank in the estimation of our surgeons, my own practice more recently has been to close operation wounds, which, of course, are expected to pursue an aseptic course, at once with the continued catgut suture. By this means both time and material are conserved, and a much neater line of union obtained. Usually the outside loops of the sutures drop off and come away with the dressings when the inner loops are absorbed. In comparing the irritating qualities of the non-absorbable materials (horse-hair and carbolized silk), we have determined that horse-hair sutures, well cleaned and kept in sublimate solution ready for use, remain rather longer in the tissues without producing irritation, as evinced by slight suppuration along their track, than those of carbolized silk.

When we reach the matter of dressings, we open up the most important part of the subject of hospital antiseptic surgery, for it it is the expense attendant upon the use of antiseptic dressings that has been urged by boards of trustees of hospitals, and prevented many surgeons from adopting them in their wards. Now, I would venture to say that even the expense of a Lister dressing, in all its completeness, when intelligently used, with its need for but infrequent change, will compare favourably with the cost of a daily, and perhaps twice daily, application of ointment, lint, plaster, and bandages. The question that meets us at this point is, what are the requisites of an efficient antiseptic dressing? First of all, the basis, or that which serves to hold our antiseptic and serves at the same time as a dressing, must be of a highly absorbent character, and it must be readily obtainable. Furthermore, it must be light and easily moulded to the parts operated upon, non-irritating, and readily impregnated with some active antiseptic substance. For this purpose the material in most common use at the present time is absorbent cotton. This substance is, however, in my opinion, very much overrated as a surgical dressing. I have used it extensively, and find that a very thin layer only is saturated with the discharge, a crust is formed impermeable to fluids, and the secretions must remain on the surface of the wound, or find their way out under the edges of the dressings. In small wounds with very slight discharge they may be used, but the principal use to which this substance is applied is in maintaining firm and equable compression. Westhorp's antiseptic marine lint is of feeble power; naphthalin added increases its antiseptic quality. It discolours the skin by adhesive tarry matter, and in large dressings is expensive. Glasswool (Kümmel) was found irritating to the skin.

That which gave the greatest satisfaction in every way up to the time of our first using it as a basis for our antiseptic application, was pine sawdust, dried and forced through a common flour sieve, coarser particles and sticks being thus removed from it. After drying and sifting, we mix it in the proportion of one to one thousand mercuric bichloride, and, in order to prevent the decomposition of the bichloride and the formation of calomel in the presence of so much organic matter, chloride of sodium, or pure common salt, is added in the proportion of four grains of the latter to every grain of the mercuric bichloride. The following is a good working formula, and sufficiently exact for all practical purposes: Dissolve twenty-four grains of chloride of sodium in half an ounce of glycerin, heated to the boiling point. Then dissolve six

grains of corrosive sublimate in half an ounce each of sulphuric ether and alcohol. Mix these two solutions together, and triturate well with one pound of well-dried and finely sifted sawdust. Spread out to dry, and when the ether and alcohol have evaporated add naphthalin in the proportion of one part, by weight, to ten of the sawdust. Thus prepared, the sawdust will absorb about four times its own weight.

Iodoform, salicylic acid, and other antiseptics in powder form may be used instead of naphthalin, or the sawdust may be impregnated with carbolic acid, after the manner recommended by Symonds, of Oxford, and thus used to advantage; but. from the non-poisonous and unirritating character of naphthalin, and apparent specific influence over the contagion and spread of erysipelas, besides its, in our hands, well-tried and proved antiseptic qualities, we are fain to believe that it fulfils all the purposes of keeping up an antiseptic atmosphere in the dressings and about the wound. The corrosive sublimate in the absorbent material acts as a most powerful germ destroyer and disinfectant to the secretions as they come in contact with it. Thus we have in the dressing two valuable antiseptics, each of which fulfils a separate office; the bichloride, in the dry state in which we find it desirable to use it disseminated through our dry and absorbent sawdust, would be no bar to the entrance of air laden with germs directly to the cavity of the wound. But the naphthalin in the dressing, which, under the influence of the heat of the body, is being constantly given off in a gaseous state, keeps up a true antiseptic atmosphere, the gauntlet of which must be run by floating matter in the air finding access to the deep dressing. On the other hand, the somewhat scanty solubility of naphthalin in the wound secretions detracts from its usefulness somewhat in disinfecting them, while the ready solubility of the corrosive sublimate in these secretions, as they percolate into the sawdust pad, at once renders their decomposition impossible.

Desiring to still further increase the absorbent power of this class of dressings, after much inquiry and search I succeeded in obtaining a sample of so-called "wood-flour." This material is similar to the "wood-wool" of Professor Bruns, of Tubingen. It is a very finely ground wood fibre, and is used in making oval picture frames, medallion heads, etc., by hydraulic pressure, in paper making and similar industries. It absorbs from ten to twelve times its own weight, and is the most highly absorbent material that I have ever used as a wound dressing. I procured a bale of it for our use at the hospital, weighing about five hundred pounds, at six cents a pound; but I am informed that in smaller quantities it costs about ten cents. Prepared the same way as described for the sawdust dressing, except that it need not be dried preliminarily, it possesses about three times as much absorbing power as the latter, and costs about one-third more. Either is cheap enough, however.

In using the sawdust or wood-flour dressing, it is necessary to have some very coarse gauze with which to make the pads for the dressing. For this latter purpose nothing in my experience is so well adapted to the purpose, handy, and withal so cheap and easily obtained, as the material known as mosquito bar or netting. It is better to render it hygroscopic by boiling it for eight hours in a strong solution of common washing soda and then rinsing it out in clean water to get rid of the alkali. After drying, it may be folded in convenient-sized squares for future use. It is not at all necessary that bags should be made beforehand of the gauze; this is obviated by simply dipping a proper sized square of the gauze in the one-to-one-thousand sublimate solution; when needed, it is spread out upon a common dinner plate, or, when such is not at hand, upon the outspread palms, previously dipped in the same solution, of an assistant. Upon this square is piled, in its central portion, what may be judged a sufficient quantity of the sawdust or wood-flour. The pad is completed by doubling in toward the centre the free margins of the square of gauze, and there securing them by a single safety-pin previously dipped in the sublimate solution. No protective is required; the pad is placed directly upon the wound, and is so disposed that its thicker portion may be in position to receive the discharges from the drains. The pad is supported by naphthalinated cotton, or, what I have found to be equally serviceable for the purpose, and which costs less than half as much, naphthalinated jute. A few turns of a roller bandage, applied to hold the dressing in

position, is all that is required; no Macintosh nor outer impermeable covering is needed nor desirable. The indications for its removal are the same as in other antiseptic dressings, viz., unaccountably high temperature, excessive pain, or the appearance of the discharges through the dressings.

Such, I would say in conclusion, is a *resumé* of the antiseptic methods in vogue in the surgical wards of the hospital to which I have the honour to be a surgeon. I do not claim originality for all of them, nor can the special method of dressing described be considered as the result of any one man's thought; it is simply the outcome of our own experience and that of others. We fully believe, however, that, with corrosive sublimate and naphthalin as our fixed dressing, and carbolic acid for our instruments, and, again, corrosive sublimate for irrigating (for this we use almost exclusively in redressing, when there are no instruments in the way to become blackened), we practice antiseptic surgery with pleasure to ourselves and profit to our patients.—*New York Med. Jnl.*

Antiseptic Surgery in Private Practice.—The few appliances and drugs used have been collected together in the small compass of an ordinary tin cash-box measuring ten by seven inches, and consist of the following articles, contained in the upper tray of the box and its divisions:

Four cylindrical boxes or bottles of rubber, each containing two surgical sponges, and filled with five-per-cent. solution of carbolic acid.

A card of silk of different sizes, made aseptic by boiling in a mixture of salicylic acid, bee's-wax, and carbolic acid.

A box of chromatized catgut, prepared by immersing ordinary violin and banjo strings in chromic acid, 1 to 1,000, and then in sulphurous acid.

A bottle of iodoform, another of naphthalin, and one of styptic cotton.

Another containing carbolic acid, which is so graduated upon its sides as to serve as a measure of proportion in making the two-and-a-half and five-per-cent. solutions; and a similar one containing a solution of the mercuric bichloride in alcohol, ℥xxx of which represent seven and a half grains of the salt, and are sufficient to make a pint of the ordinary solution. Drainage-tubes, half a dozen cork discs, painted of different colors, labeled carb. acid, 1 to 20, hydrarg. bichloride, 1 to 1,000, etc., and varnished — safety-pins, horse-hair for sutures, gauze bandages (antiseptic), dressing forceps, a nail-brush and a razor, and ten yards of Mead's rubber adhesive plaster on spool.

The lower portion of the box contains a large piece of naphthalinated gauze, measuring five yards in length by one in width, and sufficient for any ordinary dressing. A piece of rubber tissue twenty-four inches square, a Fowler's irrigator, a pair of large shears, and ordinary roller bandages.

To illustrate the use of the materials enumerated, I will imagine their application to a case of ordinary severity; for instance, one of strangulated hernia.

An operation having been determined upon, the surgeon procures from the family two pitchers, two shallow dishes, a basin, and a tumbler.

In one pitcher the mercuric solution is made by adding ℥ xxx from the graduated phial to every two tumblerfuls of water poured in. A cork label is thrown into the solution, preventing any awkward confusion or blackening of instruments during the operation.

In the other pitcher a five-per-cent. solution of carbolic acid is made by adding from the proper phial three heaping teaspoonfuls to every two tumblerfuls of water. A label is also thrown into this pitcher, and from these two sources of supply the other preparations are rapidly made.

The instruments required are selected and laid in one of the dishes, in the other the sponges, and upon each a sufficient quantity of the five-per-cent. carbolic solution is poured; to this is then added an equal amount of water, thus reducing the solutions to the proper strength of two and a half per cent.

