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Ontario Medical Journal.

SENT TO EVERY MEMBER OF THE PROFESSION IN ONTARIO, BRITISH COLUMBIA,
AND NORTH-WEST TERRITORY.

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All Communications should be addressed to the Editor, 147 Cowan Avenue, Toronto.

VOL. III.]

TORONTO, APRIL, 1895.

[No. 9.

Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.

Physicians who do not receive their Journal regularly, or who at any time change their address, will please notify the editor to that effect.

Editorial Department.

CHEAP ALCOHOL.

All alcohol that can be used in medical preparations is absolutely the same grade, the so-called cheapness or pureness of it depending entirely on the amount of dilution. Anyone at all cognizant of the method of preparing any tincture or mixture according to either the British or United States Pharmacopœias, knows perfectly well that the strength of the alcohol to be used is laid down arbitrarily, in different cases being much weaker or stronger according to the drugs used.

Following the example of the two great bodies which compile these works, any firm manufacturing mixtures, whatever they may be, solely for the use of the medical profession in the treatment of their patients, must use certain strengths of alcohol rigidly tested.

About no firm in the world is this truer than about the world-famed one of Parke, Davis & Co. The excellence of their various medicaments, the care and thorough knowledge shown by them, are

altogether too well known for us to expatiate on. Their medicines, both liquid and solid, are counted as the best, and are used very, very extensively indeed by the great bulk of the medical profession, and that with the greatest of satisfaction at all times. If a drug is going to do a certain work, you may be sure that P. D. & Co.'s preparation of it is perfectly reliable at all times.

A short while back an ugly attack was made on this firm in connection with this same subject of alcohol, through the daily press in Toronto, by an anonymous correspondent. This article claimed that P. D. & Co. were applying to the Canadian Government for permission to bring in a very cheap grade of alcohol to be used in their manufacturing, and pulled them over the coals on the strength of this idea.

That this was false there is not a particle of doubt, and a true explanation of the facts is due the firm in question.

They did make application to the Canadian Government, but it was a very different application to the one quoted by the writer of this stab in the dark.

Ninety-four per cent. alcohol, the purest of the pure, can be purchased in certain parts at twenty-five per cent., the cost of it in Canada. P. D. & Co. applied to be allowed to bring in this very superior article in bond, to be used in the manufacture of goods for foreign importation, a very different matter, indeed, as all can easily see. We are very glad to know that no harm was done the firm by the publication, as their well-known reliability entirely refuted the charge as soon as read.

CONTRACT PRACTICE.

At a recent meeting of the West Toronto Territorial Association, it was decided to communicate with the Medical Council with a view to having them communicate with the medical men throughout the Province to get their views on the subject of lodge and other contract practice.

It was further thought advisable to canvass the medical profession of Toronto, working conjointly with the men in East Toronto, to get them to give up the practice, providing 95 per cent. of the medical men in this city will do the same.

There is no doubt that in large towns and cities this kind of work has grown to be a gigantic evil—with the medical man as chief mourner. The means suggested for discovering a remedy seem to us a little ponderous. With reference to the first, it may truly be said the opinion of medical men is already pretty well known, and at the end of '95 we will be at precisely the same starting-point as at the end of '94. In regard to Toronto, suppose 95 per cent. of the men here do refuse to do lodge work, it will be an easy matter for several lodges to combine and bring a man in. Yes, but he will not find it pleasant if he discerns that all the respectable element in the profession are against him. A man with a mind sufficiently small to give himself up to the work would fairly revel in the companionship of charlatans, quacks, *Patron* saints and others.

There are means by which the desired end may be accomplished, and one of these, of course, is legislation, though just at present it is hardly

advisable to ask the Legislature to move in that direction. Perhaps a wise move would be to hand the practice over to our homeopathic brethren—infinitesimal dosing might be sufficient to sicken the members of employing a physician. Another plan, and one that seems workable, would be to combine to raise the annual fee paid the attending physician. This fee could be brought up until the benefits from a lodge would be but little greater than those derived from a regular insurance company. This being the case, it would certainly be wiser to insure upon a plan with a sound financial basis. In this way the curse of cheap and unreliable insurance such as mutual companies provide would be done away with, lodges as benefit societies would be relegated to the past, and there would be no further need of lodge doctors at all.

PARKE, DAVIS & CO.'S LABORATORY FOR THE PREPARATION OF ANTITOXINE.

A recent issue of the *Detroit Journal* gives so graphic a description of the preparation of antitoxine in the laboratory of Parke, Davis & Co., that an excerpt, we are confident, will interest our readers. The work is under the charge of Dr. Charles T. McClintock, of the Michigan University, associated with a staff of eminent scientists well known to the world as teachers. "The *Journal*," says the reporter, "saw all these gentlemen at work in their laboratory preparing this much-talked-of remedy.

"But such a laboratory! To a novice it was certainly unique. Here were sterilizers of every conceivable size and shape, as well as microscopes and other instruments which a chemist alone can call by name. In a room off the laboratory were cages containing the test animals, guinea-pigs and white mice by the score. In common parlance a new venture is usually tried on a dog: but in the case of toxine it is tried on a guinea-pig, which it was explained has internal construction more after that of the human than other animals. The little fellows were apparently wholly unconscious of the fact that they were to be used as tests to see how long it would take a given quantity of toxine to end their sweet existence.

"Out in a new barn behind the works were

seven as fine-looking horses as one could wish to see. These had all been selected under the supervision of Dr. Vaughan, of the University, and were chosen for their healthy and youthful condition. None of them had ever been broken to harness, and they were obtained from localities where glanders and other diseases are wholly unknown. They were being given the best of treatment, and were under the constant scrutiny of a veterinary surgeon acting under Dr. Vaughan's orders.

"The *modus operandi* of securing the antitoxine is about as follows: A small colony of diphtheria bacilli, obtained from whatever source found possible, is cultivated in whatever medium decided upon. They multiply rapidly, as anyone who has had a severe attack of diphtheria will readily testify. The culture medium is kept at the same temperature as the body. Several of these were presented for inspection to the *Journal*, and they contained a sufficient number of the bacilli to supply all the giraffes on the continent with well-developed cases of diphtheria. These bacilli were busying themselves secreting various substances, including toxine, and devouring the bouillon, or culture medium. After the busy little fellows have enjoyed themselves in the "soup" for several weeks, they have formed quite a quantity of the toxine, which is filtered through porous porcelain to extract the dead bacilli. Here is where the guinea-pig comes into play, for it is by him that the strength of the toxine is to be tested. He is properly weighed and given a dose accordingly. Of course he dies, but that is what he is there for, and he is immediately carried, caged and all, and placed in a sterilizer. The toxine, when its strength has been ascertained, is injected into the backs of the horses, just at the base of the mane. The horses don't like the injecting process, but they are given it just the same. A mild form of sickness follows the injection, but the horse soon recovers, and in course of time the size of the dose can be greatly increased. They are given plenty of exercise and wholesome food, and are looked after as carefully as a mother would watch a child suffering from the simon-pure diphtheria bacilli in the throat. The next step is to withdraw a portion of the horse's blood, which is carefully set aside in air-tight vessels. The red blood corpuscles

gradually sink to the bottom, and the serum, which is a light yellow color, containing the antitoxine, remains.

"This antitoxine is then put through various stages of preparation, and is finally run into a small glass tube, in which shape it is to be presented to the trade. This, however, will not be for some weeks and probably months yet. The tube containing the antitoxine is corked with a sterilized cork, and every precaution taken to keep the solution free from contamination, even with the air. A needle syringe is placed in a like tube, sealed in like manner, and these two tubes are to be placed in a wooden overcoat, which is about the way it will be sold to the trade."

Dr. Edson says the antitoxine, prepared by order of the Board of Health, is superior to the imported.—*N. Y. Medical Times*.

[We print this as being of special interest to the profession, in consideration of this new article.—ED.]

EDITORIAL NOTES.

A daily medical journal appears every now and again with star-like brilliancy, and, like the stars, wanes at the coming dawn of nothing to print or nothing paid. Philadelphia is the home of one termed *The Daily Lancet*, edited and published by Dr. Jos. F. Edwards.

Queens and nations have their semi centennial and centennial celebrations, and, although we jubilate on these occasions if by any chance we belong to that country which has a right to jubilate, we think of it as not a very extraordinary occurrence. Now comes on the fiftieth year of a medical journal, an event unusual enough in this world to call for notice. In the middle of this month of April, the *Buffalo Medical Journal* was fifty years old, never having missed an issue since its inauguration. It certainly is beyond our province to criticise a confrère, but we may say that its large number of subscribers and long life should testify sufficiently of its worth without any of us expressing an opinion. Our congratulations are extended, and we hope to be alive to receive return ones from them when our jubilee is celebrated.

At the present time, when physicians are anxious to learn all they can about the antitoxine, Dr. Krieger's little book on "Blood Serum Therapy," of which a review appears in another column, will prove interesting reading.

During the past month diphtheria has broken out in the Sick Children's Hospital, College Street, and in the Children's Shelter, on Adelaide Street. In both cases the disease has come into the institution from outside, and could not be accurately traced. This state of affairs should not exist if medical men did their duty in immediately reporting suspected cases to the health officer of the district. The spread of this disease in such a manner is simply evidence of criminal negligence on the part of someone, and we trust that the proper authorities will enforce the law to the utmost extent against medical practitioners neglecting to report immediately suspected cases of diphtheria, so that early and thorough prophylaxis and quarantine may be established.

The Treatment of Eclampsia.—Gubaroff (*Centralblatt für Gynäkologie*) recommends a mode of treatment that he has successfully employed in six cases of eclampsia, three of which presented grave symptoms. The treatment consisted in the administration of narcotics, principally morphin in moderate but frequently repeated doses (gr. $\frac{1}{4}$ subcutaneously about six times in twenty-four hours, according to the amount of urine): enemata of chloral, and only during operative procedures (including catheterization) mild chloroform-narcosis. All measures tending to stimulate the activity of the skin or to replace this vicariously were freely resorted to. These included warm baths, though but infrequently; moist warm packs constantly, and several times daily friction with a solution of vinegar, salt and alcohol, and dry hot-air baths. In all cases the bowels were freely evacuated as early as possible by means of salines (equal parts of sodium sulphate and magnesium sulphate). Besides, careful attention was given to the functions of the kidneys. These were stimulated by the administration of milk and mineral waters, and the application of heat in the lumbar region over the kidney by means of a large rectangular hot-water bag. Only in one case was bleeding practised.

Just as the crows and spring bonnets appear at Easter or thereabouts, so does that great bugbear to all medical students, the annual examination. For the last three weeks a large number (not quite so numerous as usual, but more numerous than the wants of the people in the medical line require) of our young male population and a small number of the female, have been enduring the ordeal. The papers, as far as we have seen, are fairly difficult, without being outrageous, and from our knowledge of the different examiners the marking will not be too slack. To those who obtain their pass at the examinations, we hold forth our congratulations on their ability and on their entrance into such a noble profession, but to tell the truth, we cannot congratulate any one on the prospects held forth to him by the emoluments to be gained in his practice. To parody the old proverb, that "All work and no play makes Jack a dull boy," we might say, "All play and no work, and then all work and no pay, will make him a duller boy."

Phenomenal Premature Menstruation. — Mrs. W. B., a primipara, was delivered with the forceps of a girl on January 25, 1895, at noon. Five days later, or at the age of five days, January 30, 1895, at 2 p.m., the child began to menstruate, which caused much parental alarm, resulting in a second summons for me. Being absent, I failed to arrive until 6 p.m. On my arrival the nurse informed me that she had cleansed and powdered the parts well an hour previously. On examination I discovered the vaginal canal fairly well filled (in my mind) with undoubted menstrual blood, as it was traceable just as high up as I possibly could determine, without a particle of abrasion, irritation, injury, or inflammation along the vaginal canal whatever. Cessation of menstruation occurred some time during the following night. The breast and genital organs were remarkably well developed at birth, and created some comment among those present, also vivid impressions upon my own mind. Should this little phenomenon continue to have periodical catamenia, I will report the same. I might further say that the infant is beautifully developed in every respect and enjoys fine health. D. L. PEEPLES, M.D., in *N. Y. Med. Journal*.

British Columbia.

Under control of the Medical Council of the Province of British Columbia.

DR. MCGUIGAN, Associate Editor for British Columbia.

LARGE BENIGN TUMOR.

To the Associate Editor for British Columbia.

DEAR SIR, I send the following account of the removal of a large tumor of the neck, which you may perhaps consider interesting enough for publication.

It is not often that benign tumors are allowed to reach any great size before removal. The following account may, therefore, prove of interest:

In May last, at the request of Dr. Sutton, of Nicola, I saw an Indian, afflicted with a large tumor on the side of the neck, with a view to a possible operation.

The Indian, Alexis, had a large, movable tumor, situated on the left side of the head and neck, occupying the whole of the anterior and posterior triangles and part of the cheek and jaw. It reached from the ear (which was partly stretched over it) to the clavicle, its diameter being 18 inches and its circumference 24 inches. It was elastic and lobulated. Many large veins ramified over its surface. The tumor caused no pain, and had been growing fifteen years. It presented the appearance of the common parotid tumor, though far larger than any it has been my lot to see. The tumor presented rather a formidable appearance. It presented slight pulsation and it was impossible to be certain as to its deep connections.

As the Indian was very anxious for the removal of the tumor, it was determined to attempt it.

On June 23rd, the operation was performed, with the assistance of Drs. Sutton, Furrer and Edgar, in the Indian school-house in the presence of the chief and a large number of Indians, male and female.

Everything possible under the circumstances was done to render the operation as aseptic as possible. The tumor was well washed and shaved,

and the patient having been anesthetized, an incision was made about 20 inches long, from the lobule of the ear to the middle of the clavicle, in the long diameter of the tumor, dividing the capsule.

After securing some large veins, the skin and capsule were torn forcibly with the fingers from the surface of the tumor on both sides, and an attempt was made with one hand to get under its lower edge and tear it from its bed.

For some minutes little progress was made: two enormous skin flaps had been separated off on each side, but it seemed impossible to get underneath the mass, and it appeared as if the tumor was adherent to the deeper structures.

