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TORONTO, DECEMBER, 1886.

Original Communications.

TRACHEOTOMY IN LARYNGEAL DIPHTHERIA.

BY DR. L. L. PALMER.

(Read before the Toronto Medical Society, Oct. 28th, 1886.)

I do not intend to discuss the various steps or details in performing tracheotomy, though much is to be said upon these points, and, to my mind, the technique of the operation and subsequent treatment are the most important to discuss, inasmuch as in these we may hope for further improvement, and in this advance hope for greater reduction of mortality, but some of our surgeons seem not so sanguine that the results justify the means. I shall therefore limit my remarks to the *necessity* of tracheotomy in this fatal disease, though the need of the operation has been hitherto considered established and its position assured, notwithstanding some of our wisest and best surgeons are not so sanguine that the results justify the means.

I think, however, that most of our widest differences on this, as well as other subjects, arise more from an indefiniteness in our use of terms and want of clearness in establishing our data, from which we may draw very widely differing conclusions.

With a view to arriving at a fuller concensus of opinion on the importance of this operation, and when it is indicated, we will review some of the facts concerning this most fatal disease, and its remedy.

With those who object to the operation in toto, I raise issue boldly, inasmuch as I consider the objections, in the face of the light we have lead to *bad surgery*, and coming from whomsoever they may, will gain the public ear, and foster a prejudice against the procedure, that will render it impossible to get consent for its performance even when most demanded.

The already existing dread of the scalpel, *plus* the objections of a part of the profession, *plus* the large mortality, even after the operation, make up a sum almost insurmountable by even despairing friends.

In all our treatment of laryngeal diphtheria, as in diphtheria in general, and in our hope of successful issue, we must remember that the symptoms are due, (1) In part to a *general blood infection*, the intensity of whose morbid changes may be so great as to endanger life; and (2) in part to a *local specific inflammation*, which, because of its *perilous situation*, may lead on to suspension of a vital function and a fatal issue. Both of these conditions may combine their forces for the destruction of our patient, and either may, independently of the other, be sufficient to do the deadly work.

It is perhaps when both these conditions combine, viz., the *general blood infection* and the *local inflammation*, that the nicest judgment is required in reference to tracheotomy.

For, if after having given relief to all the

symptoms of asphyxia by tracheotomy, we still find the patient rapidly sinking by the blood infection or septic poison, we should then see how futile was our effort and conclude our judgment was not well formed. But when either of these conditions is apparently acting alone in destroying the life, the case is comparatively clear. If it is general *blood poisoning*, operation is fruitless—if laryngeal stenosis, tracheotomy is full of promise.

We, therefore, confine our argument to those cases of laryngeal diphtheria, where the dyspnœa is threatening life, and the blood infection not strongly marked or absent.

For the purposes merely of my paper, I will divide laryngeal diphtheria into *three varieties.*

1st. When it originates in the larynx—true typical croup.

2nd. When it originates in the pharnyx and extends to the larnyx and downwards—"*descending croup.*"

3rd. When it originates in the bronchial tubes or trachea and ascends into the larnyx—"*ascending croup.*"

This latter variety is so infrequent that it may practically be left out of the count. I have never seen a case of this kind, and this is probably the experience of most of those present. Here, again, I would assume that the symptom and condition present would indicate that opening the trachea would be useless, as the original obstruction and seat of disease lie below the point of operation and, therefore, no relief could be expected.

But in the first two varieties the case is quite different, and these are the varieties we meet with, and in the face of which we are called upon to decide for or against tracheotomy.

It matters little practically whether it be the first or the second variety. In either case the disease causes death by mechanically obstructing the passage of air into the lungs, and to avert such an issue is the object of our earliest and latest endeavors. Our earliest are spent in topical applications, sprays, steam inhalations, emetics, etc., etc., to detach and expel the obstructing membrane, and if these fail, and they will, as they have done in the past, in 90 per cent. of all cases, and just where they fail, our latest efforts to the rescue lie in tracheotomy, "the object of which is to supply a provisional air passage in the place of the obstructed rima glottidis, so as to keep the patient alive, and to allow the disease to run its course, and gain time for the administration of remedies." *Winters.* That this end is gained to a considerable extent, even in the cases that terminate fatally, no one who has observed the results of tracheotomy can possibly question, and I hold it to be a good axiom in this disease, as in many others, "keep your patient alive long enough and he will get well."

Tracheotomy, even under most adverse circumstances, does at least prolong the life of the patient by overcoming a positive mechanical obstruction in the larnyx, which is the cause of death in nearly all the fatal cases of croup in which it is resorted to. It saves the patient from death by asphyxia, and will save the life, unless the original gravity of the disease, or some secondary complication intervening, causes a fatal termination.

What are some of these complications that so often follow tracheotomy? We may mention (1) Sudden collapse. (2) Cardiac syncope, or (3) Embolism. (4) Persistence and extension of the original disease causing death, (5) by asthenia in some, and by acute nephritis and uræmia in others. (6) Abscess in the mediastinum. (7) Ulceration of trachea from pressure of the tube. These go to swell the number of fatal cases, but none can be truly traced to the operation, except the last, and this should lie within the possibility of prevention. These instead of forming an argument against the operation are evidence of the need of greater care and research as to the details of the operation and subsequent treatment. But another class of secondary complications, (8) the bronchial and broncho-pneumonic are by far the most frequent cause of death after tracheotomy, and this complication is not induced, as has been asserted by some by the operation, but by its having been delayed too long.

A few facts are revealed by a long line of autopsies.

1. "That every case of larnygeal diphtheria that died asphyxiated without operation showed extensive bronchial and pneumonic changes.

2. "That those cases operated on that lived

from 7 to 20 days showed no such changes.

3. "Cases of pharnygeal diphtheria that died of paralysis or exhaustion rarely showed such changes."

From this we may logically conclude that broncho-pneumonic changes are intimately connected with the obstruction in the larnyx to the entrance of air to the lungs. In fact they are related as cause and effect.

This is not difficult to see when we remember (as is shown by Dr. Winters) that with the rima glottidis obstructed, and the proper quantity of air, the natural element, not supplied to the lungs, they become less and less expanded, the blood becomes vitiated by imperfect oxygenation, and devitalized and poisoned by the accumulation of carbonic acid gas. In this state of embarrassed and impeded respirations, general venous congestion occurs, the veins of the neck and head become turgid—the entire body cyanosed, and a violent constitutional disturbance is produced, making death imminent.

In this state of defective respiration and circulation, and general depression of vital forces, the vessels of the bronchial mucous membrane, and the lungs, become engorged and passively distended. As a consequence of this the parenchyma becomes infiltrated with serum, and the bronchi filled and choked with mucus, and this complication is increased and aggravated the longer the patient continues in this asphyxiated condition. This is without doubt the condition of every patient that we find in the third stage of asphyxia from diphtheritic larnygitis. Add to this the effects of carbonic acid poisoning from continued non-aerated blood and the shock to all the vital forces from being brought down so near to death, and the gravity of the case must be appalling, and yet 9 out of 10 of our tracheotomies are under such unfavorable conditions. We are advised to delay operation until the patient has the glare of death clearly marked, and if the broncho-pneumonic complications, which, at this last stage, are already of an alarming character, are not cleared up by opening the windpipe, as is sometimes the result of this procedure, the operation is charged with having excited this disease, whereas tracheotomy is as clearly indicated to relieve this state of venous congestion of the lungs, as it is to relieve the asphyxia. Now, if this pulmonary and bronchial congestion is largely due to the obstruction in the larnyx, and the consequent defective oxygenation of the blood, then it is apparent that the early introduction of the canula into the trachea, and the full and free introduction of pure air into the lungs removes at once a fruitful cause of engorgment, stasis, and consequent exudation and infiltration into the bronchi and parenchyma of the lungs, and offers the speediest and best remedy for that which may have already taken place.

"It is certain," says McKenzie, "that the early introduction of the canula offers the patient a much better chance of recovery than when there is long delay, and it is owing to the disregard of this fact that tracheotomy in diphtheria has in some quarters acquired such an evil repute."

But it is urged by some, and among those I observe Dr. Bell, in his paper before the Canada Medical Association:

1. That if patients are operated on early many would be operated on unnecessarily.

2. Extension of membrane took place more rapidly after operation.

Neither of these propositions is supported by clinical facts, as Dr. Bell seems to show in his next words, viz.: "The recoveries after early operations were 25 to 33 per cent.; after late operations, 5 to 10 per cent." Now, I understand it to be an accepted clinical fact that of these cases of diphtheritic larnygitis, only 10 per cent. recover, 90 per cent. die without operation.

If only 10 per cent. of these cases without operation recover, 5 to 10 per cent. after late operation, and after early tracheotomy, 25 to 33 per cent. recover, this certainly convinces me that early operation offers the patient a better chance of recovery than a late operation, or than no operation at all, by about 23 per cent. In the hospitals of London, Paris, and Berlin, the operations are advised early and are generally performed by the house surgeon, so as to allow no delay, after the symptoms demand it, and the result has given about 33 per cent. of recoveries.

In the Boston City Hospital during the last 20 years, about one-third of the cases operated on have recovered, and every one of those that

were not operated on in the last eight years died. Trousseau and Solis Cohen have each gathered a large number from both hospital and private practice, and give one-third of recoveries in hospital and one-half in private practice.

These statistics are given from an aggregate of over 5,000 cases, and as they are furnished by our best authorities, whose testimony I can not impeach, they appeal strongly to my confidence in tracheotomy if early performed, and go far in disproving Dr. Bell's first proposition that "many would be operated on unnecessarily."

Equally does it disprove his second proposition, that "extension of the membrane took place more rapidly after operation," for if this were so the mortality would be greater after operation than without it, and his own figures show the contrary to be the case.

Moreover, it is not so often the extension of membrane that destroys life after tracheotomy, as it is the broncho-pneumonic complications, which were really established before the operation, induced by the prolonged asphyxia, which produced the venous congestion, engorgement, stasis, and exudation, which the free introduction of air merely failed to relieve. Therefore, remove, I say, the asphyxia by early operation, before these secondary pulmonary complications have been established.

Instead of this second proposition being true, "that extension of membrane takes place more rapidly after operation," this seems contrary to an established principle of surgery, viz., rest to an inflamed organ.

An opening into the trachea, below the seat of disease, secures rest to the inflamed larnyx, removes any cause of irritation by the passing breath, prevents the conveyance of infecting germs into the deeper air passages, and in many cases prevents the downward extension of membrane. This rest thus secured is of great and recognized value in syphilitic and tubercular larnygitis, and adds no element of danger, and we see no evidence, either clinical or physiological, that it should act otherwise here.

Give rest to the inflamed larnyx by allowing sub-larnygeal respiration, and we will favor resolution of the inflammation and do much towards preventing the extension of membrane downwards. Clinical history and the result of autopsies go to support this proposition.

The fact of the 33 to 50 per cent. of recoveries after tracheotomy, as compared with 10 per cent. without operation, shows that relief to the diseased part was obtained, and extension of the membrane was not made more rapid but prevented. The fact that those who lived from 5 to 20 days after the operation, showed at the autopsy that the membrane had disappeared from the larnyx and trachea, leads to the conclusion that the presence of the canula did not favor further exudation.

Another of the more common causes of death in diphtheritic croup is exhaustion of the organic nervous system.

What more potent agent is there in producing this exhaustion and depression of all the vital forces, than the carbonic acid gas poisoning from continued unoxygenated blood, and what speedier relief can be afforded, or more certain prevention secured, than by early opening the trachea, and giving a free supply of fresh air, which abounds in oxygen, so much needed.

Believing that carbonic acid poisoning, and the consequent increased exhaustion to the nerve centres and all its train of complications form a factor that plays no unimportant part in the fatal issue of our tracheotomies, leads us to the conclusion that delay here is alarmingly dangerous, and prejudices the best interests of our patient. It is no longer a question of, Shall we perform tracheotomy? but, *When shall we?* and *What are the indications?*

The answer may be gathered from the preceding argument. Be satisfied that it is a case of membranous exudation. And the best test I know of for this sometimes difficult problem is, loss of voice, and expiration labored, prolonged and audible.

When the constitutional symptoms of general infection are not sufficient to carry off the patient even though his asphyxia were removed; when these symptoms of general infection are slight or absent, the vital forces are well sustained, and the patient's strength unimpaired; when the asphyxia, though very marked, has not gone so far as to produce general cyanosis and prostration; when the usual remedies have failed to expel the mem-

brane and give relief; when there is marked recession of the sternum and chest walls, and the asphyxia alarming and continuous, tracheotomy is imperatively called for, and we have the most favorable conditions for a successful operation. Do not wait till the last stage of the disease has arrived and secondary complications have arisen from the too long delay, remembering that 90 out of every hundred cases of pseudo-membranous croup will die without the operation, but with it we may hope for from 30 to 50 per cent. of recoveries.

Gentlemen, I look upon tracheotomy in membranous croup as an imperative duty dictated by the dreaded mortality of the disease, by clinical experience, by science, by the weight of authority, and by sympathy for the suffering victims.

LARGE MYXOMA IN LARYNX.

EDMUND E. KING, M. D., L. R. C. P., LOND.

The following case of laryngeal tumor is given in detail on account of the rarity of the affection and the similarity of the symptoms in this case to those of spasmodic croup.

July 21. I was called about 1:30 a. m., to see the patient, John C——, aged 21, employed as a packer in a cigar factory. He had been working in a damp cellar during the day. No previous history of throat trouble. I found him breathing very heavily—catchy—croupy—vomited some, which appeared to give him ease. I looked into throat, and saw the pharynx inflamed and dry (pharyngitis sicca), the pulse was bounding, 130; temp., 102; skin, hot and dry. Ordered cold compresses for throat, and gave tincture of aconite ℥v. repeated in half hour, after that ℥iij. until I called again. 11.30 a.m.; patient feeling and looking better, temp. 90, pulse, 78 and good; breathing, croupy; throat, looking the same.

23rd. Called in morning, found him feeling well, told him to come to my office and I would examine his throat. His father called instead and said that whenever the patient assumed the perpendicular position he nearly choked. I went to see him, but did not detect anything on looking into the throat.

24th. Patient came to the office, and I tried to examine the throat, but he could not stand the mirror, and as things looked fair—breathing improved—told him he could go to work on Monday, 26th.

27th, 2:45 a. m. Called in great haste. Found patient cyanotic; breathing labored and heavy, profuse perspiration. Found he had been in damp cellar all day again. Gave emetic of ipecac and ℥i. tincture of aconite every twenty minutes.

28th. Gave the same preparation of iron again, but the breathing was greatly labored.

29th. Came to my office, when I examined the neck to see if there was any tumor causing pressure. Noticed a fremitus when the fingers were over the larynx, and this suggested tumor in that region. I sent him to Dr. G. R. McDonagh, specialist, who sent back word that there was a large polypoid tumor growing in the larynx and advised its immediate removal, which we accomplished the same day.

The tumor had the appearance of a somewhat tense cyst, (the surface being regular and rounded,) and consisted of two distinct parts, the one which represented the base and from which the other grew was situated exactly in the interarytenoid fold, and about the size of a split bean, somewhat irregular and of a dark reddish color. The other was of a pearly gray color, pear-shaped and about the size of a small walnut and occupied nearly the whole space of the glottis. It was attached to the other part of the growth by its smaller end, which appeared like a pedicle and allowed of considerable freedom of movement, so that on deep inspiration the tumor passed beneath the true cords, and similarly above them on deep expiration. Phonation was interfered with to a considerable extent, the patient being very hoarse, but not aphonic. After complete anæsthesia had been produced in the larynx by 12 per cent. solution of hydrochlorate of cocaine, the operation was done by

Dr. McDonagh, with the aid of the laryngoscope and Schweller's forceps, with which the tumor was grasped and forcibly removed. There was very little bleeding or spasm, and the patient immediately enjoyed free respiration.

I would like to draw attention, first, to the close resemblance of the symptoms and history to croup. I suppose that the exposure had set up some inflammation, which directed the attention to the throat, and also the advisability of having the throat early examined to set aside any doubt. Second, to the size of the tumor, for it was really hard to conceive, after seeing it removed, however the patient breathed at all. Third, the rarity of myxoma in this region. Before it was removed, we thought it was a cyst, but that idea was soon dismissed on grasping it with the forceps, and on microscopical examination it proved to be a myxoma. Dr. Lionel McKenzie reports two myxomata in one hundred cases of laryngeal tumors reported.