The surgeon's hands are now thoroughly washed, and rinsed in the five-per cent. solution, and the nail-brush brought into requisition, his assistants, who are to pass sponges or instruments, taking the same precautions. The parts in the vicinity of the proposed wound are now washed and the hair shaved off, after which a thorough application of one of the solutions is made; the surgeon rinses his hands again in the five-per-cent. solution, and proceeds with the operation. This is done without spray,

and even the rule in regard to always returning instruments to the solution when not in use may be *partially* neglected, the surgeon laying instruments constantly required on a napkin or a towel wrung out of the five-per-cent. solution and laid conveniently to his hand. This must, however, be *kept* damp, and used as little as possible, since the *habit* of laying instruments down anywhere but in an antiseptic fluid is a bad one and fraught with evil results. The operation concluded, all oozing is carefully checked, and the hands of the surgeon rapidly cleansed in the five-per-cent. solution. The irrigator is now used by filling its tube from the funnel-end and immersing it in the mercuric solution; an assistant holds the pitcher near the operator, and the wound is carefully and thoroughly cleansed. If, on stopping the irrigation, all hæmorrhage is found to have ceased, its lips are brought together with horse-hair sutures, and, *if possible*, without the use of drainage-tubes. (These are, I believe, by no means an unmixed good, and, unless the wound be a deep one, or, from its situation or cause, likely to be attended with profuse serous discharge, I prefer not to use them; in the majority of cases I do not, and have seen the largest wounds heal under one dressing without them. If I fear to close the wound entirely, and have reason to believe that a few days' drainage may be beneficial, I use the decalcified bone, but trust, in the majority of instances, to equable pressure and thoroughness in cleansing the wound before closing it.) The sutures having been tied, the whole surface of the wound is now thoroughly covered with dry, finely powdered naphthalin, and, as rapidly as possible, covered with a thick pad of the naphthalinated gauze, which has been dipped in the five-per-cent. carbolic or the mercuric solution. A gauze bandage is now snugly applied, the irregularities and depressions in the vicinity being padded with cotton, cotton-wool, jute, or any material the surgeon prefers. *These need not* be necessarily charged with any antiseptic material, since the protection to the wound is in the naphthalin and gauze, and the cotton acts simply mechanically as equalizing pressure, and *possibly* as a germ filter from without, its own harmlessness being insured by the barrier below. If I fear discharge from beneath, I am in the habit of scattering naphthalin or iodoform thickly upon the outer surface of the moist gauze, which is then covered with a few layers of dry gauze cut from the sheet, and kept in place with a common roller bandage. The patient is now disturbed as little as possible, the parts kept absolutely quiet, and, if I find by the second or third day that no discharge has made its way through the dressing, that no elevation of temperature (or but slight) exists, and that pain is absent, I wait for some indication as to the period of redressing. With most private cases, intelligently cared for, the dressings are very infrequent; often the first suffices, as I feel that after the first forty-eight hours the chance of failure diminishes.—F. S. Rockwell, M.D., *N. Y. Med. Jnl.*

An Easy and Safe Method of Sounding for Impacted Gall-Stones.—By George Harley, M.D., F.R.S.—The method recommended in this paper for indubitably ascertaining the existence of impacted biliary calculi was illustrated by the narration of a case in which it was successfully performed, in the following manner:—The patient, a lady, æt. 36, who had been under the care of Dr. Diver for many weeks, suffering from the signs and symptoms of obstructed bile-duct, was placed under an anæsthetic. Dr. George Harley inserted a six-inch long French exploring trocar midway between the umbilicus and margin of the liver, an inch and an half to the right of the median line. Its point being pushed upwards and backwards in the direction of the common bile-duct, no hard substance was met with; on the stilette being withdrawn ascitic fluid came away, and the trocar could be moved freely in all directions. The instrument was withdrawn and reinserted an inch higher up, and about two inches to the right of the umbilicus. On pushing it in the same direction as before, to the depth of six inches, its point struck into a hard substance, presumed to be a biliary calculus. It was endeavoured to estimate the size of the stone by pressing the end of the cannula firmly against the hard substance, and moving the point of the instrument all round it. The inference was that the stone was of the size of a hazel-nut. The punctures were closed by means of sticking plaster, and the abdomen bandaged. The signs of obstruction now began rapidly to disappear, and it was supposed that the operation had caused the stone to change its position in the duct, and had thus en-

abled it to pass along into the duodenum. Convalescence at once set in, but was of short duration, for an attack of enteritis followed by peritonitis supervened, and the patient succumbed twenty-seven days after the sounding, and twenty-four after the stone was supposed to have left the duct. At the necropsy the thirteen calculi shown to the Society were found in the gall-bladder, the longest being an inch in length, the next of the size of a hazel-nut, the remainder all much smaller. The paper ended with the following conclusions:—1. The presence of an impacted gall-stone may be readily as well as safely ascertained in the way described. 2. Not only the position, but even the size and shape of a biliary calculus, may be instrumentally ascertained. 3. A knowledge of these facts may possibly induce surgeons to undertake the earlier artificial removal of dangerously impacted gall-stones than heretofore; an operation which Dr. George Harley thought ought to be, under ordinary circumstances, no more hazardous to the life of the patient than the operation of lithotomy, believing, as he did, that the fatality that had hitherto attended the operation had been almost entirely due to the fact of its having been delayed until the exhaustion of the patient precluded the possibility of recovery. In the discussion which followed the reading of Dr. Harley's paper the opinion of the majority of surgeons was decidedly against the operation. One gentleman would much prefer abdominal section; another could not consent to do it, nor even to witness it; others criticised its usefulness. Dr. Geo. Harley replied that the whole subject of gallstones was very little known, and it was remarkable how few people recognized in what a large number of cases they led to death. The symptoms of impacted gallstones were in some points similar to those which might follow from tumour of the head of the pancreas, ulceration of the duodenum, cancer of the liver, and other causes, so that a determination by sounding was very desirable. Fine needles could be run into the various organs and intestines without harm ensuing, and he thought it was the same with the gall-bladder. There could be no doubt that this sounding loosened and set free the impacted stone, for, during the ten days following the operation, the urine lost its bilious colour, the evacuations became darker, and the jaundice lessened. The subsequent symptoms of enteritis and peritonitis were due, he thought, to the passage of the stone along the intestines or to its lodgement in the appendix vermiformis, or near the ileo-cæcal valve. He did not deny there was danger in such sounding, but there was danger in everything. Loose stones caused no symptoms, and should be left alone. Impacted stones were diagnosed by the acute pain and vomiting to which they gave rise.—*Brit. Med. Jnl.*

Abdominal Wounds.—Avoiding any spirit of dictation, it seems proper to tabulate the following conclusions as an outgrowth of the experiments:

1st. Hæmorrhage following shot wounds of the abdomen and the intestines, is very often so severe that it cannot be safely controlled without abdominal section; it is *always* sufficient in amount to endanger life by secondary septic decomposition, which cannot be avoided in any other way than by the same treatment.

2nd. Extravasations of the contents of the bowel after shot injuries thereof are as certain as the existence of the wound.

3rd. No reliable inference as to the course of a bullet can be made from the position of the wounds of entrance and exit.

4th. The wounds of entrance and exit of the bullet *should not be disturbed* in any manner, except to control bleeding or remove foreign bodies when present. They need only to be covered by the general antiseptic dressing applied to the abdomen.

5th. Several perforations of the intestines close together require a single resection, including all the openings. Wounds destroying the mesenteric surface of the bowel always require resection.

6th. The best means of uniting the wounded intestine after resection is by the use of fine silk thread after Lembert's method. It must include at least one-third of an inch of bowel tissue, passing through only the peritoneal and muscular coats, never including the mucous coat. The everted, mucous membrane must be carefully inverted, and needs no other treatment.

7th. Wounds of the stomach, small perforations, and abrasions of the intestine, can be safely trusted to the continued catgut suture.

8th. Every bleeding point must be ligated or cauterized, and especial care devoted to securing an absolutely clean cavity.

9th. The best method of treating the stumps of divided mesentery is to save the mesenteric surface of the bowel and suture its serous surfaces together.

10th. *Primary abdominal section* in the mid-line gives the best command over the damage done, and furnishes the most feasible opening through which the proper surgical treatment of such damage can be instituted. Farther, its adoption adds but little, if anything, to the peril of the injury.

11th. Is not the moral effect of the assurance to the patient, that he will be placed in a condition most likely to lead to his recovery, a good substitute for the mental depression accompanying the general and popular conviction that these wounds mean certain death?—*Jnl. Am. Med. Ass.*

THE LOCALIZATION OF PERINEPHRIC LESIONS.—A table of symptoms of probable and possible value in localizing perinephritis and perinephric lesions.

All anterior regions: Pain, tenderness, swelling, œdema, pointing, etc., in front and side of abdomen.

All posterior regions: Pain, tenderness, swelling, œdema, pointing, etc., in the loin.

Upper tracts: Pleuritic friction, pleural effusion, empyema, expectoration of pus, dyspnœa, suprarenal involvement, solar plexus involvement. If on right side, bilateral œdema of legs, jaundice, fatty stools, persistent vomiting, rapid emaciation, ascites.

Middle tracts: Albuminuria and casts, suprapubic, scrotal or vulvar pain or anæsthesia, suppression of urine, uræmia, pus in the urine, œdema of scrotum or varicocele (especially on left side).

