Technical and Bibliographic Notes / Notes techniques et bibliographiques

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

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

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

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

☑ Additional comments / Commentaires supplémentaires: Continuous pagination.

MANITOBA, NORTHWEST & BRITISH COLUMBIA

"LANCET."

A Journal of universal Medicine, Physiology, Surgery, Chemistry, Medical Literature and Scientific News.

PUBLISHED MONTHLY. SUBSCRIPTION, $2 PER ANNUM IN ADVANCE.

VOL. 2. APRIL, 1889. No. 9

INDEX.

TO ADVERTISERS.

PAGE

MISSING

PAGE

MISSING

MANITOBA,
Northwest and British Columbia
Lancet.

Gleans from the journals of the World all that is new in Medicine, Surgery and Pharmacy, placing monthly before its readers in a condensed form Medical, Surgical, Obstetrical and Pharmical advances in both hemispheres.

WINNIPEG, APRIL, 1889.

THE TREATMENT OF LOCOMOTOR ATAXY BY SUSPENSION.

Ignotum per ignotius. This maxim applies to most, if not all, therapeutic agencies, but in some in much greater degree than others. The new method of treatment of locomotor ataxy now advocated by Charcot and his disciples is an illustration of this maxim. But we do not on that account ignore it, only it is necessary with so powerful a means for good or evil to try it with caution and test it with sceptical judgment. In estimating the good or evil effects of treatment, it is most necessary to have regard to the natural history of the disease. Many individuals are under the impression that once the diagnosis of locomotor ataxy has been pronounced by a competent authority there must be an end to all hope. This view is entirely erroneous. Physicians of experience can quote cases of stationary tabes dorsalis by the score, and stationary at any stage of the disease, from its first dawn to its last flicker. Cases are also known in which positive recession of the disease, and even considerable improvement, if not practical recovery, either with or without treatment. On the other hand, cases may steadily descend from bad to worse; but a slow and steady progression is by no means the rule, long intervals of slowly progressive impairment may be broken by short sharp shocks of sudden deterioration; indeed, the variety of the clinical history of these cases is as complicated as the imagination could picture. The fact that tabes dorsalis may grow suddenly worse is of importance in considering the value of the suspension treatment, because at least one case has been referred to as having been made worse by the treatment. It cannot be too strongly urged that the utmost care is necessary in commencing the treatment, and it is possible that suspension without the aid of the armpit straps is too violent a measure at any period in the treatment of the disease.

At the invitation of Dr. de Watteville, we have had an opportunity of examining one of the cases under his care at St. Mary's Hospital, the said patient having been under treatment by suspension for six weeks, being, we are informed, the first patient in England on whom the new means of treatment has been tried. In regard to this case no doubt of the nature of the affection can exist, though whether the disease is due to a condition of the nerves or more central fibres in the cord and brain cannot be decided. The patient is a man aged thirty-nine, married, and a carpenter by trade. He is said to have had rheumatic fever ten years ago, and at *times since; but questioning the patient* left it doubtful whether these symptoms were not of spinal origin, and therefore signs of the disease from which the man still suffers. In 1877 the patient remembers to have first noticed something wrong with his legs, and in the Christmas of that year he caught a severe cold, which laid him up all through the summer of 1878. In 1879 he suffered from vomiting and diarrhœa, began to see double, and the legs became worse; then the shooting pains made life miserable, bladder troubles set in, and the disease steadily advanced. At the present time the man is somewhat anxious-looking and very thin. He could not stand at all with his eyes shut, but he can now, although unsteadily. He was very much more steady both in walking and in working at his trade than he had been previously to the commencement of the treatment by suspension. He had not been able to walk at all without the *aid of two sticks for many months before* January of this year, but he recently walked three miles and a half without experiencing a sensation of fatigue. The improvement in the gait has been slowly

going on during the treatment. Another important amendment has been the almost entire disappearance of the lightning pains. Since the treatment has been began there have been nocturnal erections of the penis, which had not been the case for years. These erections partake of the nature of "spermatic crises" so characteristic of spinal cord disease. Charcot has noted them in his series of cases treated by suspension. That this patient has been benefitted by the treatment neither Dr. de Witteville nor others who have followed the case throughout have any doubt. The man himself also feels much improved by it. Suspension has been practiced for from thirty to fifty seconds twice a week, *axillary straps being always used. Dr.* de Witteville is of opinion that suspension by the head alone should never be practised until the other mode has been frequently practised first.

In conclusion, we may say that in the present early stage of the trial of the remedy it is obvious that caution must be exercised in forming an opinion of its efficacy.—*London Lancet.*

SUSPENSION IN THE TREATMENT OF LOCOMOTOR ATAXY.

With reference to the subleader on this subject which appeared in the *Journal* of February 23rd, may I be allowed to state the results obtained, so far, in three cases which have been treated by this plan for the last month, commencing soon after the appearance of M. Charcot's lecture in *Le Progres Medical* for January 19th.

Case I.—E. G., aged 52, was admitted January 24th with lightning and girdle pains, ataxy, loss of pupil reflexes and knee-jerks and inability to stand with his eyes shut; entire loss of vesical reflex and of power of voluntary micturition. He was suspended first on January 28th, and since then has been suspended twenty-one times, generally for two minutes, sometimes for fifteen or thirty seconds longer. He complains of no disagreeable effects, except singing in his ears during the time he is suspended. He is a small, light man. In addition to this treatment, he has been blistered down the spine, and has taken 30 grains of iodide of potassium three times a day. His present condition (February 24th) is: no girdle pain, very little lightning pain, walks better, passes an increasing quantity of water voluntarily; knee-jerks, pupil reflexes, and inability to stand with his eyes shut are as they were.

Case II.—H. H., aged 40, admitted January 28th with lightning pain, gastric crises, ataxy, inability to stand with eyes shut, no knee-jerks or pupil reflexes. He has been suspended seventeen times; as he is very nervous, the duration has averaged under two minutes, though lately this period has been regularly attained. He formerly complained of "fulness of the head," lasting for some hours after the *operation, but he does not do so now. His* pains are better; he has no gastric crises since admission, but he is otherwise not improved. He has been taking 30-grain doses of iodide of potassium three times a day.

Case III.—E. L., aged 34, admitted Jan-24th, with girdle and lightning pains, ataxy, and inability to stand with his eyes shut; knee-jerks exaggerated, pupil reflexes present. There is a distinct history of syphilis. He has been suspended fifteen times since February 3rd. In addition he has taken 30 grains of iodide of potassium three times a day, and has been blistered down the spine. At the present time his pains are better, but there is no other improvement.

These results are not very striking, but the average duration of treatment in Charcot's cases was twenty-seven suspensions, and I have not reached his maximum of four minutes. I intend to persevere with the plan, as it is not attended with any serious inconvenience. Case I has undoubtedly improved, though to what extent this should be attributed to the suspension may be doubtful.—Robert Saundby, M.D.Edin., F.R.C.P.Lond., Physician to the General Hospital, Birmingham.