Nov. 3. I have seen patient to-day, and find no recurrence of tumor, and Dr. McDonagh has examined the throat and reports the same. The voice is a little hoarse on account of the thickening, which does not allow of the vocal cords being closely approximated.

Selections.

[*We are indebted to* DR. ZIMMERMAN *for the translations from the French and many of the therapeutic notes, and to* DR. R. B. NEVITT *for the Italian translations.*]—ED.

DR. O'DWYER ON TUBAGE OF THE LARYNX IN DIPHTHERIA.

O'Dwyer has made this matter a subject of experimental study for several years, and is still engaged in perfecting his instruments. The essential part of his apparatus consists of a small india-rubber tube from $1\frac{3}{4}$ to 3 inches long, and flattened from side to side. The upper end of the tube is somewhat bulbous, to prevent it slipping bodily into the trachea; and in order to give greater freedom of action to the epiglottis in protecting the aperture of the tube during swallowing, he has given the upper extremity of the tube a slight posterior curve, so that the top of the tube looks, not directly upwards, but backwards and upwards. Inasmuch as the epiglottis is only an accessory to the closure of the larynx, and as the more important factor in the act of closure, viz., the action of the constrictor muscles, is prevented by the presence of the tube, it is evident that the swallowing of fluids can never be absolutely perfect. Solids and semi-solid substances are, however, swallowed easily.

To prevent the expulsion of the tube in coughing, the narrow bilateral diameter is enlarged about the middle of the tube without the circumference being increased. In other words, the middle portion of the tube, instead of being compressed leterally, is made almost cylindrical. The tube is introduced by means of a special instrument called the introducer. It consists of a haft, bearing a metal rod bent to a convenient angle near its extremity. The extremity of the introducer is inserted into the bore of the tube, somewhat after the fashion of the introducer of a sea-tangle tent. A thread is attached to the tube for the purpose of withdrawing it if it should appear, when the introducer is disengaged, that the tube has been carried into the œsophagus instead of into the larynx. This thread must be drawn out when once the tube is safe in the larynx. There is a special instrument, somewhat resembling the introducer, for withdrawing the rubber tube at the termination of the case. The instruments are figured in O'Dywer's first paper, where the maker's name is given.

The following is the method of introducing the tube: No anæsthetic is given. The child is held upright in the arms of the nurse, and a gag is inserted into the left angle of the mouth, and fixed, wide open, well back behind the teeth. An assistant holds the head a little backwards, while the operator introduces his left forefinger in order to hook up the epiglottis and guide the tube into the larynx. The handle of the introducer is, at the onset of the operation, depressed close to the chest of the patient, and when the tube approaches the glottis is quickly raised. As soon as the introducer is removed, and the surgeon has assured himself that the tube is really in the larynx, and not in the œsophagus, the thread already mentioned as being attached

to the tube is withdrawn, care being taken that the tube itself is not at the same time jerked out of its place.

The removal of the tube is achieved in a similar manner, but as the struggles of the child would render very difficult the introduction of the withdrawing instrument into the small bore of the tube, it is better to remove under an anæsthetic.

The tube selected should not be too short, and may with advantage be long enough to reach to within half an inch of the bifurcation of the trachea. It may be allowed to remain in position for ten days at least without doing harm to the vocal apparatus.—*Med. Chron.*

THE BEST SUBSTITUTE FOR MOTHER'S MILK.

Dr. Sperry, in the *Journal of the American Medical Association*, gives the following formula: On a tablespoonful or more of granulated pearl barley is poured a pint of boiling water, and allowed to boil for five minutes. For infants under three months one-third of a pint of fresh cow's milk and two-thirds of a pint of this barley water are mixed and sweetened with a tablespoonful of *milk sugar*. In this you have a mixture closely resembling mother's milk, and on which infants thrive.

Barley has been found the best substance for diluting the caseine, but in diseased conditions oatmeal water or rice water can be used with advantage. In preparing the barley water the nurse will often use too much barley, or not strain it, and this will be a source of failure, and a common one, too. It will be necessary, when this mixture has failed, to question the nurse closely as to how it was prepared. When the food is prepared for the baby the barley water, *hot*, should be added to milk. This will then obviate the mistake of boiling the milk, which is too often done.

In selecting milk, that from ordinary cows is to be preferred to that from blooded stock. As there is a great difference in the richness of cow's milk, and in the difference between country and city milk, it may be in given cases that a dilution of two-thirds may be too great.

When infants grow rapidly and do nicely, cream may be added, or the amount of milk increased. Sugar of milk is the proper substance to sweeten the mixture with, for it is not apt to cause fermentation; it is slightly laxative, and when lime-water is used with the mixture to make it alkaline, the sugar of milk makes the lime more soluble, and therefore the more readily goes to form bone tissue.

A good way is to add the sugar of milk to the barley water when made, and put it into a clean bottle. It is best to make only enough for the day. When the barley water and milk have been mixed it remains to see if the mixture is alkaline; if not, to use lime water or soda bicarbonate until it is.

THE TREATMENT OF DIABETES BY MASSAGE. By FINKLER, Bonn.—The massage treatment was carried out in thirteen cases of diabetes and the effect was decided, both on the amount of sugar excreted and the general health of the patients. On an average the sugar excreted in 24 hours diminished from over 400 to 120. The feeling of muscular energy increased, the weight increased, the thirst lessened, and the patient began to sweat. In one case the sugar vanished and remained away for three months after massage was left off. These results were arrived at under *mixed diet*, without any withdrawal of carbohydrates. It would be well to combine massage with the other treatments, diet, etc.—*Med. Chron.*

LUBRICANT FOR SPECULUM.—Brondel commends as an antiseptic lubricant for instruments intended for insertion in the vagina a pomade thus constituted:

Boracic acid,
Essence of eucalyptus,....āā 10 parts.
Vaseline..... .....100 "

For application to the hands he employs a more strongly antiseptic compound of vaseline and sublimate (1:1000) containing 10 per cent. of the essence of eucalyptus. The odor of the last-named constituent is found to mask that of the vaginal secretions which is occasionally so tenacious and penetrating. The mixture last mentioned is, however, inapplicable to metallic specula, as the surfaces become tarnished under its use.—*Gazette de Gynécologie—Med. News.*

THE TREATMENT OF TAPEWORM.

Dr. James T. Whittaker thus writes in the *Medical News:*

These remedies may be ranked in efficacy as follows:

1. The bark of the pomegranate root, of which three ounces should be macerated in twelve ounces of water for twelve to twenty-four hours, to be then reduced one-half under gentle heat. The whole quantity is to be taken in divided doses in the course of an hour. Pomegranate root remains the most effective of all anthelmintics, and would long since have excluded all others did it not at times produce nausea, vomiting, and colicky pains. To avoid the first of these evils, Bettelheim suggests the introduction of the infusion into the stomach by means of the stomach-pump, and to obviate all of them, Feraud recommends pelletierin, an active alkaloid of the root named in honor of the discoverer of quinine. One to two drachms of the infusion of senna is to be taken on the morning following a day of fasting, and in the course of an hour one-fourth to one-half of a grain of the tannate of pelletierin suspended in water. Half an hour later the same dose is repeated, to be followed in an additional half hour with a tablespoonful of castor oil, the patient remaining meanwhile quiet in bed, to avoid disturbance of the stomach. In one instance, twelve beef tapeworms were expelled at once in this way.

2. Turpentine is a powerful tæniacide, but the use of it is liable to cause headache, pain in the stomach, fever, and strangury. These effects are, however, much less frequent after large than small doses. Hence the dose for an adult should be never less than one to two ounces, for a child one drachm to one ounce, according to age. It may be administered in emulsion with white of egg or be briskly stirred in half a glass of milk and swallowed rapidly. Should it fail to act as a cathartic, it should be followed with a dose of castor oil.

3. Male fern, the ethereal extract, two drachms in four or five gelatine capsules, of which one may be swallowed every five minutes with the aid of a cup of coffee. A dose of castor oil with brandy should follow the capsules in the course of half an hour.

4. Kousso, koussin, pumpkin seeds, santonin, kamala, carbolic acid, zinc, and other parasiticides of less value.

Every attempt at treatment being a forcible intervention, only such individuals should be subjected to it as are known to be affected. The mere statement of a patient is not sufficient proof, and cases of tæniaphobia do not justify it, on so-called psychological grounds, because failures only aggravate the condition as a rule. Pregnancy, advanced age, debility from any cause, are contra-indications to all treatment. The physician must be awake to cases of deception. Heller reports the case of a child finally debilitated by repeated treatment because of the continued exhibition of segments of the worm, when, upon closer examination, it was discovered that the fragments did not come from the child at all, but from a lazy nurse, who made a convenience of the child's stool-chair.—*Medical and Surgical Reporter.*

CASE OF STRANGULATED HERNIA TREATED BY PUNCTURE.

Dr. James Brydon thus writes in the *Brit. Med. Jour.*:—

S. M., aged 63, a thin, flabby, white-faced, averaged-sized man, had always enjoyed tolerably good health, with the exception of a hernia, which had troubled him for several years. Latterly it had been coming down more frequently, increasing in size, and becoming more difficult to reduce.

On August 7th, he was seized with a sharp attack of diarrhœa. Next morning about 8 o'clock, while straining at stool, the hernia suddenly appeared in the left scrotum. All the means of reduction, which formerly had been successful, were tried, but failed. I saw him about 11 o'clock. The tumor was red and glistening, and reached halfway down to the knee. Symptons of strangulation were well marked. The ordinary manipulation was used, but to no purpose; indeed, it was not long continued, as it gave rise to intense pain. Morphine was injected below the skin, enemata were given, and bags of ice applied. After two hours, the symptoms continuing unabated, taxis, under chloroform, was again tried, but with no better result. As a large part of the

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Strychnine, 1-20 gr.
Ext. Gentian, 1 gr.

The above combination is one of Dr. Fothergill's recipes for indigestion, and has been found very serviceable. In some forms of dyspepsia it may be necessary to give a few doses, say one pill three times a day, of Warner's Pil. Anticonstipation.

Pil. Lady Webster. (WARNER & CO.'S)

Lady Webster Dinner Pills. This is an excellent combination, officinally designated as Aloes and Mastich, U. S. P. We take very great pleasure in asking physicians to prescribe them more liberally, as they are very excellent as an aperient for persons of full habit or gouty tendency when given in doses of one pill after dinner.

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The dose of Iodide Iron Pills is from ONE to TWO at meal-times is recommended and successfully used in the treatment of

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In cases where Iodide of Iron is prescribed, it is absolutely necessary for the physician who relies on the therapeutic action for beneficial results, that the compound should be perfectly protected, and so prepared as to remain inalterable.

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The value of **Liquid Pancreopepsine** in this connection has been fully established, and we can recommend it with confidence to the Profession as superior to pepsin alone. It aids in digesting animal and vegetable cooked food, fatty and amylaceous substances, and may be employed in all cases where, from prolonged sickness or other causes, the alimentary processes are not in their normal condition.

It is usually given in tablespoonful doses after each meal, with an equal quantity of water or wine, or alone, as it is most pleasant and agreeable to the taste.

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tumor was tympanitic, evidently consisting of intestine distended with flatus, it occurred to me that, were this removed, reduction would be facilitated. I accordingly introduced a small trocar and cannula, and freed a large quantity of flatus. The hernia was reduced to a third of its original size, and its contents were without the slightest difficulty returned into the abdominal cavity. The patient shortly fell asleep, and slept for several hours. Next day he was comparatively well, was kept still, and fed on milk-diet. The bowels opened naturally that night; and on the third day he was out of bed, and going about the house. His recovery has been uninterrupted.

Whether this method of treatment has been used before or not, I do not know; but at any rate, in this case it was eminently successful.—*Med. and Surg. Reporter.*

Dry Heat and Steam as Disinfectants.—At the request of the German Government, Koch and Wolfhurzel experimented upon the comparative disinfecting value of dry heat and steam. They reported that, by the direct application of steam at 212° Fahrenheit for from five to ten minutes, even the virulence of dried anthrax blood was destroyed. Earth-spores, which have a reputation for tenacity of life at high temperatures beyond all others were devitalized by fifteen minutes' exposure to steam, while they resisted the action of dry heat for three or four hours at 302° Fahrenheit.

Dr. Russell, medical officer of Glasgow, says that, during the last ten years, over a million of articles (from persons affected with every kind of contagion known in this country) have passed through the Glasgow laundry, and that he has never known a case of interchanged disease, although the women engaged in the laundry have occasionally suffered from handling the linen before the boiling process. In the disinfection of apartments, care must be taken to burn the collected dust, and thorough domestic cleansing is necessary, but it is clearly incumbent upon all sanitary authorities to make provision upon a scale adequate to the purpose, to secure steam disinfection in its varied systematic details.—*Dr. Ellister in British Medical Journal.*

SMALL DOSES WHICH ARE EFFECTUAL.

The present tendency in prescribing is to elegance and pleasantness. Although we have capsules, wafers, sugar and chocolate coatings, yet the drug may prove inert by the insolubility of the coating. Since the discovery of the various alkaloids, small doses have become more common. If drugs are effectual in small doses frequently repeated, why not prescribe small doses?

But do not understand me to say that we can prescribe for all diseases in this manner. There are some troubles which are only overcome by heroic doses.

In diphtheria, scarlatina, follicular tonsillitis, potassium chlorate in one grain doses every half-hour affords much relief, and is curative.

One-grain doses of croton chloral every half-hour in many forms of neuralgia is beneficial.

In obstinate urticaria, salicylate of soda in two-grain doses every half-hour acts well; also drop doses of balsam of copaiba every half-hour.

The vomiting of drunkards is often helped by half-drop doses of Fowler's solution every half-hour. This is also good in vomiting of pregnancy.

In erysipelas, the muriate of pilocarpine, 1-10 grain, hypodermically.

Wine of ipecac in drop doses every fifteen minutes will often arrest obstinate vomiting caused by cancer; also useful in children.

For vomiting of infants, one grain of calomel to one ounce of lime-water; to this add one pint of pure water, and give a teaspoonful of the mixture every ten minutes.

In wheezing and cough of children with bronchitis, good results may be obtained with tartar emetic, one grain to two pints of water; teaspoonful every half-hour.

Sick headache is often relieved by one drop of tinc. nux. vomica every five minutes.

One of our best remedies for inflammation of the bladder is tinct. cantharides, one drop every hour.

In excessive menstruation, fl. ext. ergot has been successfully used in minim doses every half-hour, for six or eight hours before the

expected flow. A simple febrile movement, with hot dry skin, full and bounding pulse, may be relieved by half-drop doses of tinct. aconite root every half-hour; also useful in acute nasal catarrh.

Subacute nasal catarrh, with abundant secretions, is often allayed by minim doses of tinct. belladonna, every half hour until eight or ten minims are taken.

In malarial fever, when quinine fails, picric acid, gr. $\frac{1}{3}$, in combination with ammonia, is used with benefit; also beneficial in pertussis.

In asthma, with indigestion and anæmia, Fowler's solution in one-drop doses often proves remarkably beneficial.

Apomorphia, gr. 1-20 three or four times a day, often produces brilliant results in spasmodic cough.

Cannabis indica, in gr. $\frac{1}{3}$—$\frac{1}{2}$, given for weeks, is a useful agent in the treatment of megrim.

Atropia, in doses of 1-200 of a grain, usually controls night-sweats.

Digitalis, in small doses frequently repeated, exerts a beneficial influence over different kinds of hæmorrhages.

Many troubles could be treated with small doses, and benefited as much, and often more, than to administer larger doses.—*Nashville Journal of Medicine and Surgery.*

TREATMENT OF VARICOCELE.

