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Original Communications.

TWO HERNIOTOMIES IN A CHILD UNDER FIVE YEARS OF AGE—BASSINI'S METHOD.*

Dr. S. E. Milliken, of New York, reports in the *Medical Record* the case of a child under five years of age, upon whom he had done a herniotomy in June, 1893, for the cure of a left oblique inguinal congenital hernia, after the method of Bassini, or better known as the reconstruction of the canal, by bringing together the shelving process of Poupart's ligament and the conjoined tendon, posterior to the cord structures, with interrupted sutures of kangaroo tendon.

The obliquity of the inguinal canal was re-established, by suturing the aponeurosis of the external oblique, which had been previously divided, by a continuous suture of the same material. The skin wound was closed with interrupted catgut, and no drainage was employed. The wound healed primarily under one dressing, which was

changed on the tenth day. The patient was kept quiet for three weeks, so as to ensure union of the deep structures, where a specially prepared suture material was used.

One year later, he operated upon the hernia of the right side which was acquired, and the only difference in the technique from the operation on the left side was the total extirpation of sac. The second wound healed as satisfactorily as did the first, and the same instructions were given.

The author, who has had a large experience in the treatment of hernia at the Hospital for Ruptured and Crippled, and at the New York Polyclinic, particularly with Bassini's method, concludes as follows:

1st. When any difficulty is met with in the mechanical treatment, the radical operation should be performed even in young children.

2nd. If after six months or a year, the truss has been steadily worn, and there still exists a flabby or weakened condition of the inguinal region, the operation is indicated.

3rd. The risk of operating on children,

* Abstract furnished by author.

where strict asepsis is observed, is little, if any, more than in adults.

4th. The chances for a radical cure in children are greater than in adults, because of the more perfect reparative process at that age.

* 5th. The reconstruction of the canal is, *par excellence*, the operation, and, as shown by Bassini's statistics, has stood the test of time.

6th. To obtain the best results, a great deal depends upon the surgical technique and the suture material employed.

7th. Drainage should not be employed, if the surgeon is careful to observe the modern rules of cleanliness; for if the wound is infected during the operation, it must heal by granulation, and the drainage tube is always an additional source of danger.

8th. After primary and complete union of the whole wound, no truss is necessary.

36 West 59th Street.

Society Proceedings.

REPORT OF THE CANADIAN MEDICAL ASSOCIATION.*

The Canadian Medical, after a lapse of twenty years, returned to the old city of St. John, N.B., to hold its annual meeting. The proceedings were presided over by Dr. T. S. Harrison, of Selkirk, Ont.

After the routine business of opening and presenting delegates, Dr. Hattie, of Halifax, was called upon to read the first paper, in which he discussed the causation of Epilepsy. After discussing the nature of convulsions generally as occurring in different brain levels, he advanced the theory, that instead of so much importance being paid to the question of heredity, he inclined to the belief that it occurred *de novo*—that what is ordinarily signified by epilepsy was a group of symptoms indicative of systemic disease. This was the result of malnourishment consequent on insufficient removal of the toxic material, which as an irritant tended to instability of the cerebral cells.

He reported his results of an interesting series of experiments he has made upon the epileptics in Halifax Hospital for the Insane. This consisted in the record of the number of fits occurring using KBr with an intestinal antiseptic, the improvement over the use of KBr alone being marked.

* Specially reported for the CANADA MEDICAL RECORD.

After the discussion of this paper by Drs. Cameron of Toronto, and Wright of Ottawa, Dr. Muir of Truro, N.S., reported the history of a case of local tuberculosis of the arm which had been cured after the accidental inoculation of erysipelas. The patient was a female, aged 39, who had been suffering from the disease 14 years, the arm between the elbow and the wrist being very much swollen, brawny, riddled with sinuses which were discharging most offensive pus. Under chloroform these sinuses were scraped out, and antiseptic and deodorant dressing applied. There was little improvement in the symptoms until the wound became infected with the erysipelatous germ. The result was that the arm became completely better. The paper was discussed by Dr. Daniels, Dr. Shepherd, Dr. Bulkley, Dr. Cameron, Sir Jas. Grant, Dr. Muir closing the discussion.

The following gentlemen were elected as the nominating committee:—Drs. Hingston, Shepherd, of Montreal; I. H. Cameron and O'Reilly of Toronto; Christie, MacLaren, Tobin, Dienstadt, Macleod and Johnson, of the Maritime Provinces.

Dr. Harrison delivered his presidential address, taking as his subject his observations and experience in medicine during the past fifty years. He compared the diseases in existence then with those we have now. Since the clearing up of the country in his province of Ontario the miasmatic diseases, had become things of the past. He referred to the horrible concoction of domestic medicine, such as an infusion of sheep excrement for measles, and that of cat, which he said might not be considered a bad substitute for *assafoetida*, was the "sovereignest" thing on earth for fits. The old veteran referred to many practical points in his practice. He pointed out the danger a man was in of becoming egotistical or of getting into a rut when he was so far removed from other medical men. The corrective of this he considered to be the attendance of medical associations. A considerable portion of the address was taken up in discussion of the question of inter-provincial registration. Every practitioner in Canada, he considered, should have the right of practising in any part of the Dominion, without having to submit to an examination. He believed in a high standard both as to matriculation and graduation.

The President was accorded a hearty vote of thanks for his address, and a committee was appointed to consider the matter of reciprocity discussed in his address.

The subject of appendicitis was discussed by Dr. Bell of Montreal. He reported 48 cases: 40 of them operated on with recovery; 5 not operated on; and only 3 deaths altogether. He classified his cases into the gangrenous, the perforative, the non-perforative,

and those bound in with adhesions. These cases should be watched, he maintained, by a surgeon from the first, as little could be done for its relief medicinally. He advocated surgical interference in nearly all cases. Dr. Hingston thought the operation was performed unnecessarily; no young man should attempt to enter the abdominal cavity without first consulting one or two others. He had prevented the operation 25 or 30 times, and only regretted this step in one case. He was strongly in favor of conservatism.

Sir James Grant reported two cases of appendicitis,—one the gouty form, the other, rheumatic. He found it difficult to know when to operate, and he knew of no more perplexing point in surgery. It required great observation, discrimination and judgment to know how to deal with them. He did not believe the trouble was due to concretions found in the organ. He attributed its causation to the insufficient time taken to masticate food and allied causes common to the rush of to-day.

Dr. Shepherd pointed out that the surgeons get the worst cases; so it was difficult to say just what the proportion of cases was which were operated on. Someone had spoken of unloading the cæcum at the beginning of the attack; he had never found or heard of anything being found in it at the p.m. table. He advocated operating in the interval as the safest time. In regard to McBurney's point, he thought the tenderness was due not to the appendix, but to the inflamed condition of the mesenteric glands.

Dr. Strange believed in non-interference till there was evidence of pus; and then to open the abscess, as one would any other abscess. He leaned to the conservative treatment from his experience with the disease.

Dr. Cameron was in favor of the conservative line of treatment. In the majority of his cases he had not operated at first, and had found his results to be as good as those in which the operation was performed in every case early. He thought it unfortunate that the experience of a hospital surgeon of skill should determine the matter one way or the other. With regard to the gangrenous form due to embolism of the appendiceal artery, one should operate. He agreed with Dr. Shepherd that the interval was the time to operate. The difference was, Dr. Shepherd operated before pus formed and closed the cavity, while he (the speaker) did not operate till pus formed, and he did not close the cavity.

In replying to the discussion on his paper, Dr. Bell made a strong plea in favor of his statement—"one should always operate". It was generally agreed that no one knew when to operate. If the patient were left at any moment, perforation might take place. However, in the 40 cases he had operated on, 30 were

perforated, and abscess was present at the time of operation. In three the appendix was wholly gangrenous. And, here, he said one could not wait for the tumor formation or the abscess, because there was none. In two the appendix was bound down; in three the appendix was not perforated, but gave rise to urgent symptoms, yet there was no abscess found. He used to follow the waiting treatment, but found it unsatisfactory. The mortality was much greater than that of his eleven months of the new plan. The greatest mortality statistics for the operation only amounted to from two to three p.c. The operation as a rule was not difficult. He considered the plan of waiting for pus not the best surgery. The very mild cases where the symptoms passed off in say 12 hours he would not interfere with; they were probably only cases of cæcitis.

"Eye Strain Headaches" was the subject of a paper read by Dr. Morrison, of St. John, N.B. He gave an extensive list of such cases where the true cause had not been found, and as a result the varied forms of treatment gave unsatisfactory results, only in so far as they gave rest, unconsciously, to the eyes and supported the general bodily health. A school-boy had Wednesday headaches. Resting Saturday and Sunday from study, the eyes stood the strain till Wednesday, when he was obliged to lie off. Suitable glasses directed the correction of the astigmatism, and hypermetropia effected a cure. Often the patient was treated for a long time for some other disorder altogether. The eye should, in the headache case, be taken into consideration, for he affirmed that 90 p.c. of all cases were due to eye-strain. Treatment must be directed to a correction of the mechanical defects in the cornea, to strengthen the delicate muscle of accommodation by tonics and massage; and for young ladies he recommended gymnastic exercises.

Dr. Laphorn Smith, of Montreal, followed by a paper on the treatment of diseases of the ovaries and Fallopian tubes. The subjects of gonorrhœal and tubercular salpingitis, tumors of the ovaries, ovarian congestion and neuralgia were elaborately referred to, their most prominent symptoms pointed out and also their treatment. The paper was practical, inasmuch as numerous histories of cases were recited and pathological specimens shown.

THURSDAY MORNING.

After the opening, the Nominating Committee brought in the following report:—President, Dr. Bayard, of St. John; General Secretary, F. N. G. Starr, of Toronto; Treasurer, H. B. Small, of Ottawa. Provincial officers:—Ontario, Vice-President, Dr. Shaw, of Hamilton; Secretary, Dr. Fenwick, of Kingston; Quebec, Drs. Armstrong and Campbell of Montreal. New Brunswick, Drs. McLaren and McNally.

Nova Scotia, Drs. McKeen and Hattie. Manitoba, Drs. Blanchard and Nelson. North West Territories, Drs. Haultain and Macdonald. Prince Edward Island, Drs. Maclaren and McNeil. British Columbia, Drs. Edwards and Richardson.

The use and abuse of the various cauterizing agents in the treatment of nasal affections was treated by E. A. Kirkpatrick, of Halifax. He referred first to the delicacy and importance of the nasal mucous membrane, and said that too often it was the subject of too harsh treatment. Caustics were used, perhaps, more in hypertrophic rhinitis than for anything else, and often too severely. Of the caustics he used, chromic acid, tri-chlor-acetic acid and the electro-cautery were the principal. The chromic acid he used in anterior applications, the cautery for the posterior applications. By the injudicious use of caustics he had seen the mucous membrane destroyed. And in some cases he had seen very serious sequelæ follow in connection with the ear, such as loss of hearing, and mastoid disease.

The Address in Medicine was delivered by Dr. Bayard of St. John, N.B.; subject—The Influence of the Mind on the Body. This was, he claimed, a subject of growing importance in this rushing age. Most authorities were agreed that surgery and medicine were rapidly advancing; but it was also agreed that nervous diseases were on the increase, particularly insanity and neurasthenia. This was largely due to the energy, competition, worry, compulsory education, sensational novels, newspapers, speculation and unrest that characterizes the last part of this century. Another cause was the migration from the country into the town, where the strife for existence was greater and sanitary surroundings bad. Relief from this condition of affairs was largely through the instrumentality of educational reform and the employment of preventive measures generally.

As an outcome of one of the points referred to in the Address, at the suggestion of Dr. Hingston, Dr. Bayard moved, seconded by Dr. Hingston, that the system of education generally pursued in the Dominion of Canada draws too largely upon the brain tissue of children, and materially injures the mental and bodily health. Drs. Cameron of Toronto, and Powell of Ottawa, thought the terms of the resolution were too sweeping, that there was no specific statement as to what department of the school system was at fault, nor to what portion of the Dominion it more especially applied. Our young people, Dr. Cameron thought, were not suffering, the older people neither, from too much education. The educational system had been the subject of the best thought of our best men, and he considered the motion too condemnatory. A resolution was then passed

that the matter be referred to a committee consisting of Dr. Powell, Dr. Hingston, Dr. Graham and Dr. Bayard.

