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RAPID UTERINE DILATATION.*

BY A. F. ROGERS, M.D., L.R.C.S. ED., OTTAWA.

There are few minor operations in gynaecology which can show such good results and as widely applicable as that of rapidly dilating the cervical canal. The operation is far from being a panacea for all the ills produced by uterine disease, but in properly selected cases the benefits arising therefrom are prompt and decided. By this method, cases of stenosis can be cured more readily and with less danger than by the operation of incision, as advocated by the late Sir James Simpson, Dr. Robert Barnes and Dr. Marion Sims. Indeed, this operation has almost entirely superseded the latter on this side of the Atlantic, and this is not to be wondered at when we consider the anatomical peculiarities of the part involved, and the sources of danger in the operation of incision. Again, by this means we are frequently enabled to dispense with the tedious and somewhat dangerous method of dilating the cervix by means of tents, where it becomes necessary to make applications to the intra-uterine mucous membrane. We are all aware of the danger of intra-uterine injections, unless there is a perfect patency of the cervical canal, to allow the fluid to freely and rapidly escape, and the usual mode of accomplishing this has been by the expansion of tents. By means of rapid dilatation more perfect patency may be secured, without the tediousness and danger of dilatation by tents, and the nozzle of the syringe can be passed between the divergent blades of the dilator. I shall briefly describe the method of performing the operation and then state the

various conditions to which it is applicable, and finally give the history of a few cases which I have treated by this means.

1. *The Operation.*—By far the best uterine dilator which we, as yet, possess, is Dr. William Goodell's modification of Ellinger's dilator. The great advantage of this instrument is that the blades open parallel to each other, and it is provided with a screw to retain the blades open when necessary. Dr. Sims and Dr. Atlee each devised an instrument for this purpose, but both lack the parallel expansion of the blades. To perform the operation of rapid dilatation thoroughly, an anæsthetic should be given, although for partial or incomplete dilatation—such, for instance, as for using intra-uterine applications or injections—it is not always necessary. Having anæsthetized the patient, she is brought to the edge of the table or bed and each foot held by an assistant. A bivalve or duck-bill speculum is introduced, and the uterus steadied by a tenaculum or vulsellum. It is best now to pass a probe into the uterus for the purpose of ascertaining the size and direction of the canal. The dilator is then introduced and the handles pressed gradually together, and then held there for ten or fifteen minutes. The difficulty in the procedure is in the introduction of the dilator. To overcome this, it is recommended to use at first an Atlee dilator or a small size Goodell's Ellinger, and introduce it as far as it will go. Then, by stretching the part it occupies, the stricture or contraction above yields to a certain extent, allowing further introduction and dilatation, and so on until the entire cervical canal is dilated "or tunnelled out." That accomplished, the larger instrument should be used, inasmuch as the more perfect the dilatation the less the chances are of recurrent retraction. When the os is so small as not to permit the entrance of the point of the dilator, it is recommended by Goodell to produce enlargement by means of the closed blades of a pair of sharp-pointed scissors introduced with a boring motion. As a certain amount of pain and soreness is felt after the operation, a suppository of morphia or opium introduced into the rectum will be beneficial. While the operation of rapid cervical dilatation is, perhaps, most conveniently performed as described, with the patient in the dorsal position, yet many gynaecologists operate exclusively with the patient

* Read at a meeting of the Rideau and Bathurst Medical Association.

on the left side, and for partial dilatation the latter position offers many advantages.

2. *Conditions to which the operation is applicable.*—(a) *Dysmenorrhœa.* This condition may be due to stenosis of the cervical canal, or flexion with stenosis, or flexion alone. It seems to me impossible to differentiate these conditions by subjective symptoms. It is generally stated that where stenosis exists alone, the pain is excessive before the flow and gradually ceases as it becomes thoroughly established; whereas in flexion the menses are discharged in gushes, caused by the pent-up fluid straightening out the canal. All subjective symptoms are unreliable, simply because the excessive pelvic and ovarian hyperæmia, consequent on the obstruction, tends to mask the naturally concomitant symptoms of either stenosis alone, or when combined with flexion. Where obstruction exists the vaginal portion of the uterus usually becomes elongated and pointed, with, sometimes, the os externum exceedingly small. Likewise, the fundus becomes enlarged, and the sound frequently gives a measurement of three or three and a half inches. In stenosis, Dr. Barnes says, the seat of obstruction is generally at the os externum, and where obstruction exists at the os internum, it is due to flattening of the walls by flexion. Whether this be true or not as a rule, rapid dilatation of the cervix will rectify the flexion and cure the stenosis at the same time, when these conditions are found to exist together. The consequences of obstruction are thus given by Barnes: “(1) Congestion and enlargement of the body of the uterus, disposing to menorrhagia, and causing uterine spasm and colic. (2) A similar condition of the fallopian tubes. (3) Congestion, enlargement and inflammation of the ovaries. . . . (4) As an ulterior result continued obstruction may entail, through the action of inflammation or long interference with function, atrophy of the ovaries and extinction of the menstrual phenomena.” When we consider the consequences which must ensue from the long continued congestion of the uterus, fallopian tubes and ovaries, and when we consider the fearful suffering entailed on those in whom obstruction exists, we cannot magnify too highly any means calculated to afford relief. To overcome the condition of stenosis the operation of incision of the cervix was devised, and to accomplish this, various cutting instruments have been

invented. Simpson's and Greenhalgh's metrotomes and Küchenmeister's scissors, with others of the same kind, have been and are still used. The results, however, from the cutting operation are not nearly so successful as those from rapid cervical dilatation.

(b) *Sterility.* Where sterility is due to stenosis or ante flexion, then this operation will frequently bring about a cure. Marriage, as a rule, increases the dysmenorrhœa arising from obstruction, and often this symptom is developed after marriage in women who did not suffer from it previously. On examination the fundus will often be found pressing on the bladder, and it will be almost impossible to introduce a probe on account of the flexion. In such a case, rapid dilatation will not only widen out the cervical canal and thereby facilitate fecundation, but it will straighten the flexion, and, in consequence, overcome the obstruction to pregnancy. Where obstruction has existed for years, it cannot be wondered at that the general disorganization in the lining membrane of the uterus, fallopian tubes, and in the ovaries, resulting from the prolonged hyperæmia, renders fecundation doubtful, even after the first cause has been removed. If the operation cures the dysmenorrhœa, however, and allows a free flow for the menstrual fluid, and if the operation is repeated if contraction occurs, there is every reason to hope that time will rectify the other conditions and fertility will ensue. Fortunately statistics show that pregnancy frequently occurs soon after the obstruction has been removed.

(c) *Intra-uterine Medication, etc.* Frequently it is necessary to make a digital examination of the interior of the uterus, and this operation renders easy what is a difficult proceeding where dilatation is produced by tents. Again, in cases of menorrhagia suggesting a growth springing from the interior of the uterus, the operation of rapidly dilating the cervical canal not only gives a means of diagnosis, but if a polypus is discovered, materially facilitates its removal. Generally in cases of menorrhagia the laxity of the tissues of the cervix, resulting from the depletion, renders easy the operation of dilatation, and usually the physician can dilate the cervix and remove the polypus, if present, at one operation, contrasting favorably with the long, tedious waiting of dilatation by tents. Lastly, for using the currette and

for intra-uterine applications and injections, this operation offers many advantages over any other means of dilatation.

In regard to the *after-treatment*, a hot water injection should be used immediately after the operation, and this should be employed, also, two or three times a day for a few days. It is advisable, likewise, for the patient to remain in bed for three or four days. If a proper time has been selected to perform the operation, viz., within a few days after menstruation, the danger of hæmorrhage is exceedingly small, much less at any rate than after the cutting operation, and the danger of inflammation is not so great as after using relays of tents.