LONG PERIOD OF SYPHILITIC INCUBATION.—Falcone reports a case in which the primary sore first appeared on the fifty-sixth day after contagion. Immediately after exposure the patient took typhoid fever, and thus the long incubation was proved to have existed.

GONORRHŒAL DISEASES OF THE UTERINE APPENDAGES.

BY JOSEPH PRICE, M.D.,

Read before the Philadelphia County Medical Society.

The attitude of numbers of professional men who express either incredulity or absolute disbelief in the causative relation between gonorrhœal disease in women and pyosalpinx and abscess of the ovary, is sufficient justification for a still further discussion of this subject. My views upon the matter are based neither upon theory nor upon microscopic examination. They are from surgical experience only or confessions of men whose wives have been diseased by them. From the time that Noeggerath first formulized his belief upon this subject it has been smiled at, contradicted, or controverted, but never in its essentials disproven. In his earlier paper Noeggerath fell into the common error of enthusiasts, that of attributing too much to his discovery, and claiming too wide a pathological field as the sequelæ of this trouble. This, without doubt, led many otherwise fair-minded men to pass over his paper as unworthy of attention, thus impeding the progress that otherwise would have followed its discussion and the observations based upon its claims. In taking up most later surgical works we find the etiology of ovarian and tubal disease considered from this standpoint omitted—a missing link, or differentiated out of sight. This is wrong. As early as 1877 Mr. Lawson Tait and others insisted upon the relation existing between gonorrhœa in man and tubal disease in women. Noeggerath antedated him about five years. Mr. Tait also insisted on its causative relation to perimetritis, this as late as 1883. Schroeder, in the early edition of his "Gynecology," insisted upon this as bearing a causative relation to ovarian and tubal troubles. In the very latest edition he says: "Gonorrhœa, in the highest degree, appears as a causative disease in women." Sanger also is an ardent advocate of the same belief. He is wrong, however, I am persuaded, in holding that the gonorrhœal infection is always late in revealing its presence in the woman when transmitted by the man. To this subject I shall refer later.

Without further collation of authorities upon this subject, I shall proceed briefly to its discussion. Whether or not the presence of the disease can be diagnosticated absolutely by the presence of gonococcus of Neisser, is of small importance, if by the chain of common evidence we can connect the presence of one disease with the other in their sequence. If, on discovering tubal disease in a woman who has never aborted nor had any of the diseases incident to childbed, who has been healthy up to a time, after which vaginitis has occurred, contracted from her husband, after which the woman from time to time experiences increasing pelvic pains, losing strength and weight, the case it seems to me, is made out, save as quibbling may dispute it. This history occurs in most of the cases I have handled. Of the many cases that have come under my observation, I choose the following as illustrative and typical:—

A young married woman, one child. Her recovery from childbed excellent; no gonorrhœal infection of the child at birth. Some months afterward she had inflammation of the vulvo-vaginal glands, with suppuration. Later she appeared with abdomen tense and painful, enlarged tubes and ovaries, tender and painful on the slightest movement or pressure; she had lost in weight and strength. Her husband confessed to the infection of his wife. The diagnosis was made of gonorrhœal pyosalphinx, and operation proved the correctness of the opinion. Both tubes contained pus, were cheesy and friable, the ligatures cutting through all but the vessels. The abdomen was full of fluid, and the intestines gave evidence of acute peritonitis.

The history here is complete, leaving no possible doubt as to the origin of the disease. The early infection here exhibited is at variance with the views of Sanger and shows that his statements are not necessarily correct, or accidentally correct, if at all so. There is no sufficient reason why this infection should not be early. I incline to the belief that the disease originates early, but may be slow in progress, and thus escape attention and discovery.—*Polyclinic.*

WHY DO NOT PROSTITUES CONCEIVE?

This is variously accounted for by the laity and the profession. First, it is said that few women serve long apprenticeships to the trade without having gonorrhœa one or more times. Second, it is averred that frequent and often violent connection with different men produces a low form of inflammation, which proves inimical to conception, *either through exciting uterine discharge*, which is destructive to the spermatoza, or the mucous membrane of the uterus offers no lodgment to the impregnated ovum. The same explanation applies to the cases in which gonorrhœa is held responsible for the condition of barrenness.

Another theory of conception—for it cannot be regarded in a higher light as yet—is, that the male element reaches the uterine cavity by a sort of suction process, excited by the sexual orgasm. This theory would fail to account for many pregnancies in the view that Dr. Waugh takes of at least fifty per cent. of women not having or experiencing the orgasm at all. Just what prostitutes lack in this theory I can only guess at; but it is probable that either the uterus fails to respond to the repeated demands or the chronically inflamed mucous membrane, fails to furnish suitable soil for the attachment of the egg.

The theory to which many attach their belief, is that the uterine cavity being in nearly its entire extent lined with ciliated epithelium, this hair-like surface waves or sweeps the male element into the uterus by the undulating motion peculiar to that variety of mucous covering. Anything that would injure temporarily or permanently that lining would interrupt for a time or forever the union of the two elements of the sexes and their attachment, which constitutes conception.

There is a popular notion, which is also satisfactory to many medical men, that the semen reaches the uterine cavity by the male organ so meeting the os uteri as to form a continuous canal, and the force of ejaculation acts as the propulsive power. This theory is bosh. The almost countless means employed to prevent conception show conclusively that there is a very great diversity of opinion as to how it really is accomplished.

The explanation of barrenness in prostitutes would, on the suction theory, be that there being no orgasm there would be no suction. To my way of thinking the best explanation we have is this: Inability to conceive results from any abuse of the sexual organs, whereby a specific or chronic inflammation is set up, which changes the nature, secretions and functions of the mucous lining of the uterine cavity.

I have in mind now a woman who for a number of years was a muscular prostitute, and who painted the town red at irregular intervals for years. By and by she settled down, reformed and married, and bore her husband several children after the lapse of few years. Clearly in this case the causes that produced barrenness had ceased to operate and the parts resumed the normal condition, and then conception was possible. Old soldiers in the wars of love after a time lose all power of regaining sexual vigor; hence the great majority of prostitutes fail to conceive even after reformation.

It seems passing strange that the theories of conception have so multiplied and the true solution be so slow in making its appearance.—J. A. De Armond, M.D., in the *Medical World.*

LAPAROTOMY FOR BULLET-WOUND OF ABDOMEN PERFORATING INTESTINES—RECOVERY.

(*Under the care of Mr. C. E. Bell.*)

W. P., aged 18, was admitted into the Exeter Hospital on November 30th, 1888, at 10:30 p.m. About an hour previously he was taking a small loaded pistol, which carried a bullet about the size of a large swan shot, out of his left trousers pocket, when it exploded, the muzzle being opposite the waistband of his trousers. The bullet entered his abdomen just below the ribs on the left side; he did not feel much pain at the time, but was slightly faint on his way to the hospital.