The appearance of things was now rather threatening. The hemorrhage was of a decidedly alarming character, the exposed mass oozing blood over its whole surface, which it was utterly impossible to control, and every fresh attempt to tear away the base of tumor was followed by hemorrhage.

Fortunately I discovered that the capsule of the tumor had not been divided quite through at the first incision, and the hemorrhage was coming from the capsule, the outer layers having been stripped off, leaving an inner layer still adherent to the tumor.

The knife was quickly run over the line of the former incision, and the remainder of the capsule easily and quickly separated off. The left hand was now inserted under the base of the tumor, and by employing traction with the right, the mass was torn from its base and lifted out of the way, leaving exposed the whole side of the neck and part of the face. An artery about the size of the lingual was secured and tied, but there was no further hemorrhage to speak of: the great vessels

of the neck were pulsating along the centre of the cavity, the tumor having been resting directly over them.

The two large flaps of capsule were now cut off with scissors, and a large piece of skin removed from the posterior flap. The wound was well irrigated with perchloride solution and the skin flaps sutured.

The subsequent history was an uneventful recovery, the temperature never rising above normal, and the patient left for his home on the tenth day.

The tumor was light in proportion to its size, weighing 6½ pounds. It was solid, containing no cysts, of a very soft consistence, with a few small islets of cartilage here and there. No microscopical examination was made, but from its appearance I would consider it to be probably a fibro-myxochondroma. From its situation and the fact of its not being connected with the parotid, it may possibly be of bronchial origin.

F. W. LAMBERT.

A NEW DEPARTURE.

On Wednesday evening, March 27th, the medical men of Vancouver formed themselves into an association for the promotion of science and the general regulation of matters concerning the well-being and prosperity of the profession.

The following practitioners were present at the meeting: Drs. Wilson, Carroll, Langis, Poole, McGuigan, Weld, Brouse, Philpot, Brydon-Jack, Mills, Tunstall, Bell-Irving and Herald.

The following officers were elected: President, Dr. Bell-Irving; Vice-President, Dr. Tunstall; Secretary-Treasurer, Dr. Herald. The entrance fee was placed at \$1, and the annual dues \$2. The annual meeting will take place on the first Thursday of October, and the other meetings will be held on the first Thursday of January, April and July.

It was about time that something was done for the purpose of bringing the medical men together, for it is years since any attempt has been made to maintain anything like an association, and the result has been that the practitioners of medicine in the Terminal City have been a disorganized host, though to their credit be it said, as a class they have acted honorably, hurt nobody and have

given everyone his due, thus fulfilling the broad spirit of the Justinian code in its entirety.

That they have kept themselves in touch with the steady progress of knowledge, isolated as they were from each other, is another thing; but because they have not figured in the pages of the *ONTARIO MEDICAL JOURNAL*, or, in fact, in any other medical publication on the face of the globe, it must not be inferred that they are behind the times in the same degree and proportion as they are unknown away from home. Their ambitions have been principally directed to the acquisition of what has been profanely called the almighty dollar; but most of them are now, if not wealthy, at least independent, and will have leisure in future to cultivate the more purely scientific and intellectual sides of their mental organizations. The contest for wealth out west is sharp and keen while it lasts, but it is soon over, ending, as some diseases are said to do, by a crisis, the individual succumbing altogether or bobbing up serenely "somewhat disfigured, but still in the ring." So it is with our physicians on this western slope: if they have suffered somewhat intellectually by their devotion to the more sordid side of their profession, and might compare indifferently with those in the large educational centres of the east in mere book learning, they are, as a rule, more ready in resources acquired by being thrown more on their individual exertions, and what is probably something to be considered, too, they have, in the words of the old song of the three sailor boys—"their pockets full of money." We have gold medallists and honor men in Vancouver from some of the finest universities and schools of medicine in the world, and if they have been hiding their talents in the earth it is for the reasons we have spoken of; and now that a medical association is formed it may be confidently expected that brain power will make itself felt and genius burst the ignoble bonds that have shackled it heretofore. The gold medallists will wake up and find probably that, like old Rip Van Winkle, they have been sleeping for twenty years through the soporific influence exerted on their senses by the paralyzing draught which, in their thirst for wealth, they have emptied to the dregs.

But there is yet another side to this subject which has not yet been touched upon, and which by no means should be lost sight of, viz., the social

one. Intellect is one thing, and a good thing, too, but surely it is not the be-all and the end all here below. It is said that man is a social being, and his instincts lead him to fraternize with his kind. If birds of a feather, according to the adage, flock together, and no doubt do so from motives of pleasure and sociability, why should not medical men take a leaf out of the book even of the winged creatures of the air, and do likewise? Look at the members of the literary profession, how frequently they hobnob and touch gloves with each other over the festive board! Who has not read of the "little suppers" at which Thackeray, Charles Lamb, Hazlitt, Father Prout, Tom Moore, Barry Cornwall, and the author of the immortal "*Nectes Ambrosiæ*," gathered together in the days of the old *Quarterly Review*, and sang their songs and related many a witty tale over the walnuts and the wine? Even the disciples of Coke and Blackstone moisten their clay on every occasion that presents itself; and where do you find a more friendly lot of men in their professional relations with each other? of whom it has been well said that "they strive mightily, but eat and drink in peace." And what about the fathers of the Church? Do they tell us nothing? Enumerate, if you can, the delightful beverages that have been invented during the centuries since the Christian era, by the pious souls that had charge of the cuisine of Christendom for hundreds of years. See how the finest soils were selected to grow those luscious grapes that were turned into the choicest wines in the cellars of the monasteries of the Middle Ages. The *bons vivants* of Imperial Rome might boast of the flavor of the vintage that ripened in the sun on the slopes of the Monte

Massico, and Horace may have immortalized the Farnian wine which he kept in a Sabine cask, and which was only broached on those rare occasions when the summit of Mount Soracte was crowned with snow: but what were any of these when compared to Benedictine with its golden hue and the green chartreuse, both of which we owe to the Church? The inestimable blessings thus conferred on mankind were the results of that desire to exemplify brotherly love and affection, which all good Christians, and especially those who are examples, are exhorted to show to one another: and we can therefore imagine how warmly those good old heroes of the Church militant during their intervals of repose exhibited to each other those manifestations of social intercourse which display the blessings of friendliness and unity!

Such as we have endeavored to present the other professions in their social relations with each other, so would we like to see the members of our own profession linked together in some common bond of friendship, and meeting at intervals as men and brethren. If the new Association does ever this it will have fulfilled one of its greatest functions; and we hope and trust that every member will do what he can to promote this consummation which, surely, is devoutly to be wished by every man who has the interest and well being of the medical profession at heart. In Vancouver it has been only forgetfulness that has put the members of the profession asunder, for they are all on the most amicable terms: but they have roused themselves from their lethargy, and we are very much mistaken in them if they allow themselves to slumber again.

FOUND ULCER OF THE VAGINA. Włodzimierz Skowronski describes a case of perforating ulcer of the anterior wall of the vagina in a multipara 37 years of age. It was half a centimetre in diameter, rough, with granulating detritus, gray in color, and bleeding on touch. The ulcer was extirpated and the wound closed with silver-wire sutures. The patient, who was anæmic, improved in health. Microscopical examination showed an absence of mucous membrane, the submucous layer being partly intact.—*Universal Medical Journal*.

SWALLOWING IN PHTHISICAL PATIENTS. Lefmoyez (*Journal des Praticiens*) recommends insufflations of the following powder instead of painting with cocaine:

R Morphæ hydrochlor. gr. xv.
Sachari lact. gr. xx.
Gummi arab. gr. xv.
M. Fiat pulv. no. lx.

Of this powder only about $\frac{1}{2}$ grain should be used at each insufflation.

The application should be made before meals especially, and the effect lasts for many hours. *L. c.*

Original Communications.

HYSTERICAL NEUROSES.

BY M. C. BLACK, M.D., C.M.

THE history of the following case may be of interest to some of your readers: Miss A., aged 22, slightly anæmic, good family history. When I first saw this patient she had been suffering about two years from periodical attacks of neuralgia of the right supraorbital nerve. She had consulted several physicians who had exhausted the pharmacopœia in vain for her permanent relief. She gradually became worse, the attacks occurring more frequently and lasting longer. These facts I learned from her physician, and advised a neurectomy. Anæsthesia was produced locally by a hypodermic injection of cocaine, carbolic acid and gaultheria. I removed about $\frac{1}{8}$ of an inch of the nerve near its exit from the foramen. The wound was accurately coapted and sealed with a solution of iodoform and collodion. Healing was by first intention and a scarcely perceptible scar remained.

The result was all that could be desired and I advised the patient to make a visit to the lakeside. She returned in some months in perfect health, having had no more attacks of neuralgia. A month or two after her return she was seized with an attack of neuralgia over the left eye. She suffered so much that the family insisted on an operation being performed on this nerve as well. I had by this time pretty well satisfied myself that the trouble was hysterical. I might here remark that in my experience hysterical patients are always found in families that are of an exceedingly sympathetic nature, making a fertile culture-ground for the malady. The first operation had been absolutely painless and I determined that this one should be painful enough to make it undesirable in future.

The operation was as successful as the first and the neuralgia has not returned in a year, probably because the orbits are limited in number. I verified my diagnosis by suggestions, being thus able

to produce almost any symptoms at will, but my hypnotic powers are not sufficiently developed to remove a gastric ulcer (?) with which she is at present suffering.

Paisley, March 15th, 1895.

WRIST-DROP FOLLOWING GUN-SHOT FRACTURE OF MIDDLE THIRD OF HUMERUS.*

BY DR. C. P. JENTO.

James Farin was admitted to hospital on February 18th, 1891, with gun-shot fracture of right humerus. Fracture had been put up in Tacoma day before, so I did not disturb it.

On March 20th, removed splints; found good union, but considerable wasting of extensors of forearm and marked drop-wrist. On examining entrance of bullet, found it entered the arm through the outer head of triceps, passing downwards and inwards.

On applying electricity, the extensors responded very feebly, also the lower half of triceps, the upper half of triceps responding very well. Used electricity and massage for two weeks, with no benefit.

On April 15th, patient left the hospital to see about suing the city of Tacoma for damages. I proposed operation to him before he left, but he was anxious to have his useless arm to strengthen his case. He returned, however, in May, and was willing to have something done to his arm. On May 29th, with the assistance of Dr. Armstrong, we cut down and exposed the musculo-spiral nerve for four inches, and found it was firmly bound down to the musculo-spiral groove by numerous bands, also a spicula of bone overriding and pressing upon it, almost enclosing it within a bony

* Read before the London Medical Association.

anal. The nerve was much thickened. The spicula was chiselled away and the bands broken down, thus freeing the nerve.

The bullet was nowhere in the field of operation, and I believed it to be imbedded in the bone.

Wound was closed by deep cat-gut sutures and superficial silk-worm gut. No drainage. As soon as patient recovered from chloroform, he could feebly raise his wrist and extend his fingers. Was discharged June 17th, with good use, although weak, of extensors.

Saw patient again on December 25th, seven months after operation, and he had fully recovered the use of his arm.

FRACTURE OF THE ULNA WITH DISLOCATION OF THE HEAD OF THE RADIUS.*

BY FREDERICK WINNELL, M.D., M.R.C.S. ENG.,
Demonstrator of Anatomy, Toronto University, Etc.

J. L., a young man, aged 26, while sparring on the ice, February 11th, fell forward on the palm of his hand. On examination I found the ulna fractured at the junction of the middle and upper thirds, with dislocation forwards and outwards of the head of the radius. The lower fragment was directed in, preserving its relation with the radius, which was directed outward above. When the elbow was extended, the upper fragment remained somewhat flexed, while adduction or abduction of lower fragment caused the head of the radius to glide out and in.

Traction was made on the wrist while the elbow was flexed, and the head of the radius pressed into position. It was noticed that the radius assumed the best position while traction was made and the elbow extended. Right-angled splints were applied midway between pronation and supination.

In twelve days it was taken down, and while the fracture was satisfactory, the dislocation was not improved. Chloroform was administered, and an

attempt made at reduction; but as only traction in the extended position retained the head, it was put up in that position.

A week later the upper fragment of the ulna was flexed, as was to be expected, and the radius in a fairly good position. The right-angled splints were applied.

Four weeks from the date of the injury the radius would glide freely in and out, but never assume a quite normal position. Under chloroform, the joint admitted of all the movements. The muscles supplied by the posterior interosseous nerve were found paralyzed, and gave the reaction of degeneration. The radial was normal.

In reviewing the literature on this complication, I find it has been made the subject of monographs by Malgaigno, Grenier and Dörfler. Malgaigno saw four cases and Dörfler collected nineteen. Five of Dörfler's cases were caused by direct violence, and from experiments he inferred that the fracture is always the primary injury, and always produced by direct violence.

Gerdy describes a case in which the patient declared he fell upon his extended hand, and Stinson one in which he believed the violence to be indirect. When the shaft of the ulna is alone broken, Hamilton says it is usually by a direct blow, and that he never saw an exception to the rule.

Hamilton saw ten cases in which the dislocation of the radius was not recognized, and Malgaigno formulated the following warnings:

1. In any fracture of the ulna alone, look for a dislocation of the radius.
2. In every fracture of the forearm in which the swelling extends above the elbow, remember that simple fracture is rarely accompanied by so much swelling and carefully explore the articulation.

Of thirty-six cases of fracture of the ulna seen by Hamilton, twelve were complicated with dislocation of the radius.

To reduce, Hamilton advises an assistant to grasp the condyles of the humerus, and while traction is made on the wrist, the forearm is slightly flexed on the arm and the head of the radius forcibly pushed back into its socket.

* Patient presented and paper read at a meeting of Toronto Medical Society, March 21st, 1895.

Abstracts from Original Articles.

THYROID MEDICATION IN SKIN DISEASES.