Some months ago Dr. E. L. Keyes published an article on the treatment of varicocele and advocated the subcutaneous use of catgut. He used a needle threaded with a silk loop and a piece of catgut. The veins were pushed aside and the needle thrust from before backwards through the scrotum and made to emerge posteriorly, leaving the veins on the outer side of the needle. The catgut ligature was then pulled out of the eye of the needle and left hanging from the posterior wound. The point of the needle was then withdrawn within the scrotum. The veins were then allowed to join the rest of the spermatic cord, but the point of the needle was not withdrawn outside the anterior puncture in the scrotum. When the veins had passed internally to the point of the needle, the latter was manipulated around externally to the veins and made to emerge at the posterior puncture. The free end of the catgut was drawn through the silk loop and the needle rapidly withdrawn. After this the catgut was tied and cut short. Recently, while in England, Dr. Keys noticed that Mr. Lawson Tait used silk for most all purposes. The latter gentleman assured him that these ligatures at the bottom of wounds disappear without causing any trouble. Mr. Tait seemed to simply employ hot water in preparing his silk. On Dr. Keyes' return to New York he operated for the first time with ordinary twisted silk prepared by boiling water. The patient had no bad symptoms and left the hospital on the sixth day. He has since used silk in five cases and all went well. Dr. Keys does not know whether the silk is absorbed or not, but a small lump remains about the cord and gradually diminishes. He believes it possible for the vein to again become pervious after the use of catgut, but not when silk is used.—*New York Correspondence, Atlanta Med. and Surg. Jour.*

THE TREATMENT OF WHOOPING COUGH. By D. MICHAEL. (*Deutsche medicinische Wochenschrift*, February 4th, 1886).—In this article is given the result of treatment of 50 cases by insufflation of quinine into the nose. The following powders were used: hydrochlorate of quinine with benzoic acid, 3 to 1; quinine with bromide of potassium, 1 to 4; powdered gum benzoin; tannin; boric acid; salicylic acid, in the shape of the so-called foot-powder; iodoform; cocaine; bicarbonate of soda and carbonate of lime. The most efficient were quinine and gum benzoin; then tannin and carbonate of lime. Salicylic acid, boric acid, iodoform and cocaine gave much less satisfactory results. The benefit derived from quinine was measured by the reduction of the number of attacks, although a very marked effect was also produced on the duration of the illness, and on the severity of the attacks. Improvement occurred in 86 per cent. of the cases, and a number were rapidly cured. The author considers that we may infer that whooping cough is a reflex nasal neurosis, the reflex action depending on the presence in the nose of a specific organism.—*Med. Chron.*

TREATMENT FOR THE VOMITING OF PREGNANCY.

BY GEO. J. ENGELMANN, M.D., ST. LOUIS, MO.

The vomiting of pregnancy is *not a disease*, but *a symptom*, and a symptom varying greatly in character as determined by the underlying cause.

We must distinguish between the vomiting of early pregnancy and the vomiting in the later months of pregnancy; the vomiting of the early months of pregnancy is always a neurosis, due, either to the distention of the uterus, or to reflex nervous influences dependent upon the recently established gestation—that is upon physiological causes and physiological conditions, or in other cases upon pathological conditions, such as narrowing of the cervical canal, erosion of the cervix or friction upon some part of a displaced organ. In the latter months of pregnancy the vomiting is not always a neurosis, a gastric hystero-neurosis; but may be due to a local irritation, to pressure upon the stomach by the enlarged uterus or to some disturbance in the gastro-intestinal canal or its nerves, brought about by the very much enlarged uterus.

TREATMENT OF VOMITING IN THE EARLY MONTHS.

In those cases in which the vomiting is merely a reflex neurosis, due to physiological changes in the uterus, we must attempt to quiet the irritated gastric nerves and give tone to the system. I then advise the use of some of the mild remedies so frequently recommended; there are many effective and well known, but I will merely mention those which I use and upon which I have learned to rely, never having cause to seek for others. I generally give a powder composed of lactopeptine 60 gr., bicarbonate of soda 60 gr., sugar with oil of peppermint 60 gr., a little rhubarb 10 to 20 gr., with gentian or ginger 5 to 10 gr., giving a knife-point full before and after meals. When the stomach feels faint I give a teaspoonful of a mixture of bitter almond water 1 oz., with orange flower 1 oz., and a little hyoscyamus 2 to 6 gr. In case this treatment is not followed by speedy improvement I give a teaspoonful of a one per cent. solution of carbolic acid in water, but never fail to quiet the stomach with ten drops of a four per cent. solution of cocaine hydrochlorate $2\frac{1}{2}$ gr.: aq. dist. 60 drops.

In many instances, however, we will find some slight local disturbance, some displacement of the uterus, an eroded cervix, an endocervicitis, and in these cases the local condition must be looked to. In rare cases only have I used the strong remedies. I generally succeed with mild applications, a ten per cent. solution of carbolic acid to an inflamed cervical canal, or with the dry treatment of an erosion, dusting the surface with bismuth or iodoform and retaining the uterus in place and dressing the part with a tampon of tannated or borated cotton. I have never been obliged to resort to dilatation of the canal, which was quite the fashion at one time. Possibly there are some cases in which it is called for, but milder means, and safer ones, will generally answer—I may say always, if the disorder is not allowed to progress and treatment is at once inaugurated. Applications of a four per cent. solution of cocaine, or the pure salt to the canal and to the eroded cervix, I have found useful as a means of affording immediate relief. It is desirable to stop the vomiting for the time being and immediately. As a rule I have followed the use of cocaine by the application of a mild astringent or the ten per cent. carbolic acid solution. Cocaine quiets the nervous irritability and prevents an injurious action of the drug itself, whilst the astringent affords permanent relief. But whatever treatment is adopted, the physician must not fail to see that the bowels are well regulated and that proper diet is observed. In mild cases when medication is not desired or feasible, I am very fond of following an old German custom. I advise the patient to take a small cup of strong coffee upon awakening in the morning—best without sugar and cream—then to remain quietly in bed for an hour before getting up.

TREATMENT OF VOMITING IN THE LAST MONTHS OF PREGNANCY.

In the last months of pregnancy the nausea and vomiting are not so persistent as in the early months, and less often due to pathological

conditions of the uterus. It is caused by pressure of the enlarged organ either upon the stomach or some of the sympathetic centres, or as in the early months, it is a hystero-neurosis —is due to the physiological condition of the uterus or to pathological changes about the cervix. When the latter is the case, local treatment is called for as in the earlier months. I would emphasize this, as the local treatment in the vomiting of the last months of pregnancy is altogether too much neglected. I have succeded in checking most persistent, almost fatal, vomiting in the last months of pregnancy, after all possible methods of treatment had been tried by homœopath and allopath, by local applications to the cervix. Vomiting at this time, if from local causes, is generally due to tension upon the nerves by the swelling of the cervical tissue; astringent and anodyne applications will afford relief. I have invariably succeeded with the use of mild astringent applications and the continuous use of such remedies applied by means of the tampon, either in powder or in solution with glycerine. Tannin, carbolic acid and iron may be used alone or in a variety of combinations applied with the glycerine tampon.

Should, perchance, all treatment fail, the uterus must be at once emptied, and we should under no circumstances fail to bring about a miscarriage. If not delayed too long relief is instantaneous. But unfortunately this operation is looked upon as a desperate *dernier resort*, put off from day to day, until the sufferer has lost her vitality and succumbs, when at last it is determined upon. If performed in time the operation is accompanied by very little risk and is sure to afford relief.—*Abstract, California Practitioner.*

Children are being subjected to rather heroic treatment in some sections this summer, if the advice of some of the writers in the medical journals is being followed. One of these, for instance, advises that: "If the baby does not thrive on fresh milk it should be boiled." Another, in an article on nursing bottles, says: "When the baby has done sucking it should be unscrewed and hung up."—*Medical Age.*

NOTES ON TWO CASES OF CIRRHOSIS OF THE LIVER.

BY J. C. GOODING, M.D., CHELTENHAM.

I do not propose to enter at any length into the subject of cirrhosis of the liver; its nature, causes, and diagnosis, are, no doubt, known to all of us; but I wish to call in question the prognosis and treatment which are to be found laid down in works on the subject, and my warrant for so doing will be made good by the histories of two cases, to which I shall invite your attention.

We are told, and I believe, that alcohol—the most frequent cause of this disease—is taken up, much as it is swallowed, by the radicles of the portal vein, is conveyed by that vein into the parenchyma of the liver; that, in the capillaries, it comes into direct contact with the delicate areolar tissue—the continuation of Glisson's capsule; that the cells of this scarcely more than granular structure, irritated by it, proliferate, greatly increase, and form a substantial interlobular tissue, so causing increased size of the liver by its physical addition, and more by the impediment it offers to the circulation. The earliest increase of the connective tissue is upon the finer subdivisions of the vessels in the interior of the liver. After a time the contraction of this cicatricial tissue compresses, and takes the place of the gland-substance; and the smaller subdivisions of the portal vein are narrowed and obliterated. The origins of the bile-ducts at the periphery of the lobule are destroyed, too, by its pressure, producing ascites, derangement of the digestive functions, and a crowd of other symptoms. We are further told that the "prognosis is always unfavorable, and the main question regarding treatment is the possibility of relieving the disorders of function which threaten life, and so delay the fatal termination."

The first case came under my observation when the effects produced by the contracting tissue were extremely marked. The patient was a laundress, aged 55. She lay on her bed propped with pillows, with her legs drawn up. She was much emaciated, and had a yellowish skin. The digestive functions were wholly disorganized. Ascitic fluid distended the abdomen, and embarrassed respiration. I undertook

to treat her, on one condition, that she absolutely obeyed all my directions, any breach of such at once terminating my attendance. She solemnly agreed. My first order, rather unexpected by her, was total abstention from alcohol in every form. Within a week, because of the difficulty of breathing, it was necessary to tap her; a pailful was withdrawn. The tapping had to be repeated after six weeks. In the meanwhile, she was taking small doses of calomel, frequently repeated, and the salivation so produced was persistently maintained, in a mild form, for seven or eight weeks. This experiment was based on the well known power of mercury in causing the removal of adventitious material, and the marked benefit which attends its use externally in splenic and other glandular enlargements. After the second tapping, the fluid ceased to be effused. The mercury was discontinued, and, at the expiration of a few days, when all traces of salivation had disappeared, nitro-hydrochloric acid and bitters were administered. The appetite improved, the evacuations became healthy, the skin gradually lost its yellow tinge, strength returned, and the patient became ruddy and fat.

The other case was that of a well known tradesman, aged 60, not a drunkard, but fond of his sherry at dinner, and his whiskey at night. He was on several occasions seen by me for pain in the right hypochondrium, yellowish skin, and gastric disturbance. Caution as to what he was bringing about failed to shake his faith in the virtues of his "mountain dew." At last the yellow skin became persistent, the color deepened, his appetite completely failed, and flesh was steadily lost. He still refused to stop all alcoholic drinks, as I desired, but he gradually reduced them; yet, after months, no progress was made, except in emaciation. After twelve or fifteen months I got him to give up all stimulants; but, after two months of abstention, he still lost flesh, continued jaundiced, and could scarcely walk. There was no ascites. He went to Folkestone for change. I offered a consultation, while passing through London, with a distinguished physician. I detailed the history, and the difficulty I had had in getting the patient to become a total abstainer. The physician agreed in the diagnosis, and suggested hydrochlorate of ammonia. After three weeks the patient returned home, and informed me that the physician had ordered him a glass of beer at lunch, a glass of whiskey at night, and if he liked a glass of port he might have it! Indignant at this reversal of my advice, I asked an explanation; the physician replied that as the old man had "fatal cirrhotic fever," "I don't think, at the last, a glass of grog at night will do much harm!" I immediately stopped the alcohol again, persisted in administering nitro-hydrochloric acid in increasing doses, and had his legs sponged every night for a quarter of an hour with the acid bath. He had previously had a long course of mercury. After several weeks I had the gratification of seeing indications of improvement, which gradually became more and more evident, till at last he perfectly recovered. Now, three years after, he is a healthy, rosy old man.

I cannot tell at what stage of cirrhosis such treatment would be fruitless; but, in both these cases, alcohol had, through years, been doing its characteristic work in the liver, and the effects produced indicated a condition of the extremest gravity. In the latter case, in Dr. Wilks' opinion, a hopeless condition had been produced. They both perfectly recovered. It is exceedingly difficult to get people to give up drink; but my experience proves this to be imperative, if success is to be obtained.

These are the only two cases of far advanced cirrhosis of the liver I have so treated. They are a proof of the old adage, that "while there is life there is hope," if you can get the patient to give up alcohol.—*Brit. Med. Jour.*

Poisoning by Ptomaines.—Two deaths are again recorded, believed to be due to the formation of alkaloidal poison in the arrested putrefaction of smoked meat. Two women, at Bangor, in the north of Ireland, were recently seized with all the symptoms of irritant poisoning, which terminated fatally. The whole of the family partook of German sausages, and all suffered subsequently from vomiting and diarrhœa. After a thorough investigation, the result arrived at was due to the development of poisonous alkaloids in the German sausages, of which the whole family had partaken.

SUPRAPUBIC LITHOTOMY.

BY THOMAS ANNANDALE, F.R.S.E.,
Regius Professor of Clinical Surgery, University of Edinburgh.

In the *Journal* of January 2nd of this year, I published an account of a new method of performing suprapubic lithotomy in male children, and I reported a case in illustration. Since then, further experience has convinced me that this method is an improvement in the case of adults, as well as in the case of children; and I therefore trust that some of my surgical friends will try this method, and report their experience of it.

Briefly stated, the steps of the operation are:

1. The gradual and thorough dilatation of the bladder by the injection of some antiseptic fluid.

2. The introduction of a lithotrite, and the seizing and fixing of the stone in its blades.

3. The depression of the handle of the lithotrite, so as to press the stone against the abdominal wall immediately above the pubes, in the middle line.

4. Cutting down through the abdominal wall, in the middle line, upon the pubes, and immediately above it, in the usual way, until the bladder is reached.

5. Depressing the handle of the lithotrite still more, so as to stretch the wall of the bladder over the stone, and make it prominent at the wound.

6. Incising the stretched bladder wall upon the stone, to a sufficient extent, in a direction downwards, and then protruding, through the opening, the stone and blades of the lithotrite.

7. Gently opening the blades of the lithotrite and removing the stone, and in withdrawing the lithotrite, catching one end of an India-rubber catheter in its blades, and bringing it out through the urethral orifice, the other end of the catheter being left in the bladder.

8. Stitching the wound in the abdominal wall, and introducing a drainage tube at its lower end.

If the wound in the bladder wall be small, I think it is better not to stitch it, but if it be large, two or more catgut sutures should be inserted.

The dilatation of the rectum is not, in my opinion, required, and if employed, only complicates the operation.—*Brit. Med. Jour.*

THE TREATMENT OF THREAD-WORMS IN CHILDREN.

Dr. Sidney Martin writes as follows to *The Practitioner* of October, 1886:

The complete cure of thread-worms in children is often very difficult. While the ordinary methods used, such as rectal injections of salt and water, infusions of quassia, and other remedies, do good for a time, yet they often fail to relieve the attendant symptoms of "worms," symptoms usually very irregular, and in some cases severe in character. In many cases, though the irritation about the anus is relieved by injections, the irregularity of the bowels and the disturbance of sleep remain the same. This is probably due to the fact that the habitat of the worms is higher up in the large intestine where no remedy introduced by the rectum can reach them.

In many cases I have found that rhubarb in small doses brings away large numbers of worms, and at the same time regulates the bowels: so that the use of injections may in most cases be dispensed with. The formula which I have found most useful is as follows, varying slightly with the age of the child:

℞.—Tincturæ rhei.....℥iij.
Magnesii carbonatis.....gr.iij.
Tincturæ zingiberis.....℥j.
Aquam.....ad ℥j.

This is to be taken twice or three times daily, according to the effect on the bowels. Whether the rhubarb acts as a vermicide or simply by "moving the worms on," I am unable to say.—*Medical News.*

ICE IN THE SICK ROOM.—A saucerful of shaved ice may be preserved for twenty-four hours, with the thermometer in the room at 90° F., if the following precautions are observed. Put the saucer containing the ice in a soup-plate and cover it with another. Place the soup-plates thus arranged on a good heavy pillow, and cover with another pillow, pressing the pillows so that the plates are completely embedded in them. An old "jack-plane," set deep, is a most excellent thing with which to shave ice. It should be turned bottom upward and the ice shoved backward and forward over the cutter.—*Med. News.*

CALOMEL AS A DIURETIC.