The committee appointed to report on the President's Address reported on the matter of inter-provincial registration. It was adopted. Dr. Daniel moved, seconded by Dr. Powell, that a committee be appointed in which each of the provinces shall be represented to draw up a form of medical act, which, after being adopted by this Association, shall be presented to each provincial legislature, to be by them passed into law; and that the committee that brought in the report be asked to name such committee.

Dr. Buller moved, seconded by Dr. Laphorn Smith, that a committee be appointed, with power to add to their number, to consider the best means of obtaining a uniform standard of medical education for the Dominion of Canada; and that said committee report at the next meeting of the Association. This was carried. The discussion over the above question was long and animated, and taken part in by several of the men from the different provinces represented at the Association.

"Functional Derangements of the Liver" was the title of a paper by Dr. J. E. Graham of Toronto. Little was known of the liver and its functions until comparatively recent years; but new light was being constantly thrown on its pathology since the discovery of its glycogenic functions, the peculiarity of its circulation and its work of manufacturing urea. The term "renal inadequacy," characterized by deficiency of urea, and subjectively by susceptibility to cold, slowness in the repair of wounds, and inability to stand ordinary surgical operations, with no apparent structural change in the kidneys, would, he considered, be more properly designated if called "hepatic inadequacy," as all the symptoms could more easily and reasonably be shown to be the result of hepatic rather than renal disorder. When the hepatic function of producing glycogen was impaired, the hepatic cells lost their power of arresting poisons from entering the general circulation. The poisons which acted deleteriously upon the hepatic cells might be classified:—1. Those introduced from without, as arsenic or poison from decomposing meats, etc. 2. Poison, the result of the action of bacteria as found in fermentation of the stomach. 3. Toxines produced in infective diseases. 4. Poisons from the intestine.

Dr. Hingston reported four cases of operations on the brain. The first two were for epilepsy. The first without the results hoped for. The second was operated on for cephalgic pain located in one spot. It had been incessant and severe for a year. The Doctor trephined, and found a hydatid pressing on the brain,

pediculated, which he removed. The patient made a good recovery. The next case was that of a young man, whom the Doctor presented, who had suffered for twenty years as the result of a fall and injury to the right side of the brain. He was the subject of paralysis of the left arm which was drawn up and flexed, the fingers also being flexed in their terminal phalanges, and extended in the first. The orbicularian and zygomatic muscles and the others on the left side were spasmodic and over-developed, the pupil was contracted, the vision and hearing on that side impaired. On operating, a thickened portion of bone was found impinging on the brain tissue, surrounded by a cartilaginous material which nature had thrown about it. There was no bleeding upon its withdrawal. The expression of the face at once became relaxed, and the patient seemed almost complete in facial appearance. The arm had improved. Dr. Hingston recommended the use of a large trephine, two inches in diameter, for these operations.

Dr. Shepherd of Montreal gave the history of a case of removal of the entire upper limb for a chondro-sarcoma involving the shoulder-joint; also of the removal of a large enchondroma of the pelvis. The first operation had not been done often, his being the first that had been done in Canada. Drs. Hingston, Cameron and Steves discussed the paper.

Dr. Buller, of Montreal, read a paper on "The Present Status of Asthenopia."

Dr. Inches of St. John, N.B., read a paper on the Prevention of Tuberculosis. He pointed out the danger of infection from diseased animals in their meat and milk, stating that in herds of cattle sometimes as high as 98 per cent. of the animals were affected. Then there was the great danger from the sputum of the tuberculous patient. Of course, suitable soil was necessary for the growth of the bacillus. He stated that in the perfectly healthy individual it could not propagate itself, or was not likely to; but in very many the general health was lowered either by hereditary disposition or through unsanitary surroundings. For its prevention the first thing to be attended to was the necessity of perfect cleanliness as regards the sputa on the part of the infected patient. The second was the establishment of special hospitals for this class of patients. These patients who belonged to the wealthy classes might be treated otherwise, but for the great majority of the cases, separate hospitals were exceedingly desirable. In Italy their establishment had lessened the mortality very greatly.

Dr. L. Duncan Bulkeley, of New York, gave a paper on the treatment of skin diseases. More success would come to the general practitioner in the treatment of the skin if more attention was paid to each individual case. He

advised careful enquiry into every detail of the patient's system and habits. The history of the eruption; careful enquiry as to former eruptions; family tendencies as to presence of asthma, rheumatism, etc.—all should be made a note of. If medical men knew eczema, acne, syphilis well, they would be able to treat the great majority of their cases satisfactorily. As to Eczema, too much was often done,—it was over-treated often. More and more he had grown to know that much depended on constitutional treatment in all these skin affections. The correction of some fault in diet or habit in life was sufficient to effect relief. The Doctor pointed out some of the principal points in the management of acne, syphilis, psoriasis and urticaria.

Dr. Laphorn Smith gave a very interesting exhibition of the use of the galvano cautery in which the street lighting current is used. He showed how simple it was, and how far superior it was to the old battery arrangement. The cost was trifling.

THURSDAY EVENING.

The report of the Committee appointed at the last Association to consider the matter of the establishment of a pharmacopœia was received and adopted. On motion of Dr. Starr, seconded by Dr. Macdonald, it was moved that the same committee be requested to correspond with the different medical and pharmaceutical associations with regard to the advisability of publishing a pharmacopœia, taking the B. P. as a standard.—Carried.

"The Prevention of Consumption" was the subject of a paper by J. F. Macdonald, N.S. He advocated bringing the matter of the contagiousness of this disease before the people by means of the secular press, by the establishment of philanthropic societies for the discussion of the matter, and the adoption of practical measures for the treatment of the cases. He advised the system of registration; a careful system of disinfection; government inspection of infected places; the establishment of sanitarium; and the enactment of laws to prevent the infected from spreading the infection.

Dr. H. D. Hamilton read a paper on "The Adhesions of the Soft Palate and their Treatment."

"A Medico-Legal Romance" was the subject of an interesting paper by Dr. Steves, of St. John Lunatic Hospital.

Dr. K. N. Fenwick then read a paper on Hysteropexy. It was discussed by Dr. Cameron, of Toronto, and Dr. L. Smith, of Montreal.

After the customary votes of thanks, the meeting closed. The next meeting of the Association will be held in Kingston, Ont.

THE MONTREAL MEDICO-CHIRURGICAL SOCIETY.

Stated Meeting, April 20th, 1894,

JAMES BELL, M.D., PRESIDENT IN THE CHAIR.

In a few words the truth in regard to inflammation and suppuration of the brain seems to be thus: While an inflammation of the brain may arise and go on to suppuration without the blood vessels being especially concerned in a causative way, and while a thrombus or an embolus may not give rise to inflammation, yet on the other hand inflammation and suppuration may follow sooner or later, and is almost sure to do so if the thrombus or embolus be due to some infective process near or remote. It follows therefore that the examination of the blood vessels of the brain, both venous and arterial, is a sound procedure in all cases of gross brain lesion.

Dr. ADAMI remarked that he presumed the paper was intended, by Dr. Mills, as an answer to his (Dr. Adami's) statement at the last meeting, that emboli never caused suppuration. He, at the time, understood Dr. Mills to mean that suppurative inflammation of the brain might be due to an infarct in that organ, that is to say, to the simple blocking of a vessel by some non-infective material. This he regarded, and still regards as impossible. To have suppuration and the formation of an abscess (as there was in the case then being discussed), one must have the presence of a micro-organism. Every metastatic abscess is the result of the carrying to and the blocking of some vessel by micro-organisms, which cause a destruction of tissue, etc., at that point. A simple infarct, on the other hand, causes necrosis, and round about the necrosed area one may get a zone of simple inflammation; but never the formation of pus. The authorities quoted by Dr. Mills, in his paper, may be divided into two classes: (1) Those who are referring to simple inflammation; (2) those who are referring to suppurative inflammation, and it will be found that they both agree pretty closely with the foregoing views. He pointed out that in giving his description of the brain, he had referred to the atheromatous condition of the vessels.

Dr. MILLS admitted that his paper was intended as an answer to Dr. Adami's treatment of his comments on a case discussed at the last meeting. In asking the question that night, he simply wished to know whether the blood vessels of the brain had been examined, as while he did not wish to belittle the importance of the more recent methods of bacteriological research, yet he thought it inadvisable to desert entirely the good old landmarks of pathological investigation, and as such he regarded the condition of the vessels as something never to be overlooked.

The late Dr. Joseph Workman.—Dr. GIRDWOOD called the attention of the members to the death of Dr. Joseph Workman, of Toronto, who was an Honorary Member of the Society, the oldest living graduate of McGill University, and was connected by marriage with one of our present most prominent members. He moved—"Resolved, that the members of this Society have heard with deep regret of the death of Dr. Joseph Workman, of Toronto, who was an Honorary Member of the Society, and that they desire to express their high esteem for the late Dr. Workman and their sympathy with the family of their deceased friend and fellow-worker; and that a copy of this resolution be forwarded to the representatives of the family."

Dr. WESLEY MILLS, although regretting the occasion, had great pleasure in seconding the resolution. He knew Dr. Workman, he had felt the influence of his presence for good, and knew a number of men who had experienced the same. Dr. Workman, in fact, was one of those men who influenced profoundly almost every person with whom they come in contact. He had made some important contributions to our Society, and was for many years a translator of scientific Italian medical work, which, if he had not translated, would most likely have remained entirely unknown to the majority of the profession in Canada. In this respect he even went to the trouble of translating an important Italian work on the brain, for which he never got a publisher. He was in many ways an extraordinary man, a man with the courage of his convictions. For many years in Ontario he fought the battles of the profession through the press, and we to-day are reaping the fruit of the victories won by this great Nestor over the iniquities of his time. Dr. Mills expressed it as his conviction that, with the exception of the late Dr. Howard, perhaps there was no man in Canada who was so generally respected and admired by his professional brethren, and, indeed, by all who knew him intimately enough to appreciate the nobility of his nature, as was Dr. Workman.

Stated Meeting, May 4th, 1894.

JAMES BELL, M.D., PRESIDENT, IN THE CHAIR.