3. *Clinical Cases.*—I shall now give a brief account of five cases, in whom I have operated by this method :

Case 1.—Mrs. M. came under my care July 6th, 1886, married for three years, never became pregnant ; slight dysmenorrhœa previous to marriage, which had gradually increased until her suffering became intense, necessitating large doses of morphia at the periods to give relief. On examination, the cervix was found greatly hypertrophied and the fundus doubled forward, pressing on the bladder. The cervical canal was small, and it was with difficulty a probe was passed, and gave a measurement of three inches. The case was plainly one of anteflexion, coupled with a narrow cervical canal. The operation of rapid dilatation was performed under chloroform. No bad symptom arose after the operation, although she was kept in bed four days and hot water injections used. In this case the dilatation was thoroughly performed and the flexion completely straightened. The time selected for the operation was three days after menstruation. The dysmenorrhœa was completely cured, and as she moved to the States shortly afterwards, I do not know whether pregnancy occurred or not.

Case 2.—Miss L., aged 27, came under my care Aug. 18th. For the past three years has suffered greatly from dysmenorrhœa, causing her to be fretful, nervous and irritable. She attributes the trouble to a severe drenching received in October, which caused an attack of inflammation of the lungs. At the time the wetting occurred she was menstruating, and the flow suddenly ceased. Before resorting to an examination, every known

remedy in the shape of medicine was used with no effect whatever. In the presence of her mother she was placed under chloroform and an examination made. The cervix was long, narrow and pointed, and the os-externum so small that only a fine surgical probe could be passed, and showed the uterus to be over three inches in length. No flexion existed, but the fundus was enlarged and slightly retroverted. Atlee's dilator was first used and the full extent of dilatation by that instrument accomplished. Then the Goodell Ellinger dilator was used, and the handles slowly and gradually brought together and kept there ten minutes. After the operation the uterus was shortened and the conical condition obliterated. She was kept in bed for a week, and hot water injections used, and no symptom of inflammation arose. On the first occasion of menstruation after the operation she suffered considerably, but the pain became less and less at each period, and four months afterwards the dysmenorrhœa had ceased, the nervous system became stronger, irritability subsided, and she became strong, robust and healthy, and as such she has continued since.

Case 3.—Mrs. G., aged 22, married ten months, has not been pregnant ; dysmenorrhœa began soon after marriage and it is increasing, frequent and painful micturition, bodily health fairly good. On examination, anteflexion and stenosis of cervical canal at internal os. Operation of rapid dilatation with Goodell's dilator, and the flexion straightened. In order to more thoroughly complete the latter, the instrument was withdrawn, carefully re-introduced and the blades opened opposite the flexion. The result was that the dysmenorrhœa ceased immediately, and pregnancy took place shortly after the operation.

Case 4.—Mrs. S., aged 31, married twelve years, no children and was never pregnant. Has always had dysmenorrhœa, the pain beginning several hours previous to the period and lasting a day or two after menstruation set in. Lately, excessive vesical irritability has arisen, the pain has increased and menorrhagia developed, the period lasting seven or eight days, and the quantity lost four times what was usual. From the condition reported, I suspected an intra-uterine polypus, and advised an examination. The uterus, on examination, was found very much hypertrophied, the fundus enlarged and retroverted, but there was no

flexion. On attempting to pass the sound the cervical canal was found narrowed, and at the os-internum complete stoppage occurred. With difficulty a fine probe was inserted. I freely dilated the cervix with the patient under chloroform, but found no evidence of a polypus. Clearly, the menorrhagia was due to hypertrophy consequent on the stenosis. The result was that the menorrhagia gradually ceased, and the dysmenorrhœa was very much relieved although pregnancy has not occurred.

Case 5.—Mrs. F., aged 28, married seventeen months, never has been pregnant; dysmenorrhœa severe, pain was present, slightly, previous to marriage. On examination there was found no flexion, but the cervical portion was elongated and the os-externum exceedingly small. The operation of rapid dilatation was performed with the patient under chloroform. The result was not satisfactory so far as the dysmenorrhœa was concerned, as it was only slightly relieved, but three months after the operation conception occurred.

As I have already hinted, this operation, while undoubtedly beneficial in suitable cases, should not receive excessive laudation, for fear of its being recklessly applied. Perhaps in no branch of the science of medicine have so many unwarranted and unworthy medical and surgical procedures been adopted, in blind faith, as in the science of gynecology. At one time everything was ulceration, and many a uterus was unnecessarily cauterized. Again, displacements became the pass word to gynecological success, and inventors plied their ingenuity to discover the most perfect support. Thus, many able gynecologists held that anteversion of the uterus was a pathological condition, and anteversion pessaries in abundance was the result. We all know, now, that the natural position of the uterus is the condition of anteversion, and any pessary applied to rectify the same, must of necessity increase the very condition which the version was claimed to cause—viz., vesical irritability. Likewise, the condition of anteflexion can only be said to be pathological when it produces dysmenorrhœa. Not long ago, Dr. Emmett, of New York, started the theory that in laceration of the cervix was to be found the true solution of so many of the obscure female diseases, and that in the operation

of trachelorrhaphy was to be secured the long-sought for panacea. How soon this faith became established and gynecological literature teemed with its success. Recently, Prof. Næggerath, of Wiesbaden, has thoroughly enquired into the subject, and entirely disproves almost every contention of Dr. Emmett and his followers. He shows that laceration of the uterus does not conduce to miscarriage and that it increases the chances of conception; that the position of the uterus is not affected by it; the axis is not elongated thereby, erosions, and ulcerations, and cervical disease are not a consequence, and eversion of the lips is never directly produced by it. Finally, he proves that laceration has no influence in producing uterine disease, either as regards frequency or intensity, and the restoration of the shape of the cervix can have no influence on the uterus. Thus another theory is exploded, and another discovery proved fallacious if Næggerath's views be sustained. Undoubtedly grains of truth lie hidden in the chaff of all these statements and theories; time and patience, and earnest, honest investigation are needed to place the truth beyond the cavil of blind worshippers of any one doctrine. I take it that gynecology, like ophthalmology and laryngology, requires particular knowledge and experience for an accurate diagnosis; but the nervous phenomena playing so prominent a part in the subjects of these diseases, must be well understood and carefully considered in order to avoid error.

NECROTIC TONSILLITIS.*

BY A. MCPHEDRAN, M.B., TORONTO.

The name *diphtheria* always conveys to the lay mind so much dread, and justly so, that all cases of pseudo-diphtheria should, when possible to do so with certainty, be carefully distinguished to avoid giving needless alarm. The two following cases bear a certain resemblance to diphtheria, but at the same time present unusual characters worthy of consideration.

Case 1. M T., aged five; a healthy child, of good family history. Her mother had large tonsils, which had to be removed. The child's tonsils were very large, almost meeting across the

* Read at the Toronto Medical Society, at the stated meeting, May 17th, 1888.

isthmus of the fauces. She was subject to frequent attacks of catarrhal sore throat. On November 26th, 1887, she became seriously ill, with a temp. of 103.5° and noisy, difficult respiration. On examining the throat, there was observed on the left tonsil a grayish, gelatinoid-looking, raised patch, about the size of a ten cent piece, intimately adherent to the tonsil and surrounded by deeply inflamed membrane. Swallowing was painful, the left cervical glands slightly enlarged. The appearance of the patch differed materially from the fawn-colored, tough-looking, opaque patch of diphtheria. Moreover, it was slightly marked in a stellate manner; the markings became more distinct later on. The patch separated *en masse* in four days, leaving a raw, ulcerated surface that healed with fairly distinct cicatricial contraction, reducing somewhat the size of the tonsil. Until the patch separated the temperature continued elevated, with thirst, loss of appetite and considerable prostration. The breath only slightly offensive. Convalescence was slightly protracted, but there were no paralytic symptoms. Isolation though advised was very imperfectly carried out. None of the other members of the family, which consisted of the grandmother, parents and a younger child, contracted the disease.