DR. SCAICHARD, in *British Medical Journal*, March 30th, reports a case of pityriasis, treated by thyroid extract. The case was a chronic one and of long standing. The skin on the legs and fore-arms presented large patches of redness and thickening, over which were large, flat, translucent scales. When thyroid medication in this case began, the skin over the whole body was more or less affected. Previous to this the usual treatment of eucalyptus ointment, ichthyol, tolu, plumbi, and the internal remedies, potassium iodide, salicylates, mercury and arsenic had been tried. On October 5th, she was put on 2½ grain thyroid extract daily, after dinner. The pulse at this time was 114, small and compressible. The dose was increased by 5 grains every two days, and on October 13th she was taking 20 grains daily.

Twelve days after this treatment improvement commenced, and on December 24th, the skin presented its normal appearance. The large dose of thyroid extract caused heart symptoms, which rapidly disappeared after ceasing this treatment.

Dr. Nobbs also reports a case of ichthyosis treated in the same way. This case was a male, aged 46. Hair on scalp wiry, sparse and dry; skin showing through it; scurf readily shed. Skin is universally dry, even on perineum and axilla; over the trunk it is desquamatory, in large flakes on elbows, wrists, knees, ankles, and on the dorsum of the metatarsal and metacarpal regions are numerous dingy, greenish squames as large as a five-cent piece, which are adherent and leave a dry, white, scaly base when removed forcibly. At the commencement he received 10 grains thyroid extract daily. After one month's treatment improvement was marked, and after five months' treatment cure could have been said to be complete, save for a faint scalliness on the exposed surface of his joints. The skin of his hands was as soft as a

child's. This patient, on account of weakness, ataxic and palsy symptoms, was confined to bed during the entire treatment, and Dr. Nobbs adds, "his general condition greatly improved."

In the same journal, Dr. Pruce, of Birkenhead, reports a case of psoriasis, of long standing, treated by the thyroid extract, which was begun after the usual treatment had proved unsatisfactory. The tabloids at first used proved unsatisfactory. These were substituted by those made by B. W. & Co., and in a few weeks the eruption completely disappeared, also the irritation, and at time of writing the symptoms have not returned.

TREATMENT OF WOUNDS.

Sir George Humphrey, discussing the treatment of wounds, in the *British Medical Journal*, says: "There are two main points to be attended to; first, "to endeavor to reduce to a minimum the media upon which the organisms act; and, secondly, to reduce to a minimum the organisms themselves." By careful securing of vessels and careful pressure upon the region of the wound, we endeavor to prevent oozing and accumulation in the wound, thereby reducing to a minimum the media, and by antiseptic agencies we endeavor to prevent the accession of micro-organisms.

By a successful employment of these means the opposed surfaces are kept in contact, and nothing interfering with the natural process, healing takes place immediately. Among the advantages resulting from this better treatment of wounds are: Diminution of the risks of secondary hæmorrhage, which often results from the ulceration of the tied vessels, consequent upon the septic hemp ligatures, which danger is removed by the use of animal ligatures, which are readily absorbed and perfectly antiseptic; and the infrequency of septic

diseases, such as erysipelas, tetanus and blood-poisoning.

While recognizing the evils from accumulations in the wound, we must not fail to appreciate the value of the presence of a slight amount of coagulating material whereby the divided surfaces are agglutinated and held in contact, and in which repairing work is carried on. He considers the sealing up of a wound in its own blood the best of treatment. In a wound of the hand, for instance, the best plan is to cover at once with collodion, or a piece of adhesive plaster thoroughly soaked in hot water, and bound on till it is dry.

REPAIR OF UTERINE INJURY FOLLOWING LABOR.

In the course of a paper on this subject, Dr. A. P. Dudley, in *The American Journal of Obstetrics and Diseases of Women and Children*, discusses the advisability of immediate repair of all injuries sustained by women during labor. He differs from expressed opinions of Emmet, Skene and Boldt who, whatever they may do now, did at the time of their writing counsel delay in the operation of "trachelorrhaphy." That a change was made at all, Dr. Dudley says, seems to have been due to the introduction of strictly aseptic obstetrics.

"If a perineal injury requires immediate attention, why not apply the same treatment to the cervix," he asks, "when we all know that the danger of septic absorption is immeasurably greater from a gaping wound than from two surfaces joined together and healing by first intention?" He then puts his paper in the form of queries, answering each one as he gives it from his own standpoint.

a. What are the immediate dangers and remote pathological changes in pelvic organs caused by ununited laceration of the cervix? Hæmorrhage, which may occur sometimes after delivery (a case of eight hours is quoted), accompanied or followed by shock, and septicæmia which may often be caused by the breaking down of the clots of blood which have formed over the lacerated surface.

b. What of puerperal fever?

c. What are the remote pathological changes? Subinvolved uterus with its attending train of

changes in the organ itself (chronic areolar hyperplasia), changes in blood-vessels and nerves, not only in the uterus and appendages, but also in the cellular tissue and the various forms of displacement.

d. "Could not all this have been prevented if a few stitches had been placed in this injury at the time it took place?"

Cases are quoted and the method of operating shown with excellent results to prove that this last question should be answered in the affirmative. Before the delivery of the placenta all the parts are examined for any injury. Then, by due attention to antiseptics, the cervix is stitched, the patient, if necessary, being anesthetized, care being always taken to keep the uterus well contracted. A wash of 1-5000 perchloride is used, and a pledget of sterilized cotton or gauze placed above the rupture and the two lips being approximated, catgut sutures are put in and left there. If chloroform cannot be used cocaine is called into play. The five cases reported show absolute recovery, with no evidence of fever. The following conclusions are then given:

1. The suturing of the lacerated cervix immediately gives primary union and prevents many evils.

2. The fear of septicæmia attending the manipulation is an unfounded one.

3. That it is more justifiable than immediate repair of perineum, which has now so many advocates.

4. The securing of primary restoration of the laceration hastens involution, prevents subinvolution and the various displacements caused by the overweighted organ.

5. Catgut is the proper suture, and perfectly safe and reliable when properly prepared.

EFFECTS OF PREGNANCY ON CHRONIC HEART DISEASES.

This was the subject of a paper read before the Leicester Medical Society (*Provincial Medical Journal*) by Dr. Hunter, of Leicester. About one month before the expected confinement, a patient twenty-one years of age asked him to attend her. She seemed to be in fair health, but noticing that she had an anxious expression and strongly pul-

sating carotids, he elicited her history and examined her heart. Since the age of 8, she had had three attacks of rheumatic fever. Four years ago, she was fourteen days in the Infirmary for heart disease and dropsy. She improved very much, but the next year she had an attack of uncontrollable epistaxis, which prostrated her for some time. Since that time she enjoyed good health, and married a year before coming to Dr. Hunter's notice. Her pregnancy was uneventful. On examination a hypertrophied heart was found and a diagnosis of aortic incompetency made. The mitral valve did not seem to be implicated. Some albumen in the urine.

A month later she was delivered with forceps. Two hours later she suffered from *post-partum* hæmorrhage so badly that there was collapse. The pulse was very slow, 40 to the minute. Patient was unconscious for some hours. With proper treatment she recovered. Nine months afterwards her health was about the same as before pregnancy. The diastolic murmur at the base of the heart is still distinct.

The above simply illustrates the generally recognized fact that the association of pregnancy with heart disease is a dangerous one. A heart lesion which has existed for some time may have given very little trouble until the extra work thrown upon it during pregnancy becomes a burden too great to bear, and compensation breaks down. The nine months of pregnancy have put as much strain on the heart as a whole lifetime without it. This may and often does result in death at the end of labor.

The probable explanation is that a heart already weakened by disease cannot endure the strain caused by the increased intra-vascular lesion which occurs during pregnancy. The hypertrophy of the left ventricle which results from this tension is far from salutary to a heart already weak. As might be expected, mitral lesions are more grave than aortic. Mitral stenosis has the largest number of deaths to its account. There is already engorgement in the short pulmonary circuit, and this is not relieved but increased by the hypertrophied left ventricle, which causes a backward flow through the mitral orifice.

In mitral insufficiency the danger is not so great. Perhaps the explanation is that during diastole

the left auricle becomes relieved of its strain to a certain extent. There is thus a periodic opening of the sluice to the heaped up fluid in the pulmonary area and right side. On theoretical grounds one would suppose that the physiological hypertrophy of the left ventricle would help to overcome the obstruction to the peripheral circulation in lesions of the aortic valves. The probable explanation is that at about the end of labor the ventricle has become exhausted, and the slightest loss of blood at this time results in syncope.

ANTITOXINE TREATMENT OF DIPHTHERIA

The *Maryland Medical Journal* publishes some remarks made by Dr. L. F. Barker (Toronto University) at the Clinical Society of Maryland, where he was discussing the antitoxine treatment of diphtheria.

A small dose of diluted diphtheria toxines is at first injected into the region of the shoulder of the horse. The animal is somewhat disturbed and does not take its food as usual. After several days a second dose is administered, increasing doses producing less effect, until after a period of from four to six months, the horse is rendered immune and the antitoxic strength of its serum may have attained a high degree.

The serum is tested from time to time as to its antitoxic power, and when sufficient concentration has been reached, the blood is drawn, the serum separated, standardized, and enclosed in flasks. Behring's so called normal serum is of such a strength that one-tenth of one cubic centimetre of it will counteract, when injected into an animal, ten times the minimum amount of diphtheria poison which is fatal for a guinea-pig weighing three hundred grammes. One cubic centimetre of this normal serum is called an antitoxine unit. Serum No. 1 of Behring is sixty times as strong as this normal serum, serum No. 2 one hundred times as strong, and serum No. 3 one hundred and forty times as strong.

In treating the disease, the earlier the antitoxine is given the better will be the result. Of the cases treated during the first two days, practically one hundred per cent. get well. At

first two small doses were given, now not less than six hundred units (one flask of No. 1) are given as a beginning dose, and if the case be very severe or be seen late, as much as sixteen hundred units may be given immediately.

Within twenty-four hours after the injection the pulse, as a rule, is slower, the temperature lowered, and the patient feels better in every way. If the cases are not seen until the third or fifth day, when the organs may already be seriously affected, it cannot be expected that the antitoxine will have such a beneficial effect; it can only counteract the poisons then present; it cannot repair the damage already done.

A few relapses have occurred after its use, and some deaths, but these were not, it is claimed, in cases treated from the beginning. Very gratifying statistics come from Germany and France; the mortality rate has been markedly lowered. The disease, Behring states, is now absolutely within the control of the physician. It was thought at first that one-tenth of the ordinary healing dose would suffice to protect those who had been exposed to the disease from contracting it. But it is now recommended that one hundred and fifty units be injected as a prophylactic or immunizing dose.

Some curious after-effects have followed its use, such as urticaria and erythematous eruptions, pains in the joints, sometimes accompanied by swelling, but in no instance were these symptoms of serious import. Laryngeal complications, it is stated, do not develop if the antitoxine has been used before they appear. It is claimed that tracheotomy is rarely necessary, and that intubation will answer in those cases where the larynx is involved. The antitoxine is not to be looked upon as a direct chemical antidote, for it does not act against poison in the same manner that an acid neutralizes an alkali.

The antitoxine for one disease may act, to some extent, in increasing the resistance of the body cells against the toxins of different origin. For instance, while the blood serum of an animal rendered immune against snake poison has no antitoxic effect against the toxin of tetanus, yet an animal which is immunized against tetanus yields a serum which combats the toxic effect of snake poison, and there are other facts adduced which shake

our confidence in the specificity of antitoxines. There may be, to a certain extent, an overlapping of the immunities.

Diphtheria offers, as Buchner has pointed out, a better opportunity for the study of the effects of a new remedy, than does tuberculosis; for while the former approaches more nearly to typical infection, the latter is almost a typical intoxication. Again, while the tuberculosis runs a protracted course, as a rule, and is subject to spontaneous exacerbations, and ameliorations, diphtheria is an acute process terminating soon either in recovery or in death, and thus is a disease in which conclusions concerning the efficacy or futility of a given method of treatment may be speedily arrived at.

Should the new treatment of diphtheria prove to be as satisfactory as it promises, the outlook for the cure of infectious diseases in general is bright. We shall, however, be compelled to wait patiently until the bacteriologists, to whom all the credit of this new treatment is due, have perfected the arrangements for the application of the serum therapy to the other infectious diseases.

THE ELECTIVE ACCOUCHEMENT— ITS ADVANTAGES.

L. M. Michaelis, M.D., in the *Medical Record*, in speaking on this subject says: Confronted with the necessity of selecting an operation by which to induce premature labor, our choice will naturally fall on that one which, while possessing comparative ease of execution, holds out prospects of the best results both for mother and child. That the methods in use up to within a short time have been far from perfect, can be seen from the number proposed, tried, and cast aside as unsafe or inefficient. Thus among these methods, we have faradization, vaginal and intra-uterine douches, irritation of the cervix by means of tents or rubber bags inflated with air or distended by water, detachment or puncturing of the membranes, distention of the vagina by means of the colpeurynter or by tampons, and finally, intra-uterine injections of glycerine and the use of the bougie. Some of these methods are unscientific, others are positively unsafe, and all are either uncertain or tedious. Those most frequently resorted to at present are the introduction of a bougie through the cervix to

the fundus, between the membranes and the uterine wall, or the injection of sterilized glycerine into the uterus. The action of glycerine is by no means certain, its use is not without serious danger by its toxic action on the blood, and when we add to this the further dangers of sepsis and air embolus, it cannot be said to appeal to us as an ideal method of inducing labor.

The introduction of a bougie to the fundus uteri, between the membranes and the uterine wall, is a mode of procedure which may be regarded as the one almost universally employed at the present time. In common with all the other methods mentioned above, the objection obtains to this also that it is very unreliable in its action, both in regard to its effectiveness and in the time required. Nor is its introduction free from accidents.

Contrast with these uncertain and unreliable methods one which is not only positive in its action, but also certain in regard to time, and comparatively free from danger to both mother and child, and more so; and by no means an unimportant consideration, a purely *elective* operation.