Lower tracts: Flexion of hip, pain or anæsthesia of front, inside, or outside of thigh, retraction of testicle, pain at knee, scrotal or vulvar pain or anæsthesia, without accompanying albuminuria, unilateral œdema of legs, abscess or sinus near Poupart's ligament, constipation (if left side), involvement of chyle receptacle (if right side).—*Louis. Med. News.*

THE NON-NECESSITY OF TARSOTOMY IN TALIPES IN CHILDREN.—After reporting a number of illustrative cases, the following conclusions were given:

In children under ten years, even in extreme cases, subcutaneous division of all the contracted tissues with powerful manual force will restore the foot to its proper position.

Fixation needs to be continued but a short time, when stretching, and an apparatus to encourage muscular action, should be employed.

Tarsotomy should be limited to cases in which moderate measures have failed, and to adults with deformed tarsal bones.—*Phil. Med. Times.*

RECTAL CHLOROFORMISATION.—M. Dubois (*Le Prog. Méd*) has unsuccessfully endeavoured to anæsthetize dogs by rectal injection of air saturated with chloroform, at the ordinary temperature. Even when the temperature of the mixture was raised to 100° F., and the injection was continued until abdominal tympanism was well marked, no signs of anæsthesia presented themselves.

Midwifery.

UMBILICAL HÆMORRHAGE (Joseph S. Gibb, M.D.).—Nearly thirty-five years ago Bowditch referred to the absence of the subject of umbilical hæmorrhage in most of the standard medical works of the day; a small number only mentioning it as a trivial affection. Three years later Minot attributed this neglect to deficiency of observation, rather than to its rarity. Cazeaux, Playfair, Lusk, and others say absolutely nothing on the subject. The accident is certainly rare. Jenkins, in 1858, tabulated 178 cases, which are supposed to represent all those published since 1752. Keiler, in 1881, collects 236 cases, which include all previously published. Dr. Gibb adds five additional cases, the last being a personal case, occurring March 2, 1884, with the following history:—

M. H. was delivered of a healthy female infant on the night of February 28th, 1884. The labour was rapid and easy, followed by slight *post-partum* hæmorrhage. The mother always bled at the slightest provocation. The child was normal till the beginning of the third day, when without evident cause, it began to bleed from the navel. The clothing in front and behind and the pillow, on which it was lying, were saturated with blood, which welled up from the umbilical depression. The cord was nearly ready to separate. The blood did not come from any single point but oozed

from the umbilical pit. A ligature placed around the cord as close to the abdomen as possible controlled the bleeding for a while, then a needle, armed with a double ligature, was thrust through the base of the cord, including some of the tissues around the umbilicus, and then tied on each side and a pad securely fastened with a binder applied. Hæmorrhage again ensued and the child appeared blanched and collapsed. The blood was thin and watery and not inclined to coagulate. Monsel's solution on a cotton pad was then placed over the umbilicus and securely fastened. From this time no further hæmorrhage occurred. The fourth day from birth there was a slight jaundice, but no other symptoms. On the fifth day from birth the cord separated without bleeding, and on the seventh day the coagulum of Monsel's solution dropped out leaving a perfectly clean and normal looking umbilicus. The child recovered perfectly, and is thriving.

Though, this is not a truly typical case of umbilical hæmorrhage, lacking, as it does, some of the minor symptoms, yet it illustrates well the main and important feature of hæmorrhage.

Umbilical hæmorrhage may be divided into three classes,—viz.:

1. Hæmorrhage from improper ligation of cord.
2. Hæmorrhage from traumatism.
3. Hæmorrhage of spontaneous origin.

The first variety, or hæmorrhage from improper ligation of cord, needs but slight comment. It is usually due to carelessness on part of attendant.

Hæmorrhage from traumatism—the second class—is due to an unnecessary handling of infant. This is most apt to occur before the time of the physiological desiccation of the cord. A styptic or ligature at the bleeding point is all that is necessary.

It is the third variety, or spontaneous hæmorrhage, which concerns us most particularly, and which will often tax our therapeutic skill to its utmost to control it.

It is rare that we are able to prognosticate, in an individual case, the liability to this accident. Certain symptoms have been laid down by some writers on the subject as premonitory of umbilical hæmorrhage, but none of them are characteristic, and they may occur in healthy infants or precede other affections. The most constant of the so-called premonitory symptoms is, perhaps, *jaundice*. How common it is to see this symptom in new-born infants who never develop umbilical hæmorrhage! Purpura, colicky pains, hæmorrhage from other parts, drowsiness, have all been noted as preceding this accident, but, as will be seen, are by no means pathognomonic.

The fact of a hæmorrhagic diathesis existing in either parent should make us watchful for the possible occurrence of the same trouble in the offspring. Of all the symptoms given as premonitory, from the nature of the disease, I should regard those of purpura and other hæmorrhages as most important. In one hundred and seventy-eight cases collected by Jenkins, symptoms preceded the hæmorrhage in thirty-three; in twenty, hæmorrhage was the first symptom; in the remainder (one hundred and twenty-five) no premonitory symptoms were noted, the history dating from the appearance of the hæmorrhage.

Symptoms and Progress.—Hæmorrhage, then, in most cases is the first symptom. (It should undoubtedly be regarded in these cases as a symptom, for it is generally conceded that this form is more than a simple bleeding from the mouths of the umbilical vessels.) It may occur at any time, from a few hours to eight weeks after birth. The usual time however, is about the period of the normal separation of the cord. At first a slight oozing, which is readily controlled by styptics or pressure, it gradually increases in strength and soon becomes quite profuse and uncontrollable. The blood is usually non-coagulable, thin, and watery. It may be arterial, venous, or capillary, though it is a difficult matter to decide its character at the time of bleeding.

Jaundice is a symptom which occurs in quite a large proportion of cases. In Hennig's two hundred and thirty cases it was present in eighty-nine,—forty-six before and thirty-seven accompanying the first bleeding, and always with ecchymosis. It varies in amount from a slight staining of skin to a deep bronze colour, being accompanied by clayey stools, dark-coloured urine, and other evidences of deficient hepatic action.

Purpura, ecchymotic spots, bleeding from gums, bowels, or penis, may all be classed under one head,—viz., a hæmor-

rhagic tendency. One or more of these symptoms occur in about the same proportion as that of jaundice.

Etiology.—The causes of umbilical hæmorrhage are, in many cases, involved in obscurity. But in a large number there seems to be a direct relationship between the hæmorrhage and some constitutional condition of infant, which condition may be either hereditary or congenital.

The hæmorrhagic diathesis, or hæmophilia, in my opinion, stands first in the list. Though many persons of this peculiar diathetic condition have perfectly healthy children, still this does not impair the fact that it is a predisposing cause.

But it is not absolutely necessary to invoke the aid of the hæmorrhagic diathesis in the parent to establish the existence of this condition in the offspring. Note the symptoms accompanying umbilical hæmorrhage: are they not those of some blood dyscrasia? In one hundred and seventy-eight cases there were twenty-six with jaundice, purpura, ecchymoses, bleeding from gums, etc., fifteen without jaundice, but with ecchymotic spots, bleeding from gums, bowels, and penis. In nine cases there was a distinct hereditary transmission of the hæmorrhagic diathesis from the parents, and several of these had lost children from other manifestations of this diathesis. In the original case herein reported the mother was a so-called "bleeder." With this evidence before us, it is impossible for us to deny to the hæmorrhagic diathesis a first place in the agencies that bring about this accident. And this is not all. See the fatality of this apparently trivial accident. Do we find so large a percentage of deaths in hæmorrhage from other causes?

And why is it so large in this? Simply because of the weakness of the walls of the blood-vessels and the non-coagulability of the blood.

Jaundice, as an etiological factor, has been the favorite ground for nearly all writers. It is said, in consequence of deficient hepatic action and choking of biliary ducts, the bile finds its way into the blood, which, by inducing a condition of cholesteræmia, deteriorates that fluid, rendering it less plastic. Unfortunately for this theory, it has not been supported by the records of the post-mortem examinations that have been made, for in a comparatively small percentage was there any structural change in liver or its ducts found.

In a few cases the infantile blood has been impaired by the syphilitic or scrofulous taint.

Various other conditions have attracted attention as causes, such as excessive use of alkalies by pregnant women for dyspepsia, insufficient food, and the inevitable maternal impressions.

Of all these, interest undoubtedly centres in the two conditions,—viz, hæmorrhagic diathesis and jaundice. Now, the question arises, do they both depend on the same state of affairs for this existence? and, if so, what is this condition? Or are they to be regarded as separate and distinct entities, each exerting their baneful influence.

They are found existing together in about the same proportion of cases of umbilical hæmorrhage.

Does the circulation of biliary salts in the blood, by its deteriorating influence, induce a state of affairs simulating hæmophilia, or is hæmophilia *the* disease of our little patient, jaundice merely being an indication that the liver is not receiving its proper healthy pabulum and hence refuses to carry on its function properly?

It will require much more investigation than has been given to the subject in the past to determine these points.

At present we are obliged to admit several etiological factors in the production of umbilical hæmorrhage.

Sex.—There appears to be a predisposition on the part of the male sex to the occurrence of umbilical hæmorrhage. In one hundred and fifteen cases which I have been able to collect where the sex was mentioned, there were seventy-six, or nearly sixty-seven per cent., males, and thirty-nine, or nearly thirty-four per cent., females.

Morbid anatomy.—Unfortunately, the morbid anatomy and pathology of umbilical hæmorrhage are in a very crude state, and hence very unsatisfactory. The meagreness of autopsies, and absence of details in those that have been made, render it impossible, at present, to arrive at any satisfactory conclusions.

In one hundred and forty-nine deaths there are records of but twenty-one autopsies, and of these but few complete. Most writers have confined their description to

the condition of the umbilical vessels. We have the umbilical arteries and veins pervious in nine cases. The veins were closed in seven; the arteries in four. Ductus arteriosus pervious in one case, closed in three, two of which were incomplete closures. Ductus venosus closed in one, incompletely so in another. Foramen ovale open in four, incompletely closed in one. In one case all vessels were found pervious, and pus and clots adhered to the tunica intima of veins. In another case all vessels were closed. This one died on fourth day.