Foreign Body in the Bronchus.—Dr. BELL exhibited a short piece of lead-pencil, with a brass top, out of which the rubber had fallen, that he had recently removed from the lower division of the left bronchus of a child. A week ago last Thursday, a little girl eight years of age, while nibbling the end of her lead pencil, was struck on the back of the head by a school-mate; the pencil slipped from her fingers into her mouth, and being a nervous child, she jumped up, inspired, and drew it into her larynx. A fit of strangulation followed, lasting

about fifteen minutes, and nearly proved fatal. A doctor was immediately called in; she recovered sufficiently to walk home, but coughed violently throughout the night. Her family doctor saw her at ten o'clock that night, but as she was then sleeping, he made no examination. The next morning, on calling, he found the left side of her chest collapsed and dull, with no evidence of air entering the lower lobe, and very little the upper lobe of that lung. The cough then had almost ceased, but she complained of great pain, which she vaguely referred to the region of the nipple. Her temperature rose during the day, and in the afternoon had reached as high as 103.5°. She was brought to Montreal that day, and when Dr. Bell saw her in the evening, at the Royal Victoria Hospital, her temperature was 104°, respiration 50 to 60 per minute, pulse 140; she was very restless, and complained of great pain in the situation already mentioned. The collapse of the left side was so marked as to be visible to the naked eye, and auscultation revealed that absolutely no air was entering the lower lobe, while in the upper only a very feeble sound, without any vesicular murmur, could be heard. His conclusions were, that the piece of pencil had entered the left bronchus, into the lower division of which it had become impacted so as to completely occlude it, while its end, lying across the orifice of the upper division, partially blocked its lumen as well; that in this position it acted as a bullet valve, which, when she coughed, permitted the residual air to be expelled, but which upon respiration became firmly impacted, and prevented the entrance of air to the lower lobe, and allowed very little to the upper. Recognizing the condition as a serious one, Dr. Bell thought it better to postpone the operation until the morning, by which time he could have the assistance of Drs. Stewart and Rüdick in consultation. With their concurrence, the next day (Saturday), a low tracheotomy was performed, and the trachea opened below the isthmus of the thyroid. Before attempting the extraction of the foreign body, the child was placed in what might be described as an exaggerated Trendelenberg's position, with a pillow beneath the back of the neck, to throw the head back; so that if he succeeded in dislodging the foreign body, gravitation would cause it to fall downward towards the wound in the trachea, and thus prevent it from being drawn into the other bronchus. To reach it, an angular forceps, with blades $3\frac{1}{2}$ inches long, and the angle nearly ninety degrees, were used, the angle of which went completely into the wound, and thus permitted the blades to be manipulated with great ease. Having succeeded in grasping it with the forceps, he dislodged it from its impacted position with a little jerk; but then, fearing he might have been mistaken, and have

caught hold of a ring of the bronchus instead, he let go the object, for the purpose of satisfying himself further. Immediately, however, there was a gush of pus up through the tracheal wound, which threatened the patient with instant asphyxiation, but, fortunately, not having withdrawn the forceps, he passed them down again, and striking the brass end of the pencil, which happened to be uppermost, he immediately withdrew it. All symptoms of urgency disappeared at once. The next morning, on examining the chest, air was found entering both lungs freely, a few râles were found in the lower lobe of the left lung anteriorly; but since then these have disappeared, the child appears quite normal, and is only waiting for the closing of the tracheal wound to return to her home.

Dr. JAMES STEWART had the privilege of seeing the child before, during and after the operation, and felt honored that he belonged to a profession capable of accomplishing such beneficent results. It was quite clear to any person who witnessed the great distress under which the little patient labored, that she could have lived but a very few hours. An interesting feature was the change in the physical signs which the plugging gave rise to; percussion over the lower half of the left lung gave a note quite as flat as that met with in pleural effusion, while over the upper half, though not so marked, it was still less resonant than normal. On listening over the lower half, nothing at all was heard, while in the upper portion one had tubular breathing. These phenomena are worthy of consideration as illustrating how respiratory sounds in health and disease are produced.

Six cases of Pyosalpynx.—Dr. A. LAPHORN SMITH read the reports of the cases.

Urinalysis in One Hundred Cases of Ether Anæsthesia.—Dr. GORDON CAMPBELL read a paper on this subject, of which the following is a synopsis:—Specimens were examined of the urine before, during the actual time of, and after the anæsthesia and the occurrence of albumin, sugar and acetone noted and the amount of urea estimated during the actual anæsthesia as compared to the normal. The amount of urine secreted while under ether anæsthesia was found to be within the normal limits, but the amount of urea excreted was largely diminished, averaging only ($\frac{3}{8}$) three-eighths of the normal, *i.e.*, at the rate of 177 grains per diem. Both the amounts of urine and of urea varied inversely with the length of anæsthesia. Albumin was found in the urine secreted during anæsthesia in 6 per cent. of the cases, and in three of these the presence of a sound in the bladder during part of the time was looked on as a possible cause. In no case did the amount of albumin exceed 2 grammes per litre, and in every case it disap-

peared the following day and was considered to be of vaso-motor origin. Sugar was not found as a product in any of the cases. Acetone was invariably present for two days following anæsthesia, and in 64 per cent. appeared during the administration. It lasted from 3 to 7 days after.

Dr. BULLER reminded Dr. Campbell of a case in which he had administered ether to a patient who was in a very advanced condition of saccharine diabetes, and who became dangerously cyanosed during the administration. Noticing that no allusion had been made to any such case in the paper, the speaker wished to know if Dr. Campbell had ever since met with any similar case.

Dr. REED wished to know what test had been used for acetone, also whether the latter was present in sufficient quantity to be recognizable without distillation.

Dr. LAPHORN SMITH declared himself as no friend of ether, but would like to give it its due. He did not think the ether was responsible for the diminished quantity of urine secreted after anæsthetization. The preparatory treatment which is employed in cases of laparotomy would alone have this effect. For some days before the operation a patient is kept on dry food, and purged freely by means of cathartics, thus getting rid of a large quantity of water from the system; the day previous to the operation the patient is not allowed any water to drink; and again some operators prohibited food for 24 hours after the operation. All this must have a very considerable effect in lessening the quantity of urine. Now, as to the diminution in the quantity of urea, he ventured to say that this diminution was not confined to the patient, but that both the operator and the anæsthetist would find themselves similarly affected. It must be remembered that urea is oxidized nitrogen, and that during every hour that a person is in a room without much air, or with air deficient in oxygen, the oxidization of the nitrogen into urea becomes more difficult, and it is often compelled to stop at the uric acid stage. For his own part, he has frequently found himself, after a prolonged operation, in a crowded room, to be suffering from soreness or aching in the joints, which he attributed to an excess of uric acid in his blood. Again, as to the safety with which Dr. Campbell has administered ether, he thought more credit was due to the anæsthetist than the anæsthetic. A great deal was the result of the use of Clover's Inhaler, but this was an apparatus which everyone could not manipulate with success; very few have been as successful with it as Dr. Campbell. By means of it, the quantity of ether administered during a given time is much less than would be required to keep up the same degree of insensibility were the ether administered by any other means; as a result, therefore, the patient con-

sumes less of the drug per minute or per hour and consequently runs less risk.

Dr. HINGSTON complimented Dr. Campbell on the spirit of thoroughness with which he had conducted these investigations; and expressed a wish that Dr. C. might undertake a similar series of experiments with chloroform. To have the same observer study the properties of the two drugs would be much more satisfactory than two investigators each confining himself to one.

Commenting on the details of the paper, Dr. Hingston took exception to the term "post" being used to designate the period during which the patient was really under the influence of the anæsthetic, and suggested that a better division would be into "ante," "per" and "post," or before, during and after the administration.

Dr. WESLEY MILLS praised very highly Dr. Campbell's paper. He concurred in Dr. Smith's criticism relative to the changes brought about in the urine from excitement, etc., as factors which should be taken into consideration when estimating the effects of the anæsthetic on that secretion. In this respect he alluded to the differences which he had frequently noticed in his own urine after lecturing, or when laboring under the strains of examination time, differences which a colleague of his had also observed.

Dr. JAMES BELL expressed himself as greatly interested in Dr. Campbell's observations. As a routine practice he was accustomed to use ether as an anæsthetic, reserving chloroform for certain conditions where the former was said to be contra-indicated. One of these was in affections of the kidney. He had never been able to see any good reason for this restriction, and a study of Dr. Campbell's cases was not calculated to remove the doubt. Only six cases of albuminuria appear in this list; in three of which a sound having been passed into the bladder is sufficient in itself to account for albumen in the urine. Relative to the undoubted diminution of urine and urea following ether anæsthesia, it must be remembered that such phenomena are susceptible of more than one explanation. The length of time during which the anæsthetic had been administered, and the effects of the shock proper to the operation itself, have to be taken into account in this respect. At the same time, Dr. Bell thought it well to remember that one hundred cases were after all a very small number for us to draw any positive conclusions from; to do this, the investigation should be continued and extended over a great many hundred cases if possible.

Dr. GORDON CAMPBELL, in reply to Dr. Buller, said he remembered well the case referred to, and thought that the cyanosis in that case was not due to the ether, but to a spasm of the glottis, because upon introducing a finger

into the patient's mouth, and raising the epiglottis, the spasm was relieved. The only other case he had seen with sugar in the urine took the ether normally, although it must be said that here the amount of sugar was very small—a mere trace only.

In answer to Dr. Reed, he said it was his practice always to distil the urine before testing; he tried once or twice testing the specimen direct, but did not meet with much success, and thought it would not be easy to detect in that way.

With regard to Dr. Bell's remarks, two cases showed pus in the urine before the operation, and as far as they could judge by the eye, and by microscope, the condition afterwards remained the same. He did not mention these, as two cases he considered proved nothing.

As to the time occupied in the operations, Dr. Campbell explained that most of these cases had been drawn from his experience in Dr. Gardner's Private Hospital, where, having no fear of the anæsthetic, they were accustomed to give the ether in the patient's room, and keep her under the influence of it until she returned there; in this way the length of time occupied by anæsthesia might sometimes exceed by an hour the time of the operation.

Dr. WM. GARDNER, in reply to Dr. Smith who had called attention to the importance of the preparatory treatment in laparotomy in influencing the diminution in the quantity of the urine, said that his patients had very little preliminary treatment. His operations are performed at 9 a.m.; a dose of castor oil the night before, and at 7 a.m. they have a cup of beef tea. This constitutes all their preparatory treatment.

Exophthalmic Goitre.—Dr. A. W. HALDIMAND gave the clinical history of a case which came under his observation in the Metropolitan Dispensary. The symptoms were exophthalmos and goitre which first appeared six weeks ago. There was no tachycardia, which is peculiar, since authorities seem agreed in considering this an ever present symptom. Neither were there other circulatory symptoms, such as throbbing of the carotids or flushing of the face. There was nothing in the family or personal history of the patient to account for the disease. The patient was a barber by trade, 27 years of age, and with the exception of a few attacks of gonorrhœa, never a day sick in his life. Auscultation revealed a slight systolic murmur, and his pulse was found to be somewhat irritable. The treatment employed was eight minims of the Tinct. Belladonnæ three times daily, under which the goitre rapidly diminished. The interesting features in the case, and those which he thought warranted his bringing it before the Society, were the acuteness of the onset and the absence of tachycardia.

Stated Meeting, May 18th, 1894.

JAMES BELL, M.D., PRESIDENT, IN THE CHAIR.

Morphœa.—Dr. GORDON CAMPBELL exhibited a case of this rare skin disease. The patient, a Russian girl about 25 years of age, showed in the left mammary region an irregular patch of an ivory white color, having a smooth and almost polished appearance and surrounded by a violet zone. The skin over the affected area was distinctly thickened. The symptoms were a slight tingling and itching on the patch. It had been present for the past nine months, while she has been living three years in this country. This is a very rare affection, only occurring once in several thousand cases of skin diseases, and, as far as he (Dr. Campbell) could learn, it is the first case of the kind ever seen in the General Hospital. This affection is regarded by Radcliffe Crocker as a form of diffuse scleroderma.

Dr. FOLEY had only seen three such cases. Dr. Crocker's statistics give its frequency of occurrence as 6 in 10 000 cases. He wished to know if Dr. Campbell had tried the massage treatment in this case.

Dr. LAFLEUR had seen one case of diffuse scleroderma, which, although spread over the whole body, bore a close resemblance to this case. The infiltration was even more pronounced than here, giving the skin a peculiar brawny feel, and although the blanching of the skin was well marked, there was yet no zone of redness. It was at first thought to be an œdematous condition; but as there was no pitting on pressure, this view had to be given up.

Dr. GORDON CAMPBELL, in reply to Dr. Foley, said he had purposely refrained from active treatment, as he wished to preserve the features of the case in all their distinctness for the members of the Society. An interesting point about morphœa is that it occurs on the breasts of woman, and it is thought that the irritation of the corsets acts as a causative agency. That does not seem unlikely to be the case here, as the patch occurs right on a line with the upper margin of the corsets.

Caries of the Vertebra.—Dr. WILLIAMS exhibited a specimen of tubercular spine removed at a recent autopsy at the Royal Victoria Hospital. The tenth dorsal vertebra was affected, the changes in which were noticed chiefly in the body. The latter was increased in size, extending slightly forwards, laterally, and backwards into the canal. As a result of this last extension, the canal was diminished in size by five or six centimetres, which gave rise to a pressure on the spinal cord. The intervertebral substance, however, seemed slightly affected, the bone having grown over it in the canal.