The operation consists of two steps, the preparatory and the operative. The former is begun by rendering the patient's vagina thoroughly clean and aseptic by the use, first, of soap and brush, and then by thorough scrubbing and douching with some antiseptic solution. The cervix is then caught and drawn down by means of bullet-forceps, and sterilized gauze is thoroughly packed into the canal, projecting through the internal os; this done, the bullet-forceps is removed and the packing is continued in the vagina, until that is completely and well tamponed. The patient is then allowed to rest from six to twelve hours, depending upon her condition and the necessity for

interference. In some cases this tamponade is sufficient in itself to bring on labor; in the majority, however, it does not, but softens the os and renders it easily dilatable. We then proceed to the second step of the operation, which we do also without preliminary use of the tampon in those cases in which the os will admit one or two fingers, or in which labor has already commenced and the indication points toward rapid emptying of the uterus, as an eclampsia or placenta previa. This second step is performed as follows: After the patient has been placed on the table and thoroughly anesthetized by chloroform, the gauze tampon is removed from the vagina and cervix, and the patient once more rendered thoroughly aseptic; the operator's whole hand is then introduced into the vagina, facilitated by the use of creolin or soap dissolved in ether, and according to the amount of dilatation present, one or two fingers are passed slowly into the cervix up to the metacarpophalangeal joints when they are fully flexed and very gradually withdrawn; three or four fingers are successively used in this way, and the whole hand is then introduced, the thumb on withdrawal being flexed inside the other fingers; after this the hand is again passed in, but on withdrawing it the thumb lies on the other fingers—in other words a full fist is made, and on repeating this a few times the os will be found to be dilated sufficiently for the passage of any ordinary head. The force used must be firm, yet gentle pressure, the object being to overcome the spasm of the cervix by fatiguing the muscle. The child is then extracted either by means of forceps or by version, and the uterus washed out with the antiseptic solution, and, if so desired, tamponed with sterilized gauze. After-treatment as usual. The results in thirty-one cases have been uniformly good.

ENURESIS NOCTURNA.—Dr. F. Clark, of Boston, Mass., writing, says: "I have used Sanmetto with good results in bladder, kidney and urinary troubles. I had a man come to me from Philadelphia, Penn., who had been troubled from an infant up to the age of twenty-four years with nocturnal incontinence of urine—wetting the bed

almost every night. I used three bottles of Sanmetto on him, and found it made a thorough cure. He can go to bed at eight o'clock in the evening and sleep until eight the next morning without urinating. I recommend, with all honesty, to the suffering and to the profession the great cure, Sanmetto."

Meetings of Medical Societies.

CANADIAN MEDICAL ASSOCIATION.

FORTUNATE it is for the public that of late years physicians all the world over are commencing to take holidays. They need more mental diversion and physical recreation. Fortunate it is for the physician, for it adds years to his life and learning to his store of knowledge.

One of the most pleasant ways to spend a holiday is to attend a medical convention late in the summer season, enjoy the programme and then retire to some secluded resort and digest what has been learned.

In Convocation Hall, Queen's University, Kingston, there will be held this year perhaps one of the largest—if not the largest—medical conventions that have ever been held in Canada.

Last year at St. John, new life seemed to spring into the Canadian Medical Association, and all who were present expressed a desire to attend the meeting this year. The President, Dr. Bayard, will doubtless bring a large contingent with him from the Maritime Provinces. Quebec will send a larger body than heretofore, and of course the profession in her city of Montreal will as usual be well represented. Ontario should not allow herself to fall behind, and it is expected that the Western Provinces will not drop to the rear to any marked degree. All in fact will combine to make Kingston, on August 28th, 29th and 30th, a focal point, and the meeting of 1895 a brilliant success.

COUNTY OF BRUCE MEDICAL ASSOCIATION.

The inaugural meeting of this Association was held in Walkerton, on Thursday, 28th March.

Owing to the short notice and almost impassable condition of the roads, the meeting was not so largely attended as it otherwise would have been. Those present were: Dr. Henry, of Orangeville District, representative to Medical Council; Dr.

Clapp, Mildmay; Dr. Brown, Neustadt; Dr. Mearns, Hanover; Dr. H. H. Sinclair, Formosa; and Drs. L. Sinclair, Stalker, Porter, Dickison and Holmes, Walkerton.

Dr. Henry addressed the meeting, giving a brief account of his position on important questions dealt with by the Council since his election. He also dwelt upon several matters of special interest to the profession, after which the society was organized by electing the following officers:

President, Dr. L. Sinclair, Walkerton; Secretary, Dr. M. Stalker, Walkerton. Vice-Presidents: Dr. Tenant, Lucknow; Dr. Gillies, Teeswater; Dr. McCrimmon, Kincardine; Dr. McArton, Paisley; Dr. Fisher, Wiarton; Dr. Cook, Chesley; Dr. McNally, Tara, and Dr. Paterson, Port Elgin.

The next meeting will be held in Walkerton, on the second Wednesday in May, at 2 p.m. A constitution and by-laws will be submitted for approval at next meeting and several important papers are expected to be read and discussed. The meeting will undoubtedly be a large one.

THE HURON MEDICAL ASSOCIATION.

The regular quarterly meeting of this Association was held in the Town Hall, Clinton, on the 2nd of April, at two o'clock.

Dr. Smith, of Mitchell, President, occupied the chair and gave his opening address, after which he called upon Dr. Bethune to give his promised address on the Patron Medical Bill, which the Doctor gave in good style, being followed by several other members, all of whom condemned the bill and the local member who voted with the Patrons upon that occasion.

The next item on the programme was a paper from Dr. Campbell, of Seaforth, on "Phlegmasia Dolens." The Doctor reported two cases in practice, one of which died from suppurative phlebitis,

and the other from embolism, after the danger was apparently past.

This paper elicited a lengthened and interesting discussion, in which some ten or twelve members took part, each relating some similar case that had occurred in their several practices.

Dr. Campbell afterwards replied.

Dr. Milne, of Blyth, and Dr. Whiteman, of Shakespeare, and others who were down for papers did not materialize, hence the next item on the programme, "Tariff or no Tariff," was taken up. Dr. Campbell being called upon, lead off, and was followed by nearly every member of the Association. The gist of it was that they had literally no tariff since the old Malahide and Tecumseth Division had been changed, and that medical men had been doing pretty much as they liked in the matter of low charging. The unanimous opinion of the members was that something should be done in the premises, and a motion was carried unanimously that the President appoint a committee to get up a new tariff, and present it for adoption or revision at the next meeting of the Association, which will be held in Seaforth during the first week in July.

The President has not yet appointed his committee. The next meeting will, no doubt, be an interesting one, as it is expected that the contract system of attending to the secret societies will also come up.

This has become a great evil in all the towns and cities of Canada.

COUNTY OF KENT MEDICAL SOCIETY.

The third quarterly meeting of this society was held in Chatham on April 10th inst., President Dr. Rutherford in the chair.

Drs. Young, Mitchell and Oliver were elected members.

Under the head of "General Business" various matters of importance were dealt with, and among the rest was a discussion *re* Mr. Haycock's second bill. The outcome was the passing of the following motion, which was forwarded to the members for East and West Kent :

"Moved by Dr. Stewart, of Thamesville, seconded by Dr. Galbraith, of Dresden, that in the opinion of this society Mr. Haycock's bill, regulating fees to

be charged students for admission to the profession, ought not to be adopted by the Legislature, as it is a matter that concerns only the medical profession."

Dr. Holmes, of Chatham, spoke at length *re* bill which Mr. Gibson is introducing, and which affects the present Government support to hospitals. The new bill proposes to cut off the 30 cents a day granted to hospitals (less than ten years in existence) per patient who pays less than \$3 a week. This would cause the younger hospitals to suffer materially, or else their charge for pauper patients would have to be increased. After a thorough discussion it was moved by Dr. Holmes, seconded by Dr. Duncan, of Chatham, that a committee, consisting of Drs. McKeough, Duncan and the president, communicate with Mr. Gibson, suggesting he alter his bill so that it will not apply to hospitals now in operation ; but, if such bill is to be proposed, that the 30 cents per diem per patient be taken from all alike, from those patients who pay less than \$5 a week.

The following papers were read :

"Mental Development in the Child," by Dr. Young, Ridgeway. This was discussed by Drs. Duncan, Mitchell and Holmes.

Dr. Duncan, in his remarks, said that heredity plays an important part outside of external impressions, and that we have no knowledge of the absence of will-power even previous to birth. He thought the paper was good, but that the practical results were *nil*.

Dr. Mitchell congratulated the doctor on his paper, but thought it wholly speculative. He had always thought the lack of appreciable hearing in the new-born child was due to a natural sleepiness or non-irritability of the infantile brain, rather than the lack of that sense. He had always recommended an endless variety of playthings for a child rather than a chosen few, substantiating his opinion by the fact that the simple placing of chorics in toy shops has produced remarkable cures.

In Dr. Holmes' opinion, this subject was more in the line of the educationalist, but thought heredity and natural capacity will govern future actions generally, and will be slightly altered by external impressions.

The second paper was read by Dr. Charteris, of

Chatham, upon "Diphtheria and its Treatment, with Special Reference to Antitoxine." The doctor spoke of diphtheria as a local specific disease, due to the action of bacilli having local manifestations in the characteristic membrane and followed by constitutional disturbances, with a pathognomonic sequence of nervous troubles in well marked cases. As the paper was only an introduction to a general discussion, the doctor's remarks were brief and to the point.

The following is the gist of the remarks made in its discussion.

Dr. McKeough, of Chatham, reported ten cases, all recovered; usual urticarial rest; no albumen; local treatment continued.

Dr. Backus, of Dresden, dwelt specially with diagnosis; reported a case with no exudate or membrane, but consequent paralysis.

Dr. J. L. Bray, of Chatham, reported three cases, all recovered, with use of antitoxine.

Dr. Hall, of Chatham, city medical health officer, reported twelve cases with two deaths: one death from Bright's Disease following scarlet fever. He thought antitoxine prolonged life, as the child lived fourteen days after injections. Second case was moribund when first seen.

Dr. Galbraith, of Dresden, always considered diphtheria a constitutional disease primarily.

Dr. Duncan, of Chatham, reported two cases—antitoxine used—both recovered. At time of injection one case had albumen in urine. In twenty-four hours after not even a trace of albumen. Antitoxine had produced a transitory acceleration of heart's action, but only as an undue stimulant. He regard antitoxine as an "unmixed benefit."

DELSKI MARR, M.B.,

Secretary.

LONDON MEDICAL ASSOCIATION.

At a recent meeting of the London Medical Association the following most interesting, and, in some particulars, unusual, cases were presented and most ably and fully discussed:

1. By Dr. Geo. Hodge, on "Cancer of the Stomach."

CANCER OF THE STOMACH.

Thomas Sergeant, aged 57, was admitted into hospital September 21st, 1894, complaining of pain over region of stomach, belching of gas, weakness and loss of flesh. Family history, negative. Personal history temperate in habits, not addicted to alcohol, single. Occupation, farm laborer and lumberman. Resides near Glencoe, Ont. In 1887 had malarial fever for two weeks, and from then was in a state of good health, up to spring, 1893, when he was suddenly seized with a gnawing, burning pain in stomach, vomiting (coffee ground), belching of gas, which relieved the pain partly, and anorexia. Was able to work up to June, 1894, when the above symptoms became aggravated, with loss of flesh and strength. The patient has a dry skin and sallow complexion: cachexia marked; lying in bed on account of weakness and pain (continuous in stomach, which is distended with gas); restless and sleepless at night, unless an opiate is given. Tongue slightly coated in centre, appetite poor, bowels regular, dulness after eating and a great deal of flatulence (which causes an increase in pain); stomach distended, reaching to an inch above the umbilicus. On palpation there was a tenseness over the right rectus abdominus muscle near ribs. Liver, spleen, heart and lungs negative: pulse, 80, weak but regular. No glandular swellings. Urine, sp. gr. 1.022; acid reaction; no albumen, sugar or phosphates; 19 oz. in twenty-four hours, clear amber color.

Treatment.—Put upon milk diet, and following:

R. Liq. arsenical,

Tinct. opii.aa ℥iii.

Sig.—Take after each meal.

On October 9th, I gave a test breakfast and used stomach-tube; drew off some of stomach contents (partly digested) an hour later; filtered and tested chemically, resulting as follows: (1) Acid, (2) free HCl. present, (3) absence of lactic acid, (4) found peptones present. Also tested the motor power of stomach, finding it deficient. Had stomach washed out once a day for a few times, when it became painful in passing—thus ordered to stop.

Diagnosis.—Gastric cancer.

October 15th and 16th.—Feeling better, having gained a few pounds in weight.

October 22nd.—Right hand swollen and muscles of right leg atrophied more than left.

October 25th.—Delirious for a few hours.

October 28th.—Delirium, coma and death.

Post mortem.—Gall-bladder full. Left lobe of liver was adherent to upper and anterior wall of stomach by adhesions, and covered by all signs of inflammation. Transverse colon was attached to stomach by firm fibrous union, but not obstructed. The pancreas was hard and nodular in the head and part of the body. Inside the stomach ulceration as big as the hand, with thickening and induration at the edges, extended from the attachment of the colon, at its lower and front part, back over the posterior wall to where the liver was adherent at upper and front portion, so that the mass involved nearly the whole circumference, except a half of anterior surface. The ulceration had completely destroyed the upper and front wall of the stomach, and excavated that much of the liver to the depth of half an inch, but the union between the two had prevented intra-peritoneal rupture. Adhesions and lymph-bands were plentiful on the surface of the stomach representing the ulceration.

Remarks.—It will be noted that after he came into the hospital there was no vomiting; bowels were regular. No tumor could be felt, and there was present free Hcl. and also peptone one hour after a test breakfast.

Notwithstanding the absence of tumor and the presence of free Hcl., cancer of stomach was diagnosed, principally from the appearance of the patient, the rapid and continuous loss of flesh, the pain in the stomach and the gastrectasis.

This case shows that the presence of free Hcl. in stomach contents does not prove the absence of cancer, and also that digestion may be carried on fairly well notwithstanding the destruction of a large portion of the gastric mucous membrane.

The mode of death by coma is worthy of note. The fact pointed out by Ewald, that the demonstration of free Hcl. points with very gr. at probability against the existence of cancer, is not borne out in this case.