The only conclusions that can be drawn from this record of unusual patency of the fœtal vessels is a non-coagulability of blood and weakness of walls of vessels. It certainly does not prove that the disease lies in these fœtal structures; rather, on the contrary, that it is in the blood.

The condition of the internal organs has been examined in several cases, but the information obtained has been so lacking in uniformity that, here again, no positive deductions can be drawn. The interest, to all observers, has appeared to centre in the liver as the probable seat of this trouble. In six cases this organ was perfectly normal in size, colour, and consistence. Where there was abnormality in organ noticed, it was variously described as deep bronze, very solid, dark-coloured, and friable, ecchymotic, and reddish-brown. The cystic and hepatic ducts were pervious twice and impervious in three cases. Gall-bladder empty and largely distended each in two cases.

The surface of internal organs was stained a deep yellow in a number of cases, and also ecchymotic spots well observed in liver, stomach, and colon in several. One observer, noting the condition of blood, describes it as fluid.

Prognosis.—The prognosis of spontaneous hæmorrhage from the umbilicus is terribly grave. The mortality has been enormous. Keiler, in two hundred and thirty-six cases, reports but thirty-two per cent. of recoveries; Hennig, in two hundred and thirty cases, eighty-three per cent. of deaths.

The fatal termination may occur at any period after the commencement of bleeding, from one hour to the eighth week. I have succeeded in collecting ninety-four cases where the time of death has been stated after the first bleeding. Forty-seven, or fifty per cent., occurred within the first forty-eight hours,—twenty-five of these in the first twenty-four, and twenty-two in the second twenty-four hours. The third day there were thirteen deaths; the fourth day, seven; the fifth day, six. After this the seventh and fourteenth days appear to be the favoured fatal periods; in the former there were six, in the latter four.

The earliest recorded fatal termination which I have been able to find is one hour after the first appearance of hæmorrhage. In this case the hæmorrhage was distinctly stated as arterial, and emanated from left side of cord, at its attachment. The child was exhausted when first visited by physician. The hæmorrhage began on the fourth day from birth.

The latest recorded fatal termination was the seventh week from birth. The hæmorrhage began on the eleventh day. It was accompanied by icterus, purpura, etc. It was described as a steady oozing. Styptics, ice, and compresses failed to control bleeding, which was finally accomplished by the ligature *en masse*. However, the child continued to sink, and died at the above-stated time in a purpuric state.

These few examples will illustrate the frightful mortality of this spontaneous bleeding from navel, and the terrible nature of the disease with which we have to contend. It has baffled medical skill in the past, and will continue to do so until the true nature of the affection is accurately known, and our therapeutic resources are used against umbilical hæmorrhage, not as an *accident merely* to the newly-born, but as a symptom of a grave and frightful constitutional malady that yearly adds its quota to the death-lists.

Therapeutics.—The therapeutics of spontaneous umbilical hæmorrhage has been directed in the past to simply controlling or endeavouring to control the hæmorrhage by local measures, in spite of the well-known fact that it was not simply a local trouble with which medical men had to deal. There are some noteworthy exceptions to this rule, among whom may be mentioned Dr. Minot, of Boston, who says, in commenting on this fact, "The internal use of astringents and tonics appears to me to have been too much neglected in

the treatment of these cases. * * We employ such remedies in purpura hæmorrhagica, in scurvy, and other hæmorrhagic diseases of adults; why should they be omitted in a disease so similar in its character in infants?"

I would not wish to be understood as advocating an internal treatment for the correcting of a hæmorrhagic condition, to the exclusion and neglect of local measures. Such reasoning would, on the face of it, be fallacious and absurd. To my mind, the true theory of the treatment of umbilical hæmorrhage is a combination of local measures—styptics, compress, and ligature—with those internal hæmostatics and tonics which experience has proved to be of value in similar hæmorrhagic conditions,—ergot, acetate of lead, sulphuric acid, tinct. ferri chlor., and many others of like nature.

Of the local styptics, all have been tried and all have failed: however they should be resorted to first, for they create less alarm in the mother and are sometimes of value.

The ligature *en masse* is perhaps the most rational method of controlling the bleeding. But it is best not to be too sanguine of the success even of this radical measure of relief; for the blood sometimes wells up from the umbilical depression with no visible bleeding point, hence it is difficult to determine from whence the bleeding emanates. It may arise from a source deeper than our ligature encloses. This may possibly explain the non-success of this treatment in some cases.

All that can be expected of local measures is a transient cessation of the hæmorrhage, so that internal medication may be carried out and the blood improved in its character.

It has been recommended that women who regularly give birth to children who have umbilical hæmorrhage should, during their pregnancies, abstain from the use of alkalies, and substitute for them the mineral acids and tonics.

I would remark, in closing, that it is to be hoped that future generations may have a more widespread knowledge of this neglected, rare, and fatal disease. The only way this can be accomplished is by us, as individuals, making a careful study of each case as we meet it, and then giving to the world the result of our individual experiences. We all stand on a footing in the knowledge of this affection, and hence need not be anxious lest we are making too much of a commonplace affair—*Phil. Med. Times.*

Length of the Foot in Relation to the Volume of the Fœtus.—Dr. Gonner, in a contribution to the treatment of pelvic presentations, gives the results of his study of the length of the fœtal foot in its relation to the volume of the infant. His observations were made in 100 consecutive births at the Obstetrical Clinic at Bâle. He finds the length of the foot to be 8 cm. in a typical child weighing 3,000 grammes. When the length of the foot is greater than 8 cm. the child is larger than a fœtus at term. When the natural pelvic measurements are taken into account with these fœtal measurements we have sufficient data to form a prognosis as to the birth of a living child, or the necessity of some destructive operation. These calculations are not applicable to hydrocephalics or other monstrosities. A foot which measures 7 6/10 centimetres denotes a child of average volume. One less than 7 3/10 centimetres a fœtus before term. With the same length of foot girls are heavier than boys. The vocation of the parents and national or race peculiarities must also be taken into consideration.—*Journal de Méd. de Paris.*

Vomiting of Pregnancy.—Berry Hart (Edinburgh), finds in ten cases ten successes in the treatment of this symptom from giving every evening a pill containing

Iridin	20 cent.
Confection of roses	q. s.

followed the next morning by a saline laxative.

M. Gueneau de Mussy finds good effects from the following:

Euonymin	.05 to .10	grs. ¾ to 1½
Podophyllin	.02 to .03	⅓ to ½
Ext. Hyoscyami		
or Ext. Belladonnæ	.05	¾

Make one pill—to be taken at bedtime.—*Le Prog. Méd.*

Professor Parvin recommends the conical aural speculum and a mirror for the examination of the female urethra.—*Coll. Clin. Rec.*

THE
Canadian Practitioner,
(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

To Correspondents.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, JULY, 1884.

ONTARIO MEDICAL ASSOCIATION MEETING.

This Association held its Fourth Annual Meeting in Hamilton on the 4th and 5th of June. Although in point of numbers it fell behind its predecessors, in the amount of work accomplished, and in the harmony of feeling which pervaded its deliberations, it was far ahead of any previous meeting. The character of the papers read was decidedly above the average, and were pretty well distributed over the various sections of the country. The Hamilton men were conspicuous for the personal restraint self-imposed in not presenting a single paper, although they added much to the success of the meeting by the ability evinced and the interesting share they took in the discussions.

The President's address was delivered at 3' in the afternoon of the first day. It was replete with wit, and if some of his allusions were caustic the application was so gentle and administered with such a friendly smile as to lose its sting. To the President's promptitude and excellent qualities as a presiding officer, was due, in a large measure, the celerity with which the business of the Association was transacted without any appearance of hurry or confusion. Even with all the expedition, a number of papers were perforce read by title, and the Reports of Committees—some of which were most excellent and contained matters of high interest to the Profession—were taken as read, or were referred to the next Session. This is a matter of regret, as it will inevitably tend to burden the ensuing Sessions of the Association with work which, besides properly belonging to another period, is also likely to lose somewhat in interest by postponement, and establishes a precedent which cannot fail to be derogatory to the welfare of the Association. The remedy proposed for this by Dr. Powell is of questionable utility.

The new President of the Association is Dr. Worthington of Clinton. He has taken an active interest in the Huron Medical Association, and is well known through that section of the country. His elevation to the highest honours which the Association can confer will, doubtless, be hailed with satisfaction and pleasure by his numerous friends. No one can possibly fail to be pleased with the choice of those who fill the Vice-Presidents' chairs. Dr. Tye, of Chatham, and Dr. Powell, of Edgar, have worked long and faithfully in the interests of the Association, and the well-merited honour they have received is but a slight token of the appreciation with which their efforts have been recognized.

London has been chosen as the next place of meeting. Why the choice fell upon this City of the West is wrapt in obscurity, unless some such hope as actuated the Dominion Association the year before last in the choice of Kingston, pervaded the minds of the Committee. That in the past they have not aided the Association by their presence is not to be taken as a sign of the future. An effort will, doubtless, be made to make the meeting, next June, a success commensurate with the undoubted ability of the Londoners to carry off pleasantly and victoriously any undertaking which they resolutely set their minds upon.

It is suggested that young doctors, that unsuccessful doctors, and that doctors with leisure time should cultivate drug farms.

MEETING OF THE MEDICAL COUNCIL.

The recent meeting in June was the last of the present council. It has been our pleasure to watch carefully the proceedings at the various meetings, and, as our readers know, we have had little to find fault with. There has always been a desire manifested to uphold the interests, and to raise the status of the profession; and at the same time there has been observed an order and dignity which contrasted very favourably with the actions of the old *bear garden* days.