Case 2 differs considerably from the foregoing. Mrs. M., aged 50; from the country, visiting a sister whom she was nursing in confinement. She was a delicate woman, whose throat often gave her trouble; both tonsils were chronically quite large. I saw her first on February 25th, 1888. She complained of pain in the left side of the throat, and the left tonsil was found, on examination, to be completely covered with a whitey-gray membrane, intimately adherent and surrounded by a dark-red ball on the pillars of the fauces. The membrane was quite thin in several places and it terminated in a thin margin. It could not be stripped off, and the removal of a small piece left a bleeding surface. The left cervical glands were slightly enlarged. Temp. slightly sub-normal (97.3°), pulse 120, weak, no appetite. She had been in the city only two days, and thought there was some white deposit on the tonsil before she left home. She was carefully isolated for a few days, as besides the infant there were two other children in the house. Iron with chlorate of potash was given freely, and as much nourish-

ment as possible taken. Temperature rose to normal next day and remained so throughout; pulse continued about 120, and weak with general prostration. No change occurring in the membrane after a few days, a solution of argent. nitr. (ʒss. ad ʒj.) was applied three times a day with a brush. With this application the membrane gradually became thinner. By March 10th the whole surface was still covered with membrane. I next saw her about the 20th of March on her leaving for home. Most of the slough had separated, and had extended down into the tonsil to its base, dividing it into two unequal, wedge-shaped parts, the anterior about half the size of the posterior part. Between these the slough had not yet completely separated; of what remained the superficial was semi-liquid, and the deep shreddy and adherent. Nearly one-half of the tonsil had been destroyed. The general health had improved considerably; there was now no pain in the throat.

The term, necrotic tonsillitis, for such cases, is used by Strümpell in his Text Book of Medicine, and is the most appropriate available; they are scarcely severe enough to be called gangrenous, and the term phlegmonous is associated with the idea of a more acute inflammation. There can be no doubt as to the propriety of calling Case 2 one of necrotic tonsillitis, its appearance and course were typical of such a condition. Nor do I think Case 1 can be described as anything else, though the inflammation was here much more acute, separating the slough in a very short time. It, however, bears a strong resemblance to diphtheria, but that it was not a case of that disease I believe for the following reasons: It must be rare for so large a deposit accompanied by such sharp localized inflammation, to remain so circumscribed, the uvula and soft palate were not affected, though in contact with the deposit. I have never seen one run such a course; the cervical glands would almost certainly have been much more seriously involved in so severe a case of diphtheria; no paralytic symptoms followed; there was no evidence of contagion; the appearance of the slough and of the ulcer resulting differed from those of diphtheria. Nevertheless, while all this is true, the fact remains that many cases of diphtheria cannot be diagnosticated from such cases of necrotic tonsillitis, and it becomes

our imperative duty to exercise as much caution with them, in the way of isolation and treatment, as if we were sure they were cases of that dread disease. It is best to err on the safe side.

ON THE NECESSITY FOR A MODIFICATION OF CERTAIN PHYSIOLOGICAL DOCTRINES REGARDING THE INTER-RELATIONS OF NERVE AND MUSCLE.

BY THOMAS W. POOLE, M.D., LINDSAY, ONT.*

THE EPILEPTIC PAROXYSM.

With the experiments on the cervical sympathetic and splanchnic nerves before us, how can we say that the anæmia, or rather ischæmia, of the brain, which ushers in the epileptic seizure, is due to "excessive action of the spinal centres," compelling the spasm or contraction of the arterial muscles on which this ischæmia depends? Have we not had proof that the arterioles contract best when their vaso-motor nerves are cut, or are paralyzed, or dead; and if so, are we not bound to hold that not excess but failure of nerve power is the proximate cause of the epileptic paroxysm? And is not the question of such excess or failure of nerve force a most practical one in determining the treatment?

How far in our comparative failure to cure this terrible disease due to our approaching it under the ægis of an erroneous theory—that nerve force here needed to be depressed rather than exalted? It is well for mankind that in this, as in some other instances, our practice has sometimes been directly at variance with the theory of the day. Thus we find Dr. Anstie assuring us that "our anti-spasmodics are stimulants"; and that "alcohol is one of the best remedies possible in the convulsions of teething in children" (a).

NO "MORBID" NERVE FORCE.

Spasms and convulsions frequently take place in the very act of dying, and under circumstances in which nerve force ought to be regarded as at a low ebb; as, for example, in uræmic blood poisoning. It is customary in some quarters to

attribute these or other spasms to "a morbid irritability" or "a morbid nerve force"; as if the central nervous ganglia were capable of producing two kinds of nerve force, one normal and the other "morbid," and the spurious variety of attaining extraordinary power just in proportion to the complete failure of nerve force proper. A little reflection, I think, will show that this is untenable. Nerve force may be increased or diminished: its condition may be one of excess or of failure, but that it may present a duplicate of itself, and its *alter ego* produce effects, for which nerve force proper is inadequate, and yet is responsible, is surely yielding too much to the exigency of an erroneous theory.

Medical literature presents numerous examples of this appeal to a "morbid nerve action," and it is rather surprising to find such a writer as the late Dr. Anstie referring to "the explosive disturbances of nerve force which give rise to the convulsions of tetanus" as "something quite different in kind" from healthy nerve action (b). Now, if a nerve centre be thrown into action otherwise than by the exercise of its normal activity, then it is no longer the nerve centre which is acting, but a power extraneous to itself; a modern Archæus for which scientific medicine ought to have no place. And if tetanus be really due to an explosive activity of the nervous centres which are discharging nerve force with unwonted activity, surely to administer stimulants in such a case ought to be injurious, if not fatal! And yet we find that Dr. W. A. Hammond, of New York, has produced statistics in which "stimulants" stand at the very head of the list of curative agents in tetanus (c). Here again the theory of the day is surely out of joint with the clinical facts.

CHLOROFORM AND RELAXATION OF ANÆSTHESIA.

I have been asked how the rigidity, at first, and subsequently the relaxation, of the muscles during anæsthesia are to be accounted for in this theory. The answer is easy. The rigidity is due to the partial paralysis of motor nerve influence, setting the contractile power of the muscle free to act. This occurs at a comparatively early stage of the process. The relaxation which attends complete anæsthesia is due to the loss of contractile power

* Read before the Physiological Section of the Ninth International Medical Congress, held in Washington, September, 1887.

(a) *Stim. and Narcot.*, pp. 123, 129.

(b) *Neural.*, p. 8.

(c) *Dis. Nerv. Syst.*, 4th Ed. p. 541.

on the part of the muscle, owing to the absence of oxygen in sufficient quantity in the blood; for chloroform tends to prevent the oxygenation of the blood (*a*), and renders it venous in character. In this way the chemical processes on which the generation of contractile force in the muscle depends are retarded. (*b*) Dr. M. Foster states that "blood is not only useless, but injurious, unless it be duly oxygenated." And again, "if venous blood be driven through a muscle the irritability of the muscle is lost even more rapidly than in the entire absence of blood" (*c*). This, I think, will be accepted as a satisfactory explanation, in strict accord with physiological facts. The relaxation, however, is not so great but that faradization of the muscle will induce a further degree of contraction; showing that the contractile energy of the muscle, though weakened, is not lost. That the contractile power of the muscle is thus lowered offers a bar to the prolonged or complete administration of chloroform during parturition, for obvious reasons.