I saw him soon after admission. He is a well-built young man, and is evidently

suffering from shock; complains of pain all over the abdomen, but more particularly in the umbilical region; abdominal muscles tense. In the left lumbar region, just below margin of the ribs, there is a small, circular-shaped wound, from which a little blood has flowed, the edges being slightly discolored. During my examination he vomited some partly digested food, but no blood; pulse small and quick. On passing probe into wound, it ran forwards between abdominal muscles for about an inch and a half, but no bullet could be detected. After consultation, it was decided to open up this sinus. Chloroform having been administered, this was done, and at the end of it was a small opening leading directly into the abdominal cavity. I then opened the abdomen in the middle line, from about one inch below sternum to two inches below umbilicus. There was some blood in the abdominal cavity. On examining the bowels I found seven distinct perforations, all of these being in small intestine, the bullet having gone transversely through three separate portions of gut, thus causing six wounds; the fourth piece of gut only having one wound, it was thought probable that the bullet was lodged in this piece of bowel; but the coats being swollen, probably from effused blood, and also the intestine containing fæcal matter, the bullet could not be felt. I invaginated the edges of the wounded portions of intestine, and, over a small probe, stitched the peritoneal surfaces together in the length of the gut, using interrupted sutures of fine silk, three to each wound. Having returned the intestines, I sponged out the abdomial cavity, and brought the external wound together with silk sutures, dressed with iodoform and Gamgee, and applied flannel binder. Patient was given a half-grain morphine suppository, and put to bed.

December 1st. Has passed good night; was sick once; (chloroform ?). Temperature 99°, pulse 100.

The temperature never rose above 100° on the second night, after which it became normal. There was no sickness nor swelling of abdomen. The first eight days he had nothing but ice to suck, hypodermic injections of morphine every six hours, nd his urine drawn off; after the eighth day, three Viking's nutrient suppositories daily. On the fifteenth day he was allowed, in addition, Viking's meat jelly by the mouth. On the twenty-second day he had milk. On the twenty-fourth day, his bowels not having been moved since the operation, an enema was given, which acted freely, but no bullet was passed. Five days later he was given another enema, and the bullet came away in the motion, having been in the intestine for twenty-nine days The treatment of the wound gave no trouble. I did not remove the dressing for ten days, when it was quite healed, and I took out the stitches. The patient left the hospital in six weeks perfectly well, and has since returned to his work, feeling no ill effects from his accident.—*British Medical Journal.*

HEPATIC ABSCESS BURSTING INTO THE PERICARDIUM.

Dr. Joaquin L. Jacobsen, of Havana, reports a case in which an abscess of the liver, which was recognized during life, was found after death to have burst into the pericardium. The complication is so rare that Dr. Jacobsen has been able to find only ten cases previously recorded. The patient was a white man, aged 39, who had been a heavy drinker, and had suffered from malaria. He had been troubled for about a year with dyspeptic symptoms. He was pale and slightly jaundiced, and had lost flesh. Both the liver and the spleen were enlarged, and there was some tympanites. He complained of constant pain, sometimes referred to the epigastrium, sometimes to other parts of the abdomen. Percussion in the epigastric region gave a little pain, but gave a normally-resonant note. He was treated with purgatives and alkalies, and a blister to the epigastrium. The enlargement in the region of the liver increased, but no fluctuation could be detected, and there were no signs of adhesion. Symptoms of intestinal obstruction came on soon afterwards, with marked tympanites and dyspnœa, and three days after the commencement of this new phase of his illness the patient died. At the necropsy the lungs were found contracted and pushed towards the posterior and

upper part of the thorax; the parietal layer of the diaphragmatic pleura was thickened and congested; the pericardium, which was also thickened, contained a large amount of sero-purulent fluid, dark yellow in color; the outer surface of the heart, which was rough and granular, was of the same color. At the lower part of the pericardium, slightly to the left of the middle line, there was an opening with ragged edges, about four centimetres in diameter, passing through the diaphragm and communicating with an irregular opening in the posterior part of the convex surface of the left lobe of the liver. For some distance round this opening there were firm adhesions to the diaphragm. The liver was enlarged and somewhat hardened; its right lobe was congested, and in the left there was a large cavity measuring 12 centimetres in the transverse by 10 in the vertical and antero-posterior diameters, and full of yellow pus. The spleen, which was enlarged and softened, presented two large milky-looking patches on its outer surface. The gastro-intestinal mucous membrane was thickened and injected. All the other organs were healthy. Dr. Jacobsen points out that the abscess was in the posterior part of the liver, leaving a considerable portion of the front part of the left lobe untouched, while the symptoms did not clearly indicate any affection of the liver beyond what was consistent with the patient's gastro-intestinal disorder and alcoholic antecedents. Exploratory puncture could hardly have been successful even if it had been thought justifiable.

RESECTION OF THE ENSIFORM CARTILAGE.

An important paper has recently been presented to the Royal Academy of Medicine and Surgery of Naples by a young surgeon, Dr. Rinonapoli, of Collamele, in the province of Aquila, giving the details of an operation for resection of the ensiform cartilage. Only one such case has been previously recorded—by Linoli, in 1857. A man was injured by a horse rearing and falling back upon him. His chest was violently compressed, and the ensiform cartilage dislocated backwards. The displaced cartilage, by its pressure on the stomach, was productive of very severe gastric disturbance, which at length became so great that not even the smallest quantity of milk could be taken without terrible pain. The patient rapidly wasted away, and his life was despaired of. Various diagnoses were made, but it was left for Dr. Rinonapoli to discover the true state of affairs. Being convinced of the accuracy of his diagnosis, and, fortified by the opinions of two colleagues, Dr. Rinonapoli gained the consent of the patient and his friends to an operation. The minuest antiseptic precautions (carbolic acid and perchloride of mercury) were observed. An incision six centimetres long was made the upper third being over the sternum. Dissection was carefully carried down to the peritoneum which was not opened. The cartilage was separated from the structures enveloping it, and, finally, its attachment to the sternum was divided by passing a probe-pointed bistoury behind and cutting forwards. The wound was carefully cleansed and brought together by sutures. In the course of five weeks the patient had completely recovered. The points of interest connected with the case are:—1. That it is only the second recorded. 2. The peritoneum was not opened. 3. It was undertaken by a young surgeon in a country district in Italy, who, with the assistance of two other country surgeons, carried it through in the most praiseworthy manner. Dr. Rinonapoli worthily won his admission to the Royal Academy of Medicine of Naples, for which Professor Fusci stood his sponsor.

NOTES ON THERAPEUTIC PROGRESS.

BY DAVID D. STEWARD, M. D.,
Chief of the Medical Clinic of the Jefferson Medical College.

Post-Encmal Septic Intoxication.—Bouchard was the first to direct attention to the great poisonous activity of human feces. He asserted that there are formed in the intestines of an adult in twenty-four hours sufficient toxic alkaloids to destroy life, if excretion were arrested and all absorbed. Sir Andrew Clark believes the intestinal absorption of poisonous

fecal ptomaines and leucomaines a prominent factor in originating anæmia and chlorosis occurring in young women of constipated habit Until recently notice had not been taken of acute fecal poisoning. Burford *Lancet* reports 11 cases of mild septic toxæmia following the use of copious warmed enemata to relieve the constipation of women under treatment for uterine disease. The cases related form an ascending series. The fact displayed a generalized rash and congested throat, but no pyrexia. In the eighth there was a diffused erythematous rash, a severe sore throat, and a temperature of 102°. The duration of the attack varied between two and four days. Liquefaction of the feces is promoted by the enema. During its temporary retention osmosis occurs, lymphatics and blood vessels readily absorbing the warm septic material. Three to four per cent. of the enemata administered produced the condition narrated. Burford found it especially liable to occur if enemata were used within three days subsequent to the administration of ether by inhalation in cases in which free evacuation of the bowels had not occured previously. The character of the fluid used did not especially influence the production of the septic condition. It is more likely to follow large than small enemata.—*Polyclinic.*

REFERENCE TABLE OF DOSES.

