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## Original Communications.

### THE PREVENTION OF PUERPERAL FEVER

By A. H. WRIGHT, B.A., M.B., M.R.C.S., ENG.

Read before the Ontario Medical Association, June 4th, 1884.

A remarkable paper on the subject of the prevention and treatment of puerperal fever was read at a meeting of the New York Academy of Medicine, on the 6th of December last, by that distinguished and accomplished man, Prof. T. Gaillard Thomas. The various discussions which followed in the different societies and medical journals showed the immense interest taken in the views enunciated on this important subject. His rules for prevention will form, to a certain extent, the text of this paper.

As these are probably known to you all, I need scarcely give them in full, especially as some of the details, with reference to the preparation of the lying-in room, are for ordinary cases perfectly impracticable; but I will refer particularly to two general principles which are insisted upon:—1st. "A woman about to bring forth should be regarded in the light of a patient who was to undergo a capital operation; 2nd. Local treatment, in the shape of injections, suppositories, etc., should be carried out during and subsequent to labour.

I would like to see every obstetrician duly impressed with a full appreciation of his duties in undertaking the charge of a woman during the puerperal period; but, at the same time, I object strongly to the view that labour should

be considered in the light of a capital operation. Our aim should be to avoid, as far as possible, all depressing influences, and make the surroundings of the patient as cheerful as possible. Among the many peculiarities of the puerperal period the emotional element is largely predominant, that is, as it has been expressed by Dr. Thomas himself, the "nervous system is in a plus state of sensitiveness and excitability, and influences which are very controllable in the non-puerperal state produce very evil results here." To illustrate the influence of this emotional element I will refer to some cases in my own practice. One lady, naturally phlegmatic, whom I have attended in three confinements, never had any trouble excepting on one occasion. After her second labour, which was perfectly normal, everything went on smoothly until the fifth day, when in making my ordinary visit I found her condition quite serious. She was weeping, had a severe rigor, and a temperature of 104, with pulse 125. The milk secretion and lochia were normal. On enquiry, I found she had had a dispute with her nurse, who was acting badly in various ways, but especially in her treatment of the babe. After talking to her for some time, and giving her the assurance that I would not allow the nurse to see her again, she became quiet. I gave the nurse orders not to go into the room again; went to see my patient's husband, asked him to discharge the nurse at once, and procure another. This was done, and, at the same time, a large dose of quinine was administered, and vaginal injections of carbolized water were used.

In the evening she felt well, pulse and temperature were about normal, the improvement being due, in my opinion, not to the medical remedies employed, but to the removal of the disturbing cause—the offending nurse.

In another case, I attended a lady of refinement, but very hysterical, who was progressing favourably until the sixth day, when I was sent for at 7 a.m. On visiting her I found her greatly excited and alarmed. She had passed a restless and sleepless night, pulse rapid, temperature 103.5, secretion of milk and lochia normal. She had heard the evening before an exaggerated report of the prevalence of puerperal fever in the neighbourhood; her babe was rather restless, and she thought that she and the little one were going to die. My assurances of their mutual safety had but little effect at first, so I took possession of an easy chair, made myself as comfortable as possible, and determined to remain there until I became master of the situation, although it happened that I could ill afford the extra time required. In our conversation which ensued I managed to get away from the *interesting subject* of the rate of mortality from “child-bed fever,” and in about half an hour my patient was much improved. She had been taking for some days a mixture containing quinine and ergot. I made no change in the medicine, but trusted rather to the psychical, or mesmeric influences, or whatever you may care to call them, left her in a comfortable frame of mind, and found her in the afternoon comparatively well.

In many cases I have found bad symptoms from very slight causes, which produced a disturbing influence on the nervous system, and have discovered that more good could be accomplished by the exercise of a little patience and tact, than by the various methods of pouring in remedies by the mouth and vagina; and at the same time I have in my mind one tedious and rather serious case of metritis, in which the bad symptoms, continuing for over three weeks, were often aggravated by the conduct of a stupid and injudicious, though conscientious nurse: this being only one among many which I could refer to if time permitted.

It is said by some that the fact that these nervous temperatures only last a few hours

proves that they are not septic, but I think that such temperatures often lead to very serious conditions which cannot be distinguished from some forms of septicæmia. It is a difficult matter with our present knowledge to explain such results, but there may be some truth in the suggestion of Dr. Graily Hewitt, who stated at a meeting of the Obstetrical Society of London, in January of this year, that such emotional conditions might cause a momentary relaxation of the uterus, and consequent absorption of septic matter.

If it be admitted that the emotional element exercises such a great influence during the puerperal period, I think the logical conclusion must follow that the idea of looking upon labour as a capital operation is likely to do more harm than good.

The second principle involved in Dr. Thomas' directions, is the advisability of using prophylactic injections. We are told that these injections should be made every four hours after labour begins, and every eight hours after it is concluded. In addition, in six or eight hours, suppositories of cocoa butter, containing three to five grains of iodoform, should be placed under the os uteri, and this *interesting and delicate* operation should be repeated every two or three hours for at least ten days. This means that after a normal labour the bruised and perhaps lacerated vagina is to be invaded from eleven to fifteen times every twenty-four hours, for at least ten days, if the unfortunate patient should last so long. I can see no object for such injections during labour; in fact I think they may do positive harm by washing away the natural secretions, which have a good effect in lubricating the parts, and I see but little force in the idea that such secretions may form a nidus for the wicked little germs which are so much dreaded. It is probable however that the injections after delivery do more positive damage. In the first place they are, as a rule, distasteful to women of ordinary refinement, and may produce those emotional effects which, as I have endeavoured to show, are very injurious.

On surgical grounds, it may be shown, they are decidedly unscientific. This has been referred to by Dr. Baruch, of New York, and

the Editor of the *New York Medical Record*. Dr. Baruch has compared the condition of the internal surface of the uterus and vagina with the stump after amputation. It might, I think, be compared with any ordinary surgical wound. Let us consider, in this connection, the common principles of surgery as enunciated by Samson Gamgee, who thinks that the important points in the treatment are rest, pressure, and position, with dry and infrequent dressings. Where can rest be more essential than in the woman who has suffered the tedious pangs of parturition? There is nothing she desires more, and nothing that is more beneficial for her. The pressure which is exercised by surrounding elastic tissues probably closes, more or less, all the wounds in the utero-vaginal canal. The recumbent position, with the slight changes required in voiding urine and feces, is well adapted for drainage. If there is no interference the dressings are certainly infrequent, and as dry as they can be under the circumstances. At the same time I may use some of the arguments advanced by the *N. Y. Record*, and say that by means of injections and the application of suppositories, clots may be disturbed opening avenues for auto-infection, lacerations of cervix and vagina may be opened, and thus prevented from healing. Fluid injected into uterus may produce shock or fever, and septic matter may be introduced by fingers and instruments.

Fortunately we are not forced to depend alone on abstract reasoning, as statistics show that our patients are better without the prophylactic injections. This is especially the case in Germany, where injections were largely used at one time. Even Dr. Thomas has apparently modified his views on this subject, as he stated at the adjourned discussion in the Academy, February 7th, that he felt a little weak as to the propriety of such injections in view of the recent evidence against them.

After this imperfect discussion of Dr. Thomas' rules, I will proceed to give my own views briefly and in rather a dogmatic way.

The room and bed should be prepared with a view to comfort. There is no necessity for bare floors and walls, but all unnecessary furniture and drapery should be removed.

Strict precautions should be taken by the

medical attendant to avoid carrying infection of any kind. This should include the strictest surgical cleanliness, with the use of antiseptics on hands and instruments if any be used. For this purpose there is nothing better than carbolic acid. Bichloride of mercury 1—1000 or 2000 may be used, but it has a disadvantage if you use instruments, as it is apt to injure them.

Examine your patient only when necessary, and look upon the forceps as an evil—not to be used unless actually necessary. The employment of forceps to save time for the obstetrician should be considered a criminal offence. During the first stage, or especially the latter part, circumstances may arise which require your interference, but it is no part of my intention to refer to any serious complications. I may refer, however, to one very common custom about which there is a great difference of opinion, *i.e.* the treatment of a rigid or slowly dilating os. The dilatation is, by some, assisted as a matter of routine by stretching with the finger, and it is supposed that the labour is very much shortened by the procedure. This is probably true, but it is very different from nature's plan of dilating, as the pressure of the fingers is applied to certain points, and the stretching which ensues in consequence is likely to be accompanied by slight lacerations, which are a special source of danger. I would not proscribe the method altogether, as in the hands of prudent and careful obstetricians it may occasionally be a useful expedient, but as a matter of routine practice I believe it does much more harm than good.

In the latter part of the second stage the important duties of the attendant commence. As to the prevention of rupture of the perineum, I have no great faith in the various procedures proposed; but if it were unusually rigid, and the advancement of the child very rapid, the head should in some way be kept back; and it is possible that some good may be accomplished by drawing the perineum forward during a pain, or pressing head towards pubes. It should not be forgotten however that the rupture is frequently caused by the shoulders after the head has passed through safely. In all cases it should be our custom to ascertain whether the perineum has been ruptured, and, if so, to what extent.

When the head or a portion of it is born, should we render any assistance by extraction? No; decidedly not. The natural method of delivery is by expulsion, *i.e.*, by forces acting from behind. One hand should always be placed on the abdomen over the uterus, and pressure by this hand is justifiable, or in fact generally desirable, but the body should not be dragged one inch by the other hand. After the head is born there is frequently considerable delay, and such delay appears very dangerous to the child. The child will generally survive several minutes of such pressure, but it is well in many cases to expedite matters, in one way only however, *i.e.* by pressure of the left hand on the abdomen. This is, I know, a simple ordinary rule of obstetric practice, but I refer particularly to it because I have seen physicians of large experience hasten delivery by pulling on the head and shoulders. The principle involved holds good for the third stage as well as the completion of the second. We should encourage the uterus to contract thoroughly as its contents are being expelled. The large sinuses are thus closed and hæmorrhage is avoided. If we pull the child away to any extent before such contraction takes place, the cavity thus formed will probably be filled with blood. The child being expelled, we should still watch the abdomen as carefully as before. I was accustomed formerly to allow the nurse to make pressure over the uterus while I was attending to the child and the cord, but I have found as a rule that nurses are perfectly incompetent to perform this duty, and as a consequence I have lately made a different division of the work, and have got the nurse to attend to the cord with what assistance I could give with one hand, while I made pressure over, or gently kneaded the uterus with the other.

We have of course now reached the third stage, and I look upon the proper expulsion of the placenta as one of the most important points in the whole process of delivery. By using one or both hands we have almost perfect control over the uterus. Although I have always endeavoured to employ a modification of Credé's method, I have not been able to complete this stage so rapidly as he and his disciples, and indeed I have not attempted it. I keep up a

certain amount of pressure constantly, and increase that pressure during the uterine contractions. I do not, however, press so firmly as Credé proposes, as it appears to me likely to do harm. I think, however, that the placenta should not be dragged, not even when it is partly in the vagina, and near the outlet, because that portion which remains in the lower part of the uterus still acts as a plug on those sinuses in the same portion which are not completely closed: and I have found that the moderate pressure applied externally in the way I have indicated, is quite sufficient, with the uterine and vaginal contractions, to complete the process of expulsion. I find on an average that this takes from 15 to 45 minutes, which in these modern days may be considered rather a long time. Some years ago I could accomplish this part of my task more quickly, but I have reason to think that while I have lost more time lately, my patients have gained a more than proportionate degree of safety.

After the expulsion of the placenta it is well to watch the uterus, particularly if it is not well contracted, for some time before applying the bandage. The application of the bandage has been considered superfluous by some, but it is probably almost universally used at the present time, and, I hope, will always be so used, as I think it a great source of safety and comfort to the patient. I have found no patent bandage, specially fitted for a genteel waist, very satisfactory, and therefore prefer a plain strip of cotton, wide enough to extend well downwards over the hips and upwards to cover the lower part of the thorax. A compress is so easily displaced that great caution should be exercised in its use.

Dr. Garrish, of New York, advises us to make the napkin which we apply to the vulva antiseptic. To that I have no objection, although I have not employed such myself. All soiled clothing should of course be removed, and our patient left as dry and comfortable as possible. I do not think it necessary that she should be confined rigidly to any one position, but may be allowed to change as she wishes. Such slight movements do not, probably, interfere with surgical rest and pressure as applied to the lacerations by the elastic surrounding tissues to

which I have referred before. As it is often rather difficult to void the urine while lying on the back, I know of no position better than resting on the hands and knees, as small or large clots frequently come away at the same time.

I have not referred to medicines, but I think it well to give a full dose of ergot at or near the end of the third stage, *i.e.*, when the placenta is partly or wholly in the vagina. I also make it part of routine practice, in a large proportion of cases, to give a mixture something like that used by Dr. Faucourt Barnes, containing quinine, ergot and sulphuric acid, with the addition of digitalis, if there be any indication for it.

My aim in this paper has been not to advance anything new, but rather defend conservative, or, it may be called, old-fashioned midwifery, in opposition to many views recently promulgated. On the 6th of December last, the gynecologists, under the "brilliant" leadership of Prof. Thomas, made a rather vigorous attack upon the obstetricians. Things were sadly wrong, and the whole science and art of obstetrics was to be corrected and simplified. As far as puerperal fever, in all its forms, was concerned, one simple word was to explain the pathology in full—septicæmia. This was all to be avoided in the future by a washing out and suppository process, as nasty as it was unscientific. One there was in the Academy who, although probably captivated, was not captured by the eloquence of the "silver-tongued" gynecologist. I refer, of course, to that skilled and gifted obstetrician, Dr. Fordyce Barker, whose reply to Dr. Thomas did so much in throwing proper light on this subject.