The mode in which anæsthetics induce arterial contraction, as explained by Dr. Henry M. Lyman, may be quoted as follows:—"Chloroform acting through the blood upon the nervous apparatus in the walls of the vessels, tends to paralyze the sensory endings of the nervous fibrils. This means a diminution of the normal impulses, which should continually reach the central intraparietal ganglia," in consequence of which "the motor cells no longer experience the inhibitory influence which they should receive from the periphery of their territory, and a liberation of a motor impulse excites muscular contraction, and we have vascular spasm." etc., as the result (*d*). This, of course, is purely hypothetical. The motor nerve fibrils in the muscular bands are ignored altogether, while a purely imaginary "inhibitory" system is invoked to meet the exigency of the occasion. How much better to hold that the motor nerve fibrils also are more or less paralyzed, and the arterial muscle directly set free to contract; thus dispensing with the inhibitory apparatus altogether.

THE NERVE-MUSCLE PREPARATION.

It is impossible here to enter on a critical

(*a*) Ringer's Ther., p. 286.

(*b*) Lyman's Anæsthetics, p. 28; Bryant's Surgery, Amer. Ed., p. 318.

(*c*) Phys., pp. 883, 126. (*d*) Anæsthesia, etc., p. 27.

analysis of the experiments on nerve and muscle, which a careful examination will show to be wholly consistent with the views here advocated. When in a nerve-muscle preparation, the muscle is made to contract by applying to the nerve trunk the shock of electricity, the corrosion of a chemical agent as a quick stroke, what is there to show that the effect on the nerve is not to cause a temporary cessation of nerve influence, rather than the production of a stimulus? There is really nothing, and the character of the impulse is merely a matter of inference. Even in what is called the rheoscopic frog, where contraction in one muscle imparts an influence whereby another muscle is made to contract, the molecular or electrical wave may as well be paralyzing as stimulating.

THIS THEORY NOT NEW.

In hastening to conclude, let me state that, whether this theory of the antagonism of nerve and muscle be true or false, I am not entitled to the praise—or blame—of originating it. It was broached so long ago as 1832 by Dr. West, an English physician, and is said to have met with some countenance from Sir Charles Bell. Dr. C. B. Radcliffe, F.R.S., in his work on "Epilepsy, Paralysis and Pain" (p. 95), has warmly adopted the views of Dr. West, and offers some strong evidence in support of the proposition, that "there is reason to believe that ordinary muscular contraction is associated with a deprivation of nervous influence, and not with a contrary state of things." I have here endeavored to support the same thesis, but with evidence drawn from other sources.

(To be continued.)

THE ONTARIO MEDICAL LIBRARY ASSOCIATION.

Aim.—This Association has been formed to provide a Reference Medical Library for the use of the profession throughout the Province. All engaged in original investigation or desirous of making contributions to medical literature, must have felt in the past the pressing need that existed for such a collection of books, which as occasion arose they could consult. Valuable libraries are frequently broken up under the hammer of the auctioneer, which should find a fitting resting place upon the shelves of this Institution, and not only confer a benefit upon

the profession at large, but serve as a lasting memorial to the physicians who laboriously collect them at great expense.

Organization.—By the concerted action of several bodies representing the profession in Ontario—*i.e.*, the Council of the College of Physicians and Surgeons, the Ontario Medical Association, and the Toronto Medical Society—a committee was appointed in 1887, whose members have secured incorporation under the above title, in compliance with the statute regulating library associations. This provisional board has elected interim officers, and is engaged in the preparation of a constitution and by-laws, which will be submitted to the first annual meeting.

Financial Position.—Stock-books having been opened, a canvass of the local profession was made, and upwards of \$3,000 have so far been secured. The shares are placed at \$5 each. The nominal capital is \$10,000, all of which it is hoped will shortly be subscribed for.

Location.—The Council of the College of Physicians and Surgeons has shown its cordial and practical sympathy with the objects of the Association in placing at its disposal, at a nominal rent, a large and well-lighted room situated in its magnificent and commodious building, recently erected at the corner of Bay and Richmond Sts., Toronto. This room is on the first floor of the building, adjacent to the elevator, and hence easy of access at all times. It has been provided with shelving, also, and is steam-heated.

Annual Meeting.—The first annual meeting of shareholders will be held on Wednesday, the 13th of June, at five o'clock in the afternoon, in the library of the Normal School, during the session of the Ontario Medical Association, so as to give every member of the same an opportunity to be present.

Opening.—It is hoped that arrangements will be so far completed, that the Library and Reading Room may be opened by the 1st of July, with a full list of the best medical journals upon the tables and more than 1,000 volumes upon the shelves. These latter will include complete series of the leading journals for the past fifteen years.

Most Pressing Needs.—Donations of books, journals, reprints, pamphlets, etc., in fact of everything bearing upon or treating of medical science are required, and will be doubly valuable if sent

in at once. No publication, however small or seemingly unimportant, will come amiss, as they may be used in completing sets, or for the exchange list. Probably every physician in Ontario has some books or journals which he can easily spare to aid in making this library complete. The approaching meeting of the Provincial Medical Association will bring many to the city. It will greatly aid the committee if each physician bring with him whatever he can spare for the library. Donations of books should be directed to the Curator at 259 Simcoe St., Toronto, and he will be very glad to send to any part of the city for parcels of which he may be notified by post-card.

The provisional Board of Trustees is composed as follows:—President, Dr. Graham; Vice-Presidents, Drs. Arnot, Burns, and Henderson; Sec., Dr. Wishart; Curator, Dr. N. A. Powell; Treas., Dr. McPhedran; Librarian, Dr. Pyne; Members, Drs. J. W. Rosebrugh, Mullin, and Nevitt; to any of whom subscriptions or donations of books may be sent.

D. J. GIBB WISHART, *Sec.*

Toronto, May 24th, 1888.

Correspondence

OUR PHILADELPHIA LETTER.

PHILADELPHIA, 12th April, 1888.

AN AFTERNOON AT THE PHILADELPHIA ORTHOPÆDIC HOSPITAL AND INFIRMARY FOR NERVOUS DISEASES.

This institution was organized in 1867 as an Orthopædic Hospital, and in 1872 an infirmary for nervous diseases was added with Dr. S. Weir Mitchell as attending physician. On Mondays, Wednesdays and Fridays the physicians, Drs. S. Weir Mitchell, Wharton Sinclair, and William Osler hold clinics for nervous diseases, and on alternate days Drs. Thos. G. Martin, Wm. Hunt, and H. E. Goodman see the orthopædic cases. The care and system with which the notes have been recorded, particularly of nervous cases, is to be commended, and might be followed with advantage at other institutions. Thus there are separate case books for epilepsy, hemiplegia, chorea, infantile paralysis, neuralgia, etc. An illustration of the value of thus carefully recording observations, is shown by the fact that Dr. Osler, in his

lecture on chorea, delivered at the hospital last spring, was able to analyze, from the books, nearly five hundred cases. As far as possible the symptoms are entered in regular order following a printed card of instructions, which is always on the table.

It is in the out-patient department that much of Dr. Mitchell's best work has been done. In the wards are a large number of hysterical women on the "rest treatment," or as the French and Germans call it "The Weir Mitchell Cure."

Dr. Burr, the house-surgeon, has kindly given me a detailed account of this "rest treatment" as here carried out.