BY JOSEPH W. ENGLAND, PH. G.

(Concluded.)

DRUG.	DOSE.
Theina } Max	1-2 3 gr
Theinae Citras } Max	3-5 gr
Thymol	3-5-10 gr
Tinct. Aconiti	1-2-3 m
Max	3-5 m
Tinct. Aloes	½-2-4 fl dr
" Aloes et Myrrhae	½-1-2 fl dr
" Asafœtidae	½-1-1½ fl dr
" Belladonnae	5-10-15 m
Max	15-20 m
" Benzoini	10-15-30 m
" Benzoini Comp	15-30-60 m
" Calumbae	1-2-4 fl dr
" Canab. Indic	10-15-30 m
Max	30-60 m
Tinct. Cantharidis	3-5-10 m
" Capsici	10-30-60 m
" Cardamomi Comp	1-2-3 fl dr
" Catechu Comp	½-1-3 fl dr
" Chiratae	½-1-2 fl dr
" Cimicifugae	1-2-4 fl dr
" Cinchonae	1-2-3 fl dr
" Cinchonae Comp	1-2-4 fl dr
" Colchici Rad	5-15-30 m
Max	30-60 m
" Colchici (sem)	10-30 60 m
Max	1-1½-2 fl dr
" Conii	15-30-60 m
" Cubebae	½-1-2 fl dr
" D gitalis	5-15-30 m
Max	30-60 m
" Ferri Acetatis	10-30-60 m
" Ferri Chloridi	5 10-20 m
" Gallae	½ 1 2 fl dr
" Gelsemii	5 10 20 m
" Gentianae Comp	1 2 4 fl dr
" Guaiaci	½ 1 2 fl dr
" Guaiaci Ammon	½ 1 2 fl dr
" Hellebori	15 30 60 m
" Humuli	1 2 3 fl dr
" Hydrastis	½ ¾ 1 fl dr
" Hyoscyami	10 30 60 m
Max	1 2 fl dr
" Ignatiae	5 10 15 m
Max	15 20 m
" Ipecac. et Opii	5 10 15 m
" Jalapae	½ 1 2 fl dr
" Kino	½ 1 3 fl dr
" Krameriae	½ 1 3 fl dr
" Lavandulae Comp	½ 1 2 fl dr
" Lobeliae Expect	10 30 60m
Emet. (Asth.)	1 2 fl dr
" Lupulinae	½ 1 2 fl dr
" Matico	½ 1 2 fl dr
" Myrrhae	15 30 60 m
" Nucis Vomicae	5 10 20 m
Max	20 30 m
" Opii	5 10 15 m
Max	15 30 m
" Opii Acet	5 10 15 m
Max	15 30 m
" Opii Camphor	½ 2 4 fl dr
" " Deodor	5 10 15 m
Max	15 30 m
" Physostigmatis	10-15-30 m
" Quassiæ	½-1 fl dr
" Rhei	1-2-4 fl dr
" Rhei Aromatica	½-1½-3 fl dr
" Rhei Dulcis	1-2-4 fl dr

DRUG.		DOSE.
Tinct.	Sanguinar., Alter.	10-15-30 m
"	Emet.	1-2-4 fl dr
"	Scillæ.	5-10-20 m
"	Senegæ.	½-1-2 fl dr
"	*Serpentariæ*	1-2-4 *fl dr*
"	Stramonii	10-15-20 m
	Max.	20-30 m
"	Strophanthi.	3-5-10 m
	Max.	10-15 m
"	Sumbul.	½-½-1 fl dr
"	Valerianæ.	1-2-4 fl dr
"	Valerian. Ammon.	½-¾-1 fl dr
"	Veratri Virid.	1-3-5 m
	Max.	5-8 m
"	Zingiberis	½-1-2 fl dr
Veratrina		1/32-1/16-1/8 gr
	Max.	1/8-¼ gr
Vin. Aloes		1-2-4 fl dr
"	Antimonii, Expect.	10-15-30 m
"	Emetic.	½-1-2 fl dr
"	Colchici Rad.	5-15-30 m
	Max.	30-60 m
"	Colchici Sem.	10-30 60 m
	Max.	1-1½ 2 fl dr
"	Ergotæ.	1-2-4 fl dr
"	Ferri Amarum.	2-3-4 fl dr
"	Ipecacuanhæ.	5-15-30 m
"	Opii.	5-10 15 m
	Max.	15-30 m
"	Rhei.	1-2-4 fl dr
Zinci	Bromidum.	½-1-2 gr
"	Oxidum.	1-3-5 gr
"	Phosphidum.	1/24-1/12-½ gr
	Max.	¼-½ gr
"	Sulphas, Astringent.	1-2-3 gr
"	Emetic.	10-30-60 gr
"	Valerianas.	½-1-2 gr

—*American Journal of Pharmacy.*

A PATIENT'S SCHEME FOR COOKING HIS DOCTOR.

The managing doctor of a private asylum in Russia lately had complaints laid before him by one of the patients, who was considered convalescent, as to the poor quality of the food which was given, particularly the soup, which he stated was half water. The doctor, thinking it was not unlikely that the cooks took advantage of the weak intellects of the patients to tamper with the food, and acting upon the suggestion of the man who had laid his complaint in a very coherent manner, at once proceeded to the kitchen to inspect the soup which was boiling in a huge cauldron over the fire. He had lifted the lid, and was about to take out a small quantity to test it, when he was startled by the patient, who had followed him into the kitchen, whispering in his ear—"Do you know, doctor, you are so nice and fat, you would make good strong broth." The man then seized him by the shoulders, preparatory to throwing him into the cauldron. The doctor knew that it would be useless to struggle with the lunatic, who was tall and powerful; with great presence of mind he said quietly, "I quite agree with you, it is an excellent idea, but I fear my clothes would spoil the flavor of the soup. Let me first go and take them off." The madman seemed to see the force of this reasonable request, and permitted the doctor to leave the kitchen; by this means he was able to call for assistance, and have the man placed under arrest.

MEDICAL EXPERT TESTIMONY.

BY *PRESIDENT WARD.*

Delivered before the New York State Medical Society.

Gentlemen of the Medical Society of the State of New York: The laws of this country and the practice in our criminal courts differ in some fundamental respects and in many details from those existing under other civilized governments. With us the accused man is entitled to and, in a vast majority of cases, secures every possible opportunity for defence. He cannot be compelled to give evidence which would tend in the remotest degree to criminate himself; his wife may not give evidence against him; his physician and his legal adviser are not permitted to divulge any information which they may have received in their respective professional capacities; he himself is always supposed to be innocent until he is proved guilty; and the jury are charged to give the prisoner the benefit of every reasonable doubt. If the accused has means, he can employ what legal counsel he may select; should he be penniless, the court assigns to some lawyer the duty of defending him.