It will be seen by our report that some changes have been made in the curriculum, which we have discussed before, and which are in the right direction, while they are not so radical as to cause any unnecessary inconvenience to the students. We regret that graduates in arts are asked to spend four years instead of three, but as they may still count one year of their art course which includes medical subjects, the new rule seems unnecessary, and we can scarcely see why it was made. We are glad that no changes were made in the Examining Board. An amendment proposed to strike off the name of Dr. Tye, the former examiner in physiology, was promptly voted down. Dr. Tye is so eminently suited for the position, that we were surprised at a proposal to make a change.

We have again great pleasure in testifying to the energy and tact exhibited by the deservedly popular Registrar, Dr. R. A. Pyne, and we are very glad to note that the council decided to make a small increase in his salary, which is still too small for the amount of work which is necessarily connected with the office.

We cannot say good-bye to members without considerable regret; and we hope the results of the elections which will take place in May, 1885, will place the majority in their usual places at the next meeting. On this subject we may have more to say hereafter.

Meetings of Medical Societies.

ANNUAL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.

The Annual Meeting of the College of Physicians and Surgeons of Ontario was opened at two o'clock on Tuesday, June 10th. The President, Dr. G. Logan, of Ottawa, occupied the chair.

Drs. Day and Geikie were nominated for the position of president, the former being elected by a vote of 15 to 9. Dr. E. W. Spragge was elected vice-president.

Standing Committees.—The following committee to strike standing committees was then appointed:—Drs. Lavell, Geikie, McDonald, Moore, Logan, Williams, and Burritt. The council then adjourned for a few minutes to allow the committee to proceed with their duties.

When the council re-assembled Dr. Lavell, chairman of the committee, reported the following Standing Committees:—

Registration Committee — Drs. Rosebrugh, chairman, Vernon, Bergin, Fenwick, and J. W. Wright.

Rules and Regulations—Drs. McDonald, chairman, Grant, Rosebrugh, Campbell, and J. W. Wright.

Finance—Drs. Edwards, chairman, Allison, Henderson, and Douglas.

Education — Drs. Lavell, chairman, Geikie, Moore, H. H. Wright, Edwards, Burritt, McDonald, Husband, Logan. Williams, Burns, Cranston, Bray, Fenwick, and Buchan.

Printing—Drs. Vernon, chairman, Moore, Campbell, and Burritt.

The report of the committee was received and adopted.

On Wednesday morning Dr. Fenwick moved that examinations be held in London as well as other cities. He said that the expense of attending the examinations were very heavy. The students of London College had previously had to come to Toronto or Kingston every year, and that fact had worked against the interest of London.

Dr. Cranston said Kingston and Toronto were the only places designated in the Act.

The chairman ruled the motion out of order, not being in accordance with the Act.

Territorial Divisions.—Dr. Burns read a by-law to provide for the election of repre

sentatives to the council for territorial divisions.

The by-law provided that the nomination for candidates for election should be signed by twenty registered medical practitioners.

Dr. Cranston moved in amendment that the number of signatures to the nomination be ten. Carried.

AFTERNOON SESSION.

The council resumed at three o'clock, Dr. Day in the chair.

Dr. Aikins read the financial report for the past year as follows:—Cash in bank, June, 1883, $2,163.98; receipts, $7,385.90; total, $9,549.88. The receipts were obtained from the following sources:—Fines inflicted upon illegal practitioners, $199.62; rent of hall, $50; assessment dues, $766; registration fees, $2,960.28; examination fees from pupils, $3,410. The expenditures were as follows:—Payments to members of Council, $1,081.86; fines paid to prosecutors, $174,85; accounts, $861.46; curriculum committee, $76.95; current monthly expenses of the registrar, $223.42; interest on mortgage on building, $390; payments to examiners, $1,331.60; fee returned, $20; salaries, $1,450; Dr. Lavell's expenses at Kingston examinations, $48; total, $5,658.14; leaving a balance of $3,891.74. The value of the lot and hall had increased a good deal, but no payment towards liquidating the debt had been made for several years.

The report was received.

Changes in the Regulations.—The Curriculum Committee's report was read, and on motion the council went into committee of the whole to consider it.

In committee the following changes were made in the regulations:—Clause 2 of section II., which provides that graduates in arts of any college or university recognized by the council will only be required to pass three years after graduating in attendance upon medical lectures before being admitted to their final examination, was struck out. Clause 4, which reads as follows, was struck out:—"Every student commencing after June, 1880 (not a graduate in arts), shall attend medical lectures for at least four sessions of six months each." Clause 6 was amended so as to provide that the two courses of lectures of six months should be taken in different years. Clause 9, which provides that "Graduates in arts who have attended one course of lectures on botany and practical chemistry, and two courses on theoretical chemistry, and who have already passed an examination on these subjects in any of the recognized colleges, will not be required to undergo a second examination on the same, provided they produce tickets for the courses of lectures stated, and a certificate of having passed an examination on these subjects," was struck out. Clause 10 was amended so as to provide that students can be admitted to the final examination after having spent six months in compounding medicine in a drug store or elsewhere instead of exclusively in the office of a medical practitioner as heretofore required. Clause 14 was struck out, and the following substituted:—

"All persons from recognized colleges outside the Dominion of Canada, who desire to qualify themselves for registration, must pass the matriculation examination recognized by the council, and must attend thereafter one or more full winter courses of lectures in one of the Ontario medical schools, so as to complete fully the curriculum required by the council, and shall pass before the examiners appointed by the council all the examinations hereafter prescribed. This does not apply to Homœopathic students." Clause 3 of section 3 was amended by striking out therapeutics and botany from the list of subjects embraced in the primary examinations and inserting pharmacy. Clause 4 was amended by providing that each candidate for the primary examination shall be required to present in addition to the other certificates required a certificate of ability to make and mount microscopic specimens. A clause was also added requiring that "each candidate for final examination must present a certificate of attendance at six *post-mortems* and a certificate of ability to draw up a report of a *post-mortem* examination, also a certificate of having reported satisfactorily on six cases of clinical medicine and six of clinical surgery." Clause 5 was amended so as to make the final examinations embrace the principles and practice of medicine and therapeutics. Clause 6 was amended to provide that the primary examinations be "written" as well as "oral."

The Committee of the Whole then rose and reported to the council, when the amendments were adopted.

THURSDAY MORNING.

Dr. Wright said that at the present time there was an Act providing for inspectors in anatomy. The increased number of students required a large number of "subjects." At present there was a little difficulty in getting a sufficient number of subjects. He asked that the members of the council use their individual influence with the members of the Legislature to obtain the necessary laws, so that the necessities for anatomy might be obtained without outraging public feeling.

Dr. Burritt thought the council should take some definite action. The medical profession was treated shamefully at the last session of the Legislature. The bill which had passed the committee was thrown out of the House.

Dr. Geikie thought the matter was a very urgent one. If the supply of what was necessary for anatomy was kept up there would be no fear of outraging public feeling.

Dr. Bray moved "That it is desirable, in the interest of medical education, that increased facilities for the study of human anatomy should be provided, and that a committee consisting of the vice-president and members of the council residing at Toronto, be instructed to wait on the Ontario Government for the purpose of inducing the Legislature to pass the Anatomy Act, and that a copy of this resolution be sent to each member of said Legislature as embodying the views of the whole medical profession of Ontario." Carried.

The Annual Assessment.—A by-law for levying the annual assessment for 1885 was read a first time.

Dr. Douglas was opposed to the principle of collecting $1 assessment every year from the members of the profession. There was great difficulty in collecting the money, and many who were opposed to the fee would not pay until the matter was placed in court. He thought it would be much better to charge the students $10 or $15 at the beginning of their career and do away with the annual fee.

Dr. Geikie did not think they should place any more burdens on students.

Dr. Bray thought if the fee were made larger the members would be more willing to pay. He moved that the annual fee be $2 instead of $1.

Dr. Wright thought that some penalty should be attached to the non-payment of the fees. If that was done there would be less trouble. The medical Act would, however, have to be altered before any such change could be made.

Dr. Douglas moved that the consideration of the assessment by-law be referred to the Legislative Committee.—Lost.

Dr. Bray withdrew his motion, after which the by-law was read a second time and adopted.

Resolutions.—Dr. Burns moved that Drs. Cranston, Henderson, McDonald, and Edwards be a committee to act in conjunction with the Ontario Medical Association to obtain a grant for a pathological museum from the Local Legislature. Carried.

Dr. Fenwick moved that the examinations be held in future in Toronto. Lost.

Dr. Williams moved "That when the council is seeking further legislative powers from Parliament, we endeavour to obtain the right to appoint a medical practitioner in each electoral division, who shall have the right to tax all medical bills that may be under dispute and referred for his decision, and such decision have the same legal effect as the taxation of bills of costs by the taxing master of the legal profession." He thought the effect of having such an officer would be to keep a good many cases out of court, where so much of the disputed accounts was used up in costs. The profession would also be more reputable if such matters could be settled amicably or privately.

Dr. Bray heartily agreed with the suggestion, which he thought would effect good results for the profession.

The motion was carried.

Dr. Buchan moved that Drs. Geikie and Douglas be appointed to represent the Council at the approaching meeting of the British Medical Association and at the International Medical Congress at Copenhagen. Carried.

Building Committee.—Dr. Wright presented the report of the Building Committee. The Council then went into Committee of the Whole, Dr. Bray in the chair. The report stated that the committee had decided not to entertain the offer for the purchase of the old Zion Church and lot for $15,000. The lowest price at which the property could be disposed of, they considered, was $20,000. They recommended that a site be selected for the erection of

the college near the University. The report was adopted. The committee rose and reported it to the Council, when the recommendations were finally adopted.