Dr. ADAMI called attention to the fact that in the intervertebral disc immediately above the tenth dorsal vertebra there was a small calcar-

eous mass evidently tubercular in origin, and indicating apparently, from its relationship, that the disease had commenced in the intervertebral disc and thence had extended into the bone.

Dr. JAS. STEWART had this case under his care, and the symptoms pointed clearly to a compression myelitis. For a time there were marked symptoms of irritation of the nerve roots. The extreme tenderness of the bones was an interesting feature, and one not always seen in such cases; for instance, Dr. Bell has at the present moment two cases of tuberculosis of the spine under his care in the Royal Victoria Hospital, and in neither of them is there any special tenderness. The question arose whether an operation in this case would have been followed by any beneficial results; but as the patient was so far reduced when admitted to the hospital, it was doubtful whether he could stand the shock of an operation.

Dr. GUNN had also seen this case. The patient came to the Hospital complaining of lumbago, lasting over a year. He felt pretty well otherwise. Examination revealed some tenderness over one or two vertebræ, and it was on this account that he was admitted. Considering this case, Dr. Gunn thought that all cases of lumbago, accompanied by tenderness of any of the vertebræ, should be regarded with suspicion.

Dr. JAS. BELL took a great interest in cases of this kind. It seemed to him that in a case where the cord is pressed against the unyielding vertebral arch, the removal of that arch should relieve the symptoms, provided it was done early enough. But as this is seldom the case, it becomes a puzzling question to decide what cases to operate upon and what ones to leave alone. The opinion held by many in the profession, that in these cases of paraplegia the condition was apt to undergo spontaneous improvement, had much to do with deterring men from early operation, and in his experience this opinion had very little foundation. He could recall several cases where he regretted not having operated early, when the paraplegia first appeared, and where he would have operated were it not for this prevailing impression. In cases of this kind he thought the actions of surgeons should be prompt and fearless, for it requires only a comparatively short time for degenerative changes to take place in the distal portion of the cord. He had already operated upon two cases, in both of which the paraplegia had been complete for two or three months. Both seemed to improve for the first two or three days after the operation, but in neither was the improvement permanent. He asked how long after the paraplegia develops can one reasonably expect recovery to take place on removal of the pressure?

Dr. JAMES STEWART, in reply to Dr. Bell's question, said that in an ordinary case of descending degeneration of the lateral columns,

recovery may take place many months afterwards, if the pressure is of an ordinary kind. Of course, where there has been absolute obliteration of all the functions of the column, one would not expect restoration to take place after three or four months.

Osteo-Sarcoma of Femur.—Dr. WILLIAMS showed a specimen of a bone tumor occurring in the lower portion of a femur, removed by Dr. Kirkpatrick, which measured about 20 inches in circumference. The tumor was lobulated in outline, and quite a large hæmorrhage had occurred in front of the knee joint, and numerous hæmorrhages were noticed in various parts of the growth. The inner surface of the patella and the head of the tibia were somewhat eroded.

Dr. ADAMI said that microscopically the tumor presented the characters of a periosteal sarcoma of the large mixed cell type. A little distance from the surface the cells were to be found embedded in a hyaline stroma, and the section suggested the possibility that we were dealing with a malignant enchondroma. In the more central portions hæmorrhagic and necrotic areas existed. Areas also were seen which had almost the appearance of cylindroma. An interesting point in this tumor was the tendency which apparently existed for the tumor substance to radiate from the joint. The early history also received in this case was the history of a joint trouble. At first the growth was the periosteal, but after a time it grew inwards also; yet the periosteal growth always predominated, as could be determined by observing the shaft, where it could be noticed that the tumor extends to a higher point externally than internally.

Dr. KIRKPATRICK showed the members a photograph of the limb taken prior to the operation. The history extended back only ten months. The patient was a farmer, 22 years of age. Sharp transient pain in the knee joint was the first symptom noticed. There is no history of injury. At the end of four months he could not bend the knee beyond a right angle. Until the 6th month it was regarded as an ordinary synovitis, and treated with blisters, etc. At the seventh month two lumps noticed at the knee joint; followed, two weeks later, by similar lumps in the popliteal space. In the middle of the eighth month these lumps had grown into one mass around the knee joint; and the circumference of this mass measured eighteen inches. One month later, or about the end of the ninth month, it had increased to a circumference of twenty-two inches, at which time the operation was performed. Ten months ago the patient weighed over 200 pounds, but when he entered the hospital he only weighed 146½. Amputation at the hip joint was performed on April 22nd by Wyeth's method. The limb was transfixed by two iron skewers, which were pressed completely through the limb, and proved a most

satisfactory means of fixing the esmarch. No blood was lost when the circular cut was made, except what was in the limb below the point of removal, which, however, was considerable, for, owing to the nature of the tumor, no bandage was employed to empty the limb of blood. After loosening the skewers and the constricting band below them, much blood was lost. To counteract the effect of the loss, two hypodermics of strychnia, and two enemata of saline solution were administered, and it was noticed that each of the latter had a marked and almost immediate good effect on the pulse. The patient is now doing well and going about the ward. The wound was dressed in the ordinary way.

Intra-Capsular Fracture of the Femur.—Dr. WILLIAMS showed a specimen which was obtained by Dr. Adami from a woman, 75 years of age. She lived three years after the fracture occurred, and was able to walk about with the injured limb. The specimen shows that no bony union had taken place; numerous fibrous bands pass across the fractured surfaces, uniting them with fibrous material so dense that it resembled cartilage, and was firm to the feel. In reference to a discussion which took place at a previous meeting as to how often, if ever, bony union occurs in these cases, Dr. Williams remarked that he had looked up all the specimens of this kind in the McGill Museum, and found that out of ten specimens of the unimpacted intra capsular fractures, not one showed bony union; while of two of the impacted variety, one showed union.

Hyperostosis Following Fracture.—Dr. WILLIAMS exhibited a tibia and fibula, illustrating this condition. The tibia showed signs of two or three old fractures which had occurred at different times. A large bony growth extended between, and united the tibia and fibula in their upper portion. This bridge, as it may be called, of bone is of interest, inasmuch as it frequently takes place in either the leg or forearm when both the bones are broken. Firmly attached around this bony growth was a large mass of firm fibrous tissue with numerous sinuses from which pus was oozing.

Dr. JAMES BELL remembered the subject of the last specimen shown. He was a man about 40 years of age, and a hard drinker, who had a compound fracture of the leg, from which he recovered with difficulty, but was ultimately discharged from the hospital with his wounds all healed and his bones united. He soon had another spree, in which he again fractured his leg (again a compound fracture) in the same place.

Exostosis Bursata or Exostosis Cartilaginosa.—Dr. BELL showed a specimen. This form of exostosis differs from the ordinary by growing in the neighborhood of joints, from the epiphyseal line, and the growths are usually directed away from the joint at an angle of 45° from

the shaft of the bone. They are covered at the free extremity with cartilage, and enclosed synovial membrane which often contains a large number of free bodies. The first case of this kind which came under Dr. Bell's care was in 1888, at which time only two cases were on record, the report of his case being then the third. In Prof. Billroth's case 25 free cartilaginous bodies were found within the synovial sac, while his first case contained 55 similar bodies. Bergmann reports a case in which 500 were found. The exostosis in the present case was situated in the region of the shoulder joint, and grew from the bicipital groove at an angle of 45° from the shaft. As to the pathology of these growths—they are generally explained by Cohnheim's theory of embryonic cells, lying dormant until something occurs or the conditions are favorable for them to take on active growth.

Cultures of Gonococci.—Dr. ADAMI reported a case of gonorrhœal synovitis, the clinical history of which is rather interesting as showing the importance of bacteriology as aid to diagnosis. The credit of reporting this case was due to Dr. H. S. Shaw, resident surgeon at the Royal Victoria Hospital, who, Dr. Adami stated, had done all the work connected with it. The patient was a man with a swollen knee and a slight urethral discharge from the urethra. The question arose as to whether or not it was a specific synovitis. The knee having been rendered carefully antiseptic, a Pravaz syringe was used to withdraw some drops of clear fluid which were immediately spread upon the surface of two tubes of glycerine agar, which ten days afterwards showed the gonococci culture. Subsequently gonococci were discovered in the urethral discharge. Dr. Adami remarked that it is of importance to know that the gonococci may be cultivated on glycerine agar, a material which is easily obtained, where hitherto it was thought to require blood serum for its growth. He pointed out that the growth was very slight, and that it might be not so much a growth upon the glycerine agar as upon the fine film of synovial fluid which covered it.

Pseudo-Membranous Enteritis.—Dr. GUNN read a paper upon this subject.

Dr. LAFLEUR remarked that he had seen one of the cases reported by Osler, while at the Johns Hopkins Hospital. The ailment did not impress him as being very distressing. A slight looseness of the bowels, with the occasional passage of very perfect intestinal casts, which microscopical examination showed to be composed of a hyaline laminated material, with here and there desquamated cells from the mucosa, but with very few leucocytes or red blood cells. As far as he could remember, the treatment was local—washing out the bowels, etc.

Dr. ALLAN had a case of this kind which came under his care at the Montreal Dispensary.

sary. She passed large quantities of these casts daily.

Dr. MORROW wished to know if this condition was analogous to the somewhat similar condition which occurs in the respiratory tract.

Dr. GORDON CAMPBELL had seen a case of this nature in which the chief trouble was the involuntary passage of the casts. They were most commonly passed during sleep, and for a time it was not settled whether they were of rectal or vaginal origin.

Dr. GUNN, in reply to Dr. Morrow, said it was his impression that the pseudo membranous condition which occurred in the bronchi was inflammatory and allied to the diphtheritic form. There was consequently no similarity between them.

SOCIÉTÉ DE CHIRURGIE.

STRANGULATED HERNIA.—M. Chaput read the history of two cases of strangulated hernia complicated with gangrene. The first was that of a woman, aged 50, who suffered for five days from strangulation of a voluminous umbilical hernia; fecal vomiting and collapse had already set in when seen by one of his *confrères*, who immediately practiced a long median incision and opened the sac, giving issue to a quantity of fetid liquid. The protruding omentum was resected and the intestinal folds detached from their adherences, on one of which a long ribbon of gangrene was discovered. Pinching up this portion of the intestine and turning the diseased part inside, leaving to nature the care of discharging it, the operator sutured the edges of the artificial fold together and completed the operation in the usual manner. The second case, reported by the same surgeon, was that of a strangulated crural hernia in a woman, aged 58. At first taxis was tried, but it was soon evident that an operation was necessary. The strangulated intestine was found to be sphacelated to an extent of four inches, and became detached on very gentle traction. Both ends were sutured, and the intestine returned. A stercoral fistula was the immediate result, but in a few days it closed spontaneously, and in three weeks after the operation the patient was quite well.

M. Chaput stated that taxis in such cases was bad practice, and should be absolutely proscribed. A few weeks previously he was called to a man, aged 50, who had a right strangulated inguinal hernia. Trying taxis to his satisfaction he succeeded in reducing the hernia, but the following day his colleague was obliged to operate, as the hernia had returned. The intestine being sphacelated to a certain extent, an artificial anus was made, but the patient sank in a few days from exhaustion. M. Chaput said that if he had not tried the taxis, but operated, the man would have recovered.

One of the most difficult questions in surgical therapeutics was to decide between suture of the intestine and artificial anus. The creation of an artificial anus is extremely simple, and can be effected without the aid of chloroform. It presents the considerable advantage of emptying rapidly the upper end of the intestine of products which contribute to poison the organism, but it presents, on the other hand, numerous disadvantages resulting from the flow of matter, which provokes frequently the development of phlegmon of the walls, inoculating the peritoneum, causing septic thrombosis of the femoral vein, with pulmonary embolus and death, as has happened in some cases within his knowledge. The mortality of this operation is placed by a very high authority at 76 per cent., and even if the patient survives all complications he remains afflicted with a disgusting infirmity, which cannot be cured but by a series of grave operations.