Undoubtedly the practice of having

counsel for the defence originated in the manly desire in our race that no injustice should be done to a man ignorant of the law. At the present day it is not considered at all dishonorable for most eminent counsel to espouse the cause of a prisoner whom they know to be guilty: and by carefully concealing evidence of the existence of which they are perfectly aware; by confusing and embarrassing witnesses; by taking advantage of every legal technicality; by the weight of their erudition and personal character; and by their persuasive eloquence with the jury they frequently succeed in making the worse the better cause appear. Their position is far different from the witness on the stand, who is supposed to tell the truth, the whole truth and nothing but the truth. All this procedure may or may not be in strict accordance with the highest code of morals—may or may not, in the long run, be productive of the greatest good to the greatest number. It is certain that we as medical men have no more interest in it than any other body of reputable citizens.

But in a majority of criminal cases questions arise which no layman can answer—questions about which even members of our profession may differ in opinion; the lawyers on both sides take counsel with the doctors, and the physician is called to the stand to express a professional opinion becomes known as a medical expert.

There are other classes of cases, it is true, in which expert evidence becomes necessary, as in determining the strength of material used in constructing a bridge, a ship, or a piece of machinery. But every science is exact just in proportion as mathematics can be applied in working out or demonstrating its results; and, unfortunately for us, with the single exception of errors of refraction, mathematics does not come to our assistance in any degree worth mentioning. The capacity of a piece of Bessemer steel to resist a strain, longitudinal, lateral, or by torsion, is known with perfect accuracy within certain pretty narrow limits; it can be accurately expressed in figures; and it is not possible for truthful experts to make statements concerning it greatly at variance with each other. But the phenomena with which we are called upon to deal are of an entirely different order; can rarely become the subject of experiment; are extremely complex in their nature—so complex that to isolate the component elements and prove how much influence is to be ascribed to each, is, up to the present time, simply impossible; it remains a matter of judgment and opinion. Nor is this condition of things the result of any lack of diligence on our part, or want of native ability on the part of those who have in all the past ages applied their best energies to the study of medicine. It is simply inherent in the complex nature of the problems presented to us for solution. Hence it is that medical experts may honestly differ from each other more widely than those in most other professions.

If, however, questions of law or theology could be submitted to the expert on the stand, as those in medicine are, it would be easy for counsel to procure opinions more radically at variance than those expressed by members of our own profession. The opprobrium cast upon us is, to a certain extent at least, undeserved and unjust. In support of this statement we have only to note how counsel wrangle with each other over many points of law arising in every case that is argued; how the decision of the lower court is on appeal alternately reversed and affirmed in each succeeding higher one until the court of last resort is reached; and how even the highest courts in the land have at different periods rendered decisions incompatible with each other. Or imagine for a moment the divergence of opinion which would become apparent if a Materialist, a Unitarian, a Methodist, and a Roman Catholic were called upon the stand to express their views concerning justification by faith, the divinity of our Saviour, the doctrine of eternal punishment, or even the existence of a future state at all. And yet it is a matter of history that these men have had such profound faith in the eternal righteousness of their convictions that they would rather burn at the stake than abate one iota thereof. We can safely promise entire unanimity of opinion on all points as

soon as this blissful state is attained by either the lawyers or the theologians.

The lawyer engaged on one side or the other of a criminal suit finds that medical points are necessarily to be raised, or thinks that they may be raised with advantage to his cause. We all know that almost every important case occurring in our daily practise presents some one or more features that are unusual, are rare, are sometimes almost inexplicable, and criminal cases are no exception to the rule. Counsel therefore looks about for some one of our profession to assist him. He presents his statement to a medical man and finds that his opinion is not of a nature to serve the purpose he has in mind. He goes to another, and another, until finally he finds one who entertains opinions to suit him, or approximating thereto, and this one he engages to appear on the stand as an expert. One defect in our present law is that this man may be subpœnaed to appear in court at an inconvenient hour and distance, to the disappointment of his own patients, to the neglect of any or every other professional engagement, and kept waiting the pleasure of an indefinite period of time for the paltry remuneration of fifty cents a day and eight cents a mile for travelling expenses. Such instances are, of course, exceedingly rare, and, as a rule, the medical expert is fairly compensated. In some cases the fee is agreed upon beforehand; in a few an effort is made to have it dependent upon the issue of the case—a condition which cannot be too strongly reprehended.

I believe that medical men, almost without exception, when they go into a case, fully intend and mentally resolve not to take sides; that they will make every effort when on the stand to live up to their oath and to be as impartial as the judge upon the bench. But even the judge does not always succeed in not taking sides, and the doctor, like the judge, is but human. Moroover, he, unlike the judge, has, in private at least, expressed an opinion, and he certainly wants to see that opinion prevail, primarily because he believes it to be the correct one, secondarily because it is his. In all callings, from religion to politics, every man innately rejoices in convincing others of the correctness of his views. Moreover, the lawyer is, collaterally at least, and in many cases primarily, working to win because his client is paying him. Had he been paid by the prosecution instead of the defence he would have taken an entirely different view of the case. He would not in either event tell an untruth; but he would under different circumstances attach very different opinions as to the credibility of witnesses; would cite another set of authorities and of precedents; would express to the jury an exactly opposite opinion, and call upon them as good men and true to render a diametrically opposite verdict. The unfortunate medical expert is also human, subject to like temptations and influences as other men. He knows the public puts him on a different plane from the counsel, and expects him to tell what he believes *to be the exact truth, no matter whom it* may help or hurt. But then, there are many points about which a man may be in doubt; about which he may entertain one belief at one time in his life and another at another—I had almost said that he may believe as he chooses to believe—points that are not matters of fact, capapble of demonstration, but *absolutely and wholly matters of opinion.* And he knows that as the case now stands the side from which he accepts payment expects him to believe and express opinions tending in a certain direction. (*To be Continued.*)

NERVE GRAFTING.—Mr. Mays Robson has shown the Clinical Society of London a girl, aged 14, on whom he had successfully grafted two and one-half inches of the posterior tibial nerve into a corresponding gap in the median nerve in the forearm. The graft was taken from an amputated leg 48 hours after the tumor of the girl's forearm had been removed, and in 36 hours after the insertion of the graft, sensation in the parts supplied by the median had so far returned that the touch of a pencil could be localized. In five weeks there was perfect localization of the slightest touch, and although there was manifest diminution in volume of the abductor and flexor brevis pollicis, they were not completely paralyzed.

MANITOBA, NORTHWEST AND BRITISH COLUMBIA LANCET.