I doubt much if gynecologists proper, who have to a large extent given up obstetric practice, are very good instructors in midwifery. The practice of their art, with its infinitude of instruments and appliances, all used with a wondrous zeal, would naturally induce them to differ in many particulars from obstetricians proper or general physicians. I have no scruples, therefore, in appealing against their decision to the body of general practitioners of this Province, fully assured that your large and varied experience, with good judgment and sound common sense, render you eminently fit to return, at least, a safe verdict.

## THE OPERATIVE TREATMENT OF FLUID EFFUSIONS IN THE CHEST.

BY A. GROVES, M.D., FERGUS.

Read before the Ontario Medical Association, Hamilton,  
June 5th, 1884.

*Mr. President :*

Up to a comparatively recent period the profession looked upon operative measures for the removal of fluids from the pleural cavity as not being indicated, except in very rare cases, and then only when life was in most extreme peril. Druitt, so late as 1859 says, that Paracentesis for hydrothorax depending on organic disease would do no good, and except for effusions of blood or pus he does not appear to look with much favour upon operative procedure. This had been the general teaching up to the time of Trousseau, who was the first to lay down the proposition that large effusions ought to be drawn off before dangerous symptoms arose. Before Trousseau's time a patient sick of pleurisy was treated on the so-called antiphlogistic system, general and local blood-letting, calomel internally and mercurial ointment externally. Strong purgation with powerful diuretics and diaphoretics and a few blisters if signs of life were still visible. If the patient survived the attacks of his disease and of his physicians all was well, but if he died, or recovered with the functions of a lung more or less completely destroyed, it could not be denied that the treatment had been sufficiently vigorous.

It is, of late years, pretty generally admitted that such treatment is, as a rule, not only useless, but positively injurious. There are no remedies on which much reliance can be placed for promoting the absorption of pleural effusions. Niemeyer, twenty years ago, laid down this dictum, that "it is questionable whether it be possible, by any therapeutic means, to bring about the conditions upon which the absorption of pleuric effusion depends." He further says, "concerning our slender ability to excite or even to hasten re-absorption of pleuric effusions by means of internal medication, the discovery that their evacuation by surgical means is attended by much less danger than was formerly supposed and the frequent and early practice of such operations in cases of pleurisy with effusion must be considered an important advance

in therapeutics. It must be evident that every additional day during which the lung is exposed to pressure, and the longer the time allowed for cells to multiply in the exudation so much the more are the chances of complete recovery diminished and the danger of a fatal termination increased." The fluid should be removed early, but the exact time cannot be laid down in the form of a general rule applicable to all cases. When in doubt it is better to operate.

The operations that may be necessary are:—

1. Tapping with or without so-called aspiration.
2. The insertion of a drainage tube.
3. A free opening with the removal of a portion of one or more ribs.

Simple tapping is indicated:—1. In cases where blood is poured out to any considerable extent in the pleural cavity. 2. In all cases of simple hydrothorax, when the breathing is much interfered with. 3. In all cases of pleurisy when the amount of effusion in one or both pleuræ has a marked effect on the respiration. 4. In all cases of pleurisy when the effusion, even although moderate in amount, does not within a short time appear to be rapidly undergoing absorption. 5. Perhaps in some cases of pus in pleural cavity.

The insertion of a drainage tube is indicated in most cases where pus exists.

The removal of a portion of one or more ribs may be indicated where operative treatment has not been undertaken until the lung has become so bound down that it cannot expand, and that the falling in of the chest wall will be facilitated by shortening the ribs.

In performing paracentesis thoracis it is necessary:—1. That the patient should be in the recumbent or semi-recumbent posture. 2. That if a patient complains of a feeling of constriction no more fluid should be drawn at that sitting. 3. No more fluid should be withdrawn than will flow without the use of suction or aspiration apparatus. 4. Air should not be allowed to enter the pleural cavity.

The rule that the patient should invariably be placed in the recumbent posture is not, I believe, always insisted upon, but when it is recollected that the sudden emptying of a distended bladder by means of a catheter has,

when done in the erect posture, been followed by fatal syncope, it will be admitted that the rule above given ought to recommend itself to the careful practitioner.

Rule No. 2 will be found in practice to be so self-evident as to need no demonstration. As regards the quantity that should be removed at once I am of opinion that only what will flow freely without pumping should be removed. Murchison and Bowditch state that only sufficient to relieve the mechanical distress should be withdrawn and that then the natural powers of absorption will begin.

The instrument I prefer for tapping the chest is a small trocar and canula, so constructed that rubber tubing can be attached, the free end of the tube being kept constantly under water so that air cannot possibly enter the pleural cavity. The fluid flows partly by gravitation but mainly by the pressure exerted by the contracting chest walls and the expanding lung. With a trocar of proper size there will not be the slightest difficulty in removing all the fluid that ought to be taken away, and I would recommend such an instrument rather than any of the more complicated aspirators. The exact point at which the puncture is made is not a matter of vital importance, although Erichsen lays down the rule that it should be in the fifth intercostal space at a point crossed by a line drawn horizontally from the nipple towards the spine. I would recommend that the puncture be made as low down as possible so that the lung as it expanded would not come in contact with the canula, as patients usually complain as soon as this takes place. Before inserting the trocar a hypodermic needle should be passed at the proposed point for operation in order that no doubt may exist that fluid will be found at that particular spot.

This should never be neglected for it is bad surgery to pierce the side with a trocar and find no fluid. Of course the trocar and canula should be passed close to the upper border of a rib, and when it is removed a small piece of batting with adhesive plaster completes the dressing.

In cases where it is found necessary to insert a drainage tube I have found it most convenient to make an opening about half or three quarters

of an inch in length along the upper border of the seventh or eighth rib, and through this a Simpson's sound is passed downward and backward. It is then pressed against the thoracic wall, as low as convenient, and being felt through an intercoasted space it is cut down upon and its end protruded. The drainage tube is then attached by means of a piece of cord and drawn through. It is important to have the inferior opening at the lowest possible point so that no accumulation of pus can take place. The cavity should be thoroughly washed out three or four times daily with warm water to which a disinfectant may be added if required. In all cases, whether of simple tapping or of drainage of the chest, great benefit follows the regular administration of iron as advised by Anstie.

The following cases may be of interest as illustrating the methods above advocated:—

Case I.—Young man, aged 17; father died of some lung disease. Had a considerable quantity of fluid in left chest, breathing greatly embarrassed—was supposed to be dying. Removed between 30 and 40 ounces of fluid, with immediate amelioration of the symptoms. The fluid did not re-form, and the patient made a good recovery, with full expansion of the lung.

Case II.—Youth aged 15, healthy family. Found right side of chest with considerable effusion of fluid, which had probably existed for some length of time, as he had gone through a regular course of that variety of treatment which is popularly supposed to carry off abnormal collections of fluid. In consequence partly of disease, and partly of treatment, his condition was not favourable.

Sixty-four ounces of fluid were removed with marked relief, but the fluid re-formed to some extent, so that it was found necessary to operate again in ten days, when 20 ounces were withdrawn, and no further accumulation took place. The lung expanded very slowly, probably on account of its having been so long compressed, but finally perfect recovery took place.

Case III.—A girl aged 8 years. Sick a week, had moderate effusion, with considerable difficulty of breathing. Tapped right chest, removing 12 ounces of fluid, with most marked relief. Distressing symptoms at once subsided, and

with perfect rest for a few days, patient made an excellent recovery.

Case IV.—Young man, aged 20. Fluid collection had existed about a month. Operated on left chest, removing 10 ounces of fluid, with immediate improvement, appeared to be rapidly recovering. Some 10 days afterwards went out with some young people, came home after dark, took a severe chill, developed pneumonia of right side, and rapidly succumbed.

Case V.—A female, aged 60. Large effusion in both pleuræ from Bright's disease, entirely unable to lie down on account of difficulty of breathing. 160 ounces of fluid taken from right side of chest, when she was at once relieved, and went to sleep in the recumbent position, which she had been unable to do for several days previously. Of course, her kidney disease progressed to a fatal termination.

Case VI.—A boy, aged 10. Had been out of health for some weeks; loss of appetite, shortness of breath, etc. Found right chest contained fluid, and accordingly operated, removing 30 ounces. No re-accumulation, but progressive recovery.

Case VII.—Patient, male, aged 21. Large collection of fluid in right chest; removed about 80 ounces of a semi-purulent fluid which had collected anew in 12 days, and was found to be purulent. Put in drainage tube, when a very large quantity of pus escaped. Cavity washed out regularly with weak carbolic lotion. Temperature on third day normal, and recovery went on uninterruptedly.

Case VIII.—A girl, aged 16. Right side of chest flat on percussion, more than half way up. Removed 34 ounces of fluid, no re-accumulation took place, and she progressed rapidly to recovery.

Case IX.—Male, aged between 40 and 50 years. Had been sick about three weeks. Hectic symptoms, slight chills, and constantly increased temperature. Usual signs and symptoms of fluid in right chest cavity. Took out a little with hypodermic needle, and found it to be pus. Next day put in a drainage tube, when an immense quantity of purulent matter escaped. Recovery, with good use of lung, ensued.

Case X.—Male, aged 32. Had been sick for several weeks. Found ordinary signs of pus in

the pleural cavity, and on passing hypodermic needle, withdrew a syringeful of purulent fluid. Put in at once a drainage tube, when a large quantity of fluid escaped. Recovery followed, with some falling in of chest wall.

Case XI.—Female, with tubercular disease of left lung pretty far advanced. Fluid formed and rapidly filled left pleural cavity, with flatness extending from base to summit behind. Removed nearly a gallon of fluid, which re-accumulated in a very short time. As the fluid collected so rapidly, and the patient's breathing was so much impeded, I put in a drainage tube, which greatly relieved her symptoms. The discharge rapidly diminished, of course, becoming purulent. She finally died some four months afterward, of her ever-progressing lung disease.

Case XII.—Male, aged 36. Had been sick two weeks. Found left side half full of fluid. Operated at once, removing 40 ounces of fluid with immediate relief, followed by uninterrupted improvement and perfect recovery.

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## SANITARY DISPOSAL OF THE DEAD.

BY N. AGNEW, M.D., WINNIPEG, MANITOBA.

At the present time, when the medical world is about as much occupied with the prevention as the cure of disease, the safe and decent disposal of the dead is a sanitary question of very great importance. The question resolves itself into:—How is the most hallowed respect to be paid to the dead, with due regard for the health of the living; and without the risk of defeating the ends of justice in certain cases?

Although the most sacred associations cling around interment in mother earth—"dust to dust, ashes to ashes"—and although that most ancient system is quite sufficient, and affords adequate protection in small towns or hamlets, or in the country, it is ill adapted for large cities. To meet this great and growing difficulty, cremation has been proposed; but such a mode of disposal is so repugnant to the feelings of most people, that it is not likely to commend itself to universal favour.

Without further preface, I propose a plan of disposal which, I believe, would conserve the holiest of human respect for the remains of dear departed ones, and, at the same time, afford

absolute safety to the living. I propose that the body be enclosed in a suitable hermetically-sealed coffin of lead or iron, and placed in an open-work casket of iron, of considerable weight:—That a funeral ship be constructed, of a size sufficient to meet the requirements of her district:—That the dead be placed in her, as in a dead-house, and that she make weekly or semi-weekly voyages to the nearest great ocean depression, and there, with becoming reverence, let the dead be committed to the "Great Deep." The weight of the external casket would protect the body, and ensure its being carried to the bottom, where nothing would disturb its repose. Friends could attend with little, if any, more inconvenience than ordinary funerals are attended, and see the remains of loved ones consigned to their last resting-place.

Whilst ocean burial should be no more painful to the feelings than interment, it is surely less revolting than cremation, and is incomparably safer than either. There are objections to cremation, *per se*, and difficulties in the way of carrying it out on a large scale; but I do not propose to deal with these. I simply propose ocean burial as well adapted to great seaport cities, such as London, Liverpool, and New York, and generally applicable on account of railway facilities; absolutely safe, even in the case of a probably impending cholera epidemic; less revolting to the feelings of the bereaved than other modes of disposal; and, lastly, as a means of making funerals inexpensive.

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## THE TREATMENT OF HÆMORRHOIDS.

BY JOHN FERGUSON, M.A., M.D.

In the following short article, I intend only to give my own experience in the management of this troublesome affection, by injection of carbolic acid.

The solution used in all cases consisted of acid carbolic, ℥ x; glycerine, ℥ L; and water, ℥j. Of this mixture from five to ten minims are injected once or twice a week according to the symptoms which may be caused by the treatment.

The hæmorrhoids are brought well into view

by relaxing the sphincter gently ; and by a bearing down effort on the part of the patient.

The syringe, charged with the requisite amount of the mixture, is inserted steadily and deeply into the tumor ; but at the same time somewhat parallel with its surface. As the injection is being made, the syringe is slowly withdrawn, so that the solution is not all deposited in one place, but left in the track of the needle. This is of some importance in preventing sloughing. The hæmorrhoid at the point where the needle was inserted is pinched up by the finger and thumb to prevent bleeding and escape of the fluid.

Mr. "One," aged 53, and of poor general health, was a great sufferer from hæmorrhoids. The above treatment was commenced. At first the injection was made once a week ; but after a short time twice a week. On a few occasions he complained of a dull aching pain in the perinæum, but nothing more. There was no sloughing. In five weeks the tumors were so shrivelled that they could not be injected with satisfaction. The treatment was dropped at this point. After a lapse of about eight months there was a slight return in two of the tumors. These were again treated as before, each receiving in all four injections. Nearly a year has now gone by without any further return. This patient had suffered almost steadily for about five years. The person was permitted to go about all the time.