(London General Hospital, Oct. 3rd, 1894.)

2. By Dr. C. P. Jento, on "Suturing of Ulnar Nerve."

SUTURING OF ULNAR NERVE.

Matt. Greenland was admitted to St. Peter's Hospital on November 21st, 1891, with a punctured wound of right arm near inner side of biceps, caused by a tooth of a large cross-cut saw.

Accident occurred two days previous to his coming to the hospital, and the wound had been dressed with pitch and tobacco in logging camp. I dressed the wound and thought nothing more of it. On the following morning he complained of loss of sensation in little finger and ulnar side of ring finger. As there was a good deal of swelling about the wound, and it being in the region of the ulnar nerve, I attributed it to pressure. On the afternoon of November 27th I was summoned to the hospital, and found wound bleeding very freely. I removed the dressing, and arterial blood was coming up from the bottom of wound. I could not seize the bleeding point with forceps, so decided to chloroform patient and go after it.

I enlarged the wound and caught a good sized artery—the superior profunda; then I noticed the ragged ends of the ulnar nerve on either side of the wound, with a narrow band of sheath holding them together. I freshened up the ends of the nerve and sutured with fine cat-gut, using two sutures, one being at right angles to the other, and passing them through the nerve structures.

Although wound suppurated for two or three days, the sutures held, and on December 14th patient was discharged with sensation fully restored to little finger and ulnar side of ring finger.

TRINITY UNIVERSITY.

RESULTS OF THE EXAMINATIONS FOR DEGREE IN MEDICINE.

The following are the results of the examinations for the degree of M.D., C.M., for Trinity University:

PRIMARY EXAMINATION.

1st. Silver medal and certificate of honor—J. S. McEachern.

2nd. Silver medal and certificate of honor—G. Cairns.

Certificates of honor—M. MacGregor, J. M. Pearson, J. T. Clarke, F. A. Scott, A. G. Ludwig, C. A. Campbell.

The following are also placed in Class I.: J. Shultis, S. Moore, T. A. McCormick, A. J. Brown, W. E. Graham, R. W. Large, G. H. Wade.

Class II.—J. C. Ryan, H. O. Boyd, and R. W. Perry, equal; N. B. Farewell, R. A. Peers, Miss A. M. McFee, and E. Worthington, equal; J. B. Wilson, J. M. Macdonald, T. A. Lewis, and H. Maw, equal; C. J. Copp, F. A. Oakley, and W. J. Sisler, equal; J. A. Jackson, R. Mackenzie, T. M. Hart, H. D. Weaver.

Class III.—W. T. Rush, R. T. Rutherford, A. A. Ross, and T. J. Henry, equal; E. P. Kelly, Miss L. E. Armstrong, J. E. Martin, and H. Y. McNaught, equal; H. J. Watson, Miss K. L. Buck, H. R. Edwards, Miss A. J. Henry, R. B. Chisholm, W. H. Field, J. W. Livingstone, J. R. Durham, F. G. Grosett, G. G. Membery, J. Menzies, A. W. M. Row, C. H. Sills, J. A. Sutherland, Miss M. Wallace.

Passed in materia medica, physiology, chemistry, anatomy, practical anatomy, and toxicology—J. J. Langford.

Passed in materia medica, physiology, anatomy, practical anatomy, practical chemistry, and toxicology—A. S. Martin.

Passed in physiology, anatomy, practical anatomy, practical chemistry, and toxicology—T. Bradley.

Passed in materia medica, chemistry, practical chemistry, practical anatomy, and toxicology—A. Wesley.

Passed in materia medica, physiology, practical chemistry, and toxicology—W. S. Burd.

Passed in materia medica, chemistry, practical chemistry, and toxicology—A. L. Callery.

FINAL EXAMINATION.

Gold medal and certificate of honor—F. Parker.

Silver medal and certificate of honor—J. C. Hutchison.

Certificates of honor—J. G. Lamont, A. C. Lambert, F. L. Vaux, F. G. Wallbridge, F. W. Whiting, F. C. Harris.

The following are also in Class I.: J. H. Ratz, G. Elliott, Miss M. E. Allen, and H. E. Tremayne, equal; J. D. Monteith, C. A. Drummond, D. W. Shier, D. A. Cameron, and T. B. Hewson, equal; R. T. S. Gilmore, J. F. Battell.

Class II.—J. N. Hutchison and H. G. Pickard, equal; W. Brown and A. Mackay, equal; H. M.

Featherstone, M. M. McKinnon, W. J. Burden, J. A. Cook, H. S. Krug, R. W. Shaw, and T. H. Sneath, equal; F. McLellan, W. T. Clemes, J. A. Kerr, Miss M. Symmington, G. W. Brown, and J. H. Ferguson, equal; J. A. Tripp, J. B. Leeson, and D. W. McPherson, equal; R. J. Walker, J. R. Durham, and H. Paine, equal; C. G. Johnson, J. D. McKay, and H. E. Wallace, equal; H. C. Pearson, W. G. MacKechnie.

Class III.—F. S. Rounthwaite, Miss E. Hurdon, D. D. Duggan, G. W. Hall, F. G. Grosette, A. A. Milligan, and W. B. McKechnie, equal; H. A. Stevenson and J. Menzies, equal; J. W. Routledge, T. W. Kirby, Miss M. MacMillan, A. F. Phillips, and J. F. Drain, equal; J. W. Mahan, Miss D. Macklin, J. A. Malloy, A. W. Aiken, W. D. McNab, Miss R. Pringle.

Passed in midwifery, medicine, clinical medicine, clinical surgery, sanitary science and medical jurisprudence—Miss J. Hill.

Passed in midwifery, clinical medicine, surgery, clinical surgery, sanitary science and medical jurisprudence—H. R. Pearce.

Passed in medicine, clinical medicine, surgery, clinical surgery, sanitary science and medical jurisprudence—Miss A. B. McCallum.

Passed in midwifery, clinical medicine, surgery, clinical surgery, sanitary science and medical jurisprudence—A. Webb.

Passed in medicine, clinical medicine, surgery, clinical surgery, sanitary science and medical jurisprudence—Miss P. Smith.

Passed in midwifery, clinical medicine, clinical surgery, sanitary science and medical jurisprudence—G. F. Pierce.

Passed in medicine, clinical medicine, surgery, clinical surgery and medical jurisprudence—R. L. B. Stammers.

Passed in midwifery, medicine, clinical medicine, clinical surgery and sanitary science—W. Y. Young.

Passed in midwifery, clinical medicine, sanitary science and medical jurisprudence—B. H. Jacob.

Passed in midwifery, clinical medicine, surgery and medical jurisprudence—C. E. Jeffrey.

Passed in medicine, clinical medicine, surgery and sanitary science—R. O. Snider.

Passed in medicine, clinical medicine and midwifery—R. G. Anderson.

Passed in clinical medicine, surgery and medical jurisprudence—C. W. Jeffs.

The Convocation for conferring degrees was held on Thursday, April 4th, at 5 p.m.

Correspondence.

The Editors do not hold themselves in any way responsible for the views expressed by correspondents.

POST-GRADUATE COURSE.

To the Editor of ONTARIO MEDICAL JOURNAL.

DEAR SIR,—In consideration of the ever-widening field for investigation and study in the various departments of medical science, and the limitations of the curriculum of even our best-equipped medical colleges, would it not be advisable to suggest that the Ontario Medical Council take some steps towards adopting of measures by means of which original investigation and advanced study might be stimulated? A Canadian "post-graduate course" is at present beyond us; but with the application of the Chautauquan system, which in other departments has proved so successful, a renewed interest might be given to many, and encouragement to extend their sphere of observation, and thus better fit themselves for the work for which they can never be too well prepared. The universities have not been unmindful of this feature. Their extra-mural courses have given their graduates systematic plans of study, with recognition of the same, and have counteracted to some extent the tendency among some to discontinue systematic study when once a diploma has been obtained. Allow me, Mr. Editor, to suggest that the Council take such steps as will enable them to imitate the example of the Royal Colleges of Great Britain (with a curriculum not inferior to London fellowships) in the establishment of higher standards of medical education.

E. H.

NOTES FROM BERLIN CLINICS.

To the Editor of ONTARIO MEDICAL JOURNAL.

DEAR SIR,—The general surgery is so scattered that it is impossible to see a great amount of work. The clinic of Von Bergman is the best, but there is neither the amount of material nor the advanced type of major surgery that characterizes many of the American clinics. Only twice during the pres-

ent semester has appendicitis graced the amphitheatre, and each time apparently the effort was made to impress the students that rarely did this trouble require the surgeon's assistance.

In the management of this disease Bergman relies upon opium internally, and ice externally, and considers operative interference justifiable only under one or more of the following conditions: (a) After several attacks, if they are increasing in severity; (b) When there is a distinct abscess (without general peritonitis); (c) Where there are indications of stricture of the bowel; but considers operative procedures wholly unjustifiable in the presence of general peritonitis with tympany, even if effusion be distinct in region of appendix. It hardly remains to be said that the utter fallacy of such teaching has been demonstrated in the modest experiences of many of us, whose grandest surgical triumphs have been in the presence of such conditions as the Berlin exponent considers contra-indication to life-saving attempts. Such fossil debris reminds us of what was discussed and discarded years ago in Toronto societies. We are under deep obligations to the *fatherland*, but in the management of this particular scourge Berlin might, with profit, take a course in some American post-graduate school.

In the gynecological field there is a better report to be given, and what is said of Berlin can be said of many continental centres, but in no one place can a student find greater advantages than with Dr. Joseph Price, of Philadelphia. The "touch" courses are excellent, and the amount of material practically unlimited. It is a very difficult matter to see very many different operators, and in the effort one wastes more time and money than justifies the result. It appears that the American student is admired by the German teacher from a mercenary standpoint, and if the same courtesy

is expected that we have been accustomed to receive at the hands of the profession in Great Britain and America, disappointment must result. Personally, I found Prof. Martin an exception, but it is within the remembrance of some of us that a certain professor of gynecology in a somewhat prominent medical college was unceremoniously requested to withdraw before the operation was proceeded with. I state these matters to warn intending "tramps" that they need expect no favors and less courtesy unless the jingle of American gold is coupled with their introduction.

Martin is undoubtedly the most popular man on the field, and commands the largest post-graduate following. He speaks all the principal European languages, is ambidextrous, and is perhaps the most rapid operator in the domain of pelvic surgery. I have seen him remove a ten pound ovarian cyst in but four minutes from the first incision to the last stitch in the abdominal wall, and abdominal hysterectomy in twenty-three minutes. His asepsis is most rigid. Catgut is used for all intra-abdominal purposes, stumps are covered with peritoneum whenever possible, vaginal drainage is preferred in abdominal hysterectomy, sterilized olive oil is introduced into abdomen to prevent adhesions, sponges are freely used in the abdomen, and the external wound closed by single silk stitches fully two centimeters apart, passed directly through the three layers without any care in the relative position of the muscles.

This apparently careless method of closure must necessarily predispose to hernia, although the operator would have us believe otherwise. What other meaning can we take when, after eleven days, resuturing is occasionally necessary? It is not for

me to criticise, but such work would receive nothing but censure from any American gynecological society. Another questionable method by means of which the interests of the patient appear to be made subservient to the record of the operator, is in the removal of moderately large uncomplicated ovarian cysts without tapping,--giving the patient a wound of twenty centimeters when an incision of one-third the size would amply suffice. Vaginal incisions and enucleations are the order of the day, and ventral fixation is giving place to the anterior vaginal method unless the abdomen is opened for other purposes. In retro-displacements with adhesions, Prof. Martin opens anterior surface of vagina, dissects between cervix and bladder, divides peritoneal fold, and, with the finger, breaks up the adhesions, draws down appendages and examines them, removes, if necessary, then stitches uterus to anterior vaginal walls. Small sub-peritoneal fibroids are also removed by this method. Contrary to expectation, no irritation of bladder results, and Prof. Martin expressed himself as exceedingly well pleased with the method. The elaborate pre-operative treatment, which is so popular with many surgeons, appears to have no place here, and the post-operative treatment is after the same manner, patients being allowed to sit up after twelve days, but all are compelled to wear an abdominal supporter, which somewhat lessens the tendency to ventral hernia.

In conclusion, allow me to say that Europe has no monopoly of the excellencies of our profession, and it may require a comparison with men and methods to enable us to fully appreciate the advantages lying at our own doors.

ERNEST HALL.

Feeding by the Stomach-Tube after Intubation.—Morrison reports twenty-eight cases of intubation, of which number twelve recovered. He holds that we have, in feeding by the stomach-tube after intubation, and in all other cases where there is interference with the act of deglutition, a method which is easy of application, which permits a definite amount of food to be placed in the stomach, thus fortifying the system against combined exhaustion and septic infection, which

obviates both the discomfort and pain produced by the futile attempts at swallowing, and which will also prevent the dangers of deglutition,--*i.e.*, pneumonia or suffocation. If extended experience shall show that it possesses these merits, it seems probable that we shall find an increase in the percentage of children saved from this most insidious and deadly disease, and that much of the incessant care and trouble in their management will be prevented.--*Boston Med. and Surg. Journal.*

Book Notices.

A Book of Detachable Diet Lists for Albuminuria, Anæmia and Debility, Constipation, Diabetes, Diarrhœa, Dyspepsia, Gout or Uric Acid Diathesis, Fevers, Obesity, Tuberculosis, and a Sick-room Dietary. Compiled by JEROME B. THOMAS, A.B., M.D., Visiting Physician to Home of Women and Children, etc. Philadelphia: W. B. Saunders, 925 Walnut St. Price \$1.50.

The style and get-up of this work is excellent, being put by the publishers in a particularly handy manner. The idea is a good one, and for a busy practitioner ought to be of considerable value, saving him a great deal of time, both from a mental and business point. For private hospitals, and, indeed, hospitals of any kind, if once used it would be found indispensable, aiding the physicians, nurses and cooks. The diet lists have been carefully compiled, and reflect credit on Dr. Thomas' knowledge of diabetes. As he says himself, they are elastic enough to allow erasures by the practitioner himself, if it be thought necessary.