WITH all due regard to the very praiseworthy desire of reporters to obtain items for the publication they are working for, and the aims of the editor to supply the public with news of an interesting character; we believe that if the line were drawn when reaching subjects medical, it would be to the advantage of the public and the newspapers also. Friends of patients whose ailments and loathsome deformities, the result of disease, are laid bare to the public for the covert purpose of drawing attention to the doctor under whose skillful care they had arrived at this sad condition, must writhe, when reading these details concerning those nearest and dearest to them—the babble of vain and shallow minds, who hesitate not to violate in the broadest and most revolting manner, that confidence, which, as a rule, is so strictly observed by the physician towards his patient, and promulgates to the world those professional secrets which should be hidden in the inmost recesses of his mind. Let editors refuse to insert these harrowing, and oftimes loathsome details, except in the form of a signed advertisement, so that a—can we call him man—who thus prostitutes and degrades his honorable profession, may not be able to rejoice in a free advertisement in the columns of a daily paper, and be enabled to pursue the sinister bent of his otherwise inane mind, under the cloak of a reporter's zeal.

DR. DAME.

As a dog returns speedily to his vomit, so Dr. Dame under the flimsiest of pretences rushes back to his unprofessional puffing and under an assumption which he knew to be false, namely, that he would not receive space in the columns of THE LANCET to explain his gross outrage of professional ethics, answers an editorial in a professional journal in the columns of a daily paper. The first lines of this communication betray the man and his motives, they read thus: "Sir,—The paragraph relating to the operation I performed on Mrs. Thorniston published in one of last week's issues of the *Sun*, etc., etc." The ring of self laudation is so very apparen to the ordinary reader it is to be regretted that the writer did not recognize it. We must presume this aspiring young doctor is gifted with a pachydermatous tissue of unusual denseness surrounding his cerebral locality of apprehension, otherwise he would not repeat the glaring sollicism of again advertising a female patient's name as having undergone a delicate operation, a breach of medical etiquette on which we have lately so strongly commented. Another equally flimsy pretext which he gives for rushing into the columns of the *Sun*, is, that delay would leave him "in a false position before the medical faculty and readers of THE LANCET." Dr. Dame may make his mind perfectly easy on this point. His position with regard to the profession is correctly and unmistakably defined, and for his information we may say that until he apoligizes for his unprofessional conduct and solemnly promises not to act in such a manner again, no professional man of any standing in this city will consult with him. Base and unworthy attempts to gain a cheap notoriety by false and fanciful description of operations performed, and laying bare the sanctity of a patient's disease to the prurient eyes of the public is approaching to the acme of professional infamy. But though young is this Province and its medical faculty an organization of recent date, the unmistakably expressed opinions received *viva voce* and by letter by the editor of this journal leaves no room to doubt that the honor and dignity of our profession will be as zealously guarded by its representatives here as in the older countries of the world. Dr. Dame denies that he is the author of the report in the *Sun* newspaper. Let him give the name of the doctor whose opinions the *Sun* quotes, as to the striking features of this gigantic achievement of modern surgery. The paragraph reads: "The doctor says probably due to antisepsis." What doctor we ask Dr. Dame to say? Who inserted the long winded article in *L'Ouest Canadien*

in grandiloquent praise of this would be considered Winnipeg Dupuytren? Who took the fulsome staff to the *Northwest Review*, whose editor properly refused to insert it as an unprofessional announcement? Now, Dr. Dame who is so easily insulted, who has the temerity to set himself up as a judge of what is gentlemanly or ungentlemanly who is so glib with terms he knows not the meaning, can, if he desires to set himself right with the profession, answer these queries; and further, as he seeks public notoriety at the same time, let him inform his confreres under what class of medical ethics he justifies having sent broadcast through this city printed business cards posted to everyone whose name appear in the directory announcing himself as the successor to Dr. Dufresne, as late President of the Physician and Surgeons of Quebec and a Gynæcologist? The latter designation still appears in the advertisement columns of the daily press. The profession recognize throughout the world some four or five Gynæcologists, men whose lifetime has been spent in the busy centres of the universe with unlimited material for practical research, who, with intellects far beyond the average, and who after devoting years of close application to this particular study, and performing hundreds of operations, and who, from their writings on the subject are known to the profession, as specially skilled in this particular branch of surgery; to these this title is given by their confreres, they having first well and truly proved that the designation was a merited and not a misleading one. But here we have an obscure young surgeon from an obscure village in the province of Quebec with no possibility of acquiring a special training or a more intimate acquaintance of the diseases embraced under this heading, who launches himself on the public of the Northwest as a full fledged Gynæcologist, and is foolish enough to believe he can get the profession to so accredit him. Dr. Dame is still young enough to learn sense. Let him take the lesson he is now receiving to heart, grasp the idea that the Quack and the Charlatan, the Cheap Jack and the nostrum vendor, can all gull the public, among whom credulous victims ever abound, and thus attain an ephemeral notoriety, but to, gain a lasting place in the roll of physicians or surgeons is only to be attained by the appreciation and verdict of his professional brethern and, it is by his whole career that they will judge him. A few such announcements similar to the one we were requested and felt called upon to notice would so degrade a member of our profession that no atonement would ever again replace him in a position of professional honor. It is not too late for Dr. Dame to retrace his steps, but let him beware how he places another foot in the quagmire he is commencing to flounder in; let him think of a proverb of his country: "*A bon demandeur, bon refuseur.*" "Shameless craving must have shameful nay," and content himself with treading that narrow way which leads to honor and avoid the broad path which will assuredly lead him to professional destruction.

While this issue of THE LANCET was going through the press, our attention was drawn to a paragraph in the *Sun*, of the 16th, but inasmuch as it is not written by a medical man, we cannot notice it further than by saying that we enquired of the medical men present, if the gentleman signing his name to that letter was at the operation and was assured that "*he was not.*" Further comment is unnecessary. The more the mud is stirred the fouler it becomes.

We are requested by Drs. Patterson and Blanchard to state that they were entirely unaware of the unprofessional announcements lately contained in the daily papers, and that they most strongly condemn such gross breaches of professional ethics.

AND STILL THE PUFFING GOES ON.

How gratifying it must be for the husband and relatives of Mrs. Christie to read in the columns of the *Free Press* of the 16th a minute detail, descriptive of her disease stricken body. We give underneath the savory article. Reporters are not as a rule versed in osseous and

gelatinous formations; which of the gentlemen was his informant?

MRS. E. L. CHRISTIE'S DEATH.

"The funeral of Mrs. E. L. Christie took place yesterday morning from her rooms in the Foulds' Block to the C.P.R. station, thence they were shipped to Stonewall, where they will be interred. Mrs. Christie had been ill for about a year, during which time she suffered excruciating agonies. The post mortem examination brought the verdict from Drs. Howden and Blanchard of death from "Crural Phlebitis." "*Phlebitis is a decaying of the inner parts of the veins.*" It would be impossible to enter into details as to the appearance of the body; but the arms of the deceased were flat, and not much more than half an inch in diameter. The joints of her lower extremities were enlarged with osseous and gelatinous formations, which must have been the sources of unknown agony to the poor woman. From lying on a bed so long, sores arose, and these necessitated her having to be floated in water in a tank. The physicians mentioned say that it is the sole case of the kind that has come under their notice.—*Free Press.* "*Hominis est errare insipientis perseverare.*"

MANITOBA MEDICAL COLLEGE, APRIL EXAMINATIONS 1889.