Dr. F. H. Collins, of Manchester, relates the case of a dissipated man of 44, suffering from cirrhosis hepatis, with ascites and very scanty secretion of urine, on whom the ordinary diuretics were tried in vain, including bitartrate and acetate of potassium, juniper, and copaiba. The daily amount of urine averaged only 6 or 8 oz., when 5 grs. of calomel and 5 grs. of powdered ginger were prescribed in a bolus, to be repeated in twelve hours. The bowels acted freely two or three times; and in the twenty-four hours following the first powder 20 ounces of urine were passed in addition to a further amount passed at stool. During the three following days the average urine discharged was 30 ounces. The dose of calomel was repeated on the fifth day, and afterwards given at intervals of three or four days; and the increase in the amount of urine which the calomel seemed to have set up was maintained for three weeks, the powder sometimes acting as a purgative, but not always. At first the man's condition was decidedly improved, but he ultimately died.—*Med. Chron.—Birmingham Med. Rev.*

Prof. Braun (*Vienna Clinic*) says:—The use of calomel as a diuretic, which has been tried in other clinics, has given good results in Vienna. It is efficacious only when the kidneys are healthy. In some cases of heart disease, in which as yet no interstitial changes had occurred, calomel produced free diuresis where other means had failed. It was given in rather large doses, and salivation rarely followed. No explanation is given of its mode of action.—*Med. News.—Birmingham Med. Review.*

QUININE IN TETANUS.—Dr. Strudwick, of Hillsboro, N.C., before the war, was called to see a case of traumatic tetanus in a negro. From a paper containing one ounce of quinine, two doses of ten grains each were measured, one of which was immediately administered, and the other retained as a sample. The attendant was instructed to give the patient as much as was in the sample dose every hour until the physicians returned. Through an error, the negro was given the whole of the original package instead of ten grains—460 grains—at one dose. The next morning the patient was bathed in perspiration but resting easy, free from any tetanic symptoms and entirely recovered. After this occurrence, the doctor treated with success two other cases of tetanus, giving one hundred grains of quinine every hour until all symptoms abated. To one case he thus administered three hundred grains. —*N. C. Medical Journal.*

EXCISION OF A CEREBRAL TUMOR.

We have the pleasure of recording that another case of excision of a cerebral tumor has terminated successfully. The patient was a man who had been absolutely hemiplegic for a month, and had passed into a semi-comatose condition; before these symptoms developed, he had endured terrible pain in the head, and had suffered from fits. On Thursday, September 23rd, Mr. Victor Horsley trpehined over the motor region of the right hemisphere, and after enlarging the aperture made by the trephine, succeeded in removing a large tumor from the brain; the tumor weighed four and a half ounces, was three inches long, two and a half inches broad, and two inches deep. On the day after the operation the patient was perfectly rational, and even amusing in his conversation, and said that he was quite free from pain. On September 27th, the wound was entirely healed, and the man had recovered some power in his leg. This is the fourth case in which Mr. Horsley has operated successfully on the motor area of the cortex of the brain; the three earlier cases were carefully described to the Section of Surgery at the meeting of the Association at Brighton, and the full text of his paper will be shortly published. His results constitute a real triumph for scientific surgery. Not only have the facts upon which the diagnosis of the seat of the lesion in these cases rests been discovered by experiments on lower animals, but the details of treatment have also been worked out in the course of these experiments. The complete success of the surgical method followed is demonstrated by the fact that, in two of the cases, the wound healed in four days; that, in a third, it had healed in a week; and that, in the case which was in this

respect, the least successful, the whole of the wound, with the exception of one-sixth, healed by first intention. A more complete proof of the validity of well-directed experiments on animals it would be difficult to imagine; and it is no wonder that the professional agitators, who are beginning to find their supposed grounds of objection one by one swept away, pursue Mr. Horsley with a bitterness which increases as it becomes less reasonable.—*Brit. Med. Journ.*

SUBPERITONEAL LAPAROTOMY.

This is the name given by Pozzi to an operation which, he claims, is particularly well adapted to insure the thorough evacuation and drainage of those parametritic collections of blood and pus in the pelvis which constitute, perhaps, the most difficult cases with which gynæcologists have to deal.

While admitting that excellent results have been obtained in these cases by the ordinary abdominal incision, especially when performed by such men as Tait, Baumgaertner, Martin, Imlach, and Prengrueber, Pozzi asserts that his method is preferable for the two important reasons, that it avoids the danger of septic peritonitis, and secures a more perfect drainage. The incision is made as if for the ligation of the external iliac, and is about four inches in length; the tissues are cut through, layer by layer, until the peritoneum is reached; this is pushed upward by the finger, the encysted collection of fluid is sought for, and, when found, freely incised; a trocar is then passed into the cyst, and through its lower wall into the vagina at the posterior vault; into the opening thus made a drainage tube of large calibre is passed, so that one end projects from the vagina, and the other from the abdominal wound, and the cavity is washed out daily.

For a certain class of cases, in which the collection of fluid is of considerable size and encapsulated, this operation would seem to be very suitable; but for small collections of pus, especially in the tubes, and for those suppurating sinuses often found in cases of long standing, it would probably not give as good results as the ordinary intra-peritoneal laparotomy.

Pozzi reports in a recent number of the *Gazette Medicale de Paris*, five cases operated on by the subperitoneal method, all of which recovered perfectly from the operation, although one was not benefitted by it. It cannot be said that this method of operating is entirely novel, for it was fully described by Hegar, in 1881; but it seems to have been original with Pozzi, who first saw Hegar's description after having performed several operations.—*Medical News.*

THE OERTEL-CURE, A RATIONAL METHOD OF TREATING CHLOROSIS.

FRANZ, LIEBENSTEIN.

Franz was induced to try the Oertel-cure, by the fact that in the upper classes, chlorotic subjects are often stout and fat, and consequently, owing to the weak muscles, imperfectly nourished by insufficiently oxygenized blood, they are exceedingly sluggish and lazy. The very deficiency of oxygen favors the deposition of fat; and the fat, by overloading the system and inducing inactivity, favors the deficiency of oxygen.

The first case he treated was that of a young married lady. Other treatments, hygienic and medicinal, had been tried without effect. The case was a typical one and pretty severe, as there was moderate dilatation of the heart, and slight œdematous swelling at the ankles. She was put on the strict diet of the Oertel system, so as to diminish the fluids in the body, and lessen the work of the heart, and enjoyed plenty of exercise in the open air. Hill climbing had to be indulged in, gently at first, and more vigorously as the body got lighter and more workable. Of course care had to be taken to prevent over-exercise. In this patient's case the type of the disease was entirely altered in two days, the great difficulty of breathing and the muscular weariness disappeared, and the gait was easier. Three days after she was in a state of almost complete health; the œdema had gone, the appetite was normal; moderate hill climbing did not fatigue, and was in particular unaccompanied with the former feeling of intense burden and oppression. In about five days the body lost about three pounds. In a few weeks the power of the muscles increased wonderfully, and the diet was slightly altered,

but fluids in quantity still withheld. In 3—4 weeks the feeling of oppression, due to anæmia of the brain, wore off, and the working power of the body had reached the normal. The patient afterwards passed through a gay society winter, with all its fatigues, and was none the worse when last seen in February.

Franz gives another case with a similar result. The conclusions he draws are substantially these: The speedy improvement is not due to regeneration in so short a time of the red blood corpuscles, or a consumption of the fat in the system, but to the relief of the weakened heart muscle overburdened with insufficiently oxygenized blood. The very exercise of the muscles, he believes, with Ranke and Hoffman, has much effect in reducing anæmia. It increases the amount of blood, and probably improves the quality. By strong muscular exertion the consumption of oxygen and the production of carbonic acid are enormously increased, and therefore the burning of fats and carbohydrates is increased to the first degree, while, on the other hand, the breaking up of the nitrogenous constituents is but little altered, and by muscular exertion also the over-abundant fat is burned up, and thereby the return is effected to normal conditions throughout.—*Med. Chron.*

A Suggested Alteration in the Compound Liquorice Powder.—Dr. Martin Oxley, in *The Lancet* says: "Having found that the above preparation produced very severe griping in many instances where I had ordered it, the griping being particularly severe in some of my younger patients, I have ordered the following formula for some time past, in which anise fruit is substituted instead of the fennel and one-fourth part of ginger is added. The altered formula runs thus—senna and liquorice-root, of each 2 parts; anise fruit and sulphur, of each 1 part; sugar, $5\frac{3}{4}$ parts; ginger, $\frac{1}{4}$ part. This alterated preparation is quite as satisfactory in its laxative properties, is less liable to gripe, and is as pleasant to take as the officinal powder, and I would suggest its trial in cases where the powder as now prepared produces the disagreeable effects to which I have referred."—*Maryland Med. Jour.*

URETHAN IN MENTAL AND NERVOUS DISEASES.

Drs. Otto and Kœnig have studied the action of urethan in a large number of insane patients of different sorts. In some forms of paralysis four to eight grammes were given, but in a condition of strong excitement the action was doubtful. They found it useful in doses of from two to four grammes for epileptic patients where there was a condition of no great depression; larger doses were not found advisable on account of the unpleasant effects on the stomach. Urethan did good service in excited conditions of idiotic children; in the paralysis of men, with slight excitement, small doses from three to four grammes were found to be useful; in severer cases, it was very untrustworthy even in doses of ten to twelve grammes. Kraeplin has given urethan as a hypnotic especially in mental diseases, and only in doses of one to three grammes (fifteen to forty-five grains). He never observed any unpleasant effects. Sleep occurred ten to fifteen minutes after swallowing the drug, and continued for several hours. He did not use it in cases of strong excitement. Kraeplin found that, in 60 per cent. of paralytic cases, urethan acted favorably. It was also serviceable in melancholia, and in cases of great mental anxiety; as much as 77 per cent. of these were benefitted by it. Rothenbiller found that urethan in doses of two to four grammes gave several hours' sleep to patients with slight excitement. He also used subcutaneous injection of a quarter of a gramme (nearly four grains). One to three injections insured six to eight hours' sleep.—*Centrablatt fur Nerven Heilkunde.*

Ether Spray in the Reduction of Hernia.—Dr. Geo. R. Fellows, of Moose River, Me., writes: "About two years ago was called to see a case of strangulated hernia of two days' duration. Two physicians had been called, but were unable to reduce the hernia by ordinary means. The patient was suffering terribly, but was unable or unwilling to take opiates of any kind. Thinking to relieve the pain, I sprayed the hernia with ether, using a common hand-atomizer, and was greatly surprised to

find the hernia disappearing spontaneously. Since that time I have used ether spray in strangulated hernia in several cases, always with the best results, the operation being painless, and reduction occurring spontaneously or with slight pressure."—*Med. Record.*

COCAINE IN OBSTETRICS.

BY BARTON C. HIRST, M.D.

In the wards of the Maternity Hospital I have had an opportunity of using cocaine in a sufficiently large number of cases to convince myself of its efficiency in alleviating, if not entirely annulling, the pain of the second stage of labor, especially in its latter part, when the child's head begins to distend the lower portion of the vagina and the perineum. To still the cramp-like pain of the first stage of labor, I believe chloroform will still be found to be best.

From the notes of a number of cases, I select the two following:

CASE I.—A. B., primipara, aged twenty-two; labor began at 3 a.m. July 27, 1886. As the cervix was being dilated, and the head began to descend, the woman showed signs of great suffering, threw herself about the bed, became livid in the face; at 5 p.m., the first application was made; almost immediately the patient became quiet, and remained so till the birth of the child, of which she said she was hardly conscious; in all, there were four applications made from 5 p.m. to 8 p.m., the hour of the birth.

CASE II.—Mrs. D., aged twenty-four, primipara; labor began at 6 p.m. August 9, 1886. Os fully dilated at 1 a.m. August 10th. Child delivered at 5.55 a. m. As the head began to descend, and from then till the birth of the child, cocaine was applied every half hour; for that length of time the woman, who was quite intelligent, said that the local anæsthesia was almost complete; at the end of that time, however, the effect of the drug seemed to wear off. The preparation used was an ointment of the strength of four per cent., applied with the finger, as evenly as possible, to the mucous lining of the vagina and of the skin of the perineum.—*Med. News.*

FEES OF NOTED ENGLISH PHYSICIANS.—The *Boston Traveller* thus quotes from a London letter:

"'Do London doctors earn more than Queen's Counsel?' As a rule they do not, but the incomes of the three leading physicians and those of the three leading lawyers are about equal—that is to say, at the rate of $60,000 a year each. The largest sum ever earned in one year by a doctor was $100,000, made by Sir Astley Cooper. The three men at the head of the medical profession in England at the present day are Sir William Jenner, the court physician, Sir William Gull, and Sir Andrew Clark. Just lately the last named has obtained considerable notoriety. He was induced to visit a very wealthy lady at Nice, and he received the unprecedented fee of $25,000. One-fifth of this amount he retained as a remuneration for his services, and the remainder he divided between two charitable institutions connected with his profession.

"Speaking of fees, there is a tale told of a rich colonial gentleman living in Kent who had the misfortune to take a slight cold. Not satisfied with his local medical attendant, he desired to have Gull down from London for consultation. Gull happened to be away and Sir William Jenner came instead. He was duly paid his fee of $375 for the visit. The patient feeling no better, then sent to Edinburgh to a leading doctor of that city, who travelled the 400 miles in order to see him, and in the ordinary course received a guinea for every mile, that was 400 guineas, or $1,100. Again the patient felt no better, and this time Gull was summoned and attended.

"'I suppose,' suggested the local practitioner, 'you will pay Gull what you paid Jenner —$375?'

"'Nonsense,' indignantly retorted the sick gentleman; 'I am not going to pay Gull less than I gave the Scotchman,' and drew a check for $2,100. Before he got rid of his cold he had paid $7,000 in fees."—*N. Y. Medical Journal.*

THE COMPOSITION OF "CUTICURA."—The much advertised cuticura ointment has been found to consist of petroleum jelly, colored green, perfumed with oil of bergamot, and containing two per cent. of carbolic acid.

THE DIAGNOSIS OF TETANY.

Dr. Henry M. Lyon thus concludes a paper in *The Neurological Review* for July:

The principal diseases with which tetany may be confounded are—

a. Tetanus.

b. Organic diseases of the brain and spinal cord attended with contracture.

c. Epilepsy.

d. Professional cramps and Thomsen's disease.

e. Spasmodic phenomena of ergotism.

From tetanus it may be distinguished by the absence of trismus, by the advance of the spasm from the extremities toward the trunk, and by the non-occurrence of traumatism. Careful comparison of the course of the disease with the well-recognized phenomena of organic nervous diseases will suffice for their exclusion. In like manner, the uniform preservation of consciousness during the paroxysms, the mode of their development, the usually tonic character of the spasms, the invasion of the limbs by preference, rather than the trunk, the appearance of opisthotonos when the trunk is attacked, and the results of treatment, will discriminate against epilepsy. Professional cramps, or Thomsen's disease, may be recognized by their seat and by their history, as also by their well-marked features. Ergotism is rather rare, and will be usually identified by its association with the faulty diet that gives it origin.

The treatment of the disease must be directed in a general way against the fundamental instability of the individual constitution. The mild form of attack requires no special mode of therapy; but the severe attacks often demand the energetic use of narcotics and anæsthetics for their relief.