Suggestive Therapeutics in Psychopathia Sexualis, with Especial Reference to Contrary Sexual Instinct. By DR. A. VON SCHRENCK-NOTZING, Munich, Germany. Authorized translation from the German by CHARLES GILBERT CHADDOCK, M.D., Professor of Diseases of the Nervous System, Marion-Sims College of Medicine, St. Louis; member of the American Medico-Psychological Association; Attending Neurologist to the Rebekah Hospital, St. Louis, Mo., etc., etc. One volume, royal octavo, 325 pages. Extra cloth, \$2.50 net; sheep, \$3.50 net. Sold only by subscription to the medical profession exclusively. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

From the point of view of a general practitioner we can give no expression of opinion on this work. That it should sell, and will sell, we have no doubt; but if asked whether it should be read by others than nervous specialists, our answer would certainly be in the negative. In studies of abnormal manifestations and cures by suggestion the work is

certainly strong, and a specialist confronted by any cases of sexual perversion would gain much information by reading it. The F. A. Davis Co., the publishers, have given evidently a great deal of pains to supply a first class edition—the paper, print and binding being of the very best.

A Manual of the Modern Theory and Technique of Surgical Asepsis. By CARL BECK, M.D., Visiting Surgeon to St. Mark's Hospital and to the German Poliklinik of New York City, etc. With 65 illustrations in the text and 12 full page plates: \$1.25 net. Philadelphia: W. B. Saunders, 925 Walnut Street.

In these days, when every practitioner, whether a practical surgeon or otherwise, recognizes the value of asepsis and antiseptics, a work of this kind, so well written as Dr. Beck's, is of great value. The publishers have given us here a volume handy in size, with clear print and excellently illustrated. The bent of the modern bookmaker seems, and that rightly, to run in the line that supplies the text with illustrations, and Saunders has surpassed most in this line. To give such plates as he has in a work so cheap from a pecuniary standpoint, certainly must draw the attention of the practising physician to any volume given forth by this firm. We, as reviewers, certainly congratulate them, and recommend highly their publications, if only from an artistic view. They were right in giving us such a good edition of this work.

Dr. Beck starts out with a chapter on "Microbes and Their Influence," giving prominence to all that have any influence on surgical cases—the germs of putrefaction (aerobic and anaerobic) and those of tuberculosis and anthrax receiving special attention. The importance of asepsis is dwelt with, and certain distinctions between anti- and a-sepsis drawn. He wisely says that the latter is the offspring of the former. An aseptic wound, if kept so, requires no antiseptic; but if any possibility of uncleanness come in, the value of antiseptics is shown.

The means of disinfection receives a long notice, sunlight and electricity being quoted as valuable adjuncts.

Among dressings, prominence is given to iodoform, and that properly, as a dressing on all raw surfaces, and among new ones recommended is dermatol gauze.

The aseptic operating room, wound treatment, renewal of dressings, and a sepsis in private practice are ably described and many good hints given.

All told, this is a work of great value, which would be appreciated by every practitioner.

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Blood Serum Therapy and Antitoxines. By G. O. E. KRIEGER, M.B., Surgeon to the Chicago Hospital, etc. With illustrations. Pp. 69. 1895. Chicago: E. H. Colegrove & Co.

Blood serum therapy and the antitoxic treatment of infectious diseases rests upon foundations of such a technical nature that any work which will aid us in understanding it is valuable. The bulk of the literature of the subject is to be found only in German and French journals of a purely bacteriological character, and consequently not within the reach of the average medical man, even if he have the ability to read them; yet blood serum therapy is such a decided innovation in the treatment of disease that it is hardly fair to expect the practising physician to accept it without some knowledge of the foundations upon which it rests. This knowledge Dr. Krieger endeavors to give in his little book, and we think he has been quite successful.

To condense successfully and clearly all the experimental work of the past few years, requires not only a wide knowledge of the literature, but considerable skill in selection. After reading through the book we feel that the author has practically omitted nothing which is of importance for a proper grasp of the subject.

The book is divided into four chapters. Chapter I. deals with the general subject of blood serum therapy; Chapter II. treats of toxins and toxalbumins; Chapter III. with tetanus, and Chapter IV. with diphtheria. It is illustrated by a number of well-executed reproductions from Fraenkel and Pfeoffer's atlas (the source by the bye is not always acknowledged).

Space would not permit us to go into a prolonged criticism, and, in fact, there is little to

criticise; but there are one or two points upon which we differ slightly from the author, which might be mentioned.

Dr. Krieger apparently believes that the antitoxine directly neutralizes the toxine *in vivo*, as well as in the body of the animal. We do not think this is borne out by the later experiments; indeed, he himself notes the fact that a mixture of a toxine and antitoxine in a test tube, although harmless for one animal may be fatal for a more susceptible one. Roux has cited other experiments also which seem to absolutely preclude any inter-action of toxine and antitoxine, either *in vitro* or in the body, and we would prefer to accept Mitchnikoff's suggestion that a better name for antitoxines would be *stimulines*, on account of their action upon the cells of the body.

Again, in considering the biological nature of antitoxines, he seems inclined to look with favor upon Berelmer's theory that they are bacterial in origin. Even with the observations of Behring, Knorr and others whom he cites, the whole weight of evidence at present is overwhelmingly in favor of the idea that they are derived from the animal cells, as a result of the action of the toxine upon them.

On page 40, in alluding to the subject of immunity inherited from the mother, it would have been better if the author had more clearly indicated Ehrlich's and Huebener's conclusions, as it is evident from their experiments that, although a certain amount of the inherited immunity is acquired during intra-uterine life, the greater part is acquired during the period of lactation, on account of the antitoxine dissolved in the milk.

The only other point which we would like to notice is the rather *Germanised* English of the book. We are very much inclined to believe that if the author did not actually write in German and afterwards translate into English, he certainly thought in German. There are numerous passages where German idioms and even untranslated German words, crop up, which it would be well to correct in a new edition. Where these occur, however, they do not in any way obscure the sense; they only give rise to a somewhat stilted and peculiar style.

Taken as a whole we can heartily recommend Dr. Krieger's book, and we venture to predict that anyone who begins it will be sufficiently interested by the subject-matter to finish it at one sitting.

An Epitome of Current Medical Literature.

MEDICINE.

Chloroform as a Tapeworm Remedy.—

Dr. Stephen (*Ell Raccogitore Medico*) has recently confirmed the action of chloroform as a tenicide, he having been able to expel tapeworms with this remedy which had resisted all other measures. He employs Thompson's formula :

R Pure chloroform grm. iv.
Syr. simp. grm. .o3.

M. Sig.: To be taken in four doses, at seven, nine, eleven, and at one in the afternoon. At noon take an ounce of castor oil.

All his patients bore the chloroform well, and it was even administered to children in proper proportions.—*Canada Lancet*.

Eye Strain and Gastric Disorders.—

Charles G. Stockton, in the *Medical News*, calls attention to certain cases in which with functional gastric disorders there exists a definite and uniform ocular defect. This defect is astigmatism of high degree, varying from one to five dioptries, and usually irregular; that is, myopic in one eye and hypermetropic in the other. He holds the opinion that when dyspepsia is characterized by absence of acid in the gastric juice, without the presence of a malignant tumor, we are dealing with a disease that commenced as a functional disturbance. Inhibition of the peptic glands is followed by atrophy, and then the disease becomes permanent. He considers that dilatation of the stomach begins in functional disturbance, and ulcer of the stomach is of neuropathic origin. He comes to the following conclusions: 1. Functional gastric disorders generally arise from some influence outside of the stomach. 2. These causes are usually to be found in some reflex irritation or some toxemia. 3. Among the latter syphilis occasionally has a place that apparently has passed unnoticed. 4. Structural changes in the stomach are not so much the

causes as they are the results of functional disorders. 5. The successful treatment of these affections must include the removal of the often unsuspected exciting cause.—*Times and Register*.

New Method for Staining Tubercle Bacilli.—

Leutelle (*Bull.-Soc. Belged de Mic.*) recommends a somewhat new process for staining tubercle bacilli in any condition of tissue or in cover-glass preparations. The preparations are to be immersed for one to twenty-four hours in carbol-rubin and then transferred to a 1.5 per cent. solution of permanganate of potash. This is followed by immersion in a saturated, aqueous, freshly prepared solution of sulphuric acid. The preparations are then washed in water, after which they may, if desired, be double-stained with saturated aqueous solution of methyleneblue. In this case the sections are washed, dehydrated in alcohol, cleared in xylol and mounted in balsam.—*Medical and Surgical Reporter*.

Laborde's Artificial Respiration.—

Marey (*La Tribune Medicale*) has reported to the Académie de Science the result of his investigations as to the value of Laborde's method of artificial respiration. He quotes Laborde to the effect that apparent death is brought about by failure of respiration and circulation, real death by cell changes. That the period of real death follows that of apparent death by a longer or shorter interval, and that if respiration can be again started before this real death occurs life will often be saved. Laborde has shown that tractions exerted on the tongue reflexly excite the respiratory muscles, particularly the diaphragm. On cutting the sensory nerves of the tongue these tractions failed to produce this effect; upon dividing the phrenic nerve, but leaving the sensory nerves unaffected, traction will also fail of its effect; hence the inference is clear that the benefit is mainly due to stimulus carried by the sensory

nerves of the tongue and transmitted through the phrenic nerve to the diaphragm. Experiments on animals demonstrated the value of the method. At the present time there are more than one hundred cases reported in which the life of man was saved by this method. These cases are particularly noteworthy from the fact that in a large number of them other respiratory methods had been employed in vain. Good results have been reported, not only by Laborde, but by many others. Marey finishes the report with the statement that Laborde has rendered a great service to humanity and to science. — *Therapeutic Gazette*.

Treatment of Tapeworm. Prof. Potain (*L'Union Médicale*), in a lecture on the tapeworm and its treatment, among the long series of remedies which have been proposed, finds but few which are actually reliable. They may be divided into indigenous and foreign; among the latter are kousso, musenna, and kamala. Kousso is an excellent remedy, but it is so easily altered that it is of not much practical value. The male fern, an indigenous remedy, is especially employed in expelling the bothriocephalus. The ethereal extract is used, as well as the powder and the decoction. One may administer 2 grammes (grs. xxx.) of the ethereal extract mixed with 3 grammes (grs. xlv.) of the powder, after which one may take a decoction of 3 grammes (grs. xlv.) of the powder in 100 grammes (ʒij., ʒj.) of water. Two hours after, 2 ounces of castor-oil are given. In certain cases pumpkin seeds will yield good results; those of the *curcurbita maxima* are best used, as the smaller varieties are harder to obtain and give less satisfactory results. Take 250 grammes (ʒvij.) of the seeds, which, after extracting the kernels, will leave about 50 to 60 grammes of hulled seeds. These are rubbed up with sugar to form a paste, or with milk to make an emulsion. The evening before the patient should be put upon a milk diet and the seeds ingested the following morning. Two hours after follow with a purgative. Squash and gourd seeds are only indicated in individuals with susceptible digestive tracts; they will yield but uncertain results. The true and most efficacious remedy is the bark of the roots, trunk and young branches of the pomegranate. The dose is 60 grammes (ʒij.) of a not too old bark, which is

macerated for twenty-four hours in 750 grammes (ʒxxijss) of water, which is later reduced by slowly boiling to 500 grammes (ʒxvss). This should be taken in two portions, with an interval of ten minutes, and then followed with 60 grammes (ʒij.) of castor-oil as soon as the patient feels a little motion in the abdomen. If the oil be given too early, the worm will not have been stupefied; if too late, the head will remain. This drug may cause vertigo and roaring in the ears, which symptoms are still more prominent with pelletierine, a glucoside extracted by Tanret. The sulphate is usually employed, but it has the inconvenience of being absorbed by the stomach, and in acting upon the patient and not upon the worm; therefore Tanret has mixed it with the sulphate of tannin to retard absorption. The patient, from the evening before having been upon a milk diet, takes 30 centigrammes (grs. ivss.) in two doses, with a half-hour of interval; then, after about an hour, a purgative is administered. If this does not act, a purgative rectal injection is indicated. Out of 100 cases, one will obtain successful results in about 79. This alkaloid also gives rise to vertigo, roaring in the ears, and a sort of very marked "drunkenness." All these symptoms will be less intense if one takes care to keep the patient in bed. In case of failure, do not repeat the remedy until the sections reappear in the stools. It seems, in some cases, as though the worm became accustomed to this drug. — *Med. and Surg. Reporter*.

The Dietetic Treatment of Phthisis.— The following suggestions by Dr. Henry P. Loomis (*The Practitioner*) are worthy of careful consideration: 1. Never take cough mixtures if they can possibly be avoided. 2. Food should be taken at least six times in the twenty-four hours; light repasts between the meals and on retiring. 3. Never eat when suffering from bodily or mental fatigue or nervous excitement. 4. Take a nap, or at least lie down, for twenty minutes before the midday and evening meal. 5. Take only a small amount of fluid with the meals. 6. The starches and sugars should be avoided; also indigestible articles of diet. 7. As far as possible each meal should consist of articles requiring about the same time to digest. 8. Only eat so much as can be easily digested in the time allowed. 9. As long as pos-

sible systematic exercise should be taken to favor assimilation and exertion; when this is impossible, massage or passive exercise should be undergone.

10. The food must be nicely prepared and daintily served—made inviting in every way.—*Med. and Surg. Reporter.*

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Turpentine in Incontinence of Urine.—

The unpleasant smell emitted by persons suffering from incontinence of urine can be conveniently covered, accord. g to Dr. Emminghaus, by means of ten-drop doses of turpentine administered in milk or water three times a day. This converts the smell of stale urine into an odor resembling that of violets, as is well known to persons who have taken turpentine. The remedy is perfectly harmless in most cases, and has been given by Prof. Emminghaus for many weeks at a time without any inconvenience. It is, however, contra-indicated in ulcer of the stomach, gastric catarrh, and nephritis, and also in some persons in whom turpentine tends to upset the digestive functions. —*London Lancet.*

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Treatment of Cholera Infantum.—The methods of treatment hitherto applied, the digestive ferments, the intestinal antiseptics, etc., have not proved at all effective. The *modus curandi* that I hold to be the best, the most energetic, as the emergency requires, and that meets symptomatic and pathological indications, is the one employed by the older physicians in the treatment of Asiatic cholera:

1. Calomel, in minute doses, well triturated with sugar of milk, to arrest the vomiting.

R Calomel 1½ grains.
Sacch. lact. 20 grains.