FINAL YEAR.

Medicine—Class I, 1 J. G. Calder; class II, 1 T. J. Lamont; class III, 1 E. A. Blakely, 2 R. J. Lipsett.

Surgery—Class I, 1 Calder; class III, 1 Lamont, 2 and 3 Blakely and Lipsett (equal.)

Obstetrics—Class I, 1 Calder; class II, 1 Lamont, 2 Blakely, 3 Lipsett, 4 X. McPhillips.

Hygiene— Class I, 1 Calder, 2 Lipsett, 3 Lamont; class III, 1 Blakely, 2 McPhillips.

Jurisprudence—Class I, 1 Calder, 2 Lamont, 3 Lipsett, 4 Blakely; class III, McPhillips.

Surgical Anatomy—Class I, 1 Blakely, 2 Lamont, 3 Calder, 4 and 5 Lipsett and McPhillips equal.

Clinical Medicine—Class I, Calder; class II, 1 and 2 Lamont and Lipsett equal; class III, 1 McPhillips, 2 Blakely.

Clinical Surgery—Class I, 1 Calder, 2 McPhillips; class II, Lamont; class III, 1 and 2 Blakely and Lipsett equal.

Practical Chemistry—Class III, 1 Calder, 2 Blakely.

PRIMARY YEAR.

Practical Anatomy—Class I, 1 M. S. Fraser, 2 G. Bell, 3 H. P. Byers, 4 E. A. Braithwaite; class II, 1 J. W. Cartmell, J. H. Sparling, F. F. Wesbrook equal, 4 J. Fergusson.

Anatomy—Class I, 1 Bell, 2 Byers, 3 Cartmell, 4 Fraser, 5 Wesbrook, 6 Braithwaite; class II, 1 Sparling, 2 Fergusson, 3 R. M. McLean.

Physiology and Histology—Class I, 1 Bell, 2 Fraser, 3 Cartmell; class II, 1 Byers; class III, 1 Braithwaite, 2 Wesbrook, 3 Ferguson, 4 Sparling.

Materia Medica and Therapeutics—Class I, 1 Byers, 2 Bell 3 Fraser; class II, 1 Wesbrook, 2 Cartmill 3 Braithwaite; class 3 McLean.

Practical Chemistry—Class II, 1 Fraser, 2 Bell; class III, 1 Sparling, 2 Cartmell, 3 Byers, 4, 5, 6 Braithwaite, McLean and Ferguson, equal.

Chemistry—Class I, 1 Bell, 2 Fraser; class II, 1 Cartmell; class III, 1 Byers, 2 Sparling, 3 Braithwaite.

Botany—Class I, 1 Fraser, 2 Cartmell, 3 Bell; class II, Byers; class III, Braithwaite.

J. G. Calder obtained the scholarship and $100 prize for final year.

Gordon Bell, prize $100. M. S. Fraser $50, Primary.

Messrs. Calder, Lamont, Lipsett and Blakely will have their degrees conferred at next convocation.

BOOKS.

ALDEN'S MANIFOLD CYCLOPÆDIA.—4th volume received brought down to Bilberry. This work keeps up the high character which it at first promised, and should the future numbers be equal to those already issued, the cyclopædia will take rank with the highest works of a similar compilation.

MISCELLANEOUS.

GASTRIC COUGH AND ITS TREATMENT.—Bull (*Deutsche Archiv fur Klin. Med.*) asks if, as is now supposed, cough may have its origin in such diverse parts as the nose, larynx, bronchi, pleura, œsophagus, intestine, liver, spleen, the uterus and its appendages, why may not the stomach also occasionally be the seat of the afferent impulse. In reviewing the literature, he finds all authors agree as to the possibility of the gastric origin of cough, but regard it of great rarity. Bull recently encountered such a case of a young, anæmic women, affected with a violent, dry cough excited by pressure over the epigastrium. There were no signs of pulmonary disease. Hæmatemesis and other indications of gastric ulcer had preceded the appearance of the cough. He considers it not unlikely that the cicatrices of the ulcer were the source of the reflex irritation. Chloral and morphine were used unsuccessfully in the treatment of the cough. Subsequently treatment directed to the stomach cured it. Cataplasms were applied, and internally gr. xlv of bismuth were administered four times daily in ʒxxv of lukewarm water. The cough lessened after the first dose and then gradually disappeared. A recurrence was cured by the same means.—*Polyclinic.*

POISONING BY COAL STOVES. — Some alarm has lately been caused by the occurrence of several fatal accidents due to the use of coal or charcoal burning stoves. Our last issue contained a note by our Paris correspondent quoting the observations of Dr. Lancereaux, to the effect that stoves of this kind, as now constructed and commonly used in Parisian bedrooms, were a frequent source of injury, not only by acute poisoning, but by chronic impairment of health. According to this authority, even fairly efficient ventilation of rooms does not guarantee immunity from the insidious and destructive blood-changes thus occasioned, and the mischievous influence is apt to spread, by way of leaking chimneys, etc., from one apartment to another. In a similar way the use of cab-warmers filled with lighted charcoal dust, to which we referred some weeks ago, has on several occasions led to fatal consequences. Nor are accidents of a like nature unknown in this country. Last Saturday, at a village in Wales, four persons were found in the sleeping-room of a small cottage overcome by the fumes from a coal stove. In the case of two all efforts at resuscitation failed. In this instance the poisoning of the atmosphere was attributed to the fact that a high wind prevented the escape of smoke from the stove chimney. Practically identical circumstances appear to have determined the result in other recorded cases. This kind of stove is very commonly deficient in draught. Hence it happens that combustion is slow; the oxides of carbon do not easily escape by the usual outlet, and they consequently find an exit at any other convenient point. We are not aware that the ordinary gas stove is equally liable to this objection. Thanks to the heat evolved, its up draught is fairly strong. The facts above stated must, however, convey a caution with regard to stoves in general, and those which burn coal or coke in particular. These latter possess the advantage of economy, but their safe use is only compatible with good heat, a sound and clean chimney, and a free draught, aided if possible by a revolving chimney-top. It should be remembered also that the combustion of ordinary coal, if more costly, is also safer in respect of its gaseous products than that of coke or charcoal.—*Lancet.*

EXTRUSION OF GALL STONES BY DIGITAL MANIPULATION.—Harley (*Illus. Medical News*) has long successfully practiced regulated digital manipulation, through the intact abdominal walls, for the purpose of possibly extruding gall stones in the cystic and common bile duct. In cases where obstruction exists the gall bladder is often sufficiently distended to be readily felt through the abdominal parietes. In these, gentle, digital kneading for a period of fifteen to twenty minutes will both relieve pain and promote the expulsion of the stone. Even cases in which the gall stones or masses

of inspissated bile have been impacted for months or years are thus readily relieved. The same judiciously regulated digital manipulation along the course of the ureter will often succeed in forcing renal calculi into the bladder.