The Council then adjourned till 2:30 p.m.

AFTERNOON SESSION.

On motion the assessment by-law was referred to the Legislative Committee. The following officers were elected for the ensuing year:—Dr. Pyne, registrar; Dr. Aikins, treasurer; D'Alton McCarthy, solicitor.

FRIDAY MORNING.

The report of the Finance Committee was re-considered in Committee of the Whole, and finally adopted with amendments.

A by-law for increasing the salary of the registrar from $1,000 to $1,200 was introduced, and after being passed through the various stages was adopted.

Dr. Lavell read the report of the committee on Education. The report recommended that the council accept a County Board teacher's certificate of qualification when endorsed by the Education Department as being of equal value to the intermediate High School certificate on the third non-professional, as at present required by the council. It further recommended that the examiners be re-appointed, with the exception of Dr. Nicol, in place of whom the name of Dr. Anderson, of Hamilton, be inserted.

Dr. Edwards moved to substitute the name of Dr. Cascaden for that of Dr. Tye as examiner in physiology.

After considerable discussion the motion was lost on the following division:—

Yeas—Drs. Allison, Husband, Edwards, Logan, Vernon, Henderson, Buchan, Campbell, and McCargow—9.

Nays—Drs. Burns, Bergin, Bray, Burritt, McDonald, Lavell, H. H. Wright, J. W. Wright, Moore, and Williams—10.

The report was then adopted.

Legislative Committee's Report. — Dr. Douglas presented the report of the Legislative Committee, which recommended the following amendments to the Medical Act for the consideration of the council:—A proviso be added to Section VI. that the colleges which are represented in the council must establish a medical faculty and give lectures in each department for such a time as may be specified by the council. That powers be given to the council to fix by by-law all matters affecting representation and to prevent any misunderstanding hereafter as to who are electors in any division. That section 27 of the Ontario Medical Act be expunged and the following substituted:—Each member shall pay to the registrar an annual fee of $5 with the privilege of at any time commuting for life by the payment of $20. That the council shall have power to establish a code of ethics, and in the event of any violation of the code to punish the offender by suspension or erasure of his name from the register of the college; such action to be taken after a full investigation by the council, which is to have power to examine witnesses on oath.

Dr. Edwards moved that the Legislative Committee be authorised to approach the Legislature to obtain the legislation referred to in the report. Carried.

A vote of thanks was then tendered to Dr. Pyne for the efficient and courteous way in which he had fulfilled the duties of registrar during the past year. Dr. Day, the president, was also tendered a vote of thanks and made a suitable reply.

The council then adjourned *sine die*.

ONTARIO MEDICAL ASSOCIATION.

(Fourth Annual Meeting held at Hamilton, June 4 and 5, 1884).

The Association met at 10 a.m. in the City Hall. The president, Dr. Daniel Clark, of Toronto in the chair. After the registration of members and the report of the committee on arrangements, the papers were called for and Dr. Workman, Toronto, read a paper on Aphasia. This affection had been recognized and described from the time of Hippocrates. In a few words its history was traced from the meagre accounts of the olden times to the full and learned disquisitions of the present. That form of the disease described as *word deafness* by Kussmaul was specially dwelt upon; but motor and amnesic aphasia received attention. Modern research had undoubtedly proven that Broca's or the third ascending left frontal convolution was closely and intimately concerned in the faculty of articulate speech, and was strong evidence in favour of the theory of cerebral localization.

Dr. J. D. Macdonald, Hamilton, as a general practitioner felt diffident in under

taking to discuss this paper which required a specialist for its elucidation. He of course occasionally met with cases of aphasia associated with right sided paralysis of varying degrees of severity. He recalled one case of a clergyman, an energetic intellectual man with an abundant flow of words, who was suddenly affected with aphasia, and a slight right paralysis. His vocabulary was now limited to "yes" and "no." His efforts to read portions of the Psalms which he knew by heart were painful to witness. In the course of time he was able to resume his duties, though a slight defect in speech persisted for a long time.

Dr. Geikie, Toronto, only spoke to escape censure from Dr. Workman. He related a case of amnesic aphasia. He agreed with the doctor that the works of the older authors were not sufficiently read by the profession of to-day.

Dr. Mullin, Hamilton, related a case of a man in business, in apparently good health, who made in his books entries of a peculiar and incomprehensible character. Upon careful examination, and on being made to write certain test sentences, it was found that he was aphasic. Some words were wrong, and others partly finished. He slowly but eventually recovered.

Dr. Bray, Chatham, related a case of aphasia occurring in a puerperal woman who also had albuminura. She recovered completely.

Dr. Clark, Toronto, dissented from the doctrine of cerebral localization. He considered that as yet it was unproven. He looked upon the cerebrum as a whole as the receptacle of psychic impressions.

AFTERNOON SESSION.

At 3 p.m., the President delivered his annual address, after thanking the association for the honour conferred upon him he proceeded to touch upon matters of interest to the profession. He pointed out the educational facilities enjoyed by the student of medicine of to-day, and contrasted it with the difficulties of former times. For this improvement he thought the different schools and the central licensing body deserved great credit, for they had gradually raised the standard of education. He then referred to the various unseemly advertisements which appeared in the secular and religious press which were a source of mischief to the weaker members of the community. In conclusion he referred to the benefits accruing from an accurate prognosis and urged the need of a closer study of the natural history of disease, and advised the cultivation of a cheerful countenance, for the patient and his friends studied closely the physician's expression and drew from it auguries of good or ill.

Dr. Tye, Chatham, then read a paper upon the Management of the Third Stage of Labour in which he took exception to the general application of Credé's method of expressing the placenta. He advocated gentle pressure and manipulation over the fundus of the uterus.

Dr. Macdonald, Hamilton, left placenta alone for some time, even for an hour, till it was completely detached.

Dr. Bray, Chatham, said that the first and only time he had practised Credé's method the result was unfortunate, and troublesome, there being relaxation and profuse hæmorrhage, and a protracted recovery.

Dr. Mullin, Hamilton, said that when the placenta was lying in or near the os it was safe to leave it to the natural action of the uterus for expulsion; but when it was situated on a higher level and was retained in the uterus there was danger of hæmorrhage, and physical interference was perhaps demanded. In any case the woman was not to be left until firm and continued contractions were induced. He invariably remained with his cases until this occurred, and then left them with the full assurance that they were safe.

Dr. Harrison, Selkirk, gave his cases a good dose of opium and brandy and left them easy and secure.

Dr. Bryce, Toronto, desired to know the *rationale* of the action of brandy and ergot, he thought their physiological actions antagonistic.

Dr. Richardson, Toronto, had been brought up in that school in which all meddlesome midwifery was considered bad. He never worried and irritated the uterus by premature and useless attempts to extract the placenta: he waited and when he found it lying in the vagina or partly in the vagina and partly in the os, by gentle traction on the cord, or by inserting one finger under the edge of the placenta, the air rushed in and the mass was expelled without trouble. In the course of a long midwifery practice he had never had the

misfortune to meet with cases of hour-glass contraction, a fact which he attributed to his non-interference.

In regard to the brandy and ergot, he gave ergot for its specific action upon the uterine muscular tissue, and brandy was always indicated in collapse and syncope from excessive loss of blood, and in severe post partum hæmorrhage he plied the stimulant with unstinted hand.

Dr. A. A. Macdonald, Toronto, made use of a modified Credé method and had obtained excellent results from it. He gave ergot after the expulsion of the placenta in order to aid uterine contraction.

Dr. Powell, Edgar, read a paper on the Later Antiseptics. He exhibited the various appurtenances of the antiseptic method, rubber sheets, bandages, gauzes, wood-wool, peat, iodoform, corrosive sublimate, &c. He said that the security and success attending the employment of these measures more than compensated for the additional trouble involved, and the expense was now so reduced as not to be a bar to their use. He mentioned a series of five incised axe wounds of the knee joint occurring to him in a country practice which had been brought to a successful issue under infrequent antiseptic dressings. He advocated cleanliness, elastic pressure, rest and antiseptics.

Dr. Griffin, Brantford, presented a specimen of Cancer of the Cæcum, with the history of the case. T. W., æt. 66, female, of excellent health up to six years ago when occasional attacks of diarrhœa occurred, followed by constipation and symptoms of obstruction. Large quantities of gelatinous mucous, at times in long strings were frequently seen in the dejecta. Two years ago a tumour the size of a walnut was found in the left mamma. Family history pointed to malignancy. A slight hæmorrhage led to a rectal examination, when a small tumour was discovered in the upper part of the rectum. The distress gradually increased. Nodular growths appeared around the cervical, subclavian and axillary glands, and two months before death complete obtruction ensued, no fæcal matter passing or being brought away by enemata. In the last few weeks of life the superficial tumours diminished greatly in size. One week before death a liquid fæcal discharge passed per rectum. At the autopsy permission was obtained only to examine the abdominal cavity. At the cæcum a hard tumour was found obstructing the lumen of the gut so that a No. 4 catheter barely passed. No other sign of disease was found.

Drs. Graham and Sheard made some remarks upon the case.

Dr. Brouse, Brockville, read a paper describing a case of Ovariotomy. On opening the peritoneal cavity six quarts of pale straw-coloured syrupy fluid was discharged. There were no adhesions; the case did well. He also described two cases of strangulated hernia which he had operated on, the sac was opened in each case. One recovered, the other, an old feeble patient in whom obstruction had existed for seven days, died. He insisted upon prompt operation.

Dr. Groves, Fergus, had found cystitis a common consequence of operation in cases of ovariotomy such as Dr. Brouse described.