Resection, on the other hand, followed by suture of the intestine, does not present the same drawbacks; the mortality is less, and the operation susceptible of being rendered much easier to perform. It is true that with the suture secondary gangrene or perforation of the upper end is to be dreaded, but this accident can be avoided by not reducing the intestine, and if gangrene supervene an artificial anus can be made.—*Medical Press and Circular*, March 28, 1894.

MEDICAL SOCIETY OF LONDON.

DIAGNOSIS OF DIPHTHERIA.—Dr. Wethered, in a paper on this subject, stated that he had examined 26 cases of diphtheria and 16 of follicular tonsillitis. His method was to obtain particles of the deposit from the throat by means of a strong piece of platinum wire fixed in a glass handle and bent into a loop at the end. The portion thus obtained was drawn over the surface of glycerin agar-agar contained in large test-tubes, which were then placed in an incubator at a temperature of 37° C. (98.6° F.) for twenty-four hours, and the cultures examined microscopically. In 16 cases of follicular tonsillitis he found staphylococci only, and in 1 case bacterium termo also, but no organisms which could in any way be mistaken for the bacilli of diphtheria. In 26 cases of diphtheria he found the Klebs Loeffler bacillus fifteen times, streptococci three times, and staphylococci eight times. Baginski had stated that streptococci might cause mild forms of diphtheria, but of Dr. Wethered's cases 2 recovered and 1 died. He offered the following suggestions: 1. That bacteriological examination of material obtained from the throat in doubtful cases of diphtheria might prove of great service in diagnosis. 2.

That on microscopical examination there was no great danger of mistaking organisms found in cases of follicular tonsillitis for the pathogenic organism of diphtheria, although the naked-eye appearance of the cultures were not characteristic. 3. That as some observers had described non-malignant organisms similar to the diphtheria bacillus, in case of doubt plate-cultures on gelatin should be made as control experiments.

MILK DIET IN BRIGHT'S DISEASE.—Dr. Ralfe gave the result of observations as to the effect of milk diet on the secretion of urine, as regards its quantity, amount of solids, and excretion of urea and albumen, in patients suffering from nephritis in its different stages, such as ordinary acute nephritis, chronic nephritis with active hypertrophy of the left ventricle, with strong pulse-tension; chronic nephritis with failing cardiac action and degenerated vessels; chronic renal cirrhosis from venous congestion, the result of valvular disease of the heart, and nephritis complicated with lardaceous disease. The patients at first for one week were placed on an ordinary diet (containing 4 ounces—124 grammes—of meat), and afterward for two or three weeks kept on milk, and then again for a week resumed the ordinary diet. The results were given on charts showing the weekly averages of the quantity of urine passed, the solids, the urea, and albumen. With regard to acute nephritis, it was found that the effect of a milk diet was to increase the quantity of urine, the amount of solids, and the urea, and to diminish the albumen, all of which was reversed when a more stimulating diet was resumed. In the chronic cases the milk diet had not such a marked diuretic effect on the amount of urine secreted, but caused a decided fall in the quantity of solids and of urea. The effect on the amount of albumen was varied. In nephritis associated with high pulse-tension it was certainly lessened, but in nephritis with failing cardiac action and degenerated vessels very little change occurred. As a rule, the milk diet was well borne by the acute cases, and they certainly improved under its use. On the other hand, the chronic cases generally disliked milk from the first; they did not improve under it, and it certainly increased the uræmic symptoms. It had, however, considerable influence on reducing the tension of the pulse, which rose again on the resumption of a diet containing meat. This raising of the pulse-tension was an important objection to the use of a too stimulating diet in cases in which there was a strongly-acting vascular system, for fear of its inducing cerebral hæmorrhage, a risk as great, in Dr. Ralfe's opinion, as of inducing uræmia by too low a diet. The exclusive use of milk should be confined to acute cases

alone, and for a time perhaps to chronic cases, when it might be necessary to reduce the action of the vascular system. In cases with a failing heart and degenerated vessels a more stimulating diet was called for; its effect should, however, be carefully watched, and it should only be given in small quantities at a time.

Dr. Hale White referred to a series of observations made by him on the effects of milk diet in patients suffering from chronic nephritis. His conclusions, on the whole, agreed with those of Dr. Ralfe. The milk diet increased slightly the amount of urine excreted and lessened its specific gravity, but the amount of albumen increased. He insisted on the fact that the loss of albumen in chronic nephritis was trifling *per se*, and he added that too much importance was attributed to the amount of albumen present in the urine. He agreed that the milk diet tended to increase the risk of uræmia when this was threatening. No hard and fast rule could be laid down as to the milk diet in chronic cases of nephritis, and rather than give it in all cases he would prefer not to give it at all.

Dr. Solomon Smith suggested that the failure sometimes observed with milk might be due to its not being digested, which would make a milk diet a form of slow starvation.

Dr. Shuttleworth had observed that boiled milk was seldom tolerated for long, and he asked whether the effects of the milk of other animals was the same as that of cows' milk.

Dr. Kelson mentioned that the addition of eggs to the milk diet in one series had determined disastrous symptoms, and two of the patients had died, apparently in consequence of the change of diet.

Dr. Wethered pointed out that the effect of a milk diet must vary according to the previous habits of the patients, and he asked whether any difference in this respect had been noted between hospital and private patients.

Dr. Ralfe pointed out that what these patients required was a more solid but not a stimulating diet. He regretted that Dr. Hale White should have made use of the term "full diet," which was apt to mislead. The average quantity of milk was four pints daily, but more was given if asked for. It was taken plain or boiled or with effervescing water, as elected by the patient. He explained the mode in which his analyses were made, in order to avoid various sources of error and to insure an accurate estimate of the quantity of albumen.

Dr. Hale White asked permission to explain that by "full diet" he meant what was known as full diet in hospitals—a technical expression with a definite meaning—*British Medical Journal*, March 24, 1894.

NEW YORK ACADEMY OF MEDICINE.

BRONCHITIS.—Dr. A. Reich gave an interesting summary of the morbid anatomy and symptoms of bronchitis in children. Among the latter were mentioned dry, hot, pale skin; dilated nostrils; breathing of thoracic type; bulging of supra clavicular regions; rapid pulse and respiration; short inspiration, followed by a pause before commencement of expiration; expiration accompanied by a moan, caused by pleuritic pain; expectoration of whitish or yellowish muco-pus, usually swallowed, sometimes tinged with blood. There might be diarrhoea. As long as the inflammation was limited to the bronchial tubes the fremitus was normal, but if a large part of the lung were involved it increased, subcrepitan and crepitan râles changing location. The signs varied according to the extent of complicating broncho-pneumonia when this was present. In the same lobe, healthy, partially involved, and completely involved tissues, distinguished by their respective signs, were sometimes observed. The children might feel well the first part of the day, and gradually become distressed in the afternoon and night. The termination was usually by lysis. The child might grow weaker, the blood being less and less oxygenated, and convulsions and death follow; or it might gradually recover after several intervals of improvement, with involvement of fresh parts. For a long time after subsidence of the inflammation there was diminished respiratory murmur and a few subcrepitan râles.

Dr. Charles G. Kerley described a treatment based on an experience with several hundred cases seen at the clinic and hospital, where he had lived practically under the same roof with the patients, in many instances attending personally to the details. The room should be of a uniform temperature, from 70° to 72° F. (20° to 22.2° C.), the air completely changed in twelve or sixteen hours, while the patient occupies another room. Comfortable, loose clothing should be worn, and the belly-band be dispensed with, as it interferes with respiration. Clothing should never be damp. The infant should not be held on the lap, nor long on the back. Daily bathing or sponging with lukewarm salt water is beneficial, preferably in the evening. Dr. Kerley has not yet seen harm come from the bath. If there were many sonorous and sibilant râles, with difficult breathing, hot water would be beneficial, as a bath or pack, but it would be rarely advisable to apply it oftener than twice a day. Where there is a short, teasing cough, a spray of steam, simple or medicated, used fifteen minutes every hour or continuously for several hours, according to the case, will be found of value, if tolerated. In light forms of bronchitis em-

brocations of almost any form could be used, however mild, but in severer cases something more irritating is called for. Mustard might be left on one to three minutes; it will make the child cry quite vigorously, which in some cases is desirable. As a rule, it should not be employed more than twice a day.

Dr. Kerley regarded drug treatment as of least value. If he saw the case early he ordered castor-oil. Ipecac and tartar emetic might assist, the most convenient form being in tablet triturate. An emetic was seldom necessary. Carbonate of ammonia might be indicated. If there were a tendency for the disease to become chronic in delicate children, cod liver oil was indicated. A stimulant might be required, as whisky or strophanthus. The habit of giving cough-medicines was bad, as they nauseated the child and interfered with nutrition.

Dr. Henry Koplik stated that treatment should vary according to whether it were a simple acute bronchitis in a child previously healthy or in one in bad nutritive condition, as in rickets, or whether the disease was a complication of the exanthemata or heart disease, or a recurring bronchitis resembling asthma in the adult. In uncomplicated bronchitis a little camphorated tincture of opium (4 minims—0.26 gramme—every two or three hours for a child under 6 years) might be used to allay cough; if a malarial district, some quinine. He had not found the cold pack necessary, and had even interdicted the bath for a time, lest the child take cold. Nor was aconite indispensable to him, as it seemed to be to some other physicians. In many cases he had found the syrup of ipecac useful, combined with the opiate. In the subacute stage the opiate should be prohibited. Small doses of strychnia would then improve the appetite and aid the heart. Where relief had not been obtained by the means suggested, the speaker was inclined to resort to the balsams, such as terebene. Terebene should not be given in larger doses than ½ to 2 minims (0.03 to 0.13 gramme); if it were, it would disturb digestion.

In rachitic patients there was a tendency to relapse or a subacute condition, and treatment should be directed to the main condition. Cod liver oil, phosphorus, and tepid bran baths, followed by rubbing, were of benefit. If syphilis was suspected, iodide of potassium, either alone or with cod liver oil, or iodide of iron, should be given in the subacute stage. Iodide of potassium combined with digitalis or strophanthus was of most value in chronic bronchitis with emphysema.

Dr. W. H. Thomson believed nothing to be a better prophylactic against bronchitis, especially against repeated attacks, than a dry towel to protect the nape of the neck at night. If

children perspired much about the head and neck, salt-water sponging before bed-time was of service. When the cough was irritant and it was necessary to increase the secretion and allay the pain, Dr. Thomson's favorite prescription was an emulsion of linseed oil to excite the secretions and an anodyne of about a thirtieth of a grain (0.02 gramme) of morphine and three or four grains (0.2 or 0.26 gramme) of chloral. Where there was threatened muscular exhaustion from mucus collecting about the glottis an emetic was needed, as ipecac or, if necessary, sulphate of copper. The mucus should be removed with the finger after vomiting had ceased.

Dr. Baruch used tepid baths in children up to 5 years, beginning with 95° F. (35° C.) and reducing to 80° F. (26.8° C.). At the afternoon bath the mother should slap the body of the baby with the hand dipped in warm water, the temperature being reduced from day to day until 60° F. (15.6° C.) were reached. Water should then be dashed on with the hand, beginning with 80° F. (26.7° C.), and after some days gradually reducing to 60° F. (15.6° C.).

Dr. J. W. Brannan used mustard combined with flaxseed as a poultice for the chest. He also feared the exposure of baths. Half drop or drop doses of aconite were of value where there was fever.

Dr. J. Lewis Smith stated that no remedy was better than carbonate of ammonium to promote cough, small doses being used to avoid gastritis. The position of the child should be frequently changed to avoid pneumonia or atelectasis. Under the fourth month he used muriate of ammonium with syrup of Tolu. Half a grain (0.03 gramme) of phenacetin may be used to reduce temperature. Mustard should not be used under the tenth month. Instead of water he preferred a linseed and mustard poultice on the chest.—*Archives of Pediatrics*, April, 1894.

Progress of Science.