HYDRASTIS CANADENSIS IN UTERINE HEMORRHAGE.—Dr. Nikolai A. Jivopistzeff, house-physician in the gynæcological wards of the Emperor Paul's Hospital, in Moscow, states his experience of the therapeutic effects of fluid extract of hydrastis canadensis, which he has administered in over twenty cases of uterine hemorrhage of various descriptions (menorrhagia, flooding from uterine atony, fibroids, cervical cancer, etc.), that "the best results from hydrastis were obtained in cases of chronic and sub-acute hemorrhage depending on an inflammatory condition of the uterine tissues and surrounding pelvic organs," as well as on displacements of the womb. "In other words, successful results from the use of hydrastis may be expected only in cases where the uterus is firm, enlarged, and tender; where its mucous membrane is inflamed, softened, or even ulcerated; or where there is some exudation around the womb. In all other cases success is more or less doubtful. Thus, in cases of uterine fibroids and cervical cancer, the hydrastis treatment utterly failed to control bleeding. Dr. Jivopistzeff confirms the statement that hydrastis produces a favorable influence on dyspepsia, which often accompanies diseases of the female sexual sphere. Under the treatment, digestion improves, gastric pain and tenderness disappear." The medicine was given in twenty minim doses four times a day.—*Medical Age.*

THE INTERNATIONAL MEDICAL CONGRESS.—We learn that among the foreign physicians who are expected to attend the congress, and to read papers, are the following: Mr. W. D. Spanton, of England; Dr. E. Landolt, of Paris; Dr. A. Struebens, of Brussels; Dr. Julius Althaus, of London; Dr. A. Cordes, of Geneva; Dr. P. Meniere, of Paris ("The Treatment of Fibrous Tumors of the Uterus"); Dr. T. M. Madden, of Dublin ("Laparotomy in Relation to Modern Gynæcology"); Dr. W. U. Whitmarsh, of England ("Vaccination and the Pasteur Method"); Dr. Leon Petit, of Paris; Dr. A. Hegar, of Freiburg ("The Diagnosis, Origin, and Surgical Treatment of Tuberculosis of the Genitalia"); Dr. G. H. Savage, of London ("Some Relationships of Syphilis to General Paralysis of the Insane"); Dr. W. Macewen, of Glasgow; Mr. Edmund Owen, of London; Mr. Lawson Tait, of Birmingham ("The Pathology and Treatment of Tubal Pregnancy"); Dr. D. Perruzzi, of Bologna ("In the Cases of Cæsarean Section in which Porro's Hystero-oophorectomy is not absolutely indicated, what is the best manner of Suturing the Wound of the Uterus?"); Dr. E. Ehrendorfer, of Vienna ("The Prophlaxis of Puerperal

Fever"); Dr. J. A. Doleris, of Paris; Dr. Gusserow, of Berlin; Dr. A. Charpentier, of Paris; Dr. G. Braun, of Vienna; Dr. L. Casarti, of Florence ("The Origin and Causes of Sterility in Women"); Dr. J. Korosi, of Budapesth ("New Observations on the Preservative Power of Vaccination"); Dr. E. H. Kirch and Dr. A. Olendorff, of Prague; Dr. H. Power, of London ("Microbes in the Development of Ophthalmic Diseases"). Dr. A. Eulenburg, of Berlin; Dr. W. Murrell, Dr. B. W. Richardson, and Dr. J. L. W. Thudichum, of London; Dr. Dujardin-Beaumetz, of Paris; Dr. G. P. Unna, of Hamburg; and Dr. Eustace Smith, Mr. Christopher Heath, and Dr. H. Charlton Bastian, of London, are also expected.—*N. Y. Med. Journal.*

On the Value of Mushrooms as a Food Stuff.—The richness of mushrooms in nitrogen has led to the belief that they are very valuable as a food, and the results of the author's investigations are therefore of some interest. He used mushrooms previously picked and dried at a temperature of 30°C., ascertaining also that the digestive juices employed were acting properly. It was found that mushrooms contain only about 41 per cent. of their nitrogen under the form of assimilable proteids, 33 per cent. as albumin not available, and 26 per cent in the form of other nitrogenous principles. Morner calculates that to replace the alimentary value of a hen's egg it would be necessary to employ the following quantities of dry mushrooms:—

Agaricus campestris	280	grammes.
Lactarius deliciosus	730	"
Cantharellus cibarius....	1,380	"
Polyporus ovinus	2,050	"

To replace a kilogramme of meat it would be necessary to employ 9 kilogrammes 300 grammes of agaricus campestris. It is evident that one could not live exclusively on mushrooms.—*Botanisches Centralblatt.—Med. Chronicle.*

A New Antiseptic.—While no "startling" therapeutic agent has been sprung upon the world, still we have the newest antseptic as an aspirant for honors. This is trichlorphenol, which is of Russian introduction, and has been favorably mentioned by one of the most prominent therapeutists. Trichlorphenol is extemporaneously prepared by mixing one part of a four *per cent.* solution of carbolic acid with five parts of a saturated solution of chlorinated lime; the filtering is said to be twenty-five times more powerful than carbolic acid. It is certainly a good combination, and doubtless will prove useful. It has been chiefly employed, freely applied locally, in epidemic erysipelas. Its future is of course only to be foretold as yet by some medical "Wiggins." — *Philadelphia Correspondence, Atlanta Med. and Surg. Jour.*

Sleeping in the Woods.—In one of the German health-resorts, the *Allgemeine Medicinische Central-Zeitung* states, the experiment was tried this summer of having the patients with pulmonary disorders sleep all night in the open air in the pine woods. The hammocks, used to rest in during the day, were provided with pillows and bed-clothing, and a party of five, two ladies and three gentlemen, spent their nights in the woods with no roof over their heads. The experiment was very successful, the patients slept better than they had been able to do in their rooms, and all declared themselves as feeling much more refreshed by their sleep than usual. It is proposed next summer to provide accommodation for a larger number of patients in the forest, so that the experiment may be tried on a large scale.—*N. Y. Med. Record.*

Therapeutical Notes.

Toothache from decayed teeth is said by a Swiss authority to be relieved promptly by cotton wool moistened with a mixture of equal parts of camphor and chloral, and a fifth as much cocaine.

Mixture for Asthma.—The following prescription is much used by Dr. Fothergill in the treatment of asthmatic patients:

℞. Amm. iodidi	ʒii.	
Amm. bromidi	ʒiij.	
Syr. tolu	ʒiij.	
Tinct. lobeliæ	ʒv.	℥.

Dose.—A teaspoonful.—*Med. and Surgical Reporter.*

COCAINE IN THE VOMITING OF PREGNANCY.—Boin (*Lyon méd.*) has obtained a gratifying result by applying to the cervix uteri, night and morning, a tampon smeared with an ointment containing two per cent. of cocaine hydrochlorate.—*N. Y. Med. Jour.*

URTICARIA.—Lassar cuts short the duration and reduces the frequency of violent attacks of urticaria by 24 grain doses of salicylate of sodium, repeated every two hours until three doses are taken. It is certainly well worthy of a trial, as the trouble is undoubtedly at times a very stubborn, not to say serious one.

CHRYSOPHANIC ACID, A CURE FOR RINGWORM.—Seven grains of chrysophanic acid in an ounce of chloroform provides a very successful application for the treatment of ringworm. It should be very cautiously applied to the part affected two or three times daily with a camel's-hair brush, care being taken not to inhale the vapor.—*Birmingham Med. Review.*

IODOFORM PREPARATIONS.—The dark color which iodoform salves and other solutions take on, is said by Hebbeler (*München. med. Wochen.* No. 1, 1886), to depend on the presence of free iodine, and takes place the more quickly the more the preparations are exposed to the light. Solutions should therefore be kept in dark bottles, and ointments, especially those with a petroleum basis, be kept covered from the light.—*Deut. med. Zeit.*

LINSEED OIL IN PRURITUS.—A correspondent writes us that he has lately witnessed the triumph of linseed oil in the treatment of pruritus ani, and where all the classical remedies had failed. In the case of two patients, who had been for several years sufferers from pruritus ani, with a trifling erythematous eruption and no rectal complications that could be discovered, the free external use of linseed oil at bed time about the parts gave immediate relief, and thus far free inunction with this simple remedy has given complete exemption from the nocturnal annoyance.—*Boston Med. and Surg. Journal.*

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

TO SUBSCRIBERS.—*Those in arrears are requested to send dues to Dr. Adam Wright, 20 Gerrard St. East.*

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, DECEMBER, 1886.

INTERNATIONAL MEDICAL CONGRESS.

We are glad to know that the prospects for the next meeting of the International Medical Congress which is to be held in Washington next summer, are at present more bright than appeared possible at one time. The gross injustice done to the original committee by the actions of the American Medical Association at the New Orleans meeting of 1885 still exists in full force, and, we suppose, must remain so. The consequence is that the majority of the brightest lights of the American profession may take no part in the congress. This fact will cause many on the Continent and in Great Britain to remain at home; and has also had a serious effect on a large portion of the masses of the profession in the United States and Canada.

Notwithstanding all these drawbacks it must be confessed that the new enlarged executive committee has done its work wonderfully well, and has thereby made great strides in gaining the confidence of the profession throughout the world. As will be seen in another column of this issue, the names of many distinguished men, especially from Great Britain, France and Germany, have consented to act as officers with various sections. The venerable President-elect, Dr. Davis, of Chicago, is highly and deservedly respected by all sections of the profession; and was very well received at the recent meeting of the British Medical Association, where, without doubt, he gained many friends for the coming congress.

We sincerely hope that all parties will now unite in their endeavors to make the meeting

an unqualified success. We would like to see the leaders of the profession in the United States act as a unit on this question. Let the present committee manage the executive business of the congress as its members think best—and they will probably do it well—at the same time let the ablest men of the United States unite in their endeavors to make the scientific proceedings a grand, indisputable success. In doing so they, and not the successful manipulators of the New Orleans vote, will carry off the honors; but they will, apart from any such selfish considerations, be acting as loyal and patriotic citizens and physicians in showing to the world what wonderful progress has been made in things medical by the American Medical Profession, and also in exhibiting those social qualities which make the practical and generous citizens of the United States the most charming and agreeable hosts in the world.

REMOVAL OF DISEASED UTERINE APPENDAGES.

Our attention is specially directed to this important subject at the present time, on account of four articles which have recently been published. In the *American Journal* of October there appears a joint article or "symposium," from Sir Spencer Wells, Dr. Alfred Hegar, and Dr. Robert Battey on "Castration in Mental and Nervous Diseases"; and in the *New York Medical Journal*, November 20, there appears an article from Mr. Tait on the "Removal of the Uterine Appendages."

Sir Spencer's paper is in a great part an eloquent, verbose, and rather bombastic philippic against castration on moral grounds, and if it be needed, as we fear it is, we hope it will have much influence in checking over-zealous operators. To our minds, however, there is much that is confusing in this energetic protest. The distinguished writer seems to convey the idea that normal ovariotomy or oöphorectomy is performed in the generality of such cases for mental or nervous diseases. If this were true we would cordially endorse his sentiments in every respect, but as we consider that the operation is, as a rule, performed for the removal of ovaries and tubes, which have produced these symptoms on account of incurable diseased conditions, we cannot subscribe to Sir Spencer's views.

His o[illegible] conclusions are in part directly opposed, or [illegible]rely irrelevant to his main line of argument. [illegible]en he approves of the removal of the appendages in some cases of uterine fibroids, in uncontrollable uterine hemorrhage, and in certain malformations or obstructions of the genital organs; but they will, no doubt, be generally received. Probably no surgeon in the world will oppose his statement that the right to remove them is very limited in cases of ovarian dysmenorrhœa or neuralgia, and only when they have resisted all treatment, and life or reason is endangered, or that in nearly all cases of nervous excitement and madness it is inadmissable.

Dr. Hegar's paper is wonderfully clear, logical, practical, and scientific. He says that "castration is indicated in a psychosis, evoked or maintained by pathological alteration of the sexual organs, and in a neurosis originating from the same source, as soon as this imperils life, or hinders all occupation or enjoyment of life," and also that "all operations which are undertaken without the presence of a disease or anomaly in the sexual organs are, according to the present standpoint of our knowledge, unjustifiable." At the same time he shows clearly the great difficulties in many cases of the exact pathological attention which forms the indication.

Dr. Battey uses few arguments and gives us principally statistics of the results of operations in the United States. He appears like a thoroughly conscientious and intelligent surgeon, who, however, has not quite freed himself from the mistakes and perplexities caused by his unfortunate error, committed ten years ago, of adopting the name of "normal ovariotomy." He states that in most, if not all, of his cases the ovaries or tubes, or both, have been diseased. The reports of many of the American surgeons, which he has embodied in his article, are not so clear in this particular.

Mr. Tait objects to the term "castration," and we quite agree with him, but as it is a rather convenient word, and evidently highly acceptable to those who are inclined to sneer at this

innovation in modern surgery, we fear it is likely to become rather common. He answers Sir Spencer in his usual vigorous fashion, and to a certain extent disposes of his moral argument by showing that in his experience the operation performed is not a normal ovariotomy, but the removal of hopelessly diseased tubes or ovaries from women who are in nearly all cases already sterile. We accept the statement as far as his own practice is concerned, but have grave fears, which are fully appreciated by him and others, that in some cases healthy ovaries have been unnecessarily removed. However, we know of no such case, and must protest against any unreasonable wholesale opposition to a surgical procedure on account of such possible dangers connected therewith on the part of some surgeons who lack judgment.

In the operations for the removal of uterine appendages which have been performed in the Toronto General Hospital during the past year, all the circumstances and conditions have been carefully and conscientiously considered in one or more consultations, and the results, which will probably appear at a future day, have generally been very satisfactory.

We will probably be safe in adopting the following rules:—

1. The operation is unjustifiable in all cases of nervous and mental diseases, where no distinct lesions of the appendages are present which can be clearly recognized before operating.

2. The operation is indicated in all cases of uterine myomata, accompanied by hemorrhages which endanger life.

3. The operation is indicated in all cases of diseases of the appendages which cannot be cured by the methods of Emmet and others, when they endanger life, or in some cases, especially of poor women who have to earn their living, when they prevent them from pursuing their ordinary avocations.

MALPRACTICE SUIT.—McQuay *v.* Eastwood. We learn by a letter from Dr. Whiteman, in reply to a communication of Dr. Knill's in our last issue, that this case has been again appealed. Had we known this Dr. Knill's letter commenting on the case would not have been published, and for reasons which will be obvious we do not publish Dr. Whiteman's letter in this issue.

MEDICAL SCHOOL DINNERS.

The annual dinner has become well established as a permanent institution in connection with the schools in Toronto. The students would scarcely consider a session complete without it, and they throw an amount of enthusiasm into the occasion which can hardly fail to ensure a success. The dinners of one year are very much like those of the preceding, and it will not be necessary for us on that account to give very elaborate descriptions of those which took place this year, particularly in view of the fact that full and complete reports were given in the daily newspapers.

We may say, however, that we quite agree with the majority of the students in thinking that these annual gatherings should be well supported and encouraged. We can only regret that the graduates of the schools show such indifference as is exemplified by the fact that it is difficult to bring a score to these banquets when there ought to be a hundred or two.

The dinners held this year were certainly second to none that preceded them. They were both held in the Rossin House. The general impression appears to be that Mark Irish knows how to give a good dinner—at all events he satisfied every one this year.

TORONTO SCHOOL OF MEDICINE.

The Toronto School dinner was held on Thursday evening, November 11*th*. As usual great interest had been taken by the students in the election of their officers, and the result showed that they displayed good judgment in their choice. The chairman gave a very excellent address in opening the after-dinner proceedings, and was highly complimented by his Honor, the Lieut-Governor of Ontario, Rev. Dr. Potts, and others. The speeches of the vice-chairmen and other students in proposing and responding to toasts were unusually good, and

exceedingly well received by those present. The speeches of the official guests, including those of the representatives from sister institutions, were enthusiastically received.

The officers were: Chairman, W. J. Glassford; first vice-chairman, T. P. Weir; second vice-chairman, J. H. Collins; secretary, A. M. McFaul. Dr. George A. Peters responded for the graduates, A. H. Perfect for the graduating class, W. E. Flatt for the Freshmen, H. Wallwin for the ladies. From sister institutions, J. V. Anglin responded for Kingston, T. Woodruff for Montreal, and D. Mitchell from Trinity Medical School.

TRINITY MEDICAL SCHOOL.

The Trinity School dinner was held on Wednesday, November 17th, and was in every respect successful in the highest degree. The speeches of guests and students were all that could be desired, and were received with unbounded applause. The officers were: Chairman, James McLung; first vice-chairman, F. S. Schaffner; second vice-chairman, H. Chapple; third vice-chairman, Charles Clark; secretary, L. F. Chine.

MASSAGE.

Massage in recent years is becoming quite a common method of treating certain diseases and conditions. It is highly recommended now by high authorities in all countries, and is also practised by those who are ignorant of anything like a scientific knowledge of the subject. It has been brought prominently before the attention of the profession of this continent and Great Britain by Dr. Weir Mitchell, of Philadelphia, and Dr. W. S. Playfair, of London, particularly for that class of nervous disorders which are included under the term neurasthenia.

A very interesting historical account of massage recently appeared in *Chambers' Journal*, from which we extract as follows:—

"Massage as a hygienic agent was practised from the earliest times, and is probably as old as surgery itself, or, as it would be more exact to say, as old as mankind. The word is derived from the Greek to knead, and the Arabic to press softly. A Chinese manuscript, the date of which is three thousand years before the Christian era, contains an account of operations similar to those of the present day: friction, kneading, manipulating, rolling—all the procedures now grouped together under the name of *massage*.