The patient has absolute rest in bed; does not lift her head from the pillow, is fed by an attendant. Her diet is milk: on the first day she receives three ounces every two hours; this is increased an ounce each dose until she gets eight ounces every two hours, or eight ounces eight times a day. The first dose is given at 7 a.m., and the last at 9 p.m. After a variable time she is allowed bread, and then eggs and fish. Usually for a month or six weeks at least, milk only is given. Visitors are not permitted; no letters or papers are allowed, and she is permitted neither to write nor read. The nurse may read to her a short time daily. Massage is given for half an hour, either in the morning or both in the morning and afternoon. Subsequently the rubbing may be extended to an hour. Faradization to muscles and spine once a day at first, afterwards twice. The class of cases treated in this manner is represented by the following examples. Thus in bed iv. of the women's medical ward is M. S. aged thirty-seven, admitted two-days ago, who has had for thirteen months, symptoms of hysteria following an accident. She has had convulsions, etc., was conscious but could not speak; had paralysis of her right arm and leg for twenty-four hours, which disappeared suddenly. Once she was palsied in left arm alone. There is great pain in the back and neck; tender spots over the spine, and there are areas of anæsthesia. She could not walk for eight months. Externally she is a picture of health. These cases seem not uncommon; there are two other patients in the house with hysterical symptoms following injury. Page calls the condition traumatic neurasthenia. The results of this apparently simple method, are well known, but one or two cases may be given in

illustration. A Miss B. who has been ill ten years, and on her back eighteen months, unable to walk. is now, at the end of three months treatment, able to walk around and come down stairs. A Miss S. from Canada, who has been ill for six years with most aggravated symptoms of hysteria, and whose ovaries and tubes were removed without any benefit, two years ago, seems now quite well after ten weeks treatment. Dr. Burr states that during the past year, very few cases have resisted this method, no matter how prolonged and obstinate.

In illustration of the remarkable results of what might be called a combination of faith healing and the "rest treatment," was the case of Miss G. admitted a few months ago under the care of Dr. Osler. She had been profoundly hysterical for at least fourteen years, and during this time had not walked. With every possible hysterical manifestation, from hemi-anæsthesia to retention of urine, she plagued her doctors and wore out her relations. On admission her legs were somewhat wasted, in a condition of extension; the reflexes slightly increased but with normal electrical reaction. Daily massage, electricity, and the stimulating influence of hospital and hope, put this paralytic on her feet within a month, and she walked out of the hospital within twelve weeks. She has had no return of her paralysis, but has since had hysterical retention of urine.

In the Children's Ward were several cases of great interest. Among others may be mentioned the case of a child of three years, with congenital bi-lateral spastic hemiplegia, the result, in all probability, of sclerosis of the cortex cerebri. In the Boys' Ward up stairs, is a similar case, admitted the previous day. In this instance the child, also aged three, was bright and intelligent. They usually appear to be either imbecile or idiotic. Dr. Burr tells me that a considerable number of cases of spastic paralysis in children come to the hospital, some hemiplegia, others paraplegia. Injuries at birth, cerebral hemorrhage, and when older, an encephalitis, analogous apparently to the uveitis of the anterior horns which produces the special palsies of infants, are the chief causes of this spastic condition. Unfortunately, it is not so amenable to treatment as the spinal disease.

In the Woman's Ward there was an interesting case of unilateral wrist-drop in a woman aged forty, the result of neuritis, which illustrates what

may be done in this condition by systematic treatment. She was from near Richmond, Quebec, and had not had the use of her right hand since last May. The attack had come on with great pain, and Dr. Osler, under whose care she is, inclines to attribute it to a rheumatic neuritis as she shews no sign of lead poisoning, and had not received an injury. She had massage twice daily, electricity once a day, no internal medication. After three weeks treatment she began to improve, and can now extend the wrist and the hand almost as well as the other one.

In the Men's Ward, the cases are chiefly spinal; thus bed i. spastic paralysis from spinal injury. Bed ii. amyotrophic lateral sclerosis, the condition in which wasting of the muscles, with spasms, and the characteristic symptoms. Bed iv. a patient with transverse myelitis and spastic paraplegia. Rest in bed for a week greatly relieved the pains, and diminished to a remarkable extent the exaggerated reflexes, the ankle-clonus having disappeared.

A remarkable instance of the terminal stage of pseudo-hypertrophic muscular paralysis was seen in the Boys' Ward, in a lad of eleven, who had lost power completely in the legs and thighs from atrophy, following the pseudo-hypertrophy, while the arms were still large, and the cheeks very prominent from involvement of the masseters.

One of the most interesting features of the hospital is the laboratory, which Dr. Mitchell has equipped for the special purpose of studying disorganized muscle and nerve functions. He is at present engaged in a research on the ankle clonus. He has already published several papers on the physiological and pathological significance of the knee-joint.

INGERSOLL OLMSTED, M.B.

OUR NEW YORK LETTER.

From our Own Correspondent

NEW YORK, May 24th, 1888.

The treatment of fractures of lower end of the humerus, as treated largely in New York, may not prove uninteresting to many of your readers. Chambers Street Hospital is situated in the busiest part of the city, and is intended for the treatment of all kinds of accidents, fractures, wounds, and, in fact, all sorts of emergency cases. They

treat from 150 to 300 cases a day, which is probably more than that of any other three or four hospitals in the city, *i. e.*, as regards this class of cases. Their method of treating fractures of the humerus about the elbow-joint—whether the fracture be that of either of the condyles, epicondyles, transverse, T-shaped, or oblique fracture, and involving the elbow-joint—is about as follows, as detailed by Dr. Powers, the Resident Surgeon, in charge, at the Academy of Medicine, the other evening:—In all these cases the treatment was substantially the same. A diagnosis is first made, if possible, without the aid of an anæsthetic, but if it cannot be made positively, or if there be much pain, then the patient is etherized, and the diagnosis made. The forearm is then flexed to about a right angle, and midway between pronation and supination, cotton is wrapped about the arm and forearm, and a good deal about the elbow, a flannel roller loosely applied, and over this the plaster of Paris, by means of a roller, the dressing extending from a little above the wrist to the upper part of the humerus. The dressing should be stronger, thicker posteriorly than anteriorly, on account of the weight. After the hardening, which will be in a few minutes, it is put in a sling. If there be any error at all in applying the plaster it should be on the side of being too loose, rather than tight. If too tight, as manifested by the pain and appearance of the hand, it will of course have to be taken off and re-applied. This dressing is left on ten days, when it is taken off to see that everything is all right, and if so and the fragment in place, the same kind of dressing is re-applied and again removed in eighteen days, or the twenty-eighth day after the fracture. By this time the fracture will have firmly united. The patient is now instructed to poultice the elbow frequently—the oftener the better. The arm is to be used actively—not passively. In children the opposite arm is confined, at first at nights, and later altogether in order to give the other elbow more to do. The joint functions are soon established up to the normal standard. Dr. Powers reported 50 cases, of which 33 recovered with a perfect result—absolutely no deformity or impairment of motion. In seven extension was to about 170°, and with a prospect of soon reaching the normal with no deformity. In four a very slight deformity of external condyle, but good motions. In one, ankylosis—the frac-

ture having been a comminuted one. One ununited, the patient having been in an almost chronic state of intoxication from time of injury until eleven months after. One, a gun-stock deformity. In the others the dressing had been so recently taken off that a result could not be stated, but a good result was anticipated. So that out of fifty cases, there were, but three bad recoveries. I saw ten of the patients recovered, in all of whom the joint functions were perfect, a very slight deformity in external condyle being present in one. By this method of treatment the fragment is kept in place, the joint is kept at absolute rest, passive motion is done away with, and as Dr. Powers showed, a good result was obtained in 90% or over. Ankylosis is to be expected rather where the joint is not kept absolutely at rest and passive motion employed, than when absolute rest followed by free voluntary motion is employed. Dr. Alles, of Philadelphia, treats these fractures in the same way with the exception that he puts them up with the forearm in extension; the treatment otherwise the same.

This afternoon I saw a case of leprosy at Charity Hospital. The patient, a man about 35, is not isolated from the other patients, but mingles more or less with them. For the past twenty years there has been at least one case of leprosy in this hospital, but no other cases have developed as a result of contagion.