TREATMENT OF TABES DORSALIS.

MAX WEISS, of Vienna, describes a case of advanced tabes, in which the connection between that disease and syphilis was very clear, thus lending additional support to the Erb-Fournier theory. This case is especially noteworthy from the fact that a regular and steady specific treatment markedly and rapidly diminished pronounced objective and subjective tabetic symptoms, a few of these even disappearing entirely. The treatment consisted solely of rather large daily doses of iodide of sodium, increasing from 5 to 8 grammes (1¼ to

2 drachms) for several months. The patient was an engineer, 35 years old, who had never suffered from illness during childhood; in 1883, he acquired an indurated specific ulcer, with secondary symptoms. He was given twenty injections of corrosive sublimate and small doses of iodide of potassium; in July, 1884, a lingual ulcer developed, which underwent complete resolution after twenty-four injections of corrosive sublimate. Since that time there had been no specific eruption either on the body or the visible mucous membrane. In 1886 several attacks of nausea and vomiting occurred, each lasting about fourteen days, accompanied by severe pain in the back. In the autumn of 1887 renewed attacks of vomiting occurred early in the morning (gastric crises). From 1889 there were almost daily attacks of vomiting. Nutrition was much impaired, and the body-weight decreased. He suffered from lancinating pains over the entire surface of the skin, more particularly on the arms and legs, most frequent after a change of weather. In 1890 co-ordinate disturbances of standing and walking were first noticed, with paræsthesia of the toes, soles of the feet, and the two small fingers of each hand, diminished tactile sensibility in the epigastric region, and fatigue after the least attempt at walking. Constipation, cramp-like pains in the abdomen (intestinal crises), some retention of urine, and severe boring pains in the urethral canal were added to the other symptoms. In the spring of 1893 the sight was poor at a distance of from twenty to thirty steps, but there was no trouble in reading and writing. In August, 1893, the patient was submitted to a systematic iodine treatment. For the first two weeks he took daily 5 grammes (1¼ drachms) of diluted iodide of sodium; no symptoms of iodism being observed. The daily dose was increased 2 grammes (31 grains), and for some time 3 grammes (46 grains). Within a month the daily gastric crises ceased suddenly, and have never since reappeared; in September, disturbances of co-ordination diminished perceptibly, and in October, when the patient was taking 8 grammes (2 drachm) of iodide of sodium daily, and had already consumed the enormous quantity of 500 grammes (1 pound) in all, without any untoward symptoms, no evidences of ataxia were present. The cloudiness of vision had also disappeared, the lancinating pains occurred but seldom, and were much less severe than formerly. The patient, even after walking several hours, did not feel any fatigue. His appetite has greatly increased, and his weight has increased 6 kilos (12 pounds). Treatment is still being continued in daily doses of from 6 to 8 grammes (1½ to 2 drachms), with short intermissions. The paræsthetic symptoms have almost entirely disappeared. The urethral crises and the weakness of the detrusors persisted longest, and systematic cross-galvanization of

the lumbar portion of the spinal cord, in the region of the perineum and of the bladder, were resorted to, with internal administration of ergot and strychnine, the result being that for three weeks before the time of report the patient no longer complained of urinary disturbance or of pain in the urethra. Dr. Weiss regards the great improvement as due entirely to the treatment. The absence of any symptoms of iodism is remarkable, and in his opinion may be due to the purity of the iodide of sodium employed. The absence of iodic acid from preparations of iodine causes them to be better supported, even in larger doses, and continued for months. Should it be impossible to administer the drug by the mouth, it may be given by the rectum.

Weiss refers to a case of genuine syphilitic tabes, treated by Werner Stark (*Duodecim*, v. viii, p. 280), in which a like rapid and marked improvement followed the administration of the iodide of potassium in large daily doses. The patient was a woman, aged 43, who had become infected by syphilis thirteen years previously, and recovered without relapse. Five years ago the first indications of tabes appeared, the symptoms increasing in intensity until the patient was unable to walk. No disturbances of the digestive or urinary organs occurred. When the patient was first seen by Stark, in 1890, she was pale and thin; there was complete ataxia of the legs, analgesia and partial anæsthesia of the skin, as well as weakness and atrophy of the muscles of the legs; the patellar reflex was absent. Psychic and ocular disturbances were not present. The patient had been discharged from hospital as incurable. Stark first gave 50 grammes (1½ ounces) in 400 grammes (13 ounces) of water, a tablespoonful being taken three times daily. After some time the pains became less severe. The dose was then increased to 60 to 400 grammes (1¾ to 13 ounces); after three months to 75 to 400 grammes (3¼ to 13 ounces); and again after three months to 100 to 400 grammes (3¼ to 13 ounces), 4 tablespoonfuls daily, this strong solution being taken for four months. After the first increase of the dose improvement soon occurred, so that the patient was able to do a little light work; after the second increase the pains disappeared and the ataxia and anæsthesia decreased. After the last increase, when the patient was taking 12 grammes (3¼ drachms) of the iodide of potassium daily, there was perceptible improvement; the anæsthesia and ataxia disappeared and the muscular atrophy diminished; the patient could walk quite well with the aid of a cane or support. During the entire time she did not suffer from any disturbances of the digestive or other organs. Sometimes the treatment was continued steadily for weeks, and again it was interrupted at intervals; during

these, however, Stark observed that improvement was not progressive, and that there was occasionally a tendency to relapse. At the time of writing, the patient had, for a year only, occasionally been taking the iodide of potassium, feeling stronger after each treatment.—*Centralblatt für die gesammte Therapie*, February, 1894.

THE SEVERER FORMS OF SCARLET FEVER AND THEIR ANTIPYRETIC TREATMENT.

Between September, 1888, and July, 1890, DR. JOHN H. CARSLAW had under his care at the Belvidere Hospital, Glasgow, 630 cases of scarlatina. The majority of these were of the type "scarlatina simplex," the others varied greatly as to severity. There were 50 deaths: from renal complications, 17; pulmonary, complications, 5; laryngitis, 4; pyæmia, 2; cardiac disease with embolism, 1; rheumatism, chorea, etc., 1; tubercular meningitis, 1; purpura hæmorrhagica, 1; post-scarlatinal diphtheria, 1. In 17 cases, complications such as the above were absent, 11 of them being characterized by the severity of the attack upon the throat and neighboring parts, and 6 by the prominence of severe nervous phenomena. In the 11 cases of "scarlatina anginosa," with very bad throats, there was generally discharge from the nose; the neck was always swollen, in some instances distinctly "brawny"; the rash was sometimes delayed and "irregular," and the patients were usually restless, sometimes delirious; in 4 of the 11 cases convulsions occurred just before death, and in another there was inversion of the thumbs, this and Cheyne-Stokes breathing being noticed just at the close. The 6 cases with nervous phenomena were rather such as would be called "scarlatina maligna." The throats were not badly affected, but in all there was an unsatisfactory eruption, while the persistent vomiting and collapse described as of nervous origin were among the symptoms. The age of these latter patients was, as a rule, much higher than that of the patients suffering from severe throat symptoms, but in spite of this fact death occurred sooner. In both "scarlatina angina" and "scarlatina maligna" very high temperatures were met with, and in both some albuminuria, which was regarded as "febrile." In some of them there was *diarrhœa*, an important symptom as regards the prognosis. In many of the fatal cases the motions were particularly observed, and are noted as *loose, green* and *offensive*, with an appearance suggestive of cabbage and spinach chopped up and mixed with water; sometimes, of course, particles of undigested milk were distinguishable. As regards the condition of the intestine, it seems to be determined that in severe cases of scarlet fever, especially such as come early to post-

mortem, the bowel is in an easily-irritated condition, and, whether for that reason or not, severe cases are liable, during the febrile attack, to the diarrhoea described. The inference as regards treatment is obvious; purgatives should be avoided and an enema used, if required, in any case whose severity suggests that such a diarrhoea may supervene.

The "expectant" plan was followed in the great majority of the cases of scarlatina simplex; the only active interference was by some application to the throat when it was at all sore or even slightly ulcerated. In these simple cases antipyretics were not employed; when restlessness was troublesome, sponging with tepid water was used. Mustard spongings are particularly useful in the earlier stages of an attack with nervous phenomena.

In the cases in which the laryngeal and nervous symptoms predominate, special attention should be directed to the conditions in and around the throat, and antiseptics used locally. Bits of the ordinary urethral bougies of eucalyptus and iodoform were found very useful by the author for introduction into the anterior nares. Quinine may be given internally, but not in heroic doses, and tepid sponging will allay restlessness to some extent.

In considering the applicability of antipyretics in scarlet fever, certain features of the disease must be borne in mind, the most important being the tendency to collapse, the rash, and the renal condition. These being kept in view, the means at command for the reduction of temperature are diaphoretics, antipyretic drugs, and cold and tepid water. Diaphoretics may be useful in moderately severe cases, but when nervous complications are present may increase the tendency to collapse. Pilocarpine should be used only in very small doses. All antipyretic drugs are open to the objection that they tend to depress, and must be used with caution. The external use of cold should either be postponed altogether till the rash is mature, or must be used in such a modified form as to minimize the danger of superficial anæmia; even supposing the rash to be developed, the application of cold must neither be so prolonged nor so intense as to lead to the premature disappearance of the rash, to the danger of collapse, or to serious internal congestion. The author approves of the cold wet-pack, at from 50° to 60° F. (10° to 15.6° C.), in the hyperpyrexia of nervous attacks. In his cases the rectal temperature and pulse were lowered, and there was a marked improvement in condition of the nervous system, the most restless patients going to sleep in the pack. Even though the temperature rises soon again and the symptoms return in all their violence, a repetition of the pack is again followed by favorable results, the tendency to hyperpyrexia is overcome, and the patient makes a good

recovery. The possibility of collapse must never be overlooked, especially in "malignant" cases; and the nurse should always be instructed that if the patient become livid, sick, shivery, or faint, he must be at once removed from the pack, and warmth and stimulants employed. Great care must be taken to prevent chills.—*Glasgow Medical Journal*, January and February, 1894.

RECENT SUGGESTIONS IN THERAPEUTICS.

INSOMNIA.—In a case of delirium tremens, *bronide of potassium* and *chloral sulphonal* and *morphia* failed to produce sleep. *Chlorobrom* was tried, in dose of 1½ ounces (45 grammes). The patient fell asleep in half an hour and slept two hours, when 1 tablespoonful more was given, causing a sleep of five hours. (R. B. LOTHIAN, *Lancet*, December 9, 1893.)

Try nature's plan, instead of drugs: *lower the supply of oxygen* to the blood; produce a little asphyxia; limit the quantity of air to the lungs. The heart and circulation becoming quicker, the brain will lose its stimulant, and sleep will follow. Cover your head with the bedclothes, and breathe and rebreathe only the respired air. When drowsiness is produced, it is easy to go on sleeping, though you push aside the coverings and get as much fresh air as needed. The cat and dog bury their noses in some soft hollow in their hair or fur, and soon drop asleep. (J. E. HUXLEY, *Medical Press and Circular*, December 13, 1893.)

MALIGNANT PUSTULE.—Excision of entire pustule, with marginal tissues. Wound dressed with paste made of *ipecacuanha* and water and double cyanide gauze. Internally, 5 grains (0.32 gramme) of *ipecacuanha* with 1-6 grain (0.01 gramme) *morphia* every four hours for five days, and every six hours on sixth day. Discontinued internally and externally on seventh day. Patient dismissed cured on twenty-ninth day. (W. H. MOORE, *Lancet*, November 25, 1893.)

PERITONITIS.—Instead of opening the abdomen in tubercular peritonitis and exposing the peritoneum to the atmosphere, *air is introduced* into the cavity by means of an insufflating apparatus, which first sterilizes the air. In three cases the desired result of preventing recurrence of ascites was obtained. The method is regarded as safe and the results favorable. (NOLEN, *Berliner klinische Wochenschrift*, No. 34, 1893.)