"With the Egyptians, Greeks, and Romans, a form of massage was the common accompaniment of the bath, and was used as a luxury, as a means of hastening tedious convalescence, and to render the limbs supple and enduring Rubbing and anointing were sometimes done by medical practitioners themselves, or by the priests, or sometimes by slaves.

"The earliest definite information regarding massage comes from Hippocrates, who says: 'The physician must be experienced in many things, but assuredly also in rubbing; for things that have the same name have not always the same effects, for rubbing can bind a joint that is too loose, and loosen a joint that is too rigid.' Asclepiades was probably not far wrong when he founded his school at Rome on the belief that diet, bathing, exercise and friction should keep the body without disease; and Cicero affirmed that he owed as much of his health to his anointer as he did to his physician. Plutarch tells us that Julius Cæsar had himself pinched all over daily, as a means of getting rid of a general neuralgia.

"The Egyptians were probably the first among civilized nations to put the system into practice, and they were copied by the Greeks and Romans. Savary, in his *Lettres sur l'Egypt*, describes part of the process: 'After the bath and a short interval of repose, whilst the limbs retain a soft moisture, an attendant presses them gently, and when each limb has become supple and flexible, the joints are cracked without effort; il masse et semble paîtrir la chaire sans que l'on éprouve la plus legère douleur.'

"Lepage, in his historical researches on Chinese medicine, relates that massage was a particular practice borrowed from the Indians, and that it was by such means that the Brahmins effected their miraculous cures. The word shampooing is of Hindu origin; but it must be borne in mind that these Old-world practices were only a faint foreshadowing of the present scientific method. In his *Diction*

A SELECTED LIST OF WARNER & CO.'S SOLUBLE SUGAR-COATED PILLS

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ALTERATIVES.

	Per 100
ALTERATIVE	50
Mass. Hydrarg. 1 gr. / Pulv. Opii, / Pulv. Ipecac, aa ½ gr.	
ANTIMONII COMP. U. S. P.	40
CALCIUM SULPHIDE, 1-10 gr.	50
CALCIUM SULPHIDE, ½ gr.	60
CALCIUM SULPHIDE, ½ gr.	75
CALCIUM SULPHIDE, 1 gr.	1 00
CALOMEL, ½ gr. 1, 2 and 3 grs.	40
COPAIBÆ, U. S. P.	50
COPAIBÆ COMP.	80
Pil. Copaib. / Resin Guaiac. / Ferri Citrat. / Oleo-Resin Cubebæ.	
DUPUYTREN	50
Pulv. Guaiac, 3 grs. / Hydr. Chlor. Cor. 1-10 gr. / Pulv. Opii, ½ gr.	
GONORRHŒA	60
Pulv. Cubebæ, 2 grs / Bals. Copaib. Solid, 1 gr. / Ferri Sulph. ½ gr. / Terebinth. Venet. 1½ grs.	
HYDRARGYRI, U. S. P., 3 grs	40
HYDRARGYRI COMP.	75
Mass. Hydrarg. 1 gr. / Pulv. Opii, ½ gr. / Pulv. Ipecac, ½ gr.	
HYDRARG. IOD. ET OPII (Ricord's,)	75
Hydrarg. Iodid. 1 gr. / Pulv. Opii, ½ gr.	
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Iodoform, 1 gr. / Ferri Redact. 1 gr. / Ext. Nuc. Vom. ¼ gr.	
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POLASS. IODID, 2 grs	85
ACID ARSENIOUS, 1-20, 1-30 and 1-50 grs.	40
MERCURY IODIDE, ¼ gr	40
MERCURY IODIDE, ½ gr.	50
MERCURY IODIDE RED. 1-16 gr.	40

ANODYNES.

	Per 100
ANODYNE	75
Pv. Camphoræ, 1 gr. / Morphiæ Acetat, 1-20 gr. / Ext. Hyoscyami, 1 gr. / Ol. Res. Capsici, 1-20 gr.	
IPECAC ET OPII, 2½ grs (Pulv. Doveri, U. S. P.)	50
CALOMEL ET OPII	85
Calomel, 2 grs. / Opium, 1 gr.	
OPII, U. S. P., 1 gr	60
OPII ET CAMPHORÆ, ET TANNIN.	80
Pulv. Opii, ¼ gr. / Camphoræ, 1 gr. / Acid Tannic. 2 grs.	
CAMPHOR ET EXT. HYOSCYAMUS	50
Camphor, 1 gr. / Ext. Hyoscy. Eng. 1 gr.	
OPII ET CAMPHORÆ	80
Pulv. Opii, 1 gr / Camphoræ, 2 grs.	
EXT. CANNABIS INDICA, ¼ gr	60
MORPHIÆ ACET, ⅛ gr.	70
MORPHIÆ SULPHATE, ⅛ gr.	70
MORPHIÆ SULPHATE, ¼ gr.	1 00

ANTHELMINTICS.

	Per 100
ANTHELMINTIC	1 00
Santonin. / Calomel, aa. 1 gr.	
SANTONIN, 1 gr.	1 00

ANTISPASMODICS.

	Per 100
ALOES ET ASSAFŒTIDA, U. S. P.	40
ANTI-CHOROMANIA	75
Zinci Valer. 2 grs. / Ferri Valer, ¼ gr. / Ext. Sumbul. ½ gr.	
ASSAFŒTIDÆ, U. S. P.	40
ASSAFŒTIDÆ, 2 grs.	40
FERRI VALER, 1 gr.	1 00
ZINCI VALERIAN, 1 gr.	1 00
ATROPIÆ, 1-60 gr.	75
ATROPIÆ, 1-100 gr.	75
EXT. BELLADONNA, (Eng.) ¼ gr	40

ANTIPERIODICS.

	Per 100
AGUE	75
Chinoidin, 2 grs. / Ext. Coloc. Co. ½ gr. / Ol. Pip. Nig. 1-6 gr. / Ferri Sul. ½ gr.	

ANTIPERIODICS, Cont'd.

	Per 100
ANTI-CHILL	1 00
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ANTI-MALARIAL	1 75
Quiniæ Sulph. 1 gr. / Cinchoniæ Sulph. ½ gr. / Ferri Sulph. Exs. ½ gr. / Ac. Arsenious, 1-40 gr.	
ANTI-MALARIAL (Philadelphia.)	1 00
Ferri Sulph. 1 gr. / Pv. Capsicum, ½ gr. / Cinchonid. Sulp 2 grs. / Strychnæ, 1-30 gr.	
QUINIÆ CUM CAPSICUM	1 75
Quiniæ Sulph. 1 gr. / Capsici. ¼ gr.	
ANTI-PERIODIC	80
Cinchonidiæ Sulph. 1 gr. / Res. Podophylli, 1-20 gr. / Strychniæ Sul. 1-33 gr. / Gelsemin, 1-20 gr. / Ferri Sulph. Exs. ½ gr. / Ol. Res. Capsici, 1-20 gtt.	
CHINOIDIN, 2 grs	50
CHINOIDIN, COMP	1 00
Chinoidin 2 grs. / Ferri Sulph. Exsic. 1 gr. / Piperina, ½ gr.	
CINCHONIDIÆ SULPH. 2 grs.	75
CINCHONIDIÆ SALIC. 2½ grs.	1 75
CINCHONIDIÆ SULPH. 1 gr.	75
CINCHONIDIÆ SULPH. 2 grs	1 35
CINCHONIDIÆ SULPH. 3 grs	1 95
QUINIÆ SULPH. ½ gr.	90
QUINIÆ SULPH. 1 gr.	1 40
QUINIÆ SULPH. 2 grs.	2 75
QUINIÆ BI-SULPH. 1 gr.	1 40
QUINIÆ BI-SULPH. 2 grs.	2 75
QUINIÆ BI-SULPH. 3 grs.	4 00
QUINAMINE, 1 gr.	70
QUINAMINE, 2 grs	1 35
QUINAMINE, 3 grs.	1 95

APERIENTS.

	Per 100
ALOES ET MASTICH	50
ALOES ET MYRRHÆ, U. S. P.	50
ANDERSON'S SCOTS	40
Pv. Aloes Socot. / Pv. Saponis. / Pv. Colocynth, / Pv. Gambogiæ,	
ANTI-CONSTIPATION	75
Podophyllin, 1/10 gr. / Ext. Nuc. Vom. ¼ gr. / Pv. Capsicum, ¼ gr. / Ext. Belladonnæ, 1/10 gr. / Ext. Hyoscyami, ¼ gr.	
APERIENT	85
Ext. Nuc. Vom. ½ gr. / Ext. Hyoscyami, ½ gr. / Ext. Coloc. Co. 2 grs.	
CHAPMAN'S DINNER PILLS	60
COLOCYNTH ET HYOSCYAMUS	75
Ext. Coloc. Co. 2½ grs. / Ext. Hyoscyami, 1½ grs.	
COOK'S, 3 grs.	50
LAXATIVE	60
Pulv. Aloes Soc. 1 gr. / Sulphur, 1-5 gr. / Res. Podophylli, 1-5 gr. / Res. Guaiac, ½ gr. / Syr. Rhamni, q. s.	
LEPTANDRIN, 1 gr.	75
LEPTANDRIN COMP.	1 00
Leptandrin, 1 gr. / Irisin, ¼ gr. / Podophyllin, ¼ gr.	
PODOPHYLLIN ET HYOSCYAMUS	60
Podophyllin, / Ext. Hyoscyami. aa ½ gr.	
PODOPHYL. COMP. (Eclectic.)	75
Podophyllin, 1/8 gr. / Leptandrin, 1-16 gr. / Juglandin, 1-16 gr. / Macrotin, 1-32 gr. / Ol. Res. Capsici, q. s.	
PODOPHYL ET BELLAD	75
Podophyllin, ⅛ gr. / Ext. Bellad. ⅛ gr. / Ol. Res. Capsici. ¼ gr. / Saccharum Lact. 1 gr.	
TRIPLEX	75
Aloe Socot. 2 grs. / Mass. Hydrarg, 1 gr. / Podophyllin, ¼ gr.	

ASTRINGENTS.

	Per 100
ASTRINGENT	60
Ext. Geranii 2 grs. / Pv. Opii, ¼ gr. / Ol. Menth. Pip. 1-20 gtt. / Ol. Res. Zing. 1-20 gtt.	
OPII ET PLUMBI ACET	60
Pulv. Opii, ½ gr. / Plumbi Acet. 1½ gr.	

CATHARTICS.

	Per 100
CATHARTIC COMP. U. S. P.	50
CATHARTIC COMP. IMPROVED	50
Ext. Coloc. Comp. / Ext. Jalap, / Podophyl. Leptandrin, / Ext. Hyoscyami, / Ext. Gentian, / Ol. Menth. Pip.	
CATHART. COMP. CHOLAGOGUE	60
Res. Podophylli, ½ gr. / Pil. Hydrarg, ¼ gr. / Ext. Hyoscyami, ¼ gr. / Ext. Nuc. Vom. 1-16 gr. / Ol. Res. Capsici, 1/10 gtt.	
GAMBOGLE COMP	40
Pulv. Gambogiæ, / Pulv. Aloes Socot. / Pv. Zingib. Jam. / Pv. Saponis,	
HEPATICA	80
Pil. Hydrarg. 3 grs. / Ext. Coloc. Co. 1 gr. / Ext. Hyoscyami, 1 gr.	
PODOPHYLLIN, 1 gr.	75
RHEI ET HYDRARG	80
Pulv. Rhei, / Mass. Hydrarg. ¼ grs. / Sodii Carb. Exs.	
HYDRASTIN, ½ gr.	95
LEPTANDRIN, ¼ gr.	40
PODOPHYLLIN, ¼ gr.	40
PODOPHYLLIN, ½ gr.	50
RHEI COMP. U. S. P.	75
Pulv. Rhei, 2 grs. / Pulv. Aloes Socot. 1½ gr. / Myrrh, 1 gr. / Ol. Menth. Pip.	

DIAPHORETICS.

	Per 100
ANALEPTIC	60
Pv. Antimonialis. ¾ gr. / Pv. Res. Guaiac. 1 gr. / Pv. Aloes Socot. ¾ gr. / Pv. Myrrhæ, ½ gr.	
DIAPHORETIC	75
Morphiæ Acetat, 1-25 gr. / Pv. Ipecac, ¼ gr. / Pv. Potass. Nitrat. 1 gr. / Pv. Camphoræ, ¾ gr.	

EMMENAGOGUES.

	Per 100
EMMENAGOGUE	1 40
Ergotine, 1 gr. / Ext. Hellebore Nig. 1 gr. / Aloes, 1 gr. / Ferri Sul. Exs. 1 gr. / Ol. Sabinæ. ½ gr.	
HOOPER, (Female Pills) 2½ grs.	40
PIL. PHOSPHORI CUM CANTHARIDE CO	1 50
Phosphori, 1-50 gr. / Pv. Nuc. Vom. 1 gr. / Sol. Canthar. Conc't 1 m.	

SEDATIVES.

	Per 100
BISMUTH ET IGNATIA	1 50
Bismuth Sub. Carb. 4 grs. / Ext. Ignat Amara, ¼ gr.	
BISMUTH ET EXT. NUC VOM	1 50
Bismuth Sub. Carb. 4 grs. / Ext. Nuc. Vomicæ, ¼ gr.	
CAMPHOR MONO-BROMATED, 2 grs	1 50
SEDATIVE	75
Ext. Sumbul, ½ gr. / Ext. Valerianæ, ½ gr. / Ext. Hyoscyam, ½ gr. / Ext. Cannab. Ind. 1/10 gr.	
ACONITIÆ, 1-60 gr.	75
EXTRACT IGNATIA AMARA, ¼ gr	50
GELSEMIN, ¼ gr.	75
PIL. PHOSPHORI CUM CANNABE INDICA	1 75
Phosphori, 1-50 gr. / Ext. Cannab. Ind. ¼ gr.	

TONICS.

	Per 100
ALOES ET FERRI, U. S. P.	40
Pulv. Aloes, 1 gr. / Aromatic Powder, 1 gr. / Ferri Sulph. Exsic. 1 gr. / Confec. Rosæ q. s.	

TONIS, Continued.