Dr. Campbell, Seaforth, said that Dr. Brouse's point was well taken. A country surgeon was frequently called to see cases without the slightest previous history and was confronted with a case demanding immediate operation. They should always be prepared to meet the demand.

EVENING SESSION.

Dr. Burnham, Toronto, read a paper on Carbolic Acid in Gonorrhœal Ophthalmia. His method of treatment was deduced from a very large number of cases where other astringents and antiseptics failed to produce equally good results. Carbolic acid solution one in forty at first, increased afterwards to one in twenty, was used. The eye was to be irrigated with the solution hourly, day and night, and cloths wet with ice-water were to be constantly applied and frequently changed; with this plan of treatment he had never found it necessary to protect the sound eye further than by keeping it uppermost. The purest acid must be used as inferior kinds prove very irritating.

Dr. Howe, New York, said that as an astringent he saw no advantage in carbolic acid over nitrate of silver and other astringents with ice water and as an antiseptic he thought we possessed others equally powerful and effective.

Dr. Ryerson, Toronto, had used the carbolic treatment in two cases only, one of these recovered and the other did not, therefore he was inclined to regard the claims of carbolic acid as overdrawn.

Dr. Harrison, Selkirk, had in his own person experienced the anæsthetic effects of carbolic acid in a severe conjunctivitis

Dr. Thorburn, Toronto, reported a case of Dislocation and Fracture of the fourth and fifth cervical vertebræ. The injury was inflicted when diving. Death occurred on the twenty-fourth day.

Dr. White, Toronto, recollected the case perfectly. What struck him as most interesting at the time was the perfect freedom from anxiety evinced by the patient.

Dr. Hunt, Clarksburg, related a case of fracture of the fourth dorsal vertebra which lived comparatively comfortable for seven months.

Dr. Groves, Fergus, said that in these apparently hopeless cases of spinal dislocation it became a question if operative proceedure with a view to relieve compression were not justifiable.

Dr. Brown, Galt, mentioned a case of spinal injury, occasioned by being violently twisted over a waggon wheel. The injury was high up in the dorsal region. He recovered but diabetes supervened. He wished to know if this was a usual sequel.

Dr. A. H. Wright, Toronto, read a paper on the Prevention of Puerperal fever. He took as his text that portion of the recent discussion in the N. Y. Academy of Medicine, which referred to prevention. He objected to two principles in Prof. Thomas' rules. 1. The view that labour should be regarded as a capital operation. He thought preparations made with such a view had a very depressing effect. He gave instances in his own practice showing serious results of emotional influences, and believed that such results were not always temporary but sometimes led to serious lesions. 2. The advisability of prophylactic vaginal injections and the introduction of suppositories. He considered them both distasteful to the patients and unscientific on surgical grounds. In giving his own views he referred to the importance of surgical cleanliness, the dangers of stretching a slowly dilating cervix with the fingers, the necessity for depending upon expulsion for complete delivery of the child, the desirability of keeping up constant, but remittent pressure and kneading of the uterus, not so severe, however, as practised in Credé's method, and generally speaking, defended the teaching of conservative obstetricians.

Dr. Powell, Edgar, thought that the author had put his heart in the paper. In tedious labours with a rigid os the temptation was great to try digital dilatation, he had done this on various occasions, but in one or two cases developing cellulitis after such proceeding he had discontinued the practice.

Dr. Gunn, Brucefield, thought it best to wait about twenty minutes before endeavoring to extract the placenta. The cord was frequently cut too soon, the child losing an appreciable quantity of blood by too quickly cutting off the supply. To prevent entanglement of the membranes, the placenta should be extracted just at the conclusion of a pain when slight relaxation takes place.

Dr. Harrison, Selkirk, wished to be informed how one was to tell if all the membranes had come away.

Dr. Turver, Parkdale, regarded puerperal fever as a septic fever from stagnation of the blood, and advocated turpentine from its effects in dilating the capillaries.

Dr. Bray, Chatham, thought the danger of puerperal infection was reduced to a minimum by efficient contraction of the uterus. When he had obtained that he left the case satisfied.

Dr. Workman, Toronto, found that the men of the present generation were returning to the principles inculcated by him more than forty years ago.

Dr. Turver, Parkdale, read a paper entitled Studies on Uterine Displacements, exhibiting a pessary for anterior displacements; he took Gehrung's anteversion pessary, had it made of soft rubber and put an apron on its upper arms. He claimed that it acted most satisfactorily on the prinple of elastic support.

THURSDAY MORNING.

Dr. Graham, Toronto, read a paper on Idiopathic Anæmia. (See page 193.)

Dr. Arnott, London, said that he had had many cases of profound anæmia under his care. He had been moderately successful in the treatment of these by iron, arsenic, phosphorus, etc. One case resisted all means and he was in despair when his attention was directed to eucalyptus. He tried the fluid extract and improvement was speedy and decided. Since then he had used it with constant benefit in nearly all cases of anæmia.

Dr. Sheard, Toronto, had made the post-mortem on one of Dr. Graham's cases and had failed to find any nervous lesion. He thought the theory or hypothesis of Dr.

Graham's was based upon insufficient evidence.

Dr. Henry, Orangeville, suggested that as scurvy was caused by a persistent diet of salt pork, so a continuous diet of vegetables might possibly be a cause of anæmia.

The President said that there was a tendency now-a-days to refer all obscure diseases to a nervous origin. It was not surprising that in all cases they did not succeed, for so many cases of grossly perverted cerebral function existed when the *post mortem* revealed no nervous lesion.

Dr. Groves, Fergus, read a paper on Surgical treatment of Chest Effusions, in which he advocated a double opening and free drainage when pus was present. He detailed a number of cases in which this plan had been followed with the happiest results.

Dr. Powell, Edgar, had operated in many cases, and showed a plan which he had adopted for retaining a drainage tube in the chest opening. A hole was made in a piece of rubber bandage, the circumference of the opening being stiffened to prevent collapse, and a soft Jacque's catheter inserted and fastened to the rubber bandage.

Dr. Richardson, Toronto, had adopted the siphon method of draining the pleural cavity many years ago, and found it eminently satisfactory.

Dr. Temple, Toronto, had given up making a second incision, he thought when pus was already formed the entrance of air was a matter of indifference.

Dr. Hutchinson, Brussels, exhibited a case of a young girl, said to be suffering from Hodgkin's Disease.

Dr. Worthington, Clinton, read a paper on Cerebro-Spinal Meningitis, giving the history of an epidemic which had occurred in his neighbourhood some years ago. In the treatment he found ice bags to the spine and morphia and aconite internally the only means which appeared to afford relief.

Dr. Harrison, Selkirk, referred to a form of anomalous fever, which he had described a year ago—characterized by its sudden inception and by its close resemblance to typhoid, but puzzling all who came in contact with it by its peculiar recrudescences and lengthened course. He had recently seen another case occurring suddenly and with features that bore a striking similiarity to hæmorrhagic smallpox. It took on the same peculiar lengthened course, and he believed it to be a case of Cerebro-Spinal Meningitis.

Dr. White, Toronto, said that in an epidemic of cerebro-spinal fever he had met some years ago, the cases all seemed to occur along the valley of a river and to avoid the high grounds on either side.

The President added to the Committee on Nominations the following gentlemen: Drs. Macdonald, Hamilton; Arnott, London; Powell, Edgar; McKay, Woodstock; Harrison, Selkirk.

(To be continued.)

The Provincial Board of Health held its annual meeting in Toronto on the 30th of May. Dr. Covernton, chairman, Dr. Cassidy, Dr. Rae, Dr. Bryce, Prof. Galbraith, being present. The chairman read his annual address. Amongst the communications received was one from the Postmaster General, refusing to confer more privileges in the sending out of mailed matter. The following gentlemen were appointed members of the Board for three years, from May 1, 1884: Dr. Oldright, Dr. F. Rae and Prof. Galbraith. On the second day the committee on epidemics read a report on the recent outbreaks of smallpox. During the third session the matter of school Hygiene was taken up referring to a report from the school inspector for Haldimand in regard to the ventilating of schools. Dr. Cassidy was appointed a committee to take charge of the matter. The report on the outbreak of diphtheria at Smith's Falls was then read. It was determined to send to each municipality a specimen blank-book for report as required by the Sanitary inspectors for reporting to local boards. There being a great demand for copies of the new Health Act, the secretary was authorized to have 3000 copies of the Public Health Act printed for distribution. Specimen specifications for a system of dry removal of sewage adapted to the circumstances of small towns were ordered to be drawn up by a committee for the use of municipalities. The last session was occupied with the appointment of delegates to the Ontario Medical Association. The consideration of the question of immigration, whereby the importation and spread of infectious diseases might be avoided, and the appointment of the various standing committees as follows: On epidemics, Dr. Covernton, and Dr. Bryce; Sewage and water supply, Dr. Oldright and

Prof. Galbraith; Foods, drinks and adulteration, Dr. Bryce; Construction and ventilation of buildings, Dr. Cassidy; Poisons, Dr. Rae; School Hygiene, Dr. Yeomans; Legislation, Dr. Bryce; Finance, Dr. Rae; Publication, Drs. Oldright and Covernton. The Board then adjourned.

Book Notices.

Dr. Ryerson: a Review and a Study. By J. Antisell Allen, Esq., Kingston.

Agricultural Returns to the Ontario Bureau of Industries. May 15, 1884.

Settler's Pocket Guide to Homesteads in the Canadian North-west. John T. Moore, Toronto.

A Catalogue of Old and New Books, by William Johnston, 312 Yonge Street, Toronto.

Sixth Annual Announcement of the Fort Wayne College of Medicine. Session, 1884-5.

Annual Announcement of the Medical Department of Niagara University. Buffalo, N. Y., Spring Term, 1884.

International Medical Congress. Eighth Session. Copenhagen, 10th to 16th August, 1884. Rules and Programme.