PERTUSSIS.—*Bromoform*, 1 drop for each year of age of patient, four times daily, for first three days, increasing dose progressively if attacks do not diminish. Vomiting ceases, appetite returns, and disease lasts but three weeks, sometimes much less. (PELLICER, *Revista balar de ciencias medicas*, p. 599, 1893.)

PHULLUAH.—An oleaginous substance obtained from a wild East Indian plant. About the size of an areca-nut. Melts on exposure to heat; and if kept for some time in liquid form becomes dirty-brown in color. Largely used by the hill-tribes for the cure of frost-bite and chilblains. Topical use very beneficial in rheumatism, sprains, sciatica, producing an effect when other remedies were useless. (E. C. BEDDELL, *Indian Medical Record*, November 16, 1893.)

POST-PARTUM HÆMORRHAGE.—To arrest hæmorrhage, pass right hand boldly up to placental site, readily discovered by sense of feeling; make a few sweeps with back of hand over bleeding sinuses, at the same time inducing counter-pressure with left hand. Hold parts with double grasp until right hand is expelled by powerful uterine contraction. (T. SHAW, *Medical Age*, December 11, 1893.)

RECTAL CANCER.—Case in which, two inches above anal aperture, upon anterior wall of rectum, there was irregular oval mass of infiltrated tissue, one inch or more in diameter when first seen, but invading entire circumference of rectum within a few months. Incision made posteriorly, one inch from anal outlet, carried up on median line above sacrum. *Coccyx and two-fifths of sacrum removed*, allowing room to dissect rectum from its attachment, dividing posteriorly the meso-rectum and entering at once into peritoneal cavity. Sufficient length of bowel was thus brought down for easy manipulation. Rectum divided two inches above anus, constricting diseased portion split open upon posterior borders, and rectum divided above growth, *four inches being removed*. *Murphy's anastomosis button*, larger size, adjusted in divided extremities of bowel, and compressed muscular coat being hypertrophied in upper portion, parts re-inforced with continuous suture. Opening into peritoneum of pelvic floor closed with same, to prevent prolapse of small intestine, and possible subsequent infection of peritoneal cavity. Posterior wall of bowel re-attached to divided tissues, and large portion of wound closed by several lines of buried sutures, *Iodoform-gauze* drain. Patient discharged from hospital on twentieth day after operation, button having been removed on twelfth day. (H. O. MARCY, *Boston Medical and Surgical Journal*, December 7, 1893.)

THERAPEUTIC BRIEFS.*

—In the *Berliner klinische Wochenschrift* (cited in the *Centralblatt für Klinische Medizin*) Dr. P. Furbinger treats of the peanut as an article of food rich in albumin, of which it contains forty-seven per cent., together with nineteen per cent. of fat and non-nitrogenous extractive matters. He recommends the use

of roasted peanuts in the form of soup or mush. On account of their cheapness, peanuts are recommended as a popular article of food, especially in poorhouses and the like; moreover, they are recommended as an article of food for the corpulent, for diabetes, and for the subjects of kidney disease, in the last mentioned of whom foods rich in animal albumin are to be avoided.

—**HÆMORRHAGE** is a very common accompaniment of malignant disease of the tonsils. A solution of antipyrine, 1 part to 50, may be used as a hæmostatic. Should such treatment not succeed, then ligation of the base of the tumor, either by one ligature or by several, may be resorted to, or cauterization by the thermo or galvano-cautery. In the event of none of these means succeeding, ligation of the lingual and facial arteries may be required, or as a *dernier resort*, the carotid may be tied.—(NEWMAN in *New York Medical Record*.)

—Casselberry, *N. Y. Med. Journal*, recommends the following combination as a soothing spray in ACUTE INFLAMMATION OF THE LARYNX AND TRACHEA:

R. Ol. pini canadensis,	ꝑj v
Ol. gaultheriæ,	ꝑj ij
Ol. eucalypti,	ꝑj ij
Menthol,	gr. j
Benzoinol,	ʒ ij
Vaseline oil q. s. ad	ʒ j. M.

SIG.—To be used with a double bulb atomizer.

—Professor Germain Sée recommends the following simple but satisfactory PURGATIVE POWDER:—

R. Sulphur. sublimat.,	
Potassii bitart.,	
Magnesiæ calcinat.,	āā grammes xxx
Essent. anisi,	gramme i. M.

SIG.—A teaspoonful in a little water before dinner and supper.

—The following treatment is recommended in the *Revista de Ciencias Medicas de Barcelona* (*Cinn. Lancet-Clinic*) for ALOPECIA AREATA of parasitic origin:—Wash the head with a solution of creolin (3:1000), and apply to the affected spots once or twice a day for five minutes, green soap and then a salve of lanolin and sublimate, 15:100. When it is of neurotic origin he employs pure carbolic acid, which, after the consequent inflammation has passed away, may be repeated. The effect is certain, though painful.

—In the *Med. Nieuigkeiten* (*Cinn. Lancet-Clinic*) the following treatment of GONORRHEAL VULVO-VAGINITIS is praised. In the acute stage a bath is taken daily, every four hours the vulva is washed with a solution of sublimate (5:1000), and all irritant foods and beverages are to be avoided. In the subacute and chronic stages two injections daily of a solution of sublimate, four grains, and one gramme (15 grs.) of tartaric acid per thousand, using two quarts of this

* From *College and Clinical Record*,

second day and kept in a cool place, as it is prone to fermentation and would therefore be unfit to use.

—TO ALLAY ITCHING IN SKIN DISEASES (Dr. A. T. Thompson, *Medical and Surgical Reporter*):

℞. Plumbi acetatis, gr. xvj
Acid. hydrocyanic. dilut., fʒjss
Spirit. rectificat., fʒiv
Aquæ destillat., fʒviijss M.

SIG.—Use as a wash.

—IN TUBERCULAR OTITIS OF THE KNEE IN CHILDREN (White Swelling), it has long since been established that the growth of bone is seriously interfered with by excision, and surgeons, as a rule, avoid operating on the knee-joint. The cases that I have presented lend additional weight to the argument against the operation. The appearance of sinuses, the infiltration and distortion of the limb, seem to demoralize the surgeon at times, and he feels that only an incision will save life.—(GIBNEY in *Med. Record*.)

—We quote the following items from the *Medical Record* January 13, 1894:

Dr. Bernheim (*Deutsch Med. Wochenschrift*) recommends in the DYSPŒA OF ACUTE PHTHISIS the following formula:

℞. Caffein. citrat., 2 gms. (grs. xxx.)
Æther. sulphuric., 20 gms. (ʒv.)

Inject two grains (30 grt.) morning and evening.

IN SCIATICA AND OTHER NEURALGIAS:

℞. Tinct. aconiti,
Tinct. colch. seminis,
Tinct. belladonnæ,
Tinct. actææ racemosæ, aa partes æquales

SIG.—Six drops every six hours.—(METCALF.)

THEOBROMIN (gr. 45 to 75 daily for three days) gave good results in grave cases of CARDIAC DROPSY.—(GERMAIN SÉE.)

STROPHANTHUS is much more rapid in its action than digitalis, but is not suitable for prolonged use. In one case, in which during three or four days its good effect was conspicuous, the heart, under its prolonged use, became extremely frequent and the sense of cardiac distress extreme; and yet, when its employment was entirely given up for a week, it proved as rapidly and as distinctly useful as before.—(LITTLE.)

IN TOOTHACHE (*Journal de Pharmacie*):

℞. Dry alcoholic extract opium,
Camphor, aa 0.50
Balsam Peru,
Mastic, aa 1.0
Chloroform, 10.0

Introduced into the cavity, it calms the pain at once.

ACETATE OF ALUMINIUM is, next to carbolic and salicylic acid, the disinfectant which prevents, for the longest time, the development of micrococci and produces no irritation.—(FRAIPONT.)

CAFFEIN, I think, deserves to rank next as a cardiac tonic. I have, in a few cases, got undoubted help from it. They were all old cases in which digitalis and strophanthus had ceased to benefit; they were all aged persons; they were all short of breath and dropsical, and presented the signs of dilatation with degeneration of the ventricular walls.—(LITTLE.)

Locally for JOINT RHEUMATISM:

℞. Acid. salicylic, ʒjss
Alcohol. absolut., fʒj
Olei ricini, fʒij.

Apply by compress covered with impermeable tissue.—(RUEL.)

Camphor solution for HYPODERMIC INJECTION:

℞. Camphor, 2.0
Liquid paraffine, 8.0

A one-gramme syringe will contain twenty centigrammes of camphor.—(BOSNER.)

CHLORIDE OF GOLD AND SODIUM in pills or granules, given in doses from two milligrammes to three centigrammes, improved the general condition of paralytics in the first and second periods.—(BOUBILA.)

The majority of so-called recoveries from APPENDICITIS treated medically are not recoveries in the full sense of the word, but simply a respite which enables one to settle worldly affairs and take out a life-insurance policy in anticipation of a fatal termination.—(SANBORN.)

PIPERAZINE is perfectly harmless. In birds, deposits of urates can almost with certainty be produced by neutral chromate of potash. In the majority of cases piperazine prevents the deposition of urates produced by the chromate, while lithium carbonate, borax, and sodium phosphate are powerless to prevent it. These experiments confirm the results of treatment of the uric-acid diathesis by piperazine.—(BIRSENTHAL.)

EPILATORY LIQUID:—

℞. Pure iodine, gr. xij
Essence of turpentine, ʒxx
Castor oil, fʒss
Alcohol, fʒijss
Collodion, fʒj. M.

SIG.—Apply once daily for three or four days; when the collodion comes away, a clean surface will be left.

In ASTHMA a capsule containing two grains of phenacetine, one of quinine, three of muriate of ammonia, one-eighth of capsicum, and one twenty fourth of strychnine, given four times daily, will often relieve an attack of this distressing malady.—(MAYS.)

For EMPHYSEMA:—

℞. Essence of turpentine, 4-5 gms.
Peppermint water, 120 gms.
Sugar,
Pulv. gum acacia, aa 4 gms. M.

SIG.—Dessertspoonful every two or three hours.—*College and Clinical Record*.

THE CANADA MEDICAL RECORD

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MONTREAL, SEPTEMBER, 1894.

THE CANADA MEDICAL ASSOCIATION.

We have much pleasure in calling our readers' attention to the very full report of the meeting just held at St. John, New Brunswick, which will be found in another part of this issue. The meeting was admitted by all who were present to have been the most successful in the history of the Association. On one occasion only was the attendance larger, but at that meeting there was not the enthusiasm and sustained interest which was noticeable at St. John.

The sessions began promptly on time, the business was quickly disposed of, and one paper after the other was rapidly called for, read and discussed. The hospitality of the profession of St. John was unbounded; besides numerous private entertainments, there was a large public ball given, instead of a banquet, which gave an opportunity to the younger members of the Association to demonstrate their efficiency in the terpsichorean art.

Many of the older members were the guests of different medical men in the city, while the hotels took good care of the others, although the city at the time was unusually full of tourists. The sessions were especially

well attended, the hall in which they were held being nearly all the time crowded with listeners. It was not until nearly eleven p.m. of the second day that the last paper was read and discussed. A great deal of the success of the meeting was due to the untiring efforts of the Secretary, Dr. Starr of Toronto, who not only secured a good programme of papers and addresses, but also a good attendance of listeners. The President, Dr. Harrison of Selkirk, communicated with the Medical Associations of New Brunswick, Nova Scotia and Prince Edward Island, as well as with the Maritime Province Medical Association, and readily obtained their consent to amalgamate with the Canada Medical for this year, thus ensuring a large attendance of the local members.

The Railway Companies gave reduced fares, for which they received a vote of thanks; but the reduction to the Medical delegates was nothing like so great as that open to anyone or every one a few weeks earlier and a few weeks later, when, instead of fifteen dollars, they issued excursion tickets for just half that amount. There were many who thought that they might have extended their popular excursion rate to the Medical delegates. The election of Dr. William Bayard of St. John to the presidency gave general satisfaction; although over eighty-one years of age, he is hale and hearty and attends a large practice—often at night—with an alacrity which would put many a younger man to shame. Dr. Bayard has been the leader of the profession of New Brunswick for the last forty years, and it will be no small honor for the Canadian Medical Association to point to its octogenarian president next year, at Kingston, as an example of what the air and food and habits of New Brunswick will do in prolonging life. We trust that every member of the profession will put it down as an engagement to attend the next meeting of this our national Association.