	Per 100
ALOES ET NUC VOM	60
Pulv. Aloes Soc. 1½ gr. / Ext. Nuc. Vomicæ ½ gr.	
ASSAFŒTIDÆ COMP	60
Assafœtidæ, 2 grs. / Ferri Sulph. Exsic. 1 gr.	
DAMIANA CUM PHOSPH. ET NUC VOM	1
Ext. Damianæ, 2 grs. / Phosphori, 1-100 gr. / Ext. Nuc. Vom. 1/10 gr.	
FERRI, (Quevennes) 2 grs.	
FERRI CARB. (Vallett's) U. S. P. 3 grs.	
FERRI CITRAT, 2 grs.	
FERRI IODID. 1 gr.	
FERRI ET QUAS. ET NUC. VOM	
Fer. per Hydrog. 1½ gr. / Ext. Quassiæ, ¼ gr. / Ext. Nuc. Vom. ¼ gr. / Pulv. Saponis, ½ gr.	60
FERRI ET STRYCHNIÆ	
Ferrum per Hydr, 2 grs. / Strychniæ, 1-60 gr.	
FERRI SULPH EXS. 2 grs	
NEURALGIC	3
Quiniæ Sulph. 2 grs. / Morphiæ Sulph. 1-20 gr. / Strychniæ, 1-30 gr. / Acid Arsenious, 1-20 gr. / Ext. Aconiti. ½ gr.	80
NEURALGIC, (Brown Sequ'd)	2
Ext. Hyoscyami, ½ gr. / Ext. Conii. ½ gr. / Ext. Ignat. Amar. ½ gr. / Ext. Opii, ½ gr. / Ext. Aconiti, ½ gr. / Ext. Cannab. Ind. ¾ gr. / Ext. Stramon, 1-5 gr. / Ext Belladon. 1-6 gr.	75 / 80
QUINLE COMP	1
Quiniæ Sulph. 1 gr. / Fer. Carb. (Vall.) 5 grs. / Acid Arsenious, 1-10 gr.	40
QUINLE ET FERRI	1
Quiniæ Sulph. ½ gr. / Ferr. per Hydrog. 1 gr.	
QUINLÆ ET FERRI CIT. 2 grs.	1
QUINLÆ ET FERRI ET STRYCH PHOS.	1
Quiniæ Phos. 1 gr. / Ferri Phos. 1 gr. / Strychniæ Phos. 1-60 gr.	
QUINLÆ IODOFORM ET FERRI	3
Iodoform, 1 gr. / Fer. Carb. (Vall's) 2 grs. / Quiniæ Sulph. ½ gr.	
QUINLÆ ET FERRI, (Valer) 2 grs	3
TONIC	
Ext. Gentianæ, 1 gr. / Ext. Humuli. ½ gr. / Ferri Carb. Sacch. ½ gr. / Ext. Nuc. Vom. 1-20 gr. / Res. Podophylli, 1-25 gr. / Ol. Res. Zingiber 1/10 gtt.	
ZINCI PHOSPHIDE AND NUC VOM	1
Zinci Phos 1/10 gr. / Ext. Nuc. Vom. ¼ gr.	
STRYCHNIÆ, 1-16, 1-20, 1-30, 1-32, 1-40 and 1-60 gr.	4
STRYCHNIÆ SULPH. 1-32 gr.	4
ZINC PHOSPHIDE, 1-6 and ¼ gr.	7
PIL. PHOSPHORI, 1-25, 1-50, 1-100 grs.	1
PIL. PHOSPHORI COMP.	1
Phosphori, 1-100 gr. / Ext. Nuc. Vom. 1/10 gr.	
PIL. PHOSPHORI CUM NUCE VOM	1
Phosphori, 1-50 gr. / Ext. Nuc. Vom. ½ gr.	
PIL. PHOSPHORI CUM FERRO	1
Phosphori, 1-50 gr. / Ferri Redact. 1 gr.	
PIL. PHOSPHORI CUM FERRO ET NUC VOM	1
Phosphori, 1-100 gr. / Ferri Carb. 1 gr. / Ext. Nuc. Vom. ½ gr.	
PIL. PHOSPHORI CUM FERRO ET QUINIA ET NUC VOM	2
Phosphori, 1-100 gr. / Ferri Carb. 1 gr. / Quiniæ Sul. 1 gr. / Ext. Nuc. Vom. ¼ gr.	
PIL. PHOSPHORI CUM QUINIA	2
Phosphori, 1-50 gr. / Quiniæ Sul. 1 gr.	
PIL. PHOSPHORI CUM QUINIA CO	2
Phosphori, 1-50 gr. / Ferri Redact, 1 gr. / Quiniæ Sul. ½ gr. / Strychniæ, 1-60 gr.	
QUINLÆ ET FERRI CARB	1
Quiniæ Sulph. 1 gr. / Ferri Carb. 9 grs.	

SPECIAL RECIPES FOR PHYSICIANS PRESCRIBING.

The therapeutic value of the following selected recipes in pill form, prepared and coated by the process of WM. R. WARNER & CO., which assures solubility and potency of medicinal effects, should command the attention of the medical profession.

Pil: Aloin, Belladonna and Strychnine. (W & CO.)

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Aloin.....1-5 gr.
Strychnine.....1-60 gr.
Ext. Belladonna.....1-8 gr.

Medical properties, Tonic, Laxative. Dose, 1 to 2 pills.

PIL: IODOFORM ET FERRI. (W & CO.)

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Iodoform.....1 gr. Ferrum Redactum.....1¼ gr.

Medical properties, Tonic, Alterative. Dose, 1 to 2 pills.

Iodoform, therapeutically, is alterative, nervine, sorbefacient, anti periodic and anæsthetic. As an alterative it acts with more rapidity than other medicines of that class, in doses of one, two, or three grains, repeated thrice daily. As a nervine it is prompt and efficient; while it gives nervous strength, it calms speedily the most severe pains. Its sorbefacient properties are manifested with some degree of slowness. Five to seven grains, given in broken doses in rapid succession, produce a powerful anti periodic effect.

Its anæsthetic properties are of local significance.

It is rapidly absorbed into the blood.

Accumulative effects have not been observed.

Iodoform is destitute of any local irritant action and has that advantage over all other iodic remedies.

It may be administered, with reasonable expectation of success, in the following diseases:

NEURALGIA of every description, chronic rheumatism, consumption, SCROFULA, ophthalmia, chronic ulcerations and skin diseases, syphilis and certain affections of the neck of the bladder and prostate gland, and whenever a powerful ALTERATIVE agent is needed. The quality of Iodoform is greatly enchanced, in a majority of cases, by the addition of pure iron, Fer. per hydrog.

PIL: BLENNORRHAGIC. (W & CO.)

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Terebinth Alba.....1½ grs. Camph. Monobrom.....¾ gr.
Ext. Humuli..... ¾ gr. Res. Podophyl.....⅛ gr.

Dose, 1 to 2 pills.

Medical properties.—Is the remedy *par excellence* for chronic Blennorrhœa, uncomplicated with organic stricture, very frequently effecting a speedy cure in gleet of long standing.

PIL: DIGESTIVA. (W & CO.)

℞

Pepsin Conc't.....1 gr. Gingerine.....1 16 gr.
Pv. Nuc. Vom.....¼ gr. Sulphur.....⅛ gr.

In each pill.

This combination is very useful in relieving various forms of Dyspepsia and Indigestion, and will afford permanent benefit in cases of enfeebled digestion, where the gastric juices are not properly secreted.

As a corrective of nausea or lack of appetite in the morning, induced by over indulgence in food or stimulants during the night, these pills are unsurpassed; they should be taken in doses of two pills before retiring or in the morning at least one hour before eating; the first mentioned time is the most desirable, as the effects are more decided, owing to the longer period for action.

As a dinner pill, Pil: Digestiva is unequalled and may be taken in doses of a single pill either before or after eating.

The many acknowledgements, which have been received from the medical profession respecting the efficacy of these pills and their extensive use, is ample evidence of superior properties in cases where such a medicine is indicated. This warrants us in offering them with the assurance that there need be no reasonable fear of disappointment in results

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naire des Sciences Médicales, Piorry remarks that the simplest form of massage prevails wherever the people have least outgrown their primitive state; and travellers describe it as universally common in countries where nature alone dictates the remedy for accident or disease. Captain Cook, in his voyage to Tahiti, describes that on arriving they were hospitably received, and that in the corner of a hut, carefully closed over with reeds, a large piece of matting was spread on the ground for them, and that their legs and arms were rubbed and the muscles softly pressed until all signs of fatigue had disappeared.

"To France belongs the credit of giving to modern medicine a scientific system of massage; and yet, in spite of many able works, and various discussions at the Academy of Sciences and other learned societies, it remained a sort of secret practice, almost wholly under the domain of empiricism; but with the waning interest of French physicians, the Germans and Scandinavians took up the subject; and about ten years ago, Dr. Mezger, of Amsterdam, brought massage to be acknowledged as a highly valuable method. He placed it upon the basis of practical knowledge, thus taking it out of the hands of ignorant charlatans. He did not write much about it, but simply employed the teaching of facts. To physicians who wrote to him for an explanation of his treatment, he only said, 'Come and see.' To Professor von Mosengeil, of Germany, is owing the present accurate and scientific knowledge of the subject; by his careful and painstaking observations he has brought massage into high esteem, so that it is now acknowledged as a special branch of the art of medicine."

UNPROFESSIONAL NEWSPAPER ADVERTISING.

We have received newspapers giving rather glowing accounts of a certain "skilful operation" in a western town. We regret that we see too many such, and have expressed our views so often that it is not worth while repeating them now. There can be no two opinions about such undignified puffing, but we must leave such matters, in great part, in the hands of the local members of the profession in the neighborhood of such offenders. If the County or Divisional Societies cannot raise the general tone of respect for ethics, we fear that our efforts will be fruitless.

PNEUMONIA.

Prof. Weichselbaum, in a recent Journal, communicated the results of his experiments upon the etiology of pneumonia. The following is a brief summary:—

1. The bacteria found in the different forms of inflammation of the lungs must be looked upon as the cause. This conclusion he considers to be perfectly justified, because in acute inflammation of the lungs constantly well-characterized kinds of micro-organisms are to be observed, most numerous and capable of the greatest resistance in the earliest stages. Also, because they can be isolated and cultivated; and when animals are inoculated with the cultures, processes are produced which, in the main, correspond with the inflammation in the lungs of man.

2. The present classification into lobar and lobular pneumonia has, without doubt, an anatomical but not an etiological foundation, for the same bacteria may produce in one man a lobar and in another a lobular pneumonia.

3. The *Diplococcus pneumoniæ* can be considered the most frequent cause of inflammation of the lungs, especially of croupous pneumonia; whereas the bacillus of Friedländes is rarely the exciting agent. In 129 cases this bacillus was found but nine times, and then twice in combination with other bacteria. He is of the opinion that a cold in itself is not capable of producing pneumonia, but suggests that the cold, combined with other factors which cause a disturbance of circulation in the lungs, may create a favorable nidus for the development and propagation of the specific pneumonic virus.

The late Professor Panum, the distinguished Danish physiologist, died, in his sixty-fourth year, from thrombosis of the coronary artery, consequent fatty degeneration, softening and finally rupture of the ventricular wall. He died literally of a "broken heart."

Meetings of Medical Societies.

TORONTO MEDICAL SOCIETY.

October 28th, 1886.

The President, Dr. McPhedran, in the chair.

Dr. Palmer read a paper on

TRACHEOTOMY IN DIPHTHERIA

which appears in full in another part of this number of the PRACTITIONER.

The discussion was, by request of the President, limited to the indications for, or advisability of, the operation, and the methods of after-treatment.

Dr. Graham had seen four cases of operation. These all died. Two cases of recovery without operation had come under his notice. He had almost become convinced of the futility of the operation. The fact that at least a number of cases recover without operation is an important point. Thirty-three per cent. of recoveries is a small proportion when deductions are made of those which were wrongly diagnosed, and of those which would have recovered without operation.

Dr. Johnson considers that 90 per cent. of diphtheritic laryngeal stenosis die. Probably one in every four or five cases of diphtheria is of this variety. Early operation is advisable in some of those cases. He believes in membranous croup as distinguished from diphtheria, and cited cases in his practice in support of that view. Statistics of early operations are likely to be vitiated by cases of membranous croup.

Dr. Bryce knew of thirteen cases of operation with five recoveries, occurring in the practice of different medical men in an epidemic in Guelph some years ago. The after-treatment in these cases consisted in the free administration of whiskey and milk; cleaning out the tube with a feather every five minutes if required, besides removing both tubes and washing them in an alkaline solution every five or six hours. The temperature of the room was maintained at 75 or 80 degrees Fah. In some cases steam medicated with lactic acid was carried under a tent which was placed over the child's head. An aspirator was also used in one case to withdraw plugs of mucus and membranes from the trachea.

Dr. Sweetnam had had five cases of operation which all died within five days. He indicated the line of treatment followed by Dr. C. J. Parkes, who reports thirty-one cases with eighteen recoveries. Dr. Parkes maintains the temperature of the room at 80 degrees Fah.: gives iron freely; removes the tube every four hours and washes it in an alkaline solution, but strongly deprecates the use of the feather which he thinks irritates the trachea and causes more rapid spread of the membrane. Dr. Sweetnam recommends the use of the intubation tubes of O'Dwyer, of New York, as a substitute for tracheotomy.

Dr. Ferguson thinks the prospect of recovery is good, if the disease be limited to the larynx. Constitutional poisoning is more likely to occur in the pharyngeal variety.

Dr. Atherton related ten cases, with three recoveries. In Boston City Hospital, thirty-three per cent. recovered. The remainder died of extension of the membrane. The after-treatment consisted in keeping the room hot and surrounding the patient with steam from lime water, which is supposed to have a solvent action on the membrane.

Dr. Cameron agreed with Dr. Palmer in regard to the indications for, and propriety of, the operation. The object of the operation is not to cure the disease, but to prevent death from stenosis. Hence, the operation may be considered a success, though the case may end fatally from some other cause. Six cases in his practice all ended fatally, yet in each case the object of the operation was obtained, as none of them died of stenosis of the larynx. O'Dwyer's tubes might be used with advantage in some cases. The after-treatment should be a continuation of the previous treatment, viz., measures to support the system, and to promote resolution of the membrane. A spray of sod. bicarb, and liq. pancreaticus in lime water is useful. The tent plan should be abandoned as it does not permit of a good supply of fresh air. The drugs which he had found to be useful are, salts of ammonia, digitalis, belladonna and iron. Jaborandi is too depressing.

November 4th, 1886.

The President, Dr. McPhedran, in the chair.

PATHOLOGICAL SPECIMENS.

Dr. Graham, exhibited a very well marked case of cirrhosis of the liver, with the following history: Patient, aged 55, had always lived abstemiously; never was a hard drinker, but had taken a glass of beer occasionally. Had syphilis about fifteen years ago, but all symptoms had disappeared under treatment.

March. Patient was weak and emaciated; short of breath and troubled with periods of sleeplessness which extended over sixty or seventy hours. No organic disease could be detected on physical examination. The urine was free from albumen and sugar.

In June the liver was found to be decidedly enlarged, and during this and the following month he experienced three attacks of semi-coma. These attacks lasted two or three days, and were invariably accompanied by a diarrhœa which it was not thought advisable to check.

In July, œdema of the feet and legs occurred and was quickly followed by ascites. Urine normal.

In September another attack of semi-coma occurred. Ascites increased rapidly and was only temporarily relieved by tapping. He died comatose. There was no jaundice at any time.

Autopsy.—The liver was found to be scarcely more than one quarter its normal size, and markedly "hob-nailed." The kidneys were deeply congested, but otherwise apparently healthy. No growth or patches of softening were found in the brain.

Dr. Graham thought the coma might have been caused either by uræmia or cholesteræmia.

Dr. Cameron, in commenting on this case, mentioned the growing belief that cirrhosis of the liver is but rarely caused by alcoholism. In fact, when the two are associated, it may be looked upon as a coincidence. This view is strongly supported by the autopsical researches of Formad in Paris, who found the liver cirrhosed in only 4 per cent of 110 alcoholic subjects examined.

Dr. McPhedran showed a larynx affected with tubercular ulceration. Patient, æged 29, was a printer, who had led a regular life. There was a slight trace of tubercle in the family. Disease commenced five years ago with hoarseness, which continued until loss of voice was complete. There was slight dulness and tubular breathing over the apex of one lung. Patient died apparently of asthenia. A full *post mortem* examination was not obtained. The larynx showed extensive ulceration. Both the true and false vocal cords were destroyed. Parts of the cricoid and arytenoid cartilages, and of the epiglottis were also ulcerated. The question of the advisability of tracheotomy in these cases was discussed, and the opinion that it might be advisable in some cases prevailed.

CASES IN PRACTICE.

Dr. Graham related the following case. A boy, æt. 10, had been in poor health for some months. Parents had noticed that he passed water in greater quantity and more frequently than normal. On October 24th he was seized with intense pain in the right side of face and temple. Temperature 102½ degrees Fah., pulse 110. No other abnormal function or condition was present.

27th.—Patient got gradually worse until date, when a profuse herpetic eruption appeared over the forehead, eyebrows, face and chin of the affected side. After this appearance he seemed to improve for two days. Treatment consisted in giving quinine and Dover's powders.

29th.—A similar severe pain commenced on the corresponding parts of the opposite side and continued for three days. At that time the urine was found to contain sugar in considerable quantity.

31st.—Patient became comatose; temperature 105 degrees with a moist skin. Death took place in the evening, just eight days from first attack.

Post-mortem.—Eighteen hours after death. Brain only examined. Large patches of softened matter were found in the cerebrum, medulla and upper part of the cord. There was also marked congestion of the fifth nerves, both throughout their trunks and ganglia. The microscopic examination has not yet been made.

Dr. Cameron, in speaking of this case, said:—There is a popular belief that bilateral herpes is always fatal. This may be accounted

for by the fact that the cause of bilateral herpes is not a peripheral but a central lesion, of an inflammatory character, constituting myelitis or cerebritis, as the case may be. In the instance cited by Dr. Graham, the lesion was probably an inflammation commencing at or near the diabetic centre in the medulla, and spreading to adjacent parts of the cerebro-spinal axis, as shown by the autopsy. In this way the glycosuria as well as the neuralgia might be accounted for.