Mr. "Two," aged 31, was a strong, plethoric person, and engaged in an occupation where he had to lift and carry heavy weights. He had suffered for about two years. The tumors in this case were very painful. I saw him for the first time when they were acutely inflamed. He objected to having them operated upon ; and so the injection method was proposed and assented to. The first injection was made into the largest and most painful tumor, with the effect of giving a great deal of relief. Thirteen injections were made in all. There was no pain at any time. Only one very small slough came from the centre of one tumor. No relapse in fifteen months.

Mrs. "Three," aged 33, has had four children. For about three years she has suffered greatly. She assented to the treatment by injection. The

injection was made once a week, and the whole treatment occupied thirteen weeks. There was very little pain at any time ; and the patient did her house duties all the time. No sloughing, nor relapse.

Mr. "Four," aged 58, was an extremely bad case. The tumors were large, fleshy looking masses. Eleven weeks were consumed in the treatment ; and twenty injections given. The piles in this case had lasted for a great many years ; but for the last four, the patient had done almost no work, owing to the pain and irritation they caused. The tumors have completely disappeared, and the sphincter ani is much stronger and less relaxed than it was.

In all, seven cases have been thus dealt with. In none has there been any evil result. No abscess formed in any case. The pain from the treatment does not deserve mention. In only two was there a slight amount of sloughing which healed up well. The first case is the only one in which there has been the slightest tendency to a recurrence of the complaint.

In all cases I would strongly advise the use of only a small amount of the injection at first, until the characters of the rectal tissues, and the sensitiveness of the patient be discovered, as no rules can be laid down on these points.

There is nothing new about this treatment. With proper care, judging from my experience, this mode of treatment is both safe and painless. It is well known that some surgeons, especially Allingham, does not favour this procedure very much ; but at the same time these surgeons are so much engaged in pushing some operation of their own, that it is to their own interest to decry all else.

In the above account the histories of the remaining cases are omitted simply to save space, as they all present much the same phenomena as the four that have been detailed. That an occasional misfortune may happen in this mode of treating hæmorrhoids I do not pretend to deny ; but who has practised any of the other methods of cure without at times meeting with other than pleasant effects ? Still, weighing fact with fact, I am sure that to any one who may employ the carbolic acid, carefully and perseveringly, the results will not be disappointing.

## Selections.

DR. JULIUS ALTHAUS concluded a lecture on the cause of locomotor ataxy, as follows:—"In conclusion, let me for one instant draw your attention to the practical deductions which appear to follow irresistibly from the facts I have brought before you. I hope I may have succeeded in showing that, in the vast majority of cases of locomotor ataxy, syphilis is the cause of the complaint—syphilis which has not been sufficiently treated in the beginning, and which might never have led to such results if it had been more energetically combatted at the time of its first appearance. Allow me, therefore, most earnestly to entreat you to take syphilis well in hand at the earliest stage of its appearance, when it is much more under our control than at a later period of its existence; and do not rest in your endeavours until you have good reason to believe that the very germ and vestige of that horrible poison has been thoroughly uprooted and destroyed. Examine such of your patients as have had secondary symptoms, from time to time, for the knee-jerk, loss of which I believe to be the first symptoms of tabes; and, should you fail to elicit it, take it as a warning that locomotor ataxy has pushed forward its outposts, and is on the point of invading the system. Do, then, your best to obstruct its further progress by every means in your power; and let us thus, by suppressing that terrible and painful malady, tabes, add one more triumph to the victories of preventive medicine."—*British Medical Journal*.

### MILK IN SCARLET FEVER.

Mr. W. H. Power's report on an outbreak of scarlatina in certain districts of London, published in the newly issued twelfth report of the Local Government Board, contains a remarkable and somewhat alarming hypothesis. The outbreak in question was distinctly connected with milk obtained from a farm near Farnham, in Surrey; but no scarlet fever, nor any illness in the remotest degree resembling it, had occurred at this farm; yet the evidence is pretty conclusive that the milk was contaminated with the contagion of scarlet fever before it reached

Charing Cross Station. Mr. Power was thus led to start the theory that the milk was infected by the cow itself, and, as a corollary of this, that a cow may be able to transmit the poison of scarlet fever without herself manifesting any signs of disease. This theory has been, to some extent, supported by some experiments made by Dr. Klein, who has found that, if a cow who has recently calved be inoculated with human scarlatina, she is affected by an ailment not accompanied by fever, or by any alteration in the quantity or visible qualities of the milk; this ailment was, in Dr. Klein's opinion, transmissible by inoculation of an infinitesimal quantity of pus to the dog, and there was evidence that the induced disease in the dog could be transmitted to other dogs. The line of research suggested is undoubtedly of great importance, but the facts at present in our possession are hardly sufficient to allow us to come to a decision.—*British Medical Journal*.

### THE ACTION OF CARBOLIC ACID, ATROPIA, AND CONVALLARIA ON THE HEART OF THE FROG AND TERRAPIN.

Dr. H. G. Beyer, has made some experiments at the Johns Hopkins' University, and has been able to draw some very important conclusions as to the action of these drugs on the heart of the frog and terrapin.

I. Carbolic acid acts as a cardiac depressant from beginning to end. Any effects produced by carbolic acid other than depressant are due to other causes, probably to primary stimulation of the respiratory centre in the medulla.

II. ATROPIA. Dr. Beyer has added strong additional proof to the powerfully stimulant influence exerted by this drug over the action of the heart.

III. CONVALLARIA. From the large number of experiments with convallaria on the heart Dr. Beyer formulates his conclusion as follows:

1. It increases its rate.
2. Slightly increases the work done.
3. Raises intra cardiac and aortic pressure.
4. Arrests both auricles and ventricles in systole.
5. Large doses arrest the heart at once.

6. Produces its results most probably by its direct action on the muscular substance of the heart.

7. Has a very decided cumulative action, acting much slower than digitalis, and being much more persistent after the heart has been once brought under its influence.

Dr. Beyer does not think that the drug is indicated in all forms of cardiac disease. He concludes that it is certainly and decidedly contra indicated in very far advanced cases.

On account of its cumulative action he recommends only one or two full doses in the twenty-four hours, and that preference should be given to convallaria.—*Medical News*.

DR. DOLLINGER, of Budapest, in concluding a lecture on massage, gave the following general indications where it may be found useful:

1. To lower extreme sensitiveness of the peripheral nerves.
2. Where we wish to aid circulation and increase the nutrition of a certain part of the body, or where we wish to direct the stream from another part.
3. To assist in absorption of blood extravasations, and serous effusions.—*Wien. Med. Woch.*

TREATMENT OF ECZEMA OF THE HEAD.—M. Lassar recommends as a specific in eczema of the head, in children and adults, inunctions repeated two or three times a day (after previously cleansing the head with soap and water) of a mixture of vaseline and two or three parts percent of salicylic acid, and five parts percent of tincture of benzoin.—*Jour. de Med. de Paris*.

DR. CORY'S VACCINO-SYPHILIS EXPERIMENTS.—With a desire to settle for himself the vexed question whether vaccine-lymph taken from a syphilitic person, if unmixed with the blood of the vaccinifer, does not contain the syphilitic virus, and is incapable of imparting syphilis by its inoculation, Dr. Cory made at intervals four separate experiments on himself with lymph derived from obviously syphilitic children. The fourth experiment was successful; and Dr. Cory had to endure in the cause of science, all

the pains and penalties of syphilitic inoculation. His experiences conclusively prove, in the opinion of the committee, which consisted of Dr. Bristowe, Dr. Humphry, Mr. Hutchinson, and Dr. Ballard, "that it is possible for syphilis to be communicated in vaccination from a vaccine-vesicle on a syphilitic person, notwithstanding that the operation be performed with the utmost care to avoid the admixture of blood." This, it will be observed, is an absolutely new departure from the hitherto accepted view of English writers that vaccine-lymph could by itself propagate nothing but vaccinia, from however diseased a subject the lymph might be derived.—*British Medical Journal*.

#### APPLICATION FOR TINEA CAPITIS.

R Acid Pyroliq. . . . . 1000 gr.  
Hydrarg. Oxid. Rub. . . . . 2 "  
Acid Salicylic . . . . . 1 "

M To be carefully applied. It may be necessary to apply it at intervals of some days for five or six times.—*Journal de Medicine*.

PROF. PALMER, of Michigan University, prescribes kouso, which is a most efficient teniafuge, in the following form:—

R Eth. ex. male fern . . . . . ̄ss.  
Pulv. kouso . . . . . ̄ii.  
Confection senna q.s. to make pills. iii.

Patient should abstain from food for twelve hours, then take a pill every hour, followed by a dose of castor oil.—*Pharmaceutical Record*.

#### BACTERIA—SOME RECENT RESEARCHES.

The firmness of the hold which bacteria, and all that relates to them, have taken on the mind of scientific investigators may be accurately measured by the number and length of the contributions to periodical medical literature. A grand discovery, like a huge wave, is invariably followed by a succession of smaller undulations of varying size, which are of value in their own way. If complete reliance may be placed on the conclusions of M. Pasteur's recent work on Rabies, we may indeed congratulate scientific vivisection on having achieved a position which

not only conclusively establishes its *raison d'être*, but ought surely to silence the unreasonable demands of the anti-vivisection movement.

The first communication to which we draw attention is one by Osol on the virus of charbon. He has studied the influence which the injection of charbon blood, deprived of its spores and bacilli by boiling, has on the animal organism. Large injections were made on rabbits and mice, with properly cleaned syringes. Other animals used as control subjects were inoculated with minute quantities of the charbon virus. Some sterilised broth was also inoculated with some of the reduced virus, kept in an incubating stove. Finally, the blood of the sheep and horse, taken from healthy animals, was subjected to the same manipulations as the charbon blood, and then injected in the same doses as the latter into mice and rabbits. Animals inoculated with the charbon virus previously boiled have perished in from three to six days. Their blood and glandular organs, examined immediately after death, contained in a quarter of the number of cases the bacilli characteristic of splenic fever. Inoculations with the blood from animals dead of the induced disease on sterilised culture liquids led to the development of typical forms of bacillus anthracis. The same blood syringed under the skin of rabbits and mice led to the death of this second batch, bacilli being also discovered in the blood and viscera.

M. Zahn has made fresh researches on the blood of rabbits, cats, sheep, and calves, tending to prove that the blood of healthy animals does not contain the germs of putrefaction.

M. Hauser has searched for micro-organisms in living healthy tissues. The conclusions arrived at were to the effect that micro-organisms do not exist in healthy tissues.

Beltzow has examined five cases of pyæmia and one of pyosepticæmia, with a view to clearing up the nature of the germs associated with these diseases. He has found that the organs of human subjects dead of pyæmia contain, besides colonies of cocci, a considerable number of bacilli which belong to two distinct morphological varieties. One of these has a distinct resemblance to the bacilli of malignant œdema, and the others have dimensions intermediate between the bacilli of tuberculosis and the bac-

illi of the septicæmia of mice. In one case only, by the side of the cocci and bacilli, in the liver, colonies of leptothrix buccalis were discovered blocking the capillaries of the gland.

Baumgarten has given the following method for the pure cultivation of the bacilli of tubercle. A tubercular nodule rich in bacilli, removed with due antiseptic precaution from a living animal or human cadaver, is transplanted into the anterior chamber of a rabbit's eye; as is well known under these circumstances, no inflammation follows. The transplanted nodule perceptibly augments in volume, and is allowed to do so for from eight to fourteen days. Microscopical examination shows that the increase in size is due chiefly to the germination of bacilli, and, at the same time, that the histological elements have undergone corresponding atrophy. If portions of this premier nodule be inserted into the anterior chamber of the eye of another rabbit, and so on for a series of rabbits, a time comes when an absolute pure culture of tubercular bacilli is obtained. The successive inoculations required by this procedure set up specific inflammatory lesions of the eyes, followed by generalized tuberculosis.

Falk has observed that putrefaction destroys virulence of the tubercular virus.

Baumgarten has fed rabbits with milk in which tubercle bacilli has been held in suspension. After a single meal of from fifty to forty grammes of this milk, the rabbits presented, with a remarkable constancy, tubercular infiltrations of the mucous coat of the intestine, mesenteric glands and liver. The more charged the milk was with the bacilli, the more extensive were the resulting lesions. In some of these latter cases the vermiform appendix and large intestine were eaten through with caseous ulcers, on the edge of which tubercles with epithelioid cells stuffed with Koch's bacilli were to be found. At the surface of the tonsils there also existed, in some cases, ulcerated lesions infiltrated with bacilli. Baumgarten believes that infection takes place at the upper end of the digestive tract.—*The Lancet*.

“PROFESSIONAL FEES IN PITTSBURG.—A little over a year ago, Dr. R. S. Sutton performed enterotomy on a lady of this city. He removed

four inches of the small intestine, united the ends by suture, and left the intestine in the cavity of the abdomen. The lady recovered and is still living. Her husband was reported to be wealthy. Dr. Sutton charged a thousand dollars for the operation and twenty-two days' attendance. He refused to pay, and Dr. Sutton brought suit. The action closed before the jury on the 28th of April, and they returned a verdict for three hundred and thirty dollars for the services rendered. Some of the learned jury, we are informed, thought that ten dollars would be a fair price for the operation, and one of them thought that as he had once paid a doctor thirty dollars for an operation, that this sum would be about right. They each put down the amount they would allow, and divided the aggregate sum by twelve, and fixed that amount as the verdict."

#### ENTERECTOMY AND ENTERORRHAPHY IN GANGRENOUS HERNIA.

In performing the operation the following points should command the most careful attention:

1. To prevent effusion, the lumen of the gut must be temporarily occluded. This may be accomplished with a provisional catgut or silken ligature, but this method is open to the objection of throwing the intestine into folds which interfere with the proper insertion of the sutures. The occlusion may be effected with a clamp or forceps, or, still better, with the fingers of assistants, as advised by Billroth, Fischer, Gussenbauer, Czerny, and Ill.