CRYING IN UTERO.—A remarkable case was read at a meeting of the Obstetrical Society of New York in November, 1888. Dr. McLean was called last August to attend a woman, aged 30, in labour, at term, with her fourth child. The waters had escaped, and, while rectifying a malposition of the head by the insertion of the hand to the pelvic brim, atmospheric air was admitted into the uterus. The child began not only to breathe but also to cry. The occiput was turned forward. Whilst Dr. McLean was applying the forceps the child cried lustily, "the voice sounding," according to the report of the case in the *American Journal of Obstetrics*, "as if coming from the cellar." The bystanders and assistants heard it, "and it was curious to note the consternation in their faces." The crying continued for four or five minutes till delivery was safely accomplished. The mother and child did well. The air escaped with the membranes; Dr. McLean observed that the case was entirely different from instances of spasmodic crying when the fœtal head is in the vagina. The head was in the uterus, and slipped away several times from Dr. McLean's hand, the child continuing to cry all the time.

A TRACHEOTOMY TUBE IN THE BIFURCATION OF THE BRONCHI.—A somewhat remarkable case is reported by Professor Pieniczek in the *Przeglad Lekarski*, where a caoutchouc tracheotomy tube, which had been inserted ten years previously, suddenly slipped and fell down the trachea so as to be completely lost to sight. At first the patient, who was an eldery man, coughed violently, but after a little while, the irritation entirely ceased, and though he could feel the presence of the foreign body at the third and fourth costal cartilages on the right side, it did not occasion him any serious inconvenience. It had remained *in situ* about seven weeks when it was removed. In order to accomplish this the patient was chloroformed, and as sufficient anæsthesia for the purpose was not procured by this means, the mucous membrane was painted with a 25 per cent. solution of cocaine. By means of a laryngoscopic mirror introduced into the laryngeal opening, the foreign body could be distinctly seen and its position made out. It was lying at the bifurcation, its convexity upwards, and its larger end directed towards the right bronchus. With the help of the mirror, a blunt hook was passed down to the tube in such a manner that it was caught up and so extracted. Professor Pieniczek remarks that it would have been almost impossible to secure the tube without the aid of the mirror, as its position could not otherwise have been determined, and without an exact knowledge of this any manipulation with instruments would have been dangerous and probably useless.

HYSTERECTOMY.— F. C. Ferguson, in *Ind. Med. Jour.*—In the removal of the uterus Dr. Hunter, at the N. Y. Polyclinic, first dissects it from its attachments to the bladder and rectum, using artery forceps to secure any small vessels that may give rise to hemorrhage. After freeing the uterus from all its attachments except the broad ligaments, he secures the latter with clamps specially devised for the purpose With scissors he then severs the broad ligaments from their attachments to the uterus, and withdraws it through the vagina. He removes the clamps and artery forceps in 48 hours, when the ovarian and uterine arteries are sufficiently occluded to prevent hemorrhage. He regards this operation as very much superior to the Martin method, inasmuch as it can be done in a much shorter time, and the use of ligatures, which are always a source of more or less danger, is avoided. The operation, to be successful, must be done early, *i. e.*, while the uterus is still freely movable, and before the periuterine tissues are infiltrated with cancer. Even then the surgeon is by no means sure that the disease will not, sooner or later return. Prof. Coe recently exhibited a case to the class on which hysterectomy had been performed four months previously. The operation, he said, was done very early, the area of dis-

ease was very limited, and the uterus freely movable; everything indicated that there was no involvement of the surrounding tissues, and yet the disease had returned. Such cases give the operation a very unpromising outlook, in so far as a radical cure is concerned. It is probable that, in the great majority of cases, the best that can be hoped for hysterectomy is a prolongation of life.

THE BACTERIUM OF DIPHTHERIA.—Dr. Roux, of the Pasteur Institute, believes a discovery has been made of the microbe of diphtheria, that acts by secreting a soluble poison, the injection of which produces in animals the diphtheritic poisoning, and the characteristic paralyses, according to the amount of the injections. The poison is considered to be allied to ferments, and it is believed that the researches at present going on will prove that immunity in animals is possible.

CREMATION.—A very curious experiment of rapid cremation was performed last week at the manufactory of the Parisian Company of Compressed Air, where M. Guichard, municipal councillor, had constructed a crematory oven, of which he is the inventor. The researches of M. Guichard were directed principally to the means of shortening the time for the incineration of bodies. He employs coal gas, of which the jets are directed on the body by means of strong pipes. The results obtained were very satisfactory. In forty minutes a sheep of large size, weighing fifty kilogrammes, enveloped in a sheet, and put into a wooden case, was reduced to ashes, without the appearance of the least escape of smoke by the chimney, or any perceptible odor. This first trial of the crematory oven of M. Guichard is reported to have been most conclusive, and new researches may still more abridge a funeral ceremony which it is important to render as short as possible.

DEATHS FROM RABIES.—At the last meeting of the Societe Medicale des Hopitaux, Dr. Gerin Roze reported a case of death from rabies in a young girl who was subjected to the Pasteurian treatment eighteen hours after the bite. The treatment was regularly followed, but did not prevent the patient from succumbing to an attack of most characteristic rabies, as described in detail in the report in question. The author of the note asks to what may be attributed this failure of the Pasteurian treatment, which was gone through in a case apparently highly favorable for such treatment.—Two more deaths are registered by the Semaine Medicale of persons from rabies, who had undergone the anti-rabic inoculations: 1. B. Druaux, of Aubervilliers, aged fifteen years, bitten Jan. 7th, 1889, by a rabid dog, and treated at the Pasteur Institute from Jan. 9th to 28th. died from rabies on Feb. 11th. 2. J. L. Dufour, of Veyras, aged seventy-two years, bitten on Dec. 23rd, 1888, and treated at the Pasteur Institute from Dec. 25th, 1888, to Jan. 12th, 1889; died from rabies on Feb. 13th.

THE craze for spaying women is fast dying out in New York. It is now conceded by the most aggressive gynecologists here that the operation has been fearfully abused. There can be no doubt that the operation is sometimes necessary, but the wholesale sacrifice of ovaries that was once so prevalent here, and from whence some of our Western gynecologists caught the infection, is a thing of the past. I have seen two cases here, but in each the ovaries were extensively diseased and the tubes distended with pus. They were a constant source of pain and sickness to the patients, who were incurably sterile, and the proper thing to do was to take them out But they presented a striking contrast to the normal tubes and ovaries that I have seen exhibited, in times past, to the Marion Country Medical Society.—New York Correspondence of the *Indiana Medical Journal.*

BIRTHS.

BLANCHARD—At Winnipeg, the wife of Dr. Blanchard, of a daughter.

ORTON—On the 30th March, at 34 Drayton Garden, South Kensington, London, the wife of Brigade-Surgeon T. J. Orton, brother of Dr. Orton, ex-M.P., Winnipeg, of a son.

MARRIAGES.

HIGGINSON—EASTMAN—At Montreal on the 10th of April, H. A. Higginson, M.D., of Winnipeg, to Annie Frances Harwood, second daughter of E. G. Eastman.

PAGE

MISSING

PAGE

MISSING

PAGE

MISSING

PAGE

MISSING