Dr. Sweetnam showed a set of O'Dwyer's instruments for intubation in diphtheria. These tubes are placed in position, and removed by specially constructed instruments. They were first invented by Trousseau, in France, but to Bouchut belongs the credit of first applying them to actual use. O'Dwyer invented them again independently a few years later, and has used them extensively since. The doctor then described fully the process of insertion and removal of the tubes, and also enumerated the advantages of their use. [See April and present numbers of THE CANADIAN PRACTITIONER.—ED.]

Dr. McPhedran mentioned a case of "trigger finger" occurring in his practice. The patient was a shoemaker whose left thumb was affected. The digit could be flexed to a certain angle, when it was stopped, apparently by some obstructing body on the tendon. On making increased effort, the obstacle was overcome and the thumb closed with a snap which was accompanied by a great deal of pain. The patient gave no history of rheumatism, and no other joints were affected. Under a protective treatment the patient improved, though there is still some stiffness of the part. The man's work required that he should make intermittent pressure on a part of his machine with the ball of his thumb, and this may have given rise to growths on the tendon. Two similar cases have been reported in the *Medical News*.

Dr. Cameron reported a case of abscess of the antrum of the jaw. A boy, aged 17, was brought to the General Hospital in a feverish and delirious condition. The left side of the hard palate was swollen to the level of the teeth. The eyelids and temporal region of the left side were also swollen and boggy. The hard palate was lanced freely in its most prominent part, but only a drop or two of pus escaped. Two days later the abscess opened spontaneously in the medium line of the hard palate, anteriorly, and pus escaped freely, with entire relief of the symptoms. No cause could be assigned for the abscess.

Correspondence.

To the Editor of the CANADIAN PRACTITIONER.

VIENNA CORRESPONDENCE.

It is impossible to estimate the amount and value of the investigations made in the pathological department of the Vienna University, without being well acquainted with some of the persistent workers in the domain of pathology and bacteriology. The two professors, Kundrat and Stricker, with their able assistants, are constantly engaged in the institution, devoting their entire energies to the work. To Drs. Kolisko and Paltauf I am particularly indebted for their kindness in placing their apparatus for research in micro-pathology at the disposal of a New York physician and myself.

In the *post-mortem* room, cases of great interest are of frequent occurrence. I select one from the number—one which is classical and most instructive. The clinical history is incomplete. It was noticed that the patient, admitted to the hospital six days after an abortion, was suffering from a high fever, and a purulent discharge from the vagina. The uterus was washed out with a solution of corrosive sublimate (1—1000), then curetted, and the vagina tampooed. Shortly afterwards the patient, becoming delirious, removed the plug, and a profuse hæmorrhage resulted, leaving her in an almost lifeless condition. Clots were taken from the uterus, which was again washed out and iron injected, yet in spite of all efforts death soon took place. At the autopsy, the heart and its arteries were found to be full of air, which was also present in the inferior vena cava; and the left hypogastric was greatly distended with air. The venous sinuses, where the placenta had been attached, stood open; spleen enlarged; and all along the ileum, and at the ileo-cæcal-valve, there was a rich crop of ulcers,

presenting the typical typhoid appearance in the third week. The spleen was removed and placed by Dr. Kolisko for ten minutes in a sublimate solution to disinfect the surface; cuts were then made into its substance, and a minimum quantity removed on a platinum point to be stained on a cover-glass in the usual way. When this was examined under the microscope with a high power, bacilli and cocci were clearly to be demonstrated. Some of the spleen substance was also removed and plate cultures made, which showed, after forty-eight hours, colonies characteristic of the typhoid bacillus and staphylo-coccus septicus. The morbid circle is complete, commencing with typhoid fever and closing with the entrance of air into the veins.

The abortion was unquestionably caused by the fever, and, as a sequence, a puerperal septicæmia. The specific micro-organism of typhoid fever was first discovered by Koch and Eberth; afterwards Meyer, Friedländer, and others taking the matter up, added contributions to the literature. This bacillus is recognized not so much by any distinct form but rather by its peculiarity of growth on potato and gelatine. We know that micro-pathology has a history of its own, separate from the subjects it attacks, and that the micro-organisms advance according to their own laws, being self-limiting in their actions. We also know that in relapsing fever a brood of spirilla have but a weekly existence; and if the germs do not entirely disappear, a second febrile paroxysm may take place, dependent upon the production and development of a second brood. Typhoid fever is spoken of as a self-limiting disease, but why it should be so has not as yet been clearly demonstrated. Some writers are of the opinion that the relapses which so often occur are due to the absorption of decomposing matter from the ulcers; while Strümpel is inclined to accept the more probable view that a fresh infection of the body is provoked by a new generation of the bacilli peculiar to this disease.

Cholera.—The method of investigation in cases of suspected cholera to detect the presence of Koch's komma bacillus, is most sure through gelatine plate cultures, the greatest care being observed to sterilize by heat all the instruments made use of in the work. Having three test tubes partially filled with bouillon containing ten per cent. of gelatine, we take a minute quantity from a watery stool and place it in the first tube; two drops of this solution are taken and added to the second tube; and from the second we take five drops to put in the third test tube, forming what is spoken of as the second dilution. The contents of these three glasses are then poured on plates, which show in twenty-four, or at latest forty-eight hours, characteristic colonies if the disease is present, and an absolute diagnosis can be arrived at. Even in some cases of cholera the baccilli are not detected in every stool, but they exist in greatest abundance in the more typical cases, and are more to be observed than in any other disease. There are other bacteria similar in form, but which have a growth in gelatine differing in a marked manner from those of cholera. These discovered by Deneke in cheese, and those by Prior and Finkler, who asserted that the spirilla which they first brought to notice are the toxic agents in *cholera nostras*, an expression not recognized by the Vienna school; nor is *cholerine*, although used by some to designate a light attack of Asiatic cholera. Both these expressions have done good service in the present epidemic in the Hungarian capital, used by the State authorities to minimize the effect of the cholera outbreak, and to quiet the fears of the terror-stricken inhabitants.

Vienna, Oct. 27. W. H. B. Aikins.

To the Editor of the Canadian Practitioner.

COCAINE ADDICTION.

Mr. Editor,—If any reader of your journal has met with a case of cocaine addiction and will send me the fullest details at his command, I'll thank him for the courtesy, reimburse him for any expense incurred, and give him full credit in a coming paper.

J. B. Mattison, M.D.

Brooklyn, 314 State St.

In the surigical clinic at Jefferson College, Philadelphia, lately, Professor Brinton remarked that when a man shaved or a woman did up her back hair, it was a sign they would not get well.

Book Notices.

The Curette as a Diagnostic and Therapeutic Agent in Gynæcology and Obstetrics.

Seventh Annual Report of the State Board of Health, Lunacy, and Charity of Massachusetts.

First Annual Report of the State Board of Health and Vital Statistics of the Commonwealth of Pennsylvania.

Transactions of the Michigan State Medical Society. Twenty-first annual meeting held at Jackson, June 9th and 10th, 1886.

Transactions of the Louisiana State Medical Society. Eighth annual session, held at New Iberia, La., April 14, 15 and 16, 1886.

Thirteenth Annual Report of the Secretary of the State Boaad of Health of the State of Michigan, for year ending Sept. 30th, 1885.

Transactions of the Michigan State Medical Society. Twenty-first annual meeting held at Jackson, June 9th and 10th, 1886.

Transactions of the Medical Association of the State of Missouri. Twenty-ninth annual session, held at St. Louis, Mo., May 3rd, 1886.

Report for the Year 1885-86. Presented by the Board of Managers of the Observatory to the President and Fellows of Yale College.

Meconeuropathia. By O. H. Hughes, M.D., St. Louis, Mo. Reprint from *The Alieinist and Neurologist*, July, 1886.

Transactions of the Medical and Chirurgical Faculty of the State of Maryland. Eighty-eighth annual session, held at Baltimore, Md., April, 1886.

Note on Cholecystotomy. Reply to Mr. Lawson Tait, F.R.C.S., by Mr. Augustus C. Bernays, St. Louis, Mo. Reprint from the *Weekly Medical Review.*

Is Electrolysis a Failure in the Treatment of Urethral Strictures. By Robert Newman, M.D., New York. Reprinted from the *Medical Record*, Sept. 25th, 1886.

The Treatment of Uterine Flexions. By Virgil O. Harden, M.D., Lecturer in Operative Gynæcology, Southern Medical College, Atlanta, Ga. Reprint from the *Atlanta Medical and Surgical Journal.*

Proceedings of the Sanitary Convention held at Kalamazoo, Mich., June 1st and 2nd, 1886, under the direction of a Committee of the State Board of Health and a Committee of Citizens of Kalamazoo.

Surgical Notes from the Case Book of a General Practitioner. By William C. Wile, M.D., of Newton, Conn., fourth Vice-President of the American Medical Association. Reprint from *New England Medical Monthly*, July, 1886.

The Archieves of Gynæcology, Obstetrics and Pœdiatrics. New York, series of 1886 just completed, has met with such warm encouragement, the publishers have decided to issue monthly, and commencing January, the parts will soon appear, instead of bi-monthly as heretofore.

A Manual of Obstetrics. By A. F. A. King, A.M., M.D., Professor of Obstetrics and Diseases of Women and Children in the Medical Department of the Columbia University, Washington, D.C., and in the University of Vermont, etc. Third edition. Philadelphia: Lea Brothers & Co.

This work is confessedly in great part, a compilation from the treatises of Barnes, Leishman, Playfair, and Lusk. It contains much in a small space, given in a very pleasing style. It is in all respects an excellent manual, in fact, the best we know of.

The Mechanism of Indirect Fractures of the Skull. By Charles W. Dulles, M.D., Surgeon to the Out-patient Department of the Hospital of the University of Pennsylvania, etc. Philadelphia: Messrs. P. Blakiston & Co.

Dr. Dulles gives an analysis of 119 cases, and endeavours to show that 111 may be explained by what he calls the "bursting theory." He says the skull is practically a hollow elastic case, and when a sufficient force is applied to any part of it, if this portion do not give way immediately, the axis in that line is shortened, and all the axes at right angles are correspondingly lengthened, so that the direct depressing force is connected with an indirect disruptive force acting at right angles to the direction of the former.

A Treatise on the Diseases of the Nervous System. By WILLIAM A. HAMMOND, M.D.

The fact that this work has now reached the eighth edition is evidence in itself of its excellence, and of the manner in which it is appreciated by the profession on this continent. The author has revised it thoroughly, made several changes, and added a section on "certain obscure diseases of the nervous system."

We know of no work which has been of so much use to general practitioners in the study of nervous disease. Many treatises have recently been published, which have shown great research and a deep knowledge of the subject on the part of the authors, but they have been more suited to the specialist in nervous disease. This volume contains over nine hundred pages, and is well up to our present state of knowledge in this interesting and important department.

Electrolysis, its Theoretical Consideration and its Therapeutical and Surgical Applications. By ROBERT AMORY, A.M., M.D., Member of the Massachusetts Medical Society; Fellow of the American Academy of Arts and Sciences; Fellow of the American Academy of Medicine, etc., etc. Octavo, 314 pages. Illustrated by nearly one hundred fine wood engravings. Supplied only to subscribers for "Wood's Library of Standard Medical Authors," for 1886 (12 vols., price $15.00), of which this is Vol. VIII. New York: William Wood & Company.

This subject has recently attracted much attention from the profession. This book contains much valuable information on the natural laws of the metabolism of tissues of the body, and the proper methods of applying electricity to the human structure. In the chapters on the application of electrolysis to the treatment of diseases the author explains the actions of different currents and their applications in cancer, goitre, hypertrichosis, etc. It is probably the most complete work of the kind which has yet been written.

Reference Hand-book of the Medical Science. Edited by ALBERT H. BUCK, M.D. New York: William Wood & Company.

The third volume of this work has just been presented to the profession, and is quite equal to, if it does not surpass, its predecessors. This volume embraces all words with alphabetical initials from F to H, and every term in any way connected with medical science is most thoroughly discussed. A few examples will give an idea how comprehensive is the work. Under the word Fever we have thirty-five pages. First the history of fever, its etiology, symptoms and pathology are gone over, then the different varieties of fever are described in detail, with cuts showing their germs or microbes, if known, their temperature, charts, etc., and in the case of typhoid fever, a splendid chromo-lithograph of the ileum showing the peculiar lesions in Peyer's patches and the solitary glands. The different varieties of treatment are detailed, and the kind of diet best suited. To "Field Surgeons" are devoted fifty pages describing the organization of the army medical department, (almost entirely, however, as pertains to the army of the United States), the duties of regimental surgeons as regards the sick and the well, in camp, on march, or in battle; their duties as medical historians, as purveyors, inspectors, directors, etc. A most extensive list of medicines and hospital stores, instruments and surgical appliances (for the U. S. army) is given, also ration tables and the best methods of purifying the drinking water for the army. Then the various means of transport, the litters and ambulances are described, and numerous wood-cuts given; also cuts and plans of vessels for transport of the wounded by water, and the duties of the surgeons connected therewith. The articles on the "Heart" and on the construction and management of "Hospitals" are very compre-

hensive, also that on "Hygiene." A vast number of wood engravings are made use of all through the volume for the better explanation of the subjects, and also several fine chromo-lithographs. The contributors to this volume, except a few from Canada, belong all to the United States. One would have liked to have seen a few British or Continental names among them, because, as it now is, the subjects are treated almost entirely from an American point of view.

Personal.

Dr. Alexander Dyce Davidson, Professor of Materia Medica in the University of Aberdeen, while writing on the blackboard suddenly fell and died inside of half an hour. The cause of death was apoplexy.

The following extract from a report of a meeting of the directors of the Winnipeg General Hospital, is clipped from a Winnipeg paper: "The resignation of Dr. Codd as a member of the medical board was accepted, and he was afterwards appointed a member of the consulting staff of physicians. Dr. Whitewood's seat at the medical board was declared vacant on account of his lengthened absence from the city, and he was elected a member of the consulting staff of physicians. Drs. A. H. Ferguson and Patterson were elected to fill the vacancies on the medical board."

The following Canadian gentlemen have been recently admitted Licentiates of the Royal College of Physicians, London, England. Drs. A. W. Bigelow, John Caven, H. W. Darrell, H. J. Hamilton, C. S. Haultain, J. Honsberger, F. C. Hood, D. O. R. Jones, J. Leeming, L. F. Millar, W. T. Parry.

For the triple qualification, Edinburgh, Drs. W. W. White, T. J. Haythorne, D. M. Campbell, G. S. Armstrong, D. A. Smith.

Dr. Chas. Trow, passed in surgery and midwifery, and Drs. Chas. Hodgetts, O. Weld, and W. B. Thistle, in surgery. Dr. Watson passed in midwifery and medicine, and Dr. Hastings, in medicine. Dr. J. W. Peaker passed the primary for M.R.C.S.

Miscellaneous.

Mrs. Charles F. Woerishoffer, of New York, has recently given to the New York Academy of Medicine the magnificent sum of $25,000.

Medical and Scientific Newspapers in Japan.—From recently published statistics of the Japanese press it appears there are seven medical papers, with a monthly circulation of 13,514; nine relating to sanitary matters, with a circulation of 8,195; and two on pharmacy. There are seven devoted to various branches of science.

Professor Charcot is said to live in a superb mansion, the Palais Charcot, and quite worthy of royalty. "Troops of patients," writes a Vienna medical editor, "lay their offerings upon the table of his consultation room, so that he soon has a heap of gold before him." Charcot's fees are from four to thirty dollars.

Carlyle on the Medical Profession.—In a letter written to Dr. Hutchinson Stirling in 1842, and but recently published, Carlyle said of the medical calling: "What profession is there equal in true nobleness to medicine? He that can abolish pain, relieve his fellow-mortal from sickness, he is indisputably usefullest of all men. Him savage and civilized will honor. He is in the right, be in the wrong who may. As a Lord Chancellor, under one's horse-hair wig, there might be misgivings; still more, perhaps, as a Lord Primate, under one's cauliflower; but if I could heal diseases I should say to all men and angels, without fear, 'En! ecce!'" Carlyle also gives some good advice on the subject of writing *versus* working. He counsels his correspondent, Dr. Stirling, then a young man, to "learn the indispensable significance of hard, stern, long-continued labor," and of silence. "Be in no haste to speak yourself," he says. "Why be *porous*—incontinent? Nothing can ferment itself to clearness in a *colander*." Avoid literature, he continues, which, as a trade, is the "frightfullest, fatalest, and too generally despicablest of all trades now followed under the sun."—*New York Med. Record.*

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