2. If gangrenous, a triangular portion of the mesentery should be removed, and the edges united by suture after the vessels are secured; if sound, it may be ligated in mass. In either event, the mesentery must not be separated from the bowel beyond the points of severance of the latter, lest gangrene of the edges of the wound ensue. Rydygier advises that the mesentery receive attention after the intestine has been resected, but in this he has no followers. The gut should be divided at a right angle to its axis, unless one end is smaller than the other, when the cut should be made at an acute angle.

3. The most important step of the operation is the insertion of the sutures, the material for which, in the present state of our knowledge, should be pure silk soaked in a proper solution of corrosive sublimate. The safest and most efficient mode of uniting the severed ends of the gut is with what is known as the Czerny-Lembert suture. This consists of an inner row of stitches, which are inserted at a distance of one-eighth of an inch from one another, and which include all the coats of the bowel, and an outer row, not so close together, each of which includes the serous covering only, and constitutes the classical suture of Lembert. If it should happen that the mucous membrane protrudes too much, as it may through the retraction of the muscular tunic, it should not be cut off on a level with the latter, as advised by Ill and Rydygier, but the inner row of stitches should be applied in such a way as to exclude it. Finally, the accurate approximation of the edges of the wound will be greatly facilitated if the first suture be inserted on the mesenteric side of the intestine, and the second at a point directly opposite.—*Medical News.*

#### CELLULITIS OF THE NECK.

Strange to say, cellulitis of the neck, although a most important and dangerous affection, is not even mentioned in the text-books on surgery. Yet a glance at the anatomy of the neck is sufficient to show how important is this disease.

When inflammation of the cellular tissue of the neck takes place, serum and pus are effused under the cervical fascia, giving rise to severe and dangerous pressure, not only on the larynx and trachea, pharynx and œsophagus, but also on the large blood-vessels passing to and from the brain, and on the sympathetic and pneumogastric nerves. As Mr. H. G. Croly of Dublin says, when writing of this affection, "Diffuse inflammation of the areolar tissue of the neck is one of the most serious and fatal forms of disease which the erysipelatous type assumes."

*Causes.*—The causes of cellulitis of the neck may be divided into predisposing and exciting, the former being the same as in all other erysipelatous inflammations. In fact, this disease may be predisposed to by anything that tends

to lower the general health, such as want of attention to hygienic conditions, intemperance, want of proper food, and also the opposite extreme, namely, overfeeding combined with deficient exercise.

Diseased states of the blood, especially those occurring in Bright's disease and in the gouty diathesis, predispose to erysipelas, and therefore to this disease. In many cases, however, the disease comes on suddenly in strong healthy persons without the previous existence of any of these conditions. The exciting cause is always exposure to wet and cold. The disease, therefore, almost always occurs in winter, and is most prevalent in low damp situations. Cellulitis of the neck, unlike other erysipelatous diseases, is rarely, if ever, traumatic, and is, probably, never due to infection.

*Symptoms.*—The symptoms of the disease are always well marked and characteristic. For a few days before the local symptoms become established, the patient complains of a general malaise, there are frequent chills, with a feeling of great languor and inability for all exercise. A dull aching pain in the back is almost invariably complained of. At the same time there is a severe headache; the tongue becomes thickly furred; there is a nausea, and occasionally vomiting, and the bowels are obstinately constipated. The temperature is always above normal, but rarely exceeds 102° Fahr. After the general symptoms have lasted from twenty-four to forty-eight hours, the local symptoms set in. The patient now complains of severe pain in the neck; there is some pain and difficulty in swallowing, especially solids, and there is a clear, ringing, metallic cough, very like that heard in the first stage of croup. Then the neck becomes swollen, the swelling extending from one angle of the jaw to the other, and then downwards along the sterno-cleido-mastoid muscles to the clavicle. In a small number of cases the swelling is unilateral, and then extends from the angle of the jaw downwards to the inner end of the clavicle. The right side is, I believe, invariable affected when the disease is unilateral. The swelling is at first tense and elastic, but, after about twenty-four hours, it becomes soft, has a brawny feel, and pits on pressure. The neck has now a most character-

istic appearance. When looked at from the front, it is seen to be considerably swollen from the jaw down to the clavicle, while the centre of the swelling presents a horizontal depression corresponding to the attachment of the cervical fascia to the os hyoides. This gives to the swelling an appearance exactly as if a muff had been twice folded round the neck. When this brawny feeling of the tissues is established, the symptoms of the disease become greatly intensified, as now effusion of serum and pus has taken place beneath the deep cervical fascia, and is exercising injurious, and, if not relieved, fatal pressure on the deep structures of the neck.

There is now great difficulty of breathing, in bad cases amounting to orthopnoea, while the voice is a mere whisper, or there may be complete aphonia. The patient is entirely unable to swallow solids, and occasionally even fluids, these regurgitating through the nose when attempts are made to swallow them. The pressure on the veins of the neck retards the return of the venous circulation. The face, therefore, becomes congested and livid, while cold clammy drops of sweat collect on the forehead. At the same time congestion of the brain takes place, giving rise to great anxiety, restlessness, and occasionally to delirium.

In cases where the effusion extends underneath the sterno-cleido-mastoid muscles, serious pressure is exercised on the sympathetic and pneumogastric nerves, which greatly increases dyspnoea, and gives rise, at first, to violent and irregular action of the heart, and afterwards to great weakness of the organ.

If, when effusion has taken place, the tension be not relieved by free and deep incisions into the cervical fascia, œdema of the glottis may set in and prove rapidly fatal; or the dyspnoea may gradually increase, and the patient die comatose from carbonic acid poisoning; or, what still more frequently happens, sudden spasm of the glottis may occur, the result being suffocation. Even if these dangers be avoided, deep and destructive sloughing of the tissues of the neck will take place, if the matter be not allowed free vent.

There is never any difficulty in diagnosing this affection. The characteristic appearance

of the neck, the brawny feel of the tissues, and the subsequent pitting on pressure, distinguish it from every other disease found in this region. In this disease, although there is abundant effusion of serum and pus, fluctuation is never obtained. This is due, I believe, to the fact that the effusions are always situated under the deep cervical fascia, which binds them down so firmly that we cannot detect fluctuation.

*Pathology.*—This disease consists essentially of an erysipelatous inflammation of the areolar tissue, which fills up the spaces between, and connects together the deep cervical muscles. This tissue rapidly breaks down, giving rise to sloughs, while at the same time serum and pus are effused into the intermuscular spaces. As nearly all this mischief takes place beneath the deep cervical fascia, which is dense and unyielding, we can at once see what an amount of pressure is exercised on the important anatomical structures of the neck, and how necessary it is to give relief to this pressure by free incisions.

*Treatment.*—Of all the diseases to which man is subject, none require more prompt treatment than cellulitis of the neck; for if relief be not afforded by surgical means, the disease is almost necessarily fatal, or if recovery do chance to take place without operation, it will only be after sloughing has set in, and extensive disorganization of the muscles of the neck has taken place, which will give rise to stiffness and great deformity. From the first our treatment should be such as to support the strength of the patient, and all remedies which tend to lower the powers of the system should be carefully avoided. It is to be remembered that the patient is suffering from a disease of a highly asthenic type, and will also have to pass through a period of prolonged suppuration before recovery takes place. Lowering treatment also tends to increase the chances of pyæmia occurring. The patient should have a good purgative at the commencement of the disease, as the bowels are always constipated. He should then be placed on a mixture containing chlorate of potash combined with tincture of the perchloide of iron, or nitric acid with decoction of cinchona. It seems to me that a combination of chlorate of potash with tincture of iron has a peculiar and most beneficial effect in all erysipelatous dis-

eases, and I now invariably prescribe it. At the same time, plenty of milk, beef-tea, chicken broth, and raw eggs and brandy should be given. Overstimulation, however, is to be carefully avoided, and the quantity of brandy should be regulated by the amount of asthenia present. If the patient cannot swallow these articles they should be given in the form of enemata. If given thus, the benefit to the patient will be greatly increased by the addition to each enema of a little pepsine and hydrochloric acid about half an hour before it is administered. Local applications, as large linseed-poultices, hot fomentations, and poppy-stupes should be applied as they relieve pain and tension. However, all these measures are of small importance in comparison to the surgical treatment, as they have little or no curative power over the disease, and if they alone be used the patient will probably die. As Mr. H. G. Croly says, "The symptoms are urgent and alarming, and if relief be not afforded by prompt and bold surgical aid, the patient may be suffocated."

As soon as the brawny feeling of the tissues, with pitting on pressure, sets in, free and deep incisions should be made into the cervical fascia. When these incisions have been made, the relief which they give is immediate, even though no serum or pus escape; as the cervical fascia, being divided, stretches and tears, and the tension is thus greatly lessened. I have seen patients who had almost complete aphonia and dysphagia able to speak and swallow in five minutes after incisions had been made, and this even though no fluid escaped.—*Mr. Harrison Younge—British Medical Journal.*

#### RAPID CURE OF SOFT CHANCRES.

Exceptionally, chancroids heal in fifteen days. The greater number require from four to six or even eight weeks, and some even take three or four months. After many trials, Ricord found the best results from dressing with nitrate of silver, solution 1 in 30; then the tartrate of iron and potash, and more lately iodoform.

Hebra has lately promised an entire cure in a few days by the topical employment of salicylic acid. He begins by carefully cleansing the penis with warm water, removing all crusts

and dried pus and trace of former dressings; for the latter he uses oil and spirit of soap. On the cleansed and dried penis salicylic acid is applied in a manner to cover only the sore and a very narrow margin. The healthy skin, as far as possible, must be preserved from all irritation which might favour auto-inoculation. The salicylic powder is maintained in place by a thin layer of wadding fixed by a band of adhesive plaster. If the suppuration is not very abundant it is sufficient to renew the dressing once in 24 hours—otherwise morning and evening—taking care to wash the wounds thoroughly each time.

After the end of the first day the ulceration is covered by a whitish scab, while the neighboring margin of skin is slightly reddened. The scab increases in thickness, and by the third day the salicylic powder may be discontinued, and a simple ointment applied and kept in position by wadding and adhesive plaster. Usually the scab falls in half a day, leaving a simple wound, deprived of virulence, which only takes two or three days to heal completely. This method acts without causing pain, and is of very great cleanliness. The most important advantage is the suppression or abortion of buboes.

Dr. Barthélemy, in reporting this communication for the *Union Médicale*, justly says that the method is worthy of trial.

#### COW'S MILK FOR INFANTS.

Dr. J. Lewis Smith, in an article on Summer Diarrhœa in Children, read at the New York County Medical Association, speaks thus about the preparation of cow's milk:—

How to modify cow's milk so as to make it resemble human milk as closely as possible, was one of the most important suggestions that emanated from the German conference referred to; and this modification was made by peptonizing the milk. This peptonizing had the effect of rendering the casein, which was the chief source of indigestion, easily digestible, and the process was to be suspended as soon as the milk began to assume a bitter taste. In peptonized cow's milk the casein was found to be in delicate flakes instead of the hard masses in

which it ordinarily existed in this fluid. For this very important advance in infant dietetics the profession was indebted to Pfeiffer, of Wiesbaden. In order to have the milk in the best possible condition for the child's use, it was necessary to peptonize it in small quantities as required. Dr. Smith then described the way in which the infant's diet now used at the New York Infant Asylum was prepared: five grains of Fairchild's extractum pancreatis and ten grains of sodium bicarbonate are added to one gill of warm water and one pint of cow's milk. The liquid should be tasted frequently during the course of preparation, and as soon as it became in the slightest degree bitter, the peptonizing should be arrested. This could be done either by applying heat or placing the milk on ice, and the latter he considered preferable, as it only suspended the process (which it was desirable should be renewed in the child's stomach); while the application of sufficient heat to arrest it had the effect of destroying the ferment.