Acute gonorrhœa is treated at the Polyclinic, by irrigating the urethra with a solution of permanganate of potash, using a drachm of a 5% solution of potash permanganate in a quart of warm water. This is done twice a day and good results are reported to be the rule.

CANUCK.

To the Editor of the CANADA LANCET.

SIR,—Now that we hear so much of "Combines" might it be asked of you: "Is there any such thing as a 'Surgical Instrument Combine'?" and if not, how is it, that such exorbitant prices are forced from us, for the most trifling surgical instrument, or appliance, or dressing?

The outrageous prices coolly demanded necessitates a purse as long as the moral law. Many instruments, such as forceps, used by skilled mechanics, can be bought for less than half what has to be paid for them, if required by a physician.

Trifling things, as antiseptic gauze, cotton wool, corrosive sublimate tablets, india-rubber tube, cat-gut, etc., are charged for at about 500 times their intrinsic value. A piece of gauze five yards long, soaked in five cents' worth of corrosive sublimate, is put up and \$1.50 is coolly demanded, and the tariff is blamed for it. The same way in instruments; those of the most inferior quality, tawdry, nickel-plated rubbish, is shoved off, on us, at prices large enough to stagger a plumber.

The finest quality of instruments are not to be found in the country, for sale; wretched pot-metal, nickelled imitations are all our choice, and for such as are presented to us, prices, far exceeding those of the finest English, French and German make, are forced, by our necessities, from us.

While the fact is, that the tariff is to blame for about 40 per cent. of the price, still this is merely used as the ordinary pretext for exorbitant profits being demanded. High as the New York price are, it will pay any one, even from this extreme country, to go there and make his selection, if his purchases are about \$50 worth, and trust to the capacity of his pockets to relieve him from the privileges of an importer. That it would be a good thing to have the duty removed from all instruments not made in Canada, we all admit; but a better thing far would be the welcome visit of some first-class English, German or French manufacturer, who would be welcomed like the prophet who went out and blessed Israel. In neither price or quality will we ever have a change, until the profession makes a plain, vigorous protest against the outrageous charges demanded of them, which I intend will be forth coming at the next meeting of our County Association.

Yours,

HURONIAN.

Editor CANADA LANCET.

SIR,—Shortly after your next issue, the meeting of the Ontario Medical Association will take place, and with your permission I would like to draw the attention of that body to the necessity of giving a pronounced opinion upon the subject of a Provincial Inebriate Asylum, with the hope that a committee of its members will be appointed to confer with the Government and City Council, looking towards the establishment of this much needed institution.

Many gentlemen, both in the city and the coun-

try, have been for years prominent in agitating the subject, and every physician has experienced the inadequacy of present means to cope with this particular class of patients.

No doubt many of these gentlemen will be present at the meeting on the 13th and 14th, from whom the committee I suggest might be named, to advise with the authorities in all things touching this subject.

From village, town and city throughout the length of the Province, comes the urgent appeal for a suitable place for the proper care and treatment of those who are contracting or have contracted the habit of inebriety. On the one hand, the family and friends are unable to control, by their individual exertions, the patient, when the desire for over-indulgence seizes him, and the latter generally has his or her own way for weeks, there being no remedy applicable, but to let them exhaust themselves; on the other hand, there is no coercive measure, short of the common jail, and all the associations and contaminations with those who are morally and physically vile and filthy. A thousand times in this fair city have the family and friends preferred the alternative of letting the patient drink himself or herself to death, rather than adopt the alternative of the common jail, and are doing it to-day,—rather than they should consort or familiarize with the average inmate undergoing restraint in the jail. So, between the two, there is no happy medium.

Inebriety to-day is not received in the same light it was a quarter of a century ago, it is verily a disease, and we owe it to the public to educate them to this view. As other diseases, it may be hereditary or acquired, and as such should have the same Christian charity and paternal care, kindness and treatment extended towards it.

The rules regulating hospitals for general diseases are not applicable and will not meet the requirements of this form of disease; neither will asylums for the insane,—though, in many instances, those inebriates have stages when they are as irremediable as any inmate of an asylum for insane.

Being, therefore, brought face to face with these facts, and the total inadequacy of any means in our power to successfully treat these cases—being cognizant fully of the great number who to-day and for years have been wrecking themselves, their families and estates, we will be neglectful of our

duty to our homes if we make no effort to raise this reproach from out our Province.

No way appears but the erection of an Inebriate Home, combining such of the rules of both hospital and asylum as will meet the wants of these cases. Special rules to regulate it, and commitment within its walls to be as carefully guarded as those of an insane asylum. Of the many plans in various places adopted, I know of none which, to my mind, embodies a true regard for the welfare of the patient and the welfare of the community.

Compulsory incarceration should be in the hands of the county judge and two physicians. The period of time for residence, compulsory or otherwise, to be decided by a board of advisors composed of medical men, county judge, and city and provincial representatives, who will pass in private review, once every month, every patient, limiting or lengthening their term to the best of their judgment. In this manner the so-called "liberty of the subject" would be safely guarded, and abuses never be able to creep in. Upon this board of advisors the Ontario Medical Association might undertake to appoint the medical members for certain terms of years; the others, as representatives of the city and province, might be named by these bodies respectively.

Dr. Clark, in his excellent article on this subject, points out that an Inebriate Home would likely be self-supporting, so that question need not be discussed, as he is a good authority; but, apart from a building, only small grants would be required from the city and the province, to be supplemented by the contributions of those having means to pay for their attendance.

These are a few details inserted at the present time, with the hope that the subject will be put into practical shape at the meeting of the Association soon to be held.

I am, yours truly,

J. E. WHITE.

Selected Articles.

CASES TREATED WITH IPECACUANHA SPRAY AT THE WESTMINSTER HOSPITAL.

BY WILLIAM MURRELL, M.D., F.R.C.P.

The Ipecacuanha Spray was originally introduced as a remedy for chronic bronchitis and other diseases of the throat and respiratory organs in consequence of the reputed success attending the use of a nostrum, both in London and Paris, by an irregular practitioner. It was difficult to obtain

any clue to the composition of the secret remedy, as apparently the proprietor varied the constituents from time to time, in order to puzzle the analysts and escape detection. Some patients said that it was a clear colorless fluid like water, whilst others were confident that it was yellow, or red, or even blue. Some thought it was tasteless, whilst others declared they recognized the not unfamiliar flavor of dry sherry. They all agreed, however, that it was used in the form of a spray, and that its effects were little short of marvellous, a few inhalations affording prompt relief, both to the cough and shortness of breath. It always loosened the phlegm, and frequently gave rise to copious watery expectoration. It obviously belonged to the class of medicinal agents which we call expectorants, and as there was no reason to suppose that it was a rare or unknown drug, the sphere of investigation was considerably narrowed, for many remedies were obviously unsuited for administration by this particular method. A number of preliminary trials were made which speedily demonstrated that even if the specific were not ipecacuanha wine, that very useful drug entered largely into its composition, and that locally applied in the form of a spray it was capable of affording relief to congested and irritated bronchial mucous membranes. Sometimes the ipecacuanha wine, pure or diluted with an equal quantity of water, was used with a small steam vaporiser, but more commonly the ordinary hand-ball spray apparatus, such as is employed for the production of local anæsthesia, was preferred. A solution in spirit made of the same strength as the wine was found equally efficacious. After a few visits the patient was usually taught how to use the apparatus himself.

The following may be regarded as typical of a number of cases which have been under treatment at the Westminster Hospital during the last six months:—

I. Case (reported by Mr. E. Lucas Hughes, clinical assistant) showing the value of the ipecacuanha spray in bronchial catarrh:—

David J., æt. 53, a cigar maker by trade, has had a cough in the the winter for twelve years or more. There is not much dust in his work, and he is not exposed to wet or cold, but he has travelled a good deal, and has known what it is to rough it. He has been to America fourteen times, to Australia, Sandwich Islands, and many other places. He is fond of going about, and as he is a good hand at his work, and can always get employment, he sees no reason why he should always stay in one place. The cough is troublesome, but is not paroxysmal. There are no bad attacks of cough, but there is a good deal of hacking, and this keeps him awake at night. There is very little expectoration, certainly not enough to give him any trouble. He has had no hæmoptysis, and has not lost flesh. On examining the chest the per-

cussion note is found to be normal. Small râles are detected at the left apex in front, and at the right base posteriorly. The patient was given 15 cc. of ipecacuanha wine, with an equal quantity of water, by a steam spray apparatus, and this was repeated on three successive days, the dose being gradually increased to 30 cc. On the fourth day the hand-ball spray was used, and at the expiration of the week the patient reported that his cough had entirely left him, and that he was practically well. On examining the chest it was found that the rhonchus had disappeared.

II. Case of chronic bronchitis and winter cough (reported by Mr. L. Hughes), illustrating strikingly the benefit which may frequently be obtained by the ipecacuanha spray:—

Francis P., æt. 58, has suffered from winter cough for the last twenty-five years. He gets rid of it for only a short time in the summer, and for the last thirteen years it has been not a winter cough, but a winter and summer cough as well. This year he has had it badly since the beginning of December. It comes on in fits, which often last ten minutes. He always has two or three bad bouts of it in the daytime, and one or two at night. If they come on when he is out he has to cling to the railings, or hang on to anything that may be handy. The expectoration is always thick, and it may be yellow or white, sometimes streaked with black, especially in the winter. He has never brought up any blood, with the exception of a mouthful now and then. He gets short of breath, especially on exertion, or after a bad fit of cough. His occupation is an unfavourable one, for he is engaged in heaving sacks of coal at the gas works. He gets as hot as any man can get, he says, and then goes out or stands in a draught to "cool down a bit." This he thinks has tried his constitution. On examining the chest it was found that there was a little general emphysema, with sibilant rhonchus over the right front and back. Immediately after the patient had been examined he was made to inhale a spray of equal parts of ipecacuanha wine and water. The Richardson's apparatus was employed, and the quantity of the diluted wine used was 5 cc. The chest was then at once re-examined, and it was found that the sibilant rhonchus had entirely disappeared from the front, and had almost gone from the back. After inhaling 10 cc. more of the diluted wine the patient expectorated freely. At the expiration of five minutes, during which 35 cc. had been sprayed, the abnormal signs had entirely disappeared from the chest. The patient came the next day, and had another inhalation of 40 cc. This was repeated on six consecutive days, when the patient reported that he was quite well. The cough had left him, there was no expectoration, the breathing was easier, and his appetite had returned. On examining the chest no rhonchus was to be found.

III. The next is a fair specimen of an obstinate case of winter cough treated by the same method:—

Mary A., æt. 32, came to the hospital on January 29th, with a winter cough of many years' standing. She reports that it is worse this year than it has ever been before. It is paroxysmal, the slightest exertion, even talking, bringing on an attack. The attacks vary very much in duration, but rarely last less than ten minutes. In the twenty-four hours she expectorates quite a teacupful of thick yellow phlegm. She is extremely short of breath, is quite unable to do her housework, and at night cannot sleep unless propped up with three pillows and a bolster. The breathing is worse at night, and fog increases all her troubles. She has been hoarse for weeks, and her voice goes if she attempts to talk. Her chest is very sore from coughing, and she aches all over. She is emphysematous, and the breath sounds are obscured by cooing râles. On February 3rd the patient who had an inhalation on five consecutive days, said she was better in every way. The breathing was easier, the cough was not so violent, her chest was not so sore, the expectoration was less, and the hoarseness had nearly gone. Three days later, the inhalations having been continued meanwhile, she reported that she was better than she had been all winter. The improvement in her breathing is so great, she can now do with only one pillow instead of three. She sleeps better, and there has been great improvement in the cough, which, instead of being aggravated at bedtime, is easier. Expectoration has almost ceased. On the 10th, having had no inhalation for three days, she complained that there was shortness of breath. On the 12th, after two more inhalations, it was better. On the 17th the note was:—"Has had but one inhalation since last date. The cough has now almost left her, and she often goes twelve hours without a fit. Her breathing is so much better that she does her own housework, and is not propped up at night." She was discharged after ten inhalations and nineteen days' treatment. A month later she called and said that her breathing was all right, and that with the exception of a slight hacking cough, she had been perfectly well since her discharge.

IV. The following is a case of fibroid phthisis in which the ipecacuanha spray afforded prompt relief to all the prominent symptoms:—

Fred. L., a mason, æt. 20, came to the hospital on November 20th and gave the following history. He had a cough last winter for the first time, it lasted from Christmas to June, but he was free from it during the rest of the summer. This year he has had it seven weeks. It comes on in paroxysms, four or five in the day, each lasting from five to ten minutes. The attacks are so severe that he has often to stop in the street and hold on to the railings. He is sick after a violent attack, and this has greatly reduced his strength. The

expectoration is watery, not thick, and there is usually a pint or more in the twenty-four hours. He spat blood several times last winter, but only in small quantities. The loss of flesh has been considerable and he weighs two stone less than he did twelve months ago. He is much troubled with shortness of breath, and has some difficulty in getting up stairs. He lives only a mile from the hospital, but it is farther than he can walk, and he has to take the omnibus. His voice is getting weaker, and he is so ill that he has done no work, except an odd job here and there, for over a month. On examining the chest, the signs of a dry cavity were exhibited at the apex of the right lung. He was given an inhalation of ipecacuanha wine on three consecutive days, and at his fourth visit he said that the cough was easier than it had been for many months. The sickness in the morning had left him, and he could walk with comparatively little difficulty, and even get up stairs. He continued to improve under this treatment, although somewhat slowly, and after the sixth inhalation his chest was painted with iodine liniment over the site of the cavity. From this time he progressed much more rapidly, and at the expiration of a fortnight he was discharged, after ten inhalations, comparatively well. No other treatment was adopted.

V. The following case is of interest as it serves to illustrate the beneficial effect of the ipecacuanha spray in loss of voice, due to congestion of the vocal cords:—

George E., æt. 51, an engine inspector on one of the railways, came to the hospital, on November 27, complaining of hoarseness. He had been quite well, he said, until about three weeks before, when he had got wet through and had caught a bad cold. His voice had been gradually getting weaker, and for some days he had been unable to speak above a whisper. He kept at his work, but could not talk much, and had, as far as possible, to convey his meaning by grunts and signs. He had never been ill before, and hardly knew what it was to have a cough. He was a big, fine fellow, but looked the picture of misery from his inability to speak. His chest was carefully examined, but nothing wrong could be detected. On laryngoscopic examination the vocal chords were found to be swollen and congested. He was at once given an inhalation of ipecacuanha wine—two drachms and a half—by means of a steam spray apparatus, and immediately his voice became clearer and he could speak without much effort. He was unable to attend again until December 8th, when his voice was worse and he could hardly speak at all. It appears that he had been at a smoking concert the night before and could not resist the temptation to join in the choruses. What between the smoke and the harmony he was almost voiceless. On examination it was found that the left ventricular

bands were greatly swollen. He was given another inhalation of ipecacuanha wine, four drachms being used this time, and at once, as on the previous occasion, his voice became clearer. The next day he came again, and after another inhalation a still further improvement was noticed. He was given no medicine with the exception of a purgative pill. On the 11th he had his third inhalation, four drachms again, and on leaving he declared that his voice was nearly restored. He took great pains to inhale thoroughly, and probably much of the ipecacuanha was absorbed. The next day he was still better, but reported that the spray had made him sick. He had another inhalation and did not return till the 22nd, when he came to say that he was perfectly well, and needed no further treatment. The vocal cords were examined and found to be healthy. He was discharged cured after five inhalations.

VI. In the next case hoarseness depending on congestion and ulceration of the chords was relieved by a course of the ipecacuanha spray:—

Emma V., æt. 30, single, a children's nurse, came under observation on December 4th. She stated that she had had a cough every winter since she was a girl at school. It troubled her most at night, and frequently disturbed her rest. It usually came on in fits, and she could obtain no relief until she had expectorated a quantity of thick phlegm. She had been more or less short of breath for three years, and had often experienced considerable difficulty in getting upstairs. There was a little loss of flesh in the winter but nothing very much. She had never had sweating at night, and there was no family history of phthisis. Her geneal symptoms troubled her very little, but she was much alarmed at losing her voice a fortnight ago. She speaks now in a guttural tone and evidently with considerable discomfort and distress. She attributes her symptoms partly to having to get out of bed at night to attend to the children, and partly to the fact that she has to sing to them, and also in a choir. On examining her chest she was found to have a little moist rhonchus at both bases. On laryngoscopic examination it was found that there was ulceration of the right chord, with congestion of both. She was given an inhalation of ipecacuanha wine, by means of the steam inhaler, and an important improvement in the voice was at once apparent. The improvement, however, was only temporary, and the next day she was as bad as ever. She had eleven inhalations before there was any improvement. Sometimes she had the spray from a Richardson's apparatus and sometimes from the Siegle's, but she preferred the latter. She was kept under treatment until December 29th, by which time her voice was perfectly clear and all her symptoms had disappeared. At her last visit the chest was examined and was found to be free from rhonchus, whilst the laryng-

oscope showed that the ulceration of the vocal chord had disappeared.

Remarks.—Most successful results are obtained from the employment of the ipecacuanha spray in cases of chronic bronchitis and bronchial catarrh. In fibroid phthisis there is often a marked improvement, even when no constitutional treatment is adopted. A single inhalation will sometimes restore the voice in case of hoarseness due to congestion of the vocal chords. It is a matter of little importance whether the spray be given with a handball spray apparatus or with a small steam vaporiser. In either case the spray must be warm and the patient should not go out for some minutes after inhaling. Care should be taken to see that the spray really enters the chest and is not stopped by the arching of the tongue against the wall of the mouth. The best results are obtained by using the spray for about ten minutes three or four times a day. In the majority of cases of winter cough relief will be obtained in ten days.—*Medical Press and Circular.*

THE TREATMENT OF PUERPERAL SEPTICÆMIA AT THE PHILADELPHIA LYING-IN-CHARITY—WITH REMARKS.

The treatment is based upon the principle that puerperal septicæmia is caused by the entrance into the system of an infectious material through lesions in the genital passages. This infectious material is believed to be certain micro-organisms, which produce their effects either directly by their action on the fluids and tissues of the body, or indirectly through certain products of their activity, called ptomaines, or both.

The prime object of local treatment in puerperal septicæmia is to render and maintain the uterovaginal canal in an aseptic condition. It must be recognized, however, that when once the germs are within the tissues or vessels of the puerpera, they are beyond the influence of local medication. Hence the result to be hoped from local anti sepsis is, that it will limit the dose of poison to that which has been absorbed before treatment was instituted. The tissues and white blood cells must be left to battle with those germs which are already within the tissues, assisted by constitutional medication. Therefore the results from local treatment are most brilliant in cases of putrid infection, where the fever is due rather to the absorption of the products of decomposition of the lochia, or of fragments of retained placenta or membranes, than to the action of germs on the tissues of the patient.

Other objects to be gained by local treatment are to favor the healing of wounds, and promote the comfort of the patient.

Neither septic abscesses of the pelvic cellular tissue nor pyæmic abscesses have developed in the Charity's cases (within three years), nor has phleg-

masia dolens been observed. In two cases gonorrhœal salpingitis has developed *in puerperio*. In one—an out-patient—peritonitis succeeded, laparotomy was done by Dr. Longaker, the diseased tube removed, and irrigation practised. The patient was *in extremis* before the operation, and died shortly afterward. In one case an old pyosalpinx induced purulent peritonitis and death, without operation. These cases are mentioned to show the variety of conditions usually classed as "puerperal fever."

Where a diagnosis of puerperal sepsis is made, local irrigation is instituted at once, irrespective of the odor of the lochia. Where the temperature does not exceed 102° F., vaginal irrigation alone is practised. This is for the reason that infection takes place in the majority of cases through lesions of the vagina or vulva, and only exceptionally from within the uterus. Corrosive sublimate solution (1-2000 to 1-4000) is used. The irrigations are repeated at intervals of three or four hours by the nurse. Where the fever does not subside in from six to eight hours, or increases, the uterus is washed out by the physician himself. This necessitates a digital examination, when bits of placenta or membrane, if present, are removed by the finger. The dull curette has been used to some extent, both for diagnosis and the removal of foreign material from the uterine cavity, and is regarded with favor. But no mere instrument can give the information derived through the sentient examining finger; nor will any inflict so little traumatism in the removal of foreign bodies. The uterine cavity is examined only after vaginal irrigation, lest having previously escaped, it be infected by the septic vaginal discharges carried on the finger. The modified Bozeman canula is used. A hundred grain iodoform pencil is left in the uterus. This slowly disintegrates and is present in the discharges for two or three days. After this thorough disinfection, the fever, especially if due to putrid absorptions, usually disappears. Otherwise vaginal irrigation is continued as before; and should new chills occur, or high temperature continue (above 103° or 104° F.), the uterus is again washed out and the iodoform pencil left in as before. The woman need not be disturbed during the manipulations. The vaginal irrigation is discharged in a bed-pan, then the canula is introduced within the uterus along the finger, as a guide. All air is previously expelled and the stream allowed to run during the introduction. Irrigation is continued until the stream returns clear—from one to three pints are necessary. After removing the canula the uterus is grasped and made to expel all fluid, and the perineum slightly retracted to insure its discharge from the vagina. Dr. Wilson sometimes irrigates through a speculum. No case of serious mercurial absorption has occurred. Salivation was induced in one case. No case of iodoform poison-

ing has been seen. Not infrequently after the intra-uterine douche, and quite commonly after the removal of more or less putrid material from the uterus, a chill and rise of temperature results, which soon subsides. This is partly due to nervous shock and partly to the temporarily increased absorption of poisonous material, caused by abrasions produced during the manipulations of the finger, curette, or irrigator.

In those unfortunate cases in which fever continues in spite of treatment, it becomes a question, after several days, whether irrigation is of further value. Fœtor of the lochia is a constant indication, but it is not apt to be present after the removal of foreign matter and thorough utero-vaginal disinfection. In the presence of marked parametritis, without special indications, to the contrary, the vagina alone should be douched.

On one case diphtheritic patches occurred on the fourchette. They were treated by the application of pure carbolic acid, followed by iodoform.

Turpentine stupes, and at times poultices, are used in cases of metritis or peritonitis, with tenderness on pressure, and tympany.

Constitutional treatment, while considered in the majority of cases of secondary importance to local measures, is by no means neglected. Nor is it forgotten that in the cases in which marked invasion of the tissues and vessels by germs has taken place (before local antiseptics could cut off the supply), it is the only means of favoring a successful issue. The indications are to support the strength, combat hyperpyrexia, and meet special complications and symptoms. It is a problem of "the survival of the fittest" between the host and the invading germs.

Proper alimentation