Mix, triturate thoroughly, rub for ten minutes, and divide into twenty equal powders. Sig.: Half a powder, dry upon the tongue, every fifteen minutes.

2. Blisters, for their exciting action upon the cutaneous nerve-filaments and through these upon the abdominal vaso-motor system. Though I do not at all favor blisters in young infants, this is one of the very few instances in which I advocate them, and I believe that a man has not done his whole duty who has neglected the use of this

powerful remedial agent in a case of cholera infantum.

3. For the high temperature, an ice bag placed under the nucha, or a Chapman bag to spine and nucha: much better still, the wet pack, as described by me in my paper on heat stroke if this is impossible, for whatever reason, a heavy towel wrung out of ice-water is spread lengthwise upon a rubber sheet (or piece of oil-cloth) and the child laid upon it naked, or clothed in a thin chemise only. The towel or pack is changed as soon as it feels warm to the touch.

4. For the great thirst a piece of ice can be placed in a clean thin handkerchief and the child allowed to suck this like a teat: or it can be just held in the child's mouth or upon its lips. The wet pack or towel will greatly aid in allaying the thirst. No fluid should be given until the temperature is lowered and the stool changed in character.

If despite all these measures the little patient continues to fail, we should resort to hypodermoclysis or to hypodermic injections of a physiological salt solution. Hensch relates that in some instances where the little patients seemed upon the point of dissolution he succeeded in saving them by this measure. At first a stronger solution, 2:100, was used; later the physiological solution, 6:1000. Six to eight Pravaz-syringefuls were injected in rapid succession. Occasionally in the course of a day thirty to fifty grammes were injected. After we have succeeded in allaying the thirst—and, as already indicated, this will be synchronous with a fall in temperature and a change in the character of the stool—we may attempt to nourish the child; the easiest way of doing this, without fear of overloading the greatly debilitated stomach, is to administer liquid peptonoids, very cold, in very small quantities, half a teaspoonful dropped slowly on the tongue every hour, or the expressed juice of raw beef, given in like manner. Later on, if this is well borne, the quantity can be gradually increased. A few drops of genuine old tokay can now also be given either pure or mixed with the peptonoids or beef-juice. For the next twenty-four to thirty-six hours the greatest care must be exercised in the feeding of the child, giving small quantities at rather long intervals (not less than two hours).—H. ILLOWAY in *N. Y. Med. Jour.*

The Treatment of Obstruction of the Bowel by Electricity.—Althaus (*British Medical Journal*) has reported the case of a man, fifty-four years old, who for three months had suffered with obstinate constipation. At the time of coming under observation the bowels had not been moved for ten days, and the abdomen was distended and tender. The appetite was lost, and a condition of collapse existed, with sunken face, and a small, feeble pulse. The introduction of a long tube proved unavailing, and electric treatment was resorted to. An insulated sound, with a free metallic end, was introduced into the rectum, and a moistened conductor applied to the abdominal parietes, chiefly in the region of the sigmoid flexure. Through this circuit a primary faradic current was passed, and its force gradually increased until the patient experienced a decided feeling of vibration in the bowel. In the course of the day a copious intestinal evacuation ensued, with wonderful relief to all of the symptoms. During the next two days the bowels acted ten times, and in the course of a week the patient appeared to be quite well. A second case, in a woman fifty-seven years old, is cited in which a like result was obtained from similar treatment.

quantity of chlorate of potassium after the purchase of ten cents' worth of this article. In both of these cases symptoms were like those of the case reported by McShain, excepting that in these cases recovery took place, while in that of McShain death suddenly occurred on the sixth day after the poison had been ingested.—*Therapeutic Gazette*.

Diphtheric Vulvitis in a Child.—Gnietchel (*Journal of Cutaneous and Genito-Urinary Diseases*) has reported the case of a girl, one year old, who for five days had been irritable and restless and appeared to suffer pain referred to the genital region, the symptoms being aggravated during micturition. Examination disclosed several patches of false membrane covering anteriorly the internal portion of both labia majora and nymphae and invading the urethral orifice. The membrane was firmly attached and grayish-white in color. It was further learned that two fatal cases of diphtheria had recently occurred in the house in which the child resided, the last but a week before she was taken ill. There were no other symptoms. Bacteriologic examination of the membrane revealed the presence of diphtheria-bacilli. The patches disappeared upon the use of local applications, chiefly of hydrogen dioxide and mercuric-chlorid, and the child made a good recovery. At no time were marked constitutional symptoms observed.

Poisoning by Chlorate of Potassium.—In the *Journal of the American Medical Association*, McShain reports the case of a girl of eleven years who, twenty-four hours previously, had, while employing a gargle of chlorate of potassium, swallowed a considerable quantity of the solution, which, with some tablets of chlorate of potassium which she had taken, represented about two hundred grains of the drug. The condition of the patient was that of marked cyanosis and temperature of 102 to 103 F.; scanty urine, which was exceedingly dark in color, and which, finally, was not secreted in larger quantities than half an ounce in twenty-four hours. Later on in the case the urine became somewhat more free, but contained large quantities of albumen, while jaundice and hepatic tenderness were developed. McShain quotes two cases,—one reported by Scherer, in which a grown man presented grave symptoms of poisoning after taking two cents' worth of chlorate of potassium; and another case of Dr. Hays, in which a young woman swallowed an unknown

SURGERY.

Death from Urethral Injection of Cocaine.—In this case the patient was aged 72, with heart disease, atheromatous arteries, and subject to angina pectoris. He had also an enlarged prostate, which caused retention. Attempts at catheterization failed, and puncture was resorted to. The next day, catheterization having again failed, suprapubic cystotomy was decided on; but a last attempt was made to pass the catheter under cocaine. Twenty grammes (!) of a 5 per cent. solution was injected into the urethra. Immediately the patient became pale, general trembling set in, he sat up in bed, commenced to vomit, and fell back dead. In a report on the case, Dr Reclus says that, remembering the absorptive power of

mucous membrane, it is not surprising that one gramme of cocaine injected into the urethra should cause death; and the large quantity employed was the sole cause in this case. It had already been laid down that 15 to 20 centigrammes should not be exceeded, and that the solution should not be more concentrated than 2 per cent. It was also pointed out that the recent injury done to the urethra would largely contribute to the rapid absorption that evidently took place.—*La Sem. Med.*

Carcinoma of the Skin Over the Mastoid, Originating Apparently in a Suppurating Retention Cyst; Surgical Removal; Skin Transplantation.—

A man thirty-five years old came to the surgical clinic of the College of Physicians and Surgeons early in August, 1894, with a large carcinoma over the left mastoid. He said there had been for many years a wen at this point, when at length it was accidentally broken and discharged matter, water, and blood for a long time. About two years ago it began to thicken up and spread. This tumor had been "removed" six months previously with caustics at a celebrated cancer cure. The lymph glands in the neck were only slightly enlarged. The ulcer was now 1 1/2 inches in diameter and extended on to the lobe of the ear. The mastoid itself seemed to be involved. After a microscopical examination had confirmed the clinical diagnosis, the patient was prepared for an operation by shaving and cleaning the face, head, and neck. All hair was removed. The neck, ear, and scalp, and even the back, were covered with an antiseptic dressing the night before the operation. The usual preparations for the anæsthetic were made. The operation began at the clavicle, with an incision extending upwards to a point half an inch below the root of the ear, and parallel with the external border of the sternocleidomastoid muscle. The skin was carefully dissected back from the muscles and fat; and at last all the glandular tissue, the fat and the sheaths of the muscles, including all the platysma, were very thoroughly and cautiously removed, beginning at the first rib and going forward to the middle line and backward to the trapezius. This wound was then filled with gauze, and the tumor removed, together with all the tissues within two centimeters. It was necessary to sacrifice the lower half of the

auricle. When the mastoid was reached it was chiselled off the same as is done in mastoid supuration. There was no evidence of disease in the bone. The blood-vessels of the neck were all exposed from the clavicle to the lower jaw, and the open space after coaptation of the skin of the neck was about the size of a man's hand—extending from in front of the ear backward upon the neck. A large muscular flap was loosened up from the back between the shoulders, and its lower end carefully sewed into the upper end of the defect. The shoulders were tied together, and almost all the defect on the back closed. The flap grew perfectly, and the union was complete at the end of a week. There was no sepsis and no infection, except in the lowest point of the wound on the back, where two inches closed by granulation. The patient was seen a month after the operation. A vigorous beard almost entirely covered the deformity. The loss of the lower half of the ear was not conspicuous. No return of the carcinoma up to November 15th.—BAYARD HOLMES, M.D., in *American Lancet*.

Report of a Case of Congenital Atresia of the Naso-Pharynx.—

Mrs. M. came to my office with her daughter, an infant aged seven months, to consult me in regard to the difficulty which the little one experienced in breathing. The baby was small for its age, and in appearance resembled a child poorly nourished. It was thin, its face looked old and tired, and its skin had not the vital glow that indicates a sound body. Its inspirations were accompanied by a loud wheezing and rattling, and the difficulty of breathing was shown by the increased motion of the face, and especially of the muscles at the sides of the neck. This noise, the mother said, was constant, whether the child was sleeping or waking. The history given me by the mother was that from the time the baby was born she had observed the same snuffling, rattling sound in breathing. The nurse at that time thought the little one had contracted a cold. The physician in attendance at the birth had prescribed an ointment of some kind for the chest and nose. No improvement being noticed, other physicians were consulted—one of whom asked the father if he had ever had any specific venereal disease, and put the child upon a course

of mercury and potassium iodide, as nearly as I could judge from the mother's description of the medicine. I could not find from questioning the father any history of venereal disease.

Examination of the child's throat revealed no abnormality other than an unusual paleness of the mucous membrane. The nostrils and nose were well formed externally, and the respiratory sounds in the chest were normal. When light was thrown into the nostrils, however, they were found to be imperforate, the membrane extending entirely across them at the level of the inferior turbinated bone. It was impossible to pass a probe beyond this point. I told the mother that an operation would be necessary, and after some demur she consented. Under anaesthesia the membrane was divided and the incision forcibly dilated with long dressing-forceps. The result has not been perfectly satisfactory; for while the child has improved in general health, the noise in breathing grown much less, and the respiration less difficult, it is necessary at intervals to dilate the upper part of the nasal canal in order to prevent a return of the trouble. These intervals are growing longer, but I think that had a plastic operation been devised and performed at first the tedious and unpleasant after-treatment might have been avoided. —C. B. STORRS, M.D., in *American Lancet*.

Sarcoma Successfully Treated by Toxins.—W. B. Johnson reports a case of sarcoma of the palate which he has successfully treated with the toxins obtained from cultures of the micrococcus erysipelatosus and the bacillus prodigiosus. The patient was a boy, aged sixteen, who was said to be suffering from a sarcoma of the soft palate, which upon microscopical examination was found to be of the spindle-celled variety. The affection commenced six weeks before admission. The injections of the toxins of erysipelas were commenced on October 31st, 1893, doses of 15 minims being given daily. The dose was increased each day until it had reached 60 minims. The bacillus prodigiosus toxins were used in doses of 5 minims, and were administered along with the other toxins after the dose had reached 35 minims. The injections were given in the arm and leg, and they generally caused redness, swelling, and pain, which persisted

for twelve to thirty-six hours. The treatment was continued until June, 1894, during which time there were many intermissions. The result of the treatment was a constant steady but slow improvement. The sarcomatous tissue gradually disappeared, partly by necrobiosis and partly by absorption. One year after the commencement of the treatment the patient had practically recovered, the only signs of the disease being one or two spots of ulceration upon the palate, the other affected parts having cicatrised. The uvula and a small portion of the epiglottis were destroyed by ulceration. —*Medical Record*.

Pylorotomy for Supposed Cancer: Patient in Good Health Three Years after Operation.*—

Seeing that the patient, whose history I am about to narrate is now in the enjoyment of good digestion and excellent general health at the expiration of nearly three years since the removal of her pylorus for new growth, the time has arrived when the facts may be placed on record with the confidence that the charge of hasty publication will not be brought against me. I had once previously performed pylorotomy at the Leeds Infirmary, on a patient whose disease proved to have made more extensive inroads upon stomach and duodenum than had been divined, or than appeared even on handling the parts when exposed for removal, until too late for the operation, to be abandoned, and in whom, therefore, owing chiefly to the prolonged nature of the operation, the shock proved fatal within three days. Since meeting with these two I have not seen another example in which the circumstances seemed favorable for pylorotomy. Mrs. R., aged 49, first came under observation on November 26th, 1890. She was then complaining of abdominal pain and vomiting, and had lost upwards of two stones in weight. It was noted at the time that the stomach stood out in the epigastrium, suggesting retention, and a distinct splashy sound could be elicited. About midway between the ensiform cartilage and the umbilicus, and about 2 inches to the right of the middle line, a hard, irregular nodule could be felt. A diagnosis of pyloric cancer was made. Up to January, 1891, under a rigid dietary and

*Read before the Yorkshire Branch of the British Medical Association, at Scarborough, November 7th, 1894.

some medicinal treatment, the symptoms seem to have abated. The patient gained a few pounds in weight, and felt better in every way, and the lump in the abdomen could not be found. In September sickness returned, and gradually increased in severity up to December, 1891. She then looked fairly healthy in face, but was wasted. The abdomen was decidedly thin; the stomach dilated and splashy. A swelling the size of a tangerine orange could be felt at the pyloric end of the stomach. Satisfied that the disease was malignant, that she was surely losing ground, whilst her strength was by no means exhausted, and that the physical signs in her abdomen indicated an absence of adhesions, I advised her to consider the question of having the pylorus removed. The proposal was favorably entertained by herself and her husband, but before giving their consent they naturally desired to consult the physician upon whose judgment many members of their families had been accustomed to rely. She accordingly went to Glasgow, and there saw Dr. S. Gemmell, who after a careful examination, wrote to me confirming the diagnosis, and approving the proposed operation. From December 24th to 28th the stomach was washed out daily, and the patient fed by nutrient enemata and suppositories. On December 28th, 1891, pylorotomy was performed. An incision $3\frac{1}{2}$ inches long was made in the middle line, starting at the apex of the ensiform cartilage. The stomach at once presented, and the lump at the pylorus was easily found. The stomach and duodenum were secured by means of Hahn's clamps, and about $1\frac{1}{2}$ inch of bowel removed. The cut ends of stomach and duodenum were then united by fine silk sutures, the serous surfaces posteriorly being united first, then the mucous membrane all round, and finally the serous surfaces anteriorly. Lembert's sutures were used for the peritoneum. The incision through the stomach wall bled freely, but the vessels were readily seen and ligatured. Once during the operation the patient attempted to vomit, and forced a little fluid through the opening in the stomach. The peritoneum of the median incision was secured separately with the fine cat-gut sutures, and the remaining layers of abdominal wall stitched with silkworm gut. No drain was employed. The patient vomited once or twice during the afternoon after the operation.