In the discussion which followed, Prof. Leeds said:—All authorities were agreed that cow's milk was, on the whole, the best substitute for mother's milk, and the practical point, therefore, was to determine what was the best way of preparing it for the infant. We did not know at the present time precisely what the elements were which made up the so-called casein of cow's milk; it having been ascertained simply that they were coagulable by acids. We did know, however, that there was a difference in the percentage and in the character of the albuminoids and the fats in cow's milk and in human milk, while the milk-sugar was precisely the same in both. As Dr. Smith had mentioned, Pfeiffer had demonstrated that the casein of cow's milk could be rendered similar to that of human milk by peptonizing it. As to the fat in human milk, it was not all appropriated, since twelve per cent. of it, as a rule, could be found undigested in the feces of the infant. It was, therefore, supplied in excess by nature. In cow's milk the average quantity of albuminoids was twice that found in human milk. In the preparation of a substitute for the latter, he would suggest that to a pint of good cow's milk one pint of water should be added. If to this mixture two

ounces of cream and four hundred grains of milk-sugar were added, the percentage constitution of the fluid would resemble very closely that of mother's milk. If, furthermore, the insoluble casein of the cow's milk were converted into soluble peptones by the action of extractum pancreatis, as recommended by Dr. Smith, it seemed to him that we should have a reliable substitute for the natural food of the infant which would probably give satisfactory results if practically tested.—*Medical News.*

#### RUPTURE OF UTERUS NOT RECOGNIZED BEFORE DEATH.

Dr. Theophilus Parvin, in his quarterly report of the Obstetrical Department of the Philadelphia Hospital, relates the following case:—

The final subject presented to you is that of uterine rupture. In reflecting upon the history of my three months' service, no event occurred in my duties to these unfortunate women—women often worthy of the profoundest pity as the victims of misfortune and of man's perfidy—which causes me greater sorrow in silence or in recital than a case where the uterus was ruptured in consequence of a shoulder presentation—a case which ended in death the eighth day after delivery. Yet I should fail in duty to my profession, that has been so good, so generous to me, if I did not make the case fully known. The patient was a well-formed, healthy multipara; she had been in labour nearly twelve hours when I first saw her, the left shoulder presenting. Ether was immediately given until she was thoroughly under its anæsthetic effect; and then, without violence, nay, with great ease, I passed two fingers behind the right knee, brought the foot down, and turning and delivery were effected in a few minutes; the placenta followed almost immediately; the child, quite a large one, was dead. The patient came out from the anæsthesia satisfactorily; her pulse was good; there was no complaint, no shock, no great hæmorrhage. Yet that woman had a ruptured womb, the tear beginning at the os uteri on the right side, involving the cervix and the lower part of the body of the uterus, this condition being made known by the *post-*

*mortem.* If it be thought I ought to have known this accident at the time of delivery, I can only say that like ignorance happened to Dubois, to Hervieux, to Tarnier, and others—the first revelation of the uterine rent being made at the *post-mortem*; these silent tears of the womb are, as Hervieux has suggested, probably more frequent than generally thought. No, my self-reproach is not in this, but in not having made myself, or by another, an examination during pregnancy, so that the abnormal presentation could have been corrected, if not then, at least early in labour. But let this pass. The great practical lesson to be drawn from the accident is not only the importance of an early rectification of a mal-presentation, but also the appreciation of the danger of rupture of the uterus, and how this accident occurs. A drawing was shown giving the position occupied by the child, and also and especially giving the change in form and thickness of the two cavities of the uterus, which, as so admirably described by Bandl, are formed when nature is unable to overcome the obstacle to labour found in such cases. The one cavity is formed by the body of the uterus, and its walls become thicker and stronger; the other, by the cervix, and its walls grow thinner—become, indeed, so attenuated and weak that a very slight additional strain causes a tear at some point; that strain may come from a uterine contraction, or solely from the introduction of the finger; and thus peril from action, peril from delay, must be before the obstetrician's mind when called to a case of neglected shoulder presentation.

#### EARLY INTERFERENCE IN EXTRA-UTERINE PREGNANCY.

Mr. Tait, in the *British Medical Journal*, says:—"Pending the discussion on the pathology and treatment of extra-uterine pregnancy, which is to take place at Belfast, I desire to place on record this, the first series, as I believe, of cases of extra-uterine pregnancy operated upon at the time of rupture; that is, from the tenth to the thirteenth weeks. Most of us are familiar with such dramatic incidents as that of the actress in the Bois de Boulogne, where sudden or very rapid death has occurred from

hæmorrhage due to the tear of a venous sinus in the rupture of an early Fallopian pregnancy. I have been unfortunate enough to see a large number of them, five or six and twenty, and of late I have been encouraged by my success in other abdominal diseases to try what surgery could do in these cases.

For this treatment, of course the difficulty was the diagnosis, but as I have now completely adopted the principle of always opening the abdomen when I find a patient in danger with abdominal symptoms, this barrier no longer exists. The diagnosis is, however, not so very difficult after all, for in many cases the existence of pregnancy has been suspected before the rupture occurred. It may be in the majority, however, that this misleading feature is present; the patient has never been pregnant, or has not been so for many years, and then the arrest of menstruation attracts no particular attention. If, however, it be found that the patient has been eight weeks or more without a period, that there is a pelvic mass fixing the uterus and on one side of it, and that sudden and severe symptoms of pelvic trouble and hæmorrhage came on, the rupture of a tubal pregnancy may be at once suspected, and if an operation is to be done—and it clearly ought to be done—it must be done without delay. Early interference is clearly a chief element of success in modern abdominal surgery."

Mr. Tait then gives a brief report of five cases on which he operated since January 17th, 1883, with four recoveries.

M. PASTEUR has been furnished with an opportunity of testing his theories concerning rabies upon a human subject. One of the servants of the Paris and Lyons Railway at Tarascon-sur-Rhone, having been bitten by an undoubted mad dog, has just placed himself in the hands of the illustrious savant.—*British Medical Journal*.

DURING recommends the following ointment in localized pruritus:—

℞ Ungt. cetacei . . . . . ʒi.  
Hydrargyri chloridi mitis . . . . . ʒss.  
Ext. belladonnæ . . . . . ʒi.  
℥.

## THE Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

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

TO SUBSCRIBERS.—Those in arrears are requested to send dues to Dr. W. H. B. Aikins, 40 Queen St. East.

We regret to learn that, from some cause unknown to us, copies of the Journal have lately gone astray. Any of our subscribers who have not received it regularly, may obtain the missing numbers on application to Dr. Aikins, by post-card or otherwise.

TORONTO, AUGUST, 1884.

### CHANGES IN OUR STAFF.

We have to announce some material changes in our Editorial Staff. Drs. Cameron and Nevitt having resigned, their places have been taken by Drs. J. E. Graham and W. H. B. Aikins, who, with Dr. A. H. Wright, are now editors and proprietors, and will hereafter have the sole management of the Journal. Dr. Graham, who was one of the original stockholders, has been one of our most constant contributors, and we rejoice in the fact that he is now able to assume the full responsibilities of an Editor's chair. Dr. Aikins, who also becomes one of the Editors, will give us the benefit of his energies by undertaking a large portion of the work necessarily connected with such a publication. We part officially with our former collaborators with feelings of the deepest regret. Our subscribers know, in part at least, how much we are indebted to Dr. Cameron, who has devoted so much time and energy in the interests of this Journal from its inception to the present time. Dr. Nevitt's connection is of more recent date; but we have to gratefully acknowledge that for the last year and a half he has done the lion's share of the work. It will of course not be forgotten that we owe much to the original editors, Drs. Uzziel Ogden and Zimmerman, who, with the assistance of other stockholders, so ably conducted the publication through and beyond the period of infancy.

To these gentlemen, one and all, we desire to

express our deep obligations; and, at the same time, it gives us much pleasure to state that we expect not only their sympathies, but their active co-operation in the future.

To our late publishers, Messrs Carswell & Co., who have given up the business management because they wish to confine their attention entirely to law books and their legal periodical, we have to extend our thanks for showing us a balance sheet as satisfactory as it is encouraging. As far as our printing is concerned, we return with considerable pleasure to our first love, and our Journal will be published at the *Guardian* Office, from whence it issued during the first seven years of its existence.

We propose to make no change in the method of conducting the *Practitioner*, but hope that it will continue to be pre-eminently the independent and representative organ of the profession of Canada. It will therefore still be our aim to act as the mouthpiece of the great body of physicians and surgeons in the country, and we trust that considerations of self-interest will never bring forth any fruits in these columns. Our large and rapidly increasing subscription-list gives us great responsibilities; and, while we are willing to accept them in full, we ask for a continuance of the cordial support and assistance of our friends. We have to thank them for much in the past, and are encouraged to expect still more in the future. While it will be our pleasure to give a fair space to our contributors, we will continue to bring before our readers everything of practical interest in Canada, as well as the latest and best of medical and surgical science and news from American, British, and Foreign publications.

### THE SUMMER SESSION.

The second summer session in the Toronto School of Medicine has just come to a close. The attendance was larger than in the previous year, but the numbers were not so great as one might expect, considering the nature of the instruction given. The latter has been largely of a practical character, and included a course on surgical operations on the cadaver, performed by the students; one of obstetrical operation on the cadaver, also done by the students. Practical

courses in normal and pathological histology were given, in which the cutting, staining, and mounting of specimens were thoroughly taught. A very elaborate course of clinics formed part of the scheme.

The only drawback experienced was the apparent apathy of a few members of the teaching staff at the hospital, who have not yet realized the importance of the summer session. In a few years even the latter will see that the very existence of a medical school depends on the way in which the summer course is conducted. Students are now required to do so much work that it is almost impossible for them to overtake it during the winter term. Six or seven months' vacation each year causes too great a break in their medical course.

The majority of students do little or nothing at home during the summer, but they frequently contract indolent habits from which they are not afterwards able to free themselves. To the members of the teaching staff the summer course should be of great value. In the first place, they are kept in harness, and thus the work of the school is more thoroughly done. And in the second place, their attention is drawn to outlying branches of their department, much to their own benefit as well as to that of the students. Enough has already been done in the summer session to demonstrate its importance, and to give it a permanent place in the Medical Schools of the city.

### THE THIRD STAGE OF LABOUR.

Much has been written on this subject during the present year. On the one hand we have active interference recommended, as in Credé's method; on the other, we are advised to leave the delivery of the placenta to the unaided efforts of the uterine, abdominal, and vaginal muscles. The average duration by Credé's method is said to be  $4\frac{1}{2}$  minutes; the duration with non-interference, according to Strassburg statistics, was from 30 minutes to 12 hours, the delivery being completed in one hour in 44 out of a 100 cases.

The Credé method is not so popular now as it was, because it is supposed to be too harsh. The plan of leaving the delivery to nature is in more than half the cases too tedious for most

obstetricians, who object to waiting from one to 12 hours. Apart from this drawback, the placenta while in the uterus, wholly or in part, does not act as a complete plug, because the rythmical dilatations following contractions allow some hæmorrhage into the uterine cavity when no external pressure is made.

There is a form of interference, however, which is decidedly pernicious, and is, we fear, frequently practised, especially by midwives, *i. e.*, traction on the cord before contraction of the uterus takes place. By this means, if the placenta is removed we have taken away a plug which leaves the open sinuses free to bleed very copiously.

From the opinions recently expressed in discussions in New York, Philadelphia, and Hamilton, at the meeting of the Ontario Medical Association, we find the majority are in favour of a middle course, which is, we think, judicious in all respects. The hand should be placed over the uterus during the delivery of the child, and should be retained at least till the expulsion of the placenta takes place. By this procedure we acquire an exact knowledge of its condition. By gently pressing, or kneading with the tips of the fingers, the uterus can generally be kept contracted so as to bring its walls in contact with the placenta, while the latter is retained in the cavity. After a time (not less than half an hour), we may commence more active pressure, which should be applied during the ordinary uterine contractions. During this time we have, first, the separation of the placenta from the uterine walls; second, its expulsion from the uterine cavity; third, its expulsion from the vagina; and if assistance be required in any or all of these stages, it should be rendered by pressure applied from behind, and not by traction on cord, or removal by hand introduced into vagina or uterus. By following these simple directions the placenta may be delivered, as a rule, with ease and safety within an hour.

#### THE SURGERY OF THE BLADDER.

Among the many achievements of modern surgery those connected with the bladder are not the least remarkable. In Sir Henry Thompson's recent lectures, delivered at the Royal College of Surgeons, he gives the results

of his operations for the "digital exploration of the bladder," and the removal of tumours when such are discovered. The procedure itself is not a new one, but its adoption for the purposes of diagnosis and operation by this distinguished surgeon is quite recent. It is an external urethrotomy, by which a median perineal section is made, cutting into the membranous portion of the urethra, the patient being under ether. The left forefinger is then passed into the bladder, and, while supra-pubic pressure is made with the right hand, a thorough exploration is made. The operation is easy and safe, and, in addition to the objects named, frequently affords great relief in cases of obstinate cystitis. The analogous operation in the female is dilatation of the urethra, with a three-bladed dilator or otherwise. A tumour being found, it is removed wholly or in part when possible.

Sir Henry's total number of operations for digital exploration of the bladder is forty-two, five being in women. In twenty cases tumours were discovered and removed, as far as they could be, with the following results: thirteen recoveries, more or less complete, and seven deaths. When we consider the distressing and hopeless condition of these patients, such a record is very encouraging, especially as (to use Sir Henry's words) "every recovery is a clear gain, and a fatal result is simply the natural issue forestalled."

#### CANADA MEDICAL ASSOCIATION.

The next meeting will be held in Montreal, on the 25th, 26th, and 27th of August. The opening session will commence on Monday morning, August 25th, at 10 o'clock. The Reception Committee have been making the necessary arrangements, and it is expected that the meeting will be held in the Synod Hall in connection with the cathedral. The different railroad companies have agreed to issue return tickets for a fare and a third, good from August 22nd to September 5th. The Richelieu and Ontario Navigation Company will issue tickets, good for same dates, for a single fare, meals and berths extra. The last session will be held on the forenoon of the 27th (Wednesday).

The meeting of the British Association for

the Advancement of Science will commence on Wednesday afternoon, August 27th, after the close of the Canada meeting. Over fifty of the physicians and surgeons who have promised to come out for the British meeting, have been invited to attend the Canada meeting, and more than half have accepted, among them being Mr. Lawson Tait, who has promised to deliver an address on Abdominal Surgery.

A number of papers have been promised by members of our Association, but the list at the present time is very incomplete. We hope there will be a good attendance from the West. We understand that a fair number will go from Hamilton and Toronto, as well as other parts of Ontario. We are certain to receive a royal welcome from the Montrealers, who are so well known for their generous hospitality; and, apart from any such considerations, it is desirable in the interests of the Association that there should be a much larger attendance than we had last year in Kingston. Dr. Osler, the General Secretary, is in Europe, but he expects to return immediately after the meeting of the British Medical Association at Belfast. In the meantime members can obtain any information, certificates, etc., from the Acting Secretary, Dr. James Bell, Beaver Hall Terrace, Montreal. The local secretaries in the different provinces will also be supplied with railroad and steam boat certificates. Their names are Dr. Bray, Chatham; Dr. Coleman, St. John; Dr. Bell, Montreal; Dr. Black, Halifax; and Dr. Brett, Winnipeg.

### THE INTERNATIONAL MEDICAL CONGRESS.

The eighth meeting of the International Medical Congress, to be held in Copenhagen, from August 10th to 16th, promises to be as great a success as any of the former gatherings. General addresses will be delivered by Prof. Virchow, M. Pasteur, Sir William Gull, Prof. Crudeli, Prof. Verneuil, and Prof. Panum. A large number of papers are promised, and the fourteen sections will be well sustained. In the medical section we notice the names of many well-known men of "light and leading," who have promised to contribute,—Austin Flint, Liebermeister, Bouchard, Lepine, Crudeli,

Grainger Stewart, Leube, and Jürgensen; in the surgical section, Sir Joseph Lister, Paul Bert, Esmarch, Thornton, Bryant, and Guyon; among the pathologists, Chauveau, Weigert, Koch, Friedlander, Cornil, and Gull.

The official languages will be German, French, and English. The Congress is under the patronage of the King of Denmark. Prof. Panum, of Copenhagen, is the chosen President.

Ontario will be represented by Drs. J. E. Graham, McFarlane, and W. B. Geikie, of Toronto, and Dr. Robt. Douglas, of Port Elgin.

### ONTARIO MEDICAL ASSOCIATION.

It will be remembered that the chairman of each temporary committee is expected to open a discussion on a special subject at the next meeting in London. The following are the subjects chosen by the chairmen of the committees named:—

**SURGERY.**—Chairman, Dr. Powell, of Edgar. Subject: "Plaster Splints and Bandages," with these questions: What fractures are best treated by them in private practice? What are the most convenient methods of their application? What are the advantages and what the dangers and limitations of their use?

**MEDICINE.**—Chairman, Dr. Tye, of Chatham. Subject: "Diphtheria."

**OPHTHALMOLOGY.**—Chairman, Dr. Ryerson, of Toronto. Subject: "The use of Jequirity in affections of the Eye."

**OBSTETRICS.**—Chairman, Dr. Temple, of Toronto. Subject to be named hereafter.

### LOCAL HEALTH ASSOCIATIONS.

We note with pleasure the formation of a Health Association in Toronto, in connection with the Canadian Sanitary Association. The step is in the right direction, and the example set by Toronto is so good we commend it to all districts, towns, and villages. We are most pleased in this connexion to see that a little friction, which existed among the different branches of sanitarians, has been swept away, and that the association contains representatives of the medical, architectural, and engineering professions, and the leading plumbers. Constituted as it now is, it cannot fail to be a great

moral force in the city and also in the province.

The President is Mr. Henry Langley, architect; Vice-President, Mr. Joseph Wright, plumber; Secretary, Mr. Alan Macdougall, sanitary engineer. A committee of leading names has been appointed to enquire into certain further legislation required for the city of Toronto, who will, no doubt, advocate measures calculated to improve the present waste of water and plumbing practice of the city.

### CHOLERA.

The first cases of cholera in Europe occurred in Toulon about the 13th of June, and spread in a short time to Marseilles, and other smaller towns in the south of France. It is remarkable, under the circumstances, that it has not spread more rapidly and widely; but a grave danger still exists, both for Europe and America, and each and every locality should adopt all the preventive means known to guard against its inroads. The Governments of the various countries appear to fully appreciate the situation, and are endeavouring to prevent an invasion by the quarantine and other means.

We must, however, trust mainly to the efforts of the corporations of cities and towns to make the sanitary condition as perfect as possible throughout the whole country. The main requisites are thorough cleanliness, pure water, good ventilation, and free drainage. The Health Officers of Toronto deserve credit for the measures they are taking to inspect premises, both inside and outside dwellings, to compel the removal of all filth, to flush sewers, to close wells, and to improve drainage and ventilation. The Ontario Board of Health have acted with commendable promptness in distributing valuable information on the subject to all parts of the province. We hope the health authorities in different sections will unite in the most strenuous exertions to guard against this dreadful scourge. If we put our house in order we have, happily, little to fear.

Considering the usual marvellous indifference of the public concerning questions of health, the occurrence of such alarm as now exists is probably not an unmixed evil; because, from a

sanitary point of view, good is likely to be accomplished this season, through fear of the visitation of the deadly epidemic, which is beyond all computation.

### SURGERY OF THE KIDNEY.

Mr. Lawson Tait, in the *Birmingham Medical Review*, reports twelve operations on the kidney, all of which were followed by complete cures, viz: 1 nephrectomy for pyonephrosis and calculus, eleven nephrotomies (4 for abscess, 4 for hydronephrosis, and 3 for hydatids.) He does not believe that movable kidney has any pathological importance. He admits that the condition exists from the rare occurrence of a mesonephron, but does not believe a kidney is painful because it is movable.

### GROWTH OF LEG FROM DILITATION OF LYMPHATICS.

In the *British Medical Journal* of June 14th, Mr. Freun describes a case of giant growth of the lower limb, the result of dilatation of the lymphatics. From the description it is probable that the case was similar to one exhibited by Dr. Harrison, of Selkirk, at the meeting of the Ontario Medical Association in '81. The defect in the lymphatic system was of a congenital character.

### MEDICAL MATRICULATION.

MANITOBA UNIVERSITY.—The authorities of the Manitoba University have instituted a very severe matriculation in medicine. It includes Greek, Latin, and French. Medical students, in order to obtain a university degree, must either pass this standard, or take their course in some University requiring a lower matriculation. The Medical School in Winnipeg will thus be materially injured.

### WINNIPEG MEDICAL SCHOOL.

Arrangements, financially and otherwise, are being made, by which it is expected that building operations on the projected Medical School will be commenced in two weeks. The building will be a brick structure, and will be located on the corner of Kate and McDermott streets.

## ORGANIZATION OF A LONDON MEDICAL ASSOCIATION.

The medical men of London held a meeting recently for the purpose of forming a medical society for that city. The following gentlemen were elected officers for the ensuing year:—President, Dr. Beemer; Vice-President, Dr. Waugh; Secretary-Treasurer, Dr. Payne.

### Meetings of Medical Societies.

#### ONTARIO MEDICAL ASSOCIATION.

HAMILTON, JUNE 4TH AND 5TH, 1884.

(Concluded.)

##### AFTERNOON SESSION.

Dr. Alexander (Grimsby), exhibited a case of knee-joint disease which began two years ago after an injury.

Dr. Sheard (Toronto), considered it a case of osteitis or malignant disease, and advised a bavarian plaster splint.

Dr. Osborne exhibited a case of epithelioma of the face.

Dr. Powell (Edgar), moved, seconded by Dr. Fulton, that the President for next year be requested, in appointing the chairmen of the temporary committees, to select gentlemen with whom he has previously made arrangements for the opening of discussions on special subjects in their departments. Each discussion to be opened by the reading of a paper by the chairman, which paper shall take the place of the reports heretofore expected to be read. Carried.

Dr. Riordan (Toronto), described a case of double uterus and vagina. He purposed removing the vaginal septum.

Dr. Harrison (Selkirk), read a paper on Vaccination, in which he said that one of the principal arguments of anti-vaccinationists was the coincidence theory as it related to the subsidence of small-pox and the discovery of vaccination. It was just as reasonable to refer the soporific effect of opium to coincidence.

Dr. Bryce (Toronto), said that, as a member of the Board of Health of Ontario, he had been closely investigating the sources of obtaining vaccine. The importance of the subject justified him in exhorting the profession to be very parti-

cular and circumspect in obtaining their supply of vaccine.

The Committee on Nominations now brought in their Report, which was adopted. They recommended as the place of meeting for next year, London, Ont.

The following were elected officers for the ensuing year:

President—Dr. Worthington, of Clinton. Vice-Presidents—Drs. Tye, of Chatham; Thornburn, of Toronto; Brouse of Brockville; Powell, of Edgar. Permanent Secretary—Dr. White, of Toronto. Treasurer—Dr. Graham, of Toronto. Corresponding Secretaries—Drs. Irwin, of Kingston; Harris, of Brantford; Hutchinson, of Brussels; Waters, of Coburg.

The President, Dr. Clark, being obliged to leave for Toronto, vacated the chair, which was taken by the Vice-President, Dr. Worthington, and a vote of thanks was passed to the retiring President, to which he replied in a few words expressive of the pride and pleasure he had experienced in occupying his exalted position as President of the Association.

Dr. Brown, of Galt, then read a very interesting and well written paper, containing an account of a visit to the surgical centres of Europe. He advised all medical men to make the effort once a year to spend a portion of their time in visiting the centres of professional thought and activity.

Dr. W. H. B. Aikins, of Toronto, read a paper on Spermatorrhœa, in which he said that the microscope was the only reliable means of making a diagnosis. When seminal emission is followed by a sense of well-being, it is physiological. Followed by malaise, it is pathological. Edoscopic examination, in spermatorrhœa shows hyperæmia of the veru montanum, a catarrhal state of the mucous membrane; the orifices of the ejaculatory ducts are more prominent, and their edges thicker than normal. Treatment consists in removing the cause of irritation, the exhibition of tonics and sedatives. If great hyperæsthesia exists, gelatine bougies unmedicated, or cocoa-butter with belladonna and opium, should be used. Metal sounds, the cooling sound, or catheter of Prof. Winternitz, are highly beneficial. When the hyperæsthesia is lessened, recourse should be had to deep in-

jections of a five per cent. solution of silver nitrate.

Dr. Campbell, of Seaforth, read a paper describing a case of Exophthalmic Goitre. Iron, quinine, digitalis, and ergot were administered. Galvanism along the course of the pneumo-gastrics was followed in a few weeks by amelioration and finally by complete cure.

Dr. Fulton, of Toronto, thought it a difficult thing to truthfully attribute the cure of the disease to one remedy when so many had been exhibited.

Dr. Gunn, of Brucefield, related the notes of a severe case of Hysteria

Dr. White, of Toronto, considered that the evidence of the history tended to the diagnosis of Hystero Epilepsy, and suggested ice bags to the spine and the continuous use of Brown-Séquard's mixture of the bromides.

Mr. Boxes, of Montreal, then addressed the meeting, soliciting their support of the Canada Sanitary Association.

Dr. Macdonald, of Hamilton, moved, seconded by Dr. George Wright, of Toronto, that the Association give its support to the Canada Sanitary Association in its efforts on behalf of the Sanitary Progress of Canada.

Dr. Arnott, of London, extended a cordial invitation to the Association to meet next year in London.

The reports of the various temporary and special committees were taken as read. The report of the Committee on Ethics was ordered to be taken up for consideration immediately after the President's address at the meeting next year.

The Committee to which had been referred the inquiries propounded by the Woman's Christian Temperance Union, to report upon, are to report next year; the consideration of the report to be the first order of business after the report of the Committee on Ethics.

Dr. McCallum, of Dunnville, moved that a Committee on Bacteriology be appointed to report at the next meeting. The following Committee was appointed: Dr. Covernton, Toronto, chairman; Drs. Mullin and White, Hamilton; Arnott, London; Nevitt and Bryce, Toronto.

After a vote of thanks to the Mayor of Hamilton, for his kindness and urbanity in affording the Association the use of the City Hall, the Association adjourned. R. B. N.

## TORONTO MEDICAL SOCIETY.

MAY 8TH, 1884.

The President, Dr. Graham, in the chair. The minutes were read and confirmed.

Dr. Cameron presented a sixth year molar, extracted from the upper jaw on right side of a little girl  $7\frac{1}{2}$  years old, at the Hospital. The point of interest is that it presents four fangs. Also a bony body expectorated by a patient who had been suffering from facial erysipelas. He gave the following history:

About the beginning of April I was called to see the patient, a man about 45 years of age, late one evening. He was complaining of intense pain in the head, and said that a week previously he had had a bad cold, which obliged him to lie up for a day or two, but had resumed work again. Had not been sick previously for fourteen or fifteen years. Not discovering any cause for the headache, I prescribed a mixture containing bromide of potash and chloral. Recalled the next day. I found the lower eye-lids oedematous with a suspicion of erythema. He was at once placed on iron and belladonna, but in spite of this, erysipelas declared itself and spread over the whole of face and head and upper part of neck. In three days' time an obstinate hiccough developed, which in spite of all kinds of anti-spasmodics and sedatives, persisted, with short intervals of repose, for more than a week. As erysipelas faded from the face, the fauces became sore and swallowing difficult or painful, cough developed, and the voice was lost, except for a hoarse whisper; profuse expectoration of nummular, sometimes blood-stained sputa, floating in water, ensued; and mucous and sonorous rales were audible throughout the chest. The left side of chest, although presenting no dullness or other special sign, did not expand properly; the respiration was noisy and orthopnoea developed. Dr. Canniff saw him in consultation and confirmed the observation, but we failed to discover any satisfactory explanation. A few days after his visit, in a fit of coughing, the patient felt something hard come up in the sputum, and arresting it between his teeth, discovered it to be the bony body presented. Immediate relief to the pain in swallowing and the orthopnoea ensued;

Expansion on the left side improved. The nummular expectoration continues, but in diminished quantity.

Dr. McPhedran showed the femur, os innominatum, and some of the viscera from a case that occurred under his care in the House of Providence. The man was 70 years old and of feeble intellect. He had fallen on a plank walk and was carried in and laid on his bed by some of the other inmates. He made no complaint of his thigh. His being old and feeble, nothing was thought of his remaining in bed, so that the condition of his thigh was not discovered for some days. The fracture was in the lower third of right thigh, oblique, the upper fragment just protruding through the outer side. He was weak, and evidently failing rapidly. There was a large ecchymosis covering the whole abdomen, caused by his knocking a stove down on himself a few days before the accident to his thigh. The leg lay on its outer side. The fracture was reduced under chloroform, there being about  $\frac{3}{4}$ -inch shortening, and the limb put up in plaster splints. He gradually sank and died the next evening.

P. M. The body was well developed and fairly nourished. There was well-marked lordosis. There was effusion of blood into the subcutaneous tissues all over the abdomen; this effusion extended into the right iliac passage, where it was considerable.

Thorax: Heart, right auricle dilated, a good deal of fat deposited. Aorta dilated and thin. Lung emphysematous; no adhesions on left side, only slight ones on right.

Abdomen: Colon very tortuous in its course.

The caput coli was bound down by adhesions.

The stomach was dislocated backwards to the left of the spine, and completely obscured by the colon. Kidneys: right, healthy in appearance; left, its middle portion occupied by two large and several small cysts, destroying all the secreting structure of this part. The capsule quite adherent. Much fat in the pelvis. Nothing worthy of note in the other viscera.

Thigh: A large amount of brownish, bloody fluid flowed from the wound, which was large enough to admit point of finger. The hip-joint was not freely movable, and gave distinct

crepitation when moved in a certain direction. On removing the femur and os innominatum, the fracture was found to be oblique at juncture of middle and lower thirds, with a large piece broke from front of lower fragment. The periosteum was stripped off both fragments to the extent of about two inches. There was no evidence at any attempt at repair. The hip-joint was found much changed, the acetabulum was much deepened by ossification of cotyloid ligament. The head of the femur was greatly enlarged by deposits of bone about its base. The digital fossa was occupied by a spine of bone three-quarters of an inch long, probably the ossified tendon of the obturator extensor muscle. The crepitation before mentioned was due to the changes in the joint, as were also its restricted movements. It is easily conceivable how such a condition might give rise to much difficulty in diagnosis in a case in which there was a supposed injury to the hip.

The election of officers for the ensuing year was then proceeded with.

Dr. Reeve was elected President by acclamation; Dr. Cassidy, 1st Vice-President; Dr. Cameron, 2nd Vice-President; Dr. W. H. B. Aikins, Recording Secretary; Dr. Nattress, Corresponding Secretary; Dr. Spencer, Treasurer (re-elected); Dr. Burns, Dr. Nevitt, and Dr. Ross, Council.

The Treasurer, Dr. Spencer, presented his report for the past year. The report showed the financial condition of the Society to be very satisfactory. After deducting all expenses a cash balance remains on hand of over \$50.00. The books and accounts were audited by the Council, and reported correct.

A communication from the "Woman's Christian Temperance Union" was laid on the table, and the Corresponding Secretary instructed to acknowledge its receipt.

The retiring President, Dr. Graham, tersely reviewed the work accomplished by the Society during the past year. He adverted to the pleasure and instruction which attendance at the meetings had afforded him. He then called upon the newly-elected President, Dr. R. A. Reeve, to take the chair.

Dr. Reeve, on taking the chair, thanked the Society for their expression of confidence in him,

and said that he would endeavour to merit the honour conferred upon him.

On motion a vote of thanks was accorded to the retiring President, Dr. Graham.

The meeting then adjourned.

### Hospital Notes.

#### HOSPITAL FOR SICK CHILDREN, TORONTO.

##### ABDOMINAL TUMOUR IN GIRL AGED TEN.

*By I. H. Cameron, M.B.*

Reported at Meeting of Toronto Medical Society.

E. S—, aged 10½. Family history, so far as ascertainable, good; immediate relatives all alive and well. During infancy and early childhood patient presented the enlarged head and pot-belly of that form of the strumous diathesis. The only other morbid antecedent to present illness was an attack of diphtheria a couple of years ago. In May last the child and her mother observed a hard lump in the left groin, about the size of a hen's egg. This persisted for a couple of weeks, and then rather suddenly disappeared. About the end of June it was noticed to have returned. Some time in July or August I again saw the patient, when two large firm masses were observed—the upper one movable and occupying the umbilical region, the lower ill-defined and located in the pelvis. The case was seen but once at that time, and no diagnosis was arrived at. Three weeks ago the child was sent into the Children's Hospital, by Dr. H. H. Wright. She was extremely emaciated, and suffering a great deal from pain in the back, radiating downwards and outwards, and also in the lower portion of the abdomen. A large hard mass, dull on percussion, and extending from the left flank somewhat obliquely to the right iliac fossa, and from three or four inches below the ensiform cartilage to the pubes, was easily made out. It presented a convex border below, and a somewhat concave one above, and beyond the upper margin and half-way up to the ribs fluctuation with dullness could be detected. In this cyst-like portion small round lumps, of similar consistence with the large mass, could be readily felt floating. Between this, again, and the margin of the ribs, and especially in the right flank below liver, intestinal resonance

was marked. The superficial abdominal veins were much dilated. Per rectum the pelvis was found to be filled with a firm mass of rounded outline behind, but not in front of which the finger could readily be passed. The uterus, etc., could not be detected. The colon could not at any point be traced in front of the tumour. It was therefore thought that, notwithstanding the presence of albumen and hyaline casts in the urine, tumour of the kidney might be excluded. The urine was passed about four times per diem, and was rather diminished in quantity, with a copious sediment of amorphous urates; the bowels were either regular or slightly inclined to constipation. At one time the shape and size of the fecal mass was round, at another diminished to the calibre of a lead-pencil, and at another voided in small roundish pellets. The temperature chart showed occasional but irregular fluctuations between 97°5 and 100°5, and the pulse varied between 100 and 140. A diagnosis between cancer or sarcoma of the ovary and of the omentum and mesentery, or of tubercular enlargement, was not arrived at, but the former was leaned to, and at a consultation it was decided that at all events nothing could be done. Two or three days before death an erysipelatous blush appeared upon the nose and cheeks, for which iron and belladonna were administered, and it disappeared in 36 hours. Death occurred gradually, from exhaustion. At the autopsy the cystic portion was found to be a localized collection of fluid in the peritoneum; the large abdominal mass was encephaloid cancer, occupying the meshes of the great omentum; the smaller round tumours were similar masses attached to the omentum and floating in the peritoneal fluid; one spherical mass sprang from the gastro-hepatic omentum. The pelvic tumour was a Bologna-sausage-shaped similar mass, apparently springing from and involving the ovary and adherent to the uterus. It was also connected with the large mass by an omental adhesion. The retroperitoneal glands were affected, and a mass the size of two adult fists surrounded and compressed the pelvis of the kidneys, which had suffered some inflammatory change. The other abdominal organs were healthy; but the walls of the intestine were very pale and translucent, and presented universally small round, impalpable, whitish yellow spots, about the size of a pin's head.

## TORONTO GENERAL HOSPITAL.

A CASE OF HYDROA, WITH PECULIAR IODIC  
ERUPTION.*Under the care of Dr. J. E. Graham.*

Kindly reported by Dr. H. S. Martin, resident assistant.

M. H., aged 31, born in Canada, single; has been employed in a ginger ale factory since 1883. He had previously been a farmer. Family history good. Up to the commencement of the present disease he had enjoyed good health.

In March, 1883, small red pimples appeared on the ulnar side of the forearms towards the extensor surface. Two weeks later similar pimples appeared over the right scapula. These pimples rapidly became visicular, containing a clear serous fluid. The eruption afterwards appeared over the thighs, and to a slight extent on the back. The latter disappeared in a few days. The anterior surface of the trunk has always remained free from the disease. The extensor surface of the arms became covered, while only a few spots appeared on the flexor surfaces. At times the eruption became very abundant and irritable in the axillæ. The hands and feet remained free. It has always been very troublesome about the eyes and the hairy part of the face. Burning and itching sensations accompany the eruption. The vesicles break and discharge their watery contents in from two to six hours after their appearance. Large flat scales of a yellowish-brown colour form, but there is little tendency to form pustules or scabs, unless the eruption has been subject to considerable irritation, as scratching or rubbing. After the scales fall off the surface is red, and very sensitive. The redness and sensitiveness disappear in about twenty-four hours after the scales fall off. The disease is always more troublesome during the hot summer months. It has never shown itself on the hairy scalp. The attacks continue with exacerbations and remissions for about two weeks, and are followed by a longer or shorter time of freedom from the disease. He has found relief at times by using a wash of baking soda or sugar of lead. The patient was admitted to the Toronto General Hospital, April

29, 1884. The diagnosis first made was erythema multiforme, but on further study of the case it was put under the head of hydroa-bulleux, as described by Tilbury Fox, in an article published in the archives of dermatology shortly after the death of that distinguished dermatologist.

*Treatment.*—Arsenic and columba, with alkalis, internally. Baths and various forms of ointment externally. There was scarcely any improvement in patient's condition, except that his general health was somewhat better.

On May 13th the following mixture was given:—

R Pot. Iodidi . . . . .	$\frac{7}{5}$ ss.
Syr. Sarsae co. . . . .	$\frac{7}{5}$ ss
Aq. ad. . . . .	$\frac{7}{5}$ viii.

Sig. A dessertspoonful three times a day, in water, after meals. Patient took three doses of the mixture. In about an hour after taking the first dose his face and neck grew flushed and red, and the temperature began to rise. A burning, tingling sensation extended over the whole body. Half-an-hour later the neck, chin, and lower part of the face became studded with small watery vesicles, varying from the size of pin-heads to that of wheat grains. In two hours the whole neck and face to the margins of the hairy scalp, excepting the upper part of the forehead, were covered with vesicles varying in diameter from  $\frac{1}{4}$  inch downwards. The eruption on the cheeks and nose occurred in patches or congregations  $\frac{1}{4}$  inch to  $\frac{3}{4}$  inch in diameter, with considerable clear space intervening. The vesicles were small and thickly set about the eyes; large and bullous in character on the ears and back of the neck. The skin of the face and neck was hot, somewhat swollen and erythematous, even between the parts covered by the eruption. The conjunctivæ were much congested. Weeping of the surface commenced towards evening to-day. The eruption was much more irritable than that occurring in the regular course of the disease. No eruption appeared on the body or upper extremities. A few small vesicles came out on inner side of middle third of both thighs; more abundant on right thigh. Temperature this evening 101 $\frac{2}{3}$ , pulse 96.

May 14th.—Temperature  $101\frac{1}{2}$ , pulse 92. Vesicles and bullae on neck and face somewhat larger and more elevated than yesterday. Some new vesicles forming while the older ones are running together in places. Tongue and mucous membrane of the mouth covered with reddened and elevated patches. The eruption on lower part of neck presents more the appearance of a uniform elevated rash. A few spots begin to appear on the extensor surfaces of the arms. Vesicles, both singly and in groups, on both surfaces of the legs; most abundant on inner aspect of thighs. Bases of vesicles inflamed and irritable.

Leadwash ordered to allay irritation. The following mixture given every six hours in half-ounce doses:—

R Mag. Sulph. . . . .	$\bar{\text{v}}\text{iv}$ .
Sod. Bicarb. . . . .	$\bar{\text{v}}\text{iv}$ .
Aq. ad. . . . .	$\bar{\text{v}}\text{viii}$ .

Temperature at 9 p.m.,  $99\frac{3}{4}$ .

May 15th.—Surface less inflamed than yesterday. Some of the vesicles are becoming slightly pustular. Those on upper part of face disappearing. Eyelids less swollen, conjunctival less congested. No fresh eruption appearing. Smaller vesicles drying up. Temperature falling.

May 16th.—Temperature normal. Vesicles drying up and forming scales without scabbing. The surface under the scales is red, and shows great tendency to bleed when irritated.

May 18th.—The eruption is still fading, and has completely disappeared from the parts most lightly affected, without any tendency to the formation of pus. Some moisture in the worst places, but no pus.

The rash gradually disappeared without leaving any trace of its existence. The urine was examined, both chemically and microscopically, several times during the course of the eruption without showing the presence of anything abnormal. The patient left the hospital considerably relieved of his disease, but with some of the symptoms still remaining. It was afterwards found out that a year before the patient took iodide of potassium in about the same doses and exactly the same effect was produced.

#### POPLITEAL ANEURISM.

For the report of the following case we are indebted to Dr. Bascom, of the resident staff.

A. G., aged 33. Admitted to Hospital February 5th, 1884. Occupation, railroad conductor.

*Previous history.*—About four or five years ago hair on legs gradually turned white, hair on head also began to whiten. At the present time there is not a remarkable number of grey hairs on his head, but the hair on legs is silvery white. Has had typhoid fever and tonsillitis. Has never been troubled with any private disease. Never had any injury about the knee that he can recollect. Noticed that his left leg would swell at times, but this would soon disappear.

*History of immediate trouble.*—Five weeks before entering the hospital was in a railroad accident, and received injuries about back and hip. While under examination after the accident the medical attendant discovered a swelling in the left popliteal space, which he pronounced to be an aneurism. After receiving the injury had considerable pain, sharp and pretty severe, and worse at night. The swelling considerably increased in size. There was a full, heavy, expanding pulsation, which disappeared on pressing on the femoral. There was a well marked bruit.

*Treatment.*—Before entering the hospital his leg had been strongly flexed upon the thigh for three weeks. On the 20th of February relays of students were obtained, and pressure with a bottle of shot was continuously kept up for one hundred and twenty-two hours. The bottle was sufficiently heavy to completely occlude the artery. This proved of very little benefit.

In the early part of April pressure with the fingers was tried for about the same length of time, with a like result. Electricity was then tried. About the middle of May compression was again tried for forty-eight hours. All of these having failed, ligation of the femoral was decided upon, and on June 9th, Dr. Thorburn operated. The incision was made over the artery, about the apex of Scarpa's triangle. Antiseptic precautions were taken, and the wound healed well. Pulsation continued feebly in the sac for two days, and then entirely ceased. The temperature of the limb did not fall. At the time of patient's departure from this institution (July 5th), he had recovered pretty fair use of the affected limb.

## Book Notices.

*Catalogue Général des Livres de Médecine.*  
Librairie J. B. BAILLIÈRE ET FILS.

*Registre Médical du Collège des Médecines et  
Chirurgiens de la Province de Québec.*

*Première application à Paris en 1883 de  
L'assainissement suivant le système Waring.*

*The School Supplement.* Published by EATON,  
GIBSON & Co.

*Quarantine and Sanitary Operations of the  
Board of Health of the State of Louisiana.* By  
JOSEPH JONES, President of the Board.

*Prevention and Restriction of Cholera.* Docu-  
ment issued by the Michigan State Board of  
Health, July, 1884.

*Auscultation, Percussion and Urinalysis: An  
Epitome of the Physical Signs of the Diseases of  
the Heart, Lung, Liver, and Kidneys.* Edited  
by C. HENRI LEONARD, M.A., M.D., Professor  
of the Medical and Surgical Diseases of Women,  
and Clinical Gynæcology, Michigan College of  
Medicine. Fully illustrated. Cloth, 16mo., 166  
pages, post-paid, \$1.00. Detroit, Mich., 1884:  
The Illustrated Medical Journal Co., Publishers.

*A Treatise on Ophthalmology, for the General  
Practitioner.* Illustrated. By ADOLF ALT,  
M.D. 1884. Chicago, Ill.; St. Louis, Mo.;  
Atlanta, Ga.: J. H. Chambers & Co.

For old association's sake we are glad to see something once more from the pen of Dr. Adolf Alt; and to feel that we can commend his work to those who need it, as a safe guide. The book is plainly and pleasantly written, and is presented in clear and satisfactory typography; but the illustrations are of the rudest, and the binding, to say the least, not elegant.

*Hand-book of Vertebrate Dissection.* By H.  
NEWELL MARTIN, D.Sc., M.D., M.A., Prof.  
in Johns Hopkins' University; and Wm. A.  
MOATE, M.D. Part III. *How to Dissect a  
Rodent.* 1884. New York: Macmillan & Co.;  
Toronto: Rowsell & Hutchison. Price 60  
cents.

The object of this little hand-book, as announced by its authors, is merely to assist the student of comparative anatomy while at the dissecting table, and, in our humble judgment, could not, by reason of the clearness and conciseness of the directions and descriptions given, be improved upon.

*The Treatment of Wounds, as Based on Evo-  
lutionary Laws.* By C. PITTFIELD MITCHELL,  
M.R.C.S., Eng., &c. New York: J. H. Vail  
& Co., 21 Astor Place. 1883. Price 50  
cents.

The author of this brochure is apparently a disciple of Mr. Samson Gamgee—no unworthy master—and his essay is a clever attempt to show that in the healing of wounds cleanliness and dry dressing are principles of practice directly inferrible as infallibly appropriate from the study of the laws of evolution. We would advise our readers to study his argument for themselves, and, whether convinced thereby or not, to adopt his practice, whether inferrible from evolutionary laws or not, as empirically proven safe, speedy, and sufficient.

*Legal Medicine.* By CHARLES MEYMOTT TIDY,  
M.B., F.C.S., M.S., Professor of Chemistry  
and Forensic Medicine at the London Hos-  
pital. Vol. III. New York: Wm. Wood  
& Co. 1884.

This third volume of Tidy's Legal Medicine constitutes the initial No. of "Wood's Library" for 1884, Vols. I. and II. having appeared last year. The subjects here treated of comprise legitimacy and paternity, pregnancy and abortion, rape and indecent exposure, sodomy and bestiality, live birth and infanticide, asphyxia and drowning, hanging, strangulation, and suffocation. Dr. Tidy's competency as a medical jurist has been well tried and attested in the public positions he has held during the past few years, and his ability and success as an author thoroughly manifested in the ponderous tome upon this subject, which he published a few years ago, in conjunction with the late Bathurst Woodman. Subscribers to "Wood's Library" will, therefore, congratulate themselves in securing, in the series of 1883 and 1884, four volumes from his pen.

*A Practical Treatise on the Medical and Surgical Uses of Electricity, including Localized and General Faradization, Localized and Central Galvanization, Franklinization, Electrolysis, and Galvano Cautey.* By GEO. M. BEARD, A.M., M.D., and A. D. ROCKWELL, A.M., M.D. Fourth edition, revised by Dr. ROCKWELL, with nearly 200 illustrations. New York: Wm. Wood & Co.

Dr. Rockwell, the surviving author of this joint production, which first saw the light in 1871, has done the profession a real service in now issuing a fourth edition of this the largest, and probably completest, hand-book on medical and surgical electricity extant. We do not mean that our knowledge of the subject in general, or its applicability in the diagnosis and treatment of disease, has made such enormous strides since the publication of the last edition, but the importance of advances made in one or two particulars seem to demand or justify renewed attention. We refer to the department of Franklinic Electricity, the chapter on which has been re-written, and to the success which Dr. Rockwell has obtained in the treatment by electricity of the fearfully fatal catastrophe of extra-uterine pregnancy.

*Second Annual Report of the Provincial Board of Health of Ontario, being for the year 1883.*

Every sanitary organization develops a marvellous faculty of turning out voluminous reports. Unfortunately, the quality of the work cannot always be predicated of its quantity. Where records are kept it follows, of course, that the volume of a report varies directly with the amount of work accomplished.

The Ontario Board of Health was established for the benefit of the simple folk of Ontario, and their efforts have been confined to the primary education of the people in sanitary matters. As was to have been expected, from the constitution of the Board, their treatment of the various and complicated questions brought to their notice has been characterized by plain, practical advice, and their suggestions have emanated from an appreciation of the requirements based upon solid common sense.

The Board can point with pride and gratification to this report as a record of honest and

gratuitous perseverance and industry. We can heartily recommend the report to the public, not only for perusal, but for deeper study, for the dry and tedious details are supplemented here by much interesting matter clothed in an attractive dress.

*Pathology, Diagnosis, and Treatment of Diseases of the Rectum and Anus.* By CHARLES B. KELSEY, M.D., Surgeon to St. Paul's Infirmary for Diseases of the Rectum, etc. New York: William Wood.

It was our pleasure to speak very favourably of a former edition of this work, which formed one of the *Library Series* for 1883. The changes and additions which appear in this edition, add somewhat to the value of the book, but are not sufficiently important to call for any extended comments on our part. Affections of the rectum and anus are exceedingly common; but, for various reasons, do not receive the attention they deserve, partly from diffidence of patients, and partly, we fear, from indifference of practitioners, who often attempt to treat such ailments as piles, etc., without making any thorough examination. No one can afford to ignore such complaints, though all may not care to operate extensively. To those who desire to procure any book on this subject we can confidently recommend Kelsey's. He does not show the ripe experience of Allingham, nor, perhaps, the elegant dictum of Van Buren; but, all things considered, this work is in our opinion second to none; in fact, we may go further and say it is the best suited for general practitioners among those now available.

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### Personal.

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Dr. W. N. Robertson (Toronto, '84), sailed for England July 19th.

Dr. W. H. Carlton (Toronto, '83), is practising at Whitevale.

Dr. P. J. Strathy (Trinity, '82), has formed a partnership with Dr. Hillary, of Aurora.

Dr. Gray has been appointed superintendent of the Montreal General Hospital.

Dr. Sheard has been appointed a member of

the active staff of the Toronto General Hospital, and Dr. Teskey one of the pathologists.

Dr. Douglas (Toronto, '76), of Castleton, was married to Miss Macklam, of Brighton, June 25th.

Dr. S. A. Bosanko (Toronto, '80), is practising in Leadville, Colorado, and vouches for it as a suitable health resort for those threatened with phthisis.

We are pleased to learn that Dr. Campbell, of Seaforth, will be a candidate for election to the Medical Council in Malahide and Tecumseh Division.

Dr. McFarlane, of Toronto, reached London the first week in June. He remained there some weeks; after which he went to the Continent, from which he returned to Belfast to be present at the meeting of the British Medical Association.

Dr. Sheard, of Toronto, was married to Miss Stanton, July 8th. The happy couple went to Baltimore, where the Dr. will spend some time in the Johns Hopkins' University, after which they will go on an extended tour before returning to Toronto.

Dr. Edward W. Jenks has returned to Detroit from Chicago, where he went five years ago to accept the Chair of Gynæcology in the Chicago Medical College. At a reception given in his honour upwards of a hundred of his former fellow-practitioners were present to welcome him back.

Dr. J. E. Graham, of Toronto, sailed for England July 19th. After attending the meeting of the British Medical Association, he will go to the International Medical Congress, in Copenhagen. After the conclusion of this meeting he expects to go with the expedition to the leprous district of Bergen and Norway, which will occupy about fifteen days.

Dr. Cochrane (Trinity, '84), has been appointed superintendent of the Hamilton General Hospital. We regret the loss which will be sustained by the Toronto Hospital, where he has lately been acting as assistant, and hope that in his sphere of greater responsibility he will be as successful as he has been here. In the interests of Hamilton we consider the appointment in every sense a most excellent one.

## Miscellaneous.

MR. J. R. LEE, of this city, is now preparing an emulsion of cod liver oil with the hypophosphites, which is very fine and palatable.

THERE is a good opening for a country practitioner in the Adirondack region of Northern New York. (See advertisement).

AN Italian Hospital has recently been opened in London. Persons of all nationalities, as well as of all religions, will be admitted.

THE work of raising an endowment fund for the establishment of a Chair of Pathological Anatomy, in honour of the late Prof. Gross, is being successfully pushed forward.

M. GAUTIER announces to the Paris Academy of Medicine, that he has succeeded in the synthesis of xanthine. Xanthine differs from uric acid by one atom of oxygen.—*L'Union Méd.*

PROF. NUSSBAUM, of Munich, places a few drops of oil of cloves on the towel before giving chloroform, when the patient has a repugnance to the odor of that anæsthetic.

The University of Heidelberg will soon celebrate its five hundredth anniversary. The parliament has voted a large sum to defray the expenses of the occasion.

A "TUCKER TRUSS," manufactured by Toms and Co., has been presented for examination. The V shaped spring situated in the pad secures a constant inward and upward pressure. The belt is of fine non-elastic webbing. This truss is most highly recommended by medical men who have tried it in their practice.

"ASSEYEZ VOUS."—The very latest novelty is a polite request to "sit down," and this is placed in the centre of a sheet of thin manilla paper, 16 x 20 inches in size. By means of a die a perforated ring with fringed edges is cut out of it. It is intended to be used on the seat of a water-closet as a protective; hygienic and comfortable. It is entitled the "daily need,"

fits any form of water-closet, and is patented in France and other countries.—*Gaillard's*.

THE American Laryngological Association is holding its sixth congress in Philadelphia. A laryngological association, my dear, is, we take it, an association of larynxes. And a larynx is—well, it is the active principle of your “Adam’s apple;” the larynx lives in your neck, third floor front, between the tongue and the trachea; it has nine cartilages, and looks like an old garden hose gone to seed. And its uses are—well, you know when a little mouse runs across the floor? Well, your larynx is what you use then. “Climb on the table with it?” Great Scotland, no! Who ever heard of climbing up on a table with your larynx? No, girl; you “holler” with it. That’s what you do with it, and no foolishness about it, either. And this American Laryngological Congress, we suppose, is organized to devise some means whereby to supply a new India Rubber copper-lined larynx for the star-eyed goddess of reform, she having shrieked hers wide open and split it down the back when Morrison fell.—*Burlington Hawkeye*.

THE COLLECTION OF REFUSE.—The Vienna authorities have recently adopted a new method of collecting refuse that one would think cannot fail to commend itself to our own governing bodies, although whether they will find imitators amongst us is quite a different matter. The new Vienna method is based on the assumption that infective matter is not unfrequently mixed with dust, sweepings, and rubbish, and that by transporting such rubbish on open conveyances there is at least a possibility of disease being disseminated along the route of conveyance. The method consists in having all refuse put into barrels provided with tightly-fitting heads. These barrels are then collected, carted away to the proper locality, emptied, disinfected, and then returned. In order that every household may keep his own, the name and address of the owner are painted on each barrel. The Vienna authorities are making a valuable experiment, and if it proves successful and not too expensive, other municipalities will not be long in following so good an example.—*Medical Press*.

THOSE who have read—and who has not?—Warren’s “Diary of a Late Physician” can hardly have forgotten the picture he there gives of the early struggles of a young physician in London. It is interesting to compare his by no means wholly fictitious account with that which Dr. Charles J. B. Williams has lately published of his personal experience. During the first ten years (1830–1840) of his establishment as a physician in London his expenses exceeded his receipts at an average of £600 a year. In 1840 the scale began to turn in his favour. In 1848 his professional income amounted to £3,600. Between 1853 and 1857, when he was in the fullest private practice, it varied from £4,000 to £7,000 a year. It never exceeded the latter amount. He adds, “My largest receipts, handsome as they were, did not equal those of fashionable physicians of olden times, nor of the two or three special favourites of the present day.” In this connection one may note that the gains of a fashionable physician in Rome in Juvenal’s days were equivalent to about £5,000 a year.

UNCOVERING AT FUNERALS.—This practice is often highly prejudicial to the health of mourners, who may have many living persons dependent upon them, and who are exposed by the custom to actual risk of life, or at least to a very great chance of being seized with temporary indispositions, which are certain to cause them unfair and needless inconvenience. The depression of spirits under which the chief mourners labour at these melancholy occasions, peculiarly predisposes them to some of the worst direct and indirect effects of chill; and even when any person is at a burial out of respect to the deceased, with whom he has had none of the deep sympathy due to relationship or intimacy, the risk of his catching cold is considerable, as a visitor of this kind has often walked some distance, or travelled in some carriage by rail or road. A duty of this kind is often pressed upon a medical man; and in his case the risk is great, and the result of any consequent illness often very serious. It is, however, very difficult to break old customs without giving offence; and perhaps the best thing to do, under the circumstances, is for the mourner to wear a skull-cap, or to raise his hat as little from his head as possible, as both these subterfuges appear to be conventionally permissible.—*British Medical Journal*.