Moral (affective) Insanity—Psycho-Sensory Insanity. By C. H. Hughes, M.D., St. Louis (Reprint from *Alienist and Neurologist.*)

Weekly Health and Meteorological Reports, and Monthly Mortuary Statistics of City of Lansing and State of Michigan. Issued by the State Board of Health. Henry B. Baker, M.D., Secretary.

The Picturesque on the B. and O. From Great Rivers and Lakes over the crest of the Alleghanies, down the Valley of the Potomac to the Sea. This little book gotten up as a Railway advertisement, is one of the handsomest things of the kind we have ever seen; every page containing a description of the line of route, and comically and fantastically illuminated, and the notable scenery on the way is beautifully reproduced by fine engravings.

The Popular Science Monthly. Conducted by E. L. and W. J. Youmans. New York: D. Appleton & Co.

The July number is, as usual, replete with articles of scientific interest adapted to the practical needs of a very large class of the community. Those possessing more direct interest to the medical man in this number are Colorado for Invalids, by Samuel A. Fisk, M.D.; The Prevention of Hydrophobia, by Louis Pasteur; Diseases of Plants, by D. D. Penhallow; Glasgow's Bandylegged Children, by George Hay, M.D.; Sketch of Averroës, by George Jackson Fisher, M.D.; Adaptation to Climate, by Dr. A. Berghaus.

The articles which have appeared by Herbert Spencer, alone would be worth the subscription price of the journal, to the medical man as well as to the individual citizen, whether he is a professional man or not.

Sexual Neurasthenia (Nervous Exhaustion), its Hygiene, Causes, Symptoms, and Treatment, with a Chapter on Diet for the Nervous, by Geo. M. Beard, A.M., M.D. (Posthumous Manuscript). Edited by A. D. Rockwell, A.M., M.D. New York: E. B. Treat,, 1884.

This little work, a posthumous manuscript of the late Dr. Beard, is edited by the author's former friend and partner, Dr. Rockwell. It deals with that form of neurasthenia associated with abuse and irritation of the sexual apparatus. It is a philosophical and clinical study upon a large number of cases, which are narrated in the forcible and lucid style of the author. The diet for man is founded upon the theory of evolution. The higher feeds upon the lower organization, and the best diet is upon that which more nearly approaches the eater in the scale of evolution. The book will repay perusal for its many hints in diagnosis and treatment,

Diagnosis and Treatment of Diseases of the Heart, by Constantin Paul. New York; Wm. Wood & Co. 1884.

This constitutes the March number of Wood's Library for 1884. It is replete with information, and is a remarkably good sample of the best of the modern French school of scientific medicine. M. Paul, as a diagnostician, is, if not without an equal, at least with few superiors in Paris, and also in the world.

The work is divided into three parts, the first, consisting of eight chapters, upon general considerations of the topography of the heart. In this portion of the work is touched upon the most recent applications of science to the mensuration and physiology of the heart. The second part takes up the diseases of the heart and its membranes, and the third is devoted to treatment. There are numerous diagrams and cuts distributed throughout the work. Many of the illustrations would be rendered more serviceable by lettering and explanatory notes appended to them. Sphygmographic tracings are numerous and carefully analysed. We cordially recommend the work to the profession, and would be better pleased if it were possible to obtain it, if wanted, without the necessity of buying other books which we possibly may not desire to have.

Clinical Lectures on Mental Diseases, by T. S. Clouston, M.D., Edin., F.R.C.P.E.; to which is added an *Abstract of the Statutes of the United States and of the several States and Territories relating to the Custody of the Insane*, by Charles F. Folsom, M.D. Philadelphia: Henry C. Lea's Son & Co., 1884.

Dr. Clouston speaks apologetically of the appearance of his work on mental disease, seeing how many treatises on this subject have been put forth, and how excellent is the character they bear. These lectures are essentially clinical. The illustrations of disease are faithfully drawn from the author's personal experience. The appeal to actual facts and vivid description of existing cases attracts the attention and impresses the memory with more force than a generalized description, however much labour and research may have been expended upon it.

In his classification he introduces some modifications in nomenclature which he affirms are more in conso-

nance with scientific exactitude. Thus, for Melancholia, he proposes Psychalgia, a state of morbid mental depression and painful feeling, just as painful disorders of sensibility are called neuralgia. Mania might be called Psychlampsia.

Lecture XIX., upon the medico-legal and medico-social duties of medical men in relation to mental diseases, should be carefully read and thoroughly digested by every man presuming to enter the practice of medicine.

The Appendix, by Dr. Folsom, is a useful and clear condensation of the Lunacy Laws and Procedures in the United States and Territories.

Personal.

ONTARIO MEDICAL ASSOCIATION COMMITTEE.

The President, Dr. Worthington, has nominated the following additions to the Standing Committees:—

Committee on Credentials.—Drs. Carr, Parkhill; Griffin, Brantford. *Nominations.*—Drs. Aylsworth, Collingwood; Richardson, Toronto; Ridley, Hamilton; Harrison, Selkirk. *Public Health.*—Drs. Shaw, Hamilton; Ryal, Hamilton; McKinnon, Guelph; Fraser, Sarnia. *Legislation.*—Drs. Leslie and Hillyer, Hamilton; Hunt, Clarksburg; McMahon, Dundas. *Publication.*—Dr. Fulton, Toronto. *By-Laws.*—Drs. Potts, Cobourg; Battersby, Port Dover; Thrall, Woodstock. *Medical Ethics.*—Drs. Biggar, Hamilton; Howitt, Guelph; O'Reilly, Toronto.

TEMPORARY COMMITTEES, 1884-5.—*Surgery.*—Dr. Powell, Edgar, chairman; Drs. Malloch, Hamilton; McFarlane, Toronto; Groves, Fergus; Bray, Chatham. *Medicine.*—Dr. Tye, Chatham, Chairman; Drs. Mullin, Hamilton; Graham, Toronto; Carney, Windsor; C. K. Clarke, Kingston; Philip, Brantford. *Obstetrics.*—Drs. Temple, Toronto Chairman; Holmes, Chatham; Harris, Brantford; Rosebrugh, Hamilton; A. A. McDonald, Toronto; Gunn, Brucefield. *Ophthalmology and Otology.*—Dr. Ryerson, Toronto, Chairman; Drs. Reeve, Burnham, Rosebrugh, Palmer, Toronto. *Necrology.*—Dr. Kitchen, St. George, Chairman; Drs. Hillary, Aurora; Aikman, Collingwood. *Audit.*—Dr. McKay, Woodstock, Chairman; Dr. Miller, Hamilton. *Papers and Business.*—Dr. Hutchinson, Brussels, Chairman; Drs. McLean, Goderich: Anderson, Winchester Springs; Baines, Geo. Wright, Nevitt, Toronto. *Arrangements.*—Dr. Arnott, London, Chairman; Drs. Wishart, Edwards, Moorehouse, London; Fairchild, Burford; Tisdale, Lynedoch; Porter, Walkerton.

DR. J. SPENCE (Toronto, '84) is at Millbank.

DR. C. W. HUNT (Toronto, '84) is in Chicago.

DR. A. T. RICE (Toronto, '84) is practising in Woodstock.

DR. F. T. DOLSEN (Toronto, '83) expects to settle in Grand Rapids, Mich.

DR. W. B. GEIKIE and Dr. A. J. Geikie have gone to England.

DR. H. W. ACLAND, has been made Knight Commander of the Bath.

DR. A. F. MCKENZIE (Toronto, '84) is at Nepigon, practising for C. P. R.

Dr. J. S. DRAPER (Toronto, '84) has formed a partnership with Dr. Sinclair of Tilsonburg.

DR. A. BLONDEAU, of the Editorial Staff of *Le Progrès Médical*, died on the 27th of May.

DR. R. N. FENWICK, of Kingston, was chosen Medical Examiner in the Ontario Council Examination.

DR. H. B. Millard, New York, has been elected an Honorary Member of the Société Anatomique of Paris.

DR. HENRY F. CAMPBELL, of Augusta, Georgia, is President of the American Medical Association, 1884-85.

Dr. S. STEWART (Toronto, '84) has commenced practice in Wallaceburg, Co. Kent, in the place of Dr. Summerville, who has removed to Menomonee, Mich.

Miscellaneous.

BETWEEN three and four thousand subjects are annually used in the dissecting rooms of Paris.

OMNIS PENIS EMPLASTRUM PERFORATA translated by the *Southern Clinic*, becomes Allcock's Porous Plaster.

P. F. ELLIS, M.D., in the *Texas Courier-Record* states that anything which will cause a patient to sneeze will cure him or her of hiccough then and there instanter. He generally uses a little snuff.

UTERUS PERFORATED BY THE SERRATED SPOON—DEATH.—At the NewYork Pathological Society was reported a case of submucous fibroid of the fundus uteri the removal of which was attempted by an instrument heretofore considered safe, the serrated scoop. Great difficulty being experienced in inserting the spoon between the growth and the inner surface of the uterus, scissors were resorted to and the tumour cut away piecemeal. In this instance the fundus was perforated and caused intra-peritoneal hæmorrhage, and the woman died in twelve hours. At the autopsy the fundus and also the posterior uterine wall were found perforated. The operator was unaware at the moment of penetration that he had gone beyond the base of the tumour. Two similar cases had occurred in the hands of Dr. Thomas and Dr. Hunter, both patients dying.—*N. Y. Med. Jnl.*

A newspaper reports a lecture on "First Aid to the Injured," as saying that "bleeding from the nose is neither Artillery nor Venus, it is Caterpillary."

HAS anybody heard of Chian turpentine recently? Or has Chios ceased to weep its precious tears over the degeneracy of the modern age?