The vomit contained a little blood. She was fed by nutrient enemata every three hours. Morphine grain $\frac{3}{8}$ was injected hypodermically in the evening, after which she slept five hours. On December 29th, at 6 p.m., the patient commenced to take a drachm of milk with two of water every two hours, by the mouth, but as after the third time she vomited a little, it was discontinued. Morphine grain $\frac{1}{6}$ was injected for the night. On December 30th, the note made was: Slept five hours; given ice during the night, vomited a little in the morning and two or three times this afternoon; given morphine grain $\frac{1}{6}$ at night. She passed a good night without vomiting, and on December 31st she was allowed to have a little barley water. She vomited, at 11 p.m. on that day, a little greenish fluid; and on January 1st was ordered to have milk and soda, barley water and koumiss. The general condition good. The abdomen was a little distended: flatus was passing freely. She was given a turpentine enema on this night. No feces passed, but some flatus and the remains of the nutrient enemata. After this the patient went on steadily towards recovery. There was no further vomiting. On January 9th she had a sponge bun, on January 19th some fish, and on January 21st some fowl. On January 25th she got up, and on February 9th went for a drive. From time to time I have seen Mrs. R. since she passed from my direct observation. In the course of a few months she resumed her ordinary duties, and gradually she found herself able to enjoy unconscious digestion. At the present time she is in very good health, and shows no sign of having suffered from any serious disease.

Examination of Tumor: Length, $1\frac{1}{2}$ inch; circumference, 6 inches. The pyloric opening barely admitted the tip of the little finger; the stomach wall was much thickened, the duodenal wall less so. At the lower part of the pyloric opening was a saucer-shaped ulcer of the size of a shilling, with thickened base and edges.

Microscopically: The chief bulk of the tumor consists of densely packed fibrous tissue, with intervening small round cells. Here and there in the interstices of the fibrous tissue are the remains of degenerated glands. In the deeper layers of the section, outside the fibrous tissue these glands are numerous.—T. R. JESSOP, F.R.C.S., in *British Medical Journal*.

Miscellaneous.

A MEDICAL BUILDING.—A project is on foot to erect a ten-story office building in Chicago, to be known as "The Medical." The intention is to have the building given over to doctors for offices, and the rooms and conveniences are to be arranged with that object in view. *E.A.*

AN ANTITOXINE FOR SYPHILIS.—Surgeon J. Duncan Menzies, of the British Navy, writes to the *British Medical Journal* for March 2nd that the satisfactory results of the antitoxine treatment of diphtheria encourage one to hope for a still more brilliant advance in scientific medicine. He refers to the possibility of obtaining a seropathic antitoxine for syphilis. The horse, he says, is known to be subject to a constitutional affection having a marked likeness to the human disease, without, perhaps, a real identity. Again, human

syphilis, he says, is incapable of being transmitted to the equine genus. Can we regard this last fact, he asks, as showing a species of antagonism between the two diseases? The bacteriology of equine venereal disease has not as yet, he believes, been worked out. It would be instructive, he thinks, to compare and endeavor to form an estimate of the bacteriological strength and antagonism of the two viruses, if possible. This discovery, he says, if properly substantiated, might lead to the perfected therapeutic syphilo toxine. — *N. Y. Med. Journal.*

THE TREATMENT OF BOILS WITH COLCHICUM.—In the *Lyon médical* for March 3rd there is an abstract of an article from the *Journal de médecine et de chirurgie pratiques* for February 10th, in which M. Brocq says that he has observed that

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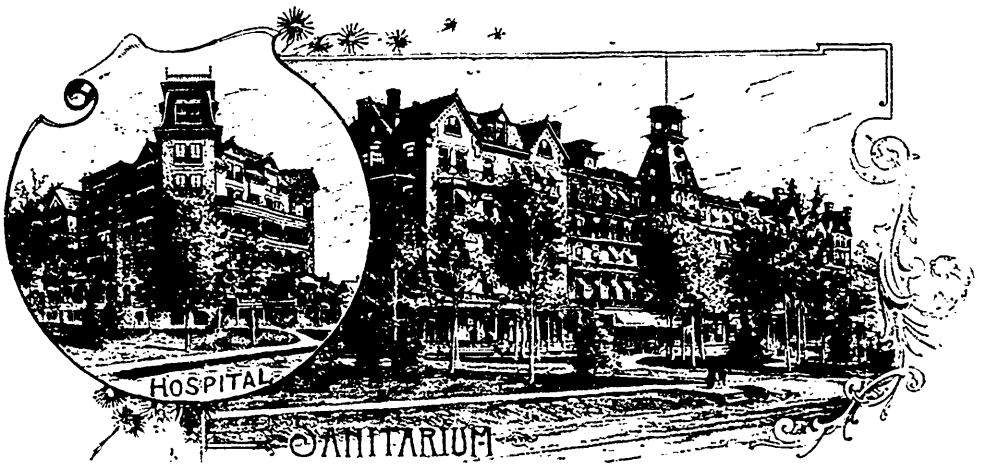


among gouty persons who are attacked with successive crops of boils, but who have neither diabetes nor albuminuria, the extract of colchicum in quantities of from half a grain to two-thirds of a grain a day gives favorable and sometimes surprising results, as the following case will show: The patient, a man forty years old, was gouty and for several months had suffered from boils, against which all treatment, whether external or internal, had failed. M. Brocq administered in this case from a third of a grain to half a grain of the extract of colchicum daily, and the effect was surprising. From the fifth day the growth of the furuncles was arrested and no new ones appeared. Fifteen days later the use of the extract was stopped and the furuncles returned. The colchicum was again given to the patient, and the affection was rapidly checked. These experiments were repeated at different times until the patient, perfectly satisfied of the power of colchicum, made up his mind to continue its use for a sufficient length of time, and then gradually give it up. He is now completely cured. As a local treatment M.

Brocq advises daily applications of a strong tincture of camphor: the furuncles, also, should be covered with pieces of Vidal's red plaster. *Ex.*

TRIBUJISMUS. Trilby has become a sort of epidemic like the mind cure, the fifteen puzzle, the Lottie Collins' song and other fads. To those who know literature the book is good, but not wonderful: to those who know hypnotism, the book is silly: in a year or two it will be nearly forgotten. — *Ex.*

FATAL POISONING BY QUASSIA. — *Ann. University Medical Magazine*) has reported the case of a child fatally poisoned by a rectal injection of a decoction of two ounces of quassia in about a pint of water, made for the relief of seat worms. From five to ten minutes after the injection the child became livid, vomiting took place, the muscles became relaxed, and respiration labored and shallow and the pulse imperceptible. Death took place within a few minutes.



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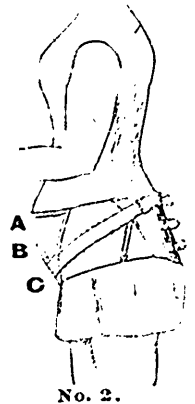
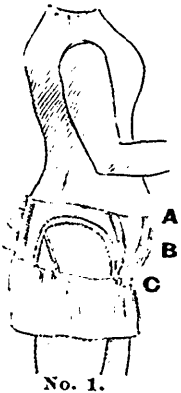
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- Syr. simplicis ʒij.
- Aq. dest. ad ʒx.

M. Sig.: Take at a dose.—*Ex.*

Less than a century ago the Legislature of Pennsylvania passed this law: "That in the future, no member of the House shall come bare-foot, or eat his bread and cheese on the steps."—*Ex.*

TREATMENT OF ANGINA PECTORIS FROM TOBACCO.—Dr. J. Crook (*Le Semaine Medicale*) recommends for the treatment of angina pectoris in tobacco-users, the following preparation :

- R Alcoholic sol. trinitrine, 1 p.c. gtt. xv.
- Fl. ex. cactus grandiflor. S o ʒij.
- Hoffman's anodyne. ʒv., gtt. xv.

Sig.: Thirty drops three times a day in a little water. If necessary, the dose may be increased gradually to sixty drops.—*Medical and Surgical Reporter.*

STERILIZATION OF DOCTORS.—It has been proposed by Gutmann that stations be erected in convenient localities in cities and large towns, where physicians may go to be thoroughly disinfected immediately after they have visited a case of infectious disease, and before paying any further visits. The operation will take about fifteen minutes, and then the doctor may go about his business, proud in the consciousness of being clean and no longer a menace to the health of his fellows.—*Ex.*

TO RELIEVE THE THIRST OF DIABETES.—Pilocarpin may be administered in solution or in pill form. The pills are best prepared by the addition of glycerine and gum arabic. Each contains gr. $\frac{1}{6}$ of pilocarpin nitrate. For the solution the following form is given :

- R Pilocarpin nitrate gr. ʒj
- Spirit vini dilut. ℥xx.
- Aquæ ʒj.

M. Sig.: The tongue is to be moistened with five or six drops of this solution four or five times daily.—*Nouv. Remedes.*

ROTHERHAM HOUSE.

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FEVER OF TUBERCULOSIS IN CHILDREN.—Dr. Rachford (*Covremennaya Klinika*), in treatment of the fever of tuberculosis, and particularly that of the lungs, in children, advises the following salve:

- R Guaiacol,
- Lanoline āā 4 | o 5j.
- Lard 3o | o 5j.

Rub a little of the salve of the size of a hazelnut into the region of the chest each evening. — *Med. and Surg. Reporter.*

FLATULENCE. —For flatulence in children Ringer recommends:

- R Tinct. asafoetidae fl 5ss.
- Aq. destill fl 5ij.
- M. Sig.: A teaspoonful every hour or two.

For flatulence due to fermentation:

- R Acidi sulph fl 5jss.
- Syr. zingiberis fl 5vjss.
- Aq. destill fl 5j.
- M. Sig.: A teaspoonful.—*Ex.*

EUCALYPTOL IN ERUPTIVE DISEASES.—The following, says an exchange, will increase the activity of the skin and besides prove a valuable antiseptic:

- R Eucalyptol 5ss.
- Carbolic acid grs. v.
- Lanoline 5ij.

M. Apply over eruptive surface.

FOR BLEPHARITIS.—Millendorf recommends:

- Red oxide of mercury gr. x
- Vaseline 5 ss

Sig. Apply to the edge of lid at bedtime.

Or,

- Ammoniated mercury gr. xx
- Powdered camphor gr. x
- Vaseline f. 5 ss

Sig. Apply at night.

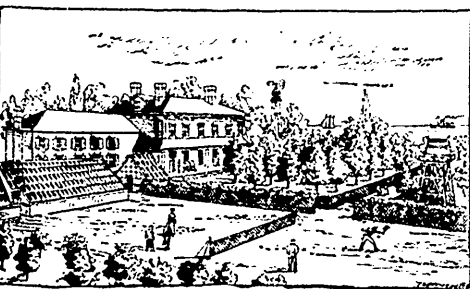
Or,

- Solution of subacetate of lead gtt. x
- Ointment of rose-water 5 iij

Sig. To be used for the more chronic forms of marginal blepharitis.—*Col. and Clin. Record.*

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OAKVILLE.

TREATMENT OF URTICARIA.—Dr. Brocq (*Revue Internationale de Médecine et de Chirurgie Pratiques*) recommends, in the management of urticaria, the following measures: Apply locally the following salve:

- Carbolic acid.....
 - Essence peppermint... āā 1
 - Oxide zinc
 - Lanoline
 - Pure vaseline
- | |
|-----------|
| o grs. xv |
| o ʒv |
| o ʒij |

At the same time prescribe each day from two to six of the following pills:

- Muriate quinine
 - Ergotine
 - Extr. belladonna
- | |
|---------------|
| o 10 grs. jss |
| o2 " 16-13 |

Before applying the ointment one may apply locally a lotion with vinegar, cologne water or chloral as a base. —*Med. and Surg. Reporter.*

The fact is, good doctors would be exceedingly good business men in their own private affairs, did they devote themselves to business. It is only for the affairs of others that they are particularly careful. As Agassiz said: "I am devoted to

science; I have no time to make money." A thoroughly good doctor seldom has time to make money, although he may make a living. —*Post-Graduate.*

FOR ACUTE CORYZA:

- R Morphinae sulph..... gr. j.
- Cocaina hydrochloratis..... grs. iij.
- Menthol
- Pulv. acidi borici..... ʒij.
- Bismuthi subnitratiss..... ʒij.
- Pulv. benzoini..... ʒij.

M. Sig.: Snuff a pinch up the nostrils several times daily. —*Medical Fortnightly.*

CHRONIC RHINITIS AND PHARYNGITIS.—Dr. H. M. Dunlop, sanitarian at Battle Creek, Michigan, claims to have obtained excellent results from the application of the following:

- R Ol. cinnamon..... gtts. xx.
- Eucalyptol
- Ol. gaultheria..... gtts. xxx.
- Menthol crystal..... grs. xx.
- Liq. albolene

M. Use with atomizer. —*Prescription.*

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