THE UNIVERSITY OF CANADA.

During the recent meeting of the Canada Medical Association at St. John, the topic which excited the most interesting discussion was that of reciprocity in medical practice. Not that the subject is by any means a new one—on the contrary, it has been discussed at every meeting for several years past, but always with the same result; a committee has been appointed, which has practically done nothing. As the matter stands at present, the province of Ontario has a Medical examining board, before which every one must pass in order to obtain a licence to practise; no matter whether he be the gold medallist from the best University or the last man in the pass-list of the weakest medical school, he must pass an examination before examiners who are not professors of that subject in the province. This is a single portal for all who wish to enter. This system has its hardships; but, on the whole, it is the best possible one under the circumstances. It does not, however, please either the Medical Schools of that province nor of the other provinces, who would prefer to see no barrier thrown in the way of the great army of young men which they annually turn out. The Medical Council of each province represents the general profession and not the Medical Schools, the interests of each not exactly coinciding, for the ranks of the profession are comfortably full, having already reached the one to a thousand of population limit, and any great increase in the numbers of practitioners over and above those necessary to fill vacancies caused by death or to attend the increased population would lead to an unnecessarily hard struggle for existence. The province of Ontario is the richest province of the Dominion, and it is to it that the graduates of the schools of the other provinces naturally direct their footsteps; and were it not for the very high standards, both preliminary and professional, which it has set up against them, it would soon be over-run.

It is therefore useless for the Canada Medical Association or any other body to attempt to arrange reciprocity, the condition of which would be the lowering of Ontario's high standard, while without this condition reciprocity practically exists. Even the little province of British Columbia away out on the Pacific Coast

declines to be flooded with the overflow from the East, and it too has a Medical Council to protect its physicians in the peaceful practice of their profession. Then again there is the question of reciprocity with Great Britain which is constantly looming up. At present the graduates of Canadian Medical Schools cannot obtain a licence to practise in the Mother Country which replies to their demand for reciprocity by saying: We cannot recognize your diplomas when you do not recognize them among yourselves.

We have always opposed reciprocity either between the provinces or between this country, and Great Britain, for the reason that it is not for the best interests of the profession of Canada that it should be exposed to the danger of overcrowding, which would almost surely follow the throwing down of the barriers which at present exist. For it must be evident to anyone that if fifty doctors in British Columbia for instance are at present barely making a comfortable living by hard work, those same fifty would have their earnings reduced by half if another fifty doctors were admitted without a corresponding increase in population. In our opinion, it is more just and reasonable that each country and each province should decide for itself how good or how bad a doctor it will receive, or, in other words, how many physicians the population can support. If any Canadian desires to practise in England or France, let him do as many others have done, pass the examinations imposed by the authorities of that country for its own citizens.

As all are not of our way of thinking, but on the contrary maintain that one who is fit to practise in one part of Canada should be entitled to practise in any part of Canada, and that those who are fit to practise in one part of the British Empire should be entitled to practise in any part of it, we beg to offer a suggestion for the only practical solution of the difficulty.

This solution is nothing more nor less than a University of Canada, not a teaching body, but an examining body only, founded by Royal Charter on exactly the same lines as the University of London. Its examiners could be chosen by the Universities and other scientific bodies, so as to remove them from the blighting influence of politics, and they could meet at Ottawa.

once a year. One of the examiners might be a delegate from the University of London, and the examination papers might be duplicates of those used at that institution. In this way, the University of Canada being affiliated with the University of London, those who had the M.D. Canada would enjoy all the privilege of the M.D. London. The expense of the degree would be two hundred and fifty dollars, which is the same as the M.D. Durham and the M.D. Brussels. This fee would probably be ample to pay the expenses of the examiners. It has been raised as an objection to this scheme that the British North America Act delegated all matters concerning education to the various provincial legislatures, and that therefore a University of Canada could not be established without an amendment to the above Act being passed by the British Parliament. In reply to this objection we maintain that Great Britain would gladly grant any legislation which might be desired unanimously by the people of Canada. If those who have been working so hard for so many years, in order to bring about reciprocity, but in vain, would bring their energy to bear in this direction, we have no doubt that they would not only obtain their wish but also help thereby to raise the Dominion of Canada to the level of a great nation.

AMENDE HONORABLE.

Owing to an omission of the printer, the excellent extracts from our contemporary the *College and Clinical Record* were not duly credited to that journal in two of our issues.

BOOK NOTICES.

SAUNDERS' QUESTION-COMPENDS, No. 14.

PART I: ESSENTIALS OF REFRACTION AND THE DISEASES OF THE EYE. By Edward Jackson, A.M., M.D., Professor of Diseases of the Eye in the Philadelphia Polyclinic and College for Graduates in Medicine; PART II. ESSENTIALS OF DISEASES OF THE NOSE AND THROAT. By E. B. Gleason, S.B., M.D., Surgeon in charge of the Nose, Throat and Ear Department of the Northern Dispensary of Philadelphia; Second edition, revised; 124 illustrations. Philadelphia: W. B. Saunders, 925 Walnut Street, 1894. Price \$1.00.

This work has already been noticed in these columns. We are pleased to see that a second edition has been called for so soon.

A TEXT-BOOK OF THE DISEASES OF WOMEN.

By Henry J. Garrigues, A.M., M.D., Professor of Obstetrics in the New York Post-Graduate Medical School and Hospital; Gynæcologist to St. Mark's Hospital in New York City; Gynæcologist to the

German Dispensary in the City of New York; Consulting Obstetric Surgeon to the New York Maternity Hospital; Consulting Obstetrician to the New York Infant Asylum (resigned); Ex-President of the German Medical Society of the City of New York; Fellow of the American Gynæcological Society; Fellow of the New York Academy of Medicine, etc. Containing three hundred and ten engravings and colored plates. Philadelphia: W. B. Saunders, 925 Walnut Street, 1894. Price: cloth \$4.00 net; sheep \$5.00 net.

The author in his opening pages gives such a true idea of the scope of his work that we cannot review it better than to give his own words: "In writing this book I have first had in view the large class of physicians who have not had the advantage of hospital training, and *who go to a post-graduate school* in order to learn gynæcology. They can only stay a short time, and they want a full but concise exposition, up to date, of the nature and treatment of the diseases peculiar to women.

"Secondly, I have tried to satisfy the requirements of that much larger class who would like to go to such an establishment, but *who find it impossible to leave their practice*. They are busy men, who have to keep abreast of recent progress as best they can in all branches of a general practitioner's work. They want information about the present state of Gynæcology, but cannot find time to study large works.

"If in large cities, it is better for the general practitioner, as well as for his patient, to leave the treatment of most gynæcological cases to those who have special experience and skill in this line; the same does not always hold good in country practice. The long distances in this immense country make it very difficult, and often impossible, to send patients to places where they can be treated by specialists. American physicians are enterprising, and some men practising in a village have achieved world-wide renown, and become the leaders of their city confrères.

"Finally, I think the book will be found useful by *undergraduates* studying in medical colleges. They will probably at that stage of their development skip many details about operations which they will be glad to take up later, when the responsibility of a medical practitioner lies heavy on their shoulders. The division into a general and special part will presumably be useful for the beginner, and he will hardly care to pay much attention to what has been placed in notes under the text.

"This being a book for General Practitioners and Students, I have omitted all reference to the historical development by which gynæcology has attained its present stage, as well as all reports of special cases.

"The limits and nature of the work have not

allowed me to speak of all methods of treating every disease, but I have striven to give a clear and succinct description of the best modes of treatment; and the reader will in this book find many details which he would look for in vain in larger works.

"My aim has been to write a practical work. The reader's time is not taken up by theoretical discussions, and the pathology has been treated very briefly. On the other hand, I have tried to help the reader to make a diagnosis, and to teach him how to treat the different diseases. In this respect I have gone into minute details affording manifold information about points which practitioners who live in large cities learn from one another, or by visits to the shops of the instrument-makers.

"I have treated so discursively of the anatomy of the female genitals because this subject, to a great extent, has been worked up by the gynecologists themselves, and is not as yet described satisfactorily in the text-books of anatomy, but only in large works of an encyclopedic character or in articles in journals to which many have not access.

I expect to be criticized for having devoted special chapters to Hemorrhage and Leucorrhœa. I know well that they are not diseases; but they are symptoms that play so great a part in the diseases of women, and so often require symptomatic treatment, that I take it to be in the interest of the general practitioner to treat them separately; and, besides, by so doing infinite repetitions are avoided.

"This being a text-book for beginners and a manual for general practitioners, names of authors have been omitted as much as possible from the text, except when it was necessary in order to designate different methods of operations. In making use of the work of American authors, I have, however, given them credit for it in foot-notes, and I trust that it will be found that a large amount of information of this kind has been embodied in the text.

"In indicating the treatment of the various affections, I mention always the simpler and innocuous means before the more complicated and dangerous, medical and electrical treatment being accorded precedence over surgical.

"Throughout the work a chief object has been to give modes of treatment as they are practised in America, by which I hope that it will be found more useful for American students and practitioners than the works written by or translated from foreign authors.

"The illustrations form a *complete atlas of the embryology and anatomy of the female genitalia*, and represent numerous operations and pathological conditions. Many come from my own operations, dissections and microscopical examinations."

A careful perusal of the work warrants us in

saying that he has faithfully accomplished all that he has undertaken. One cannot read it without coming to the decided conclusion that the author is thoroughly conversant with every detail of the subject, in which he has had a large and ripe experience.

PAMPHLETS.

REPORT OF THE RUSH HOSPITAL FOR CONSUMPTION AND ALLIED DISEASES, from February 1, 1892, to February 1, 1894, with the second report of the Women's Board of the Rush Hospital. Twenty-Second and Pine Streets, Philadelphia.

CONSERVATIVE TREATMENT OF PYOSALPINX. By Cornelius Kollock, A.M., M.D., Cherau, S.C., Fellow of American Gynecological Society. Read before the Southern Surgical and Gynecological Association, 1893.

HYSTERECTOMY INDICATIONS AND TECHNIQUE. By J. M. Baldy, M.D., Professor of Gynecology in the Philadelphia Polyclinic. Reprinted from the American Journal of Obstetrics, Vol. xxviii, No. 5, 1893. New York: William Wood & Company, publishers, 1893.

BLOODLESS AMPUTATION AT THE HIP JOINT BY A NEW METHOD. By Nicholas Senn, M.D., Ph.D., Professor of Practice of Surgery and Clinical Surgery, Rush Medical College. Read before the Surgical Section of the Suffolk District Medical Society, Boston, February 1st, 1893. Reprinted from the Chicago Clinical Review, February, 1893, Chicago.

A NEW PATHOLOGY AND TREATMENT OF NERVOUS CATARRH. Read in the Section on Laryngology and Otology, at the Forty-fourth Annual Meeting of the American Medical Association. By Seth Scott Bishop, M.D., Chicago. Reprinted from the Journal of the American Medical Association, November 25, 1893. Chicago, published at the office of the Association, 1893.

REPORT OF TWO YEARS' WORK IN ABDOMINAL SURGERY at the Kensington Hospital for Women, Philadelphia. By Charles P. Noble, M.D., Surgeon-in-Chief. Reprinted from the International Medical Magazine for December, 1893.

SURGICAL SHOCK. By Charles P. Noble, M.D., Philadelphia, Surgeon-in-Chief of the Kensington Hospital for Women.

A BRIEF SYNOPSIS OF THE THERAPEUTICS OF STATIC ELECTRICITY. By S. H. Monell, M.D. Reprinted from The New York Medical Journal for January 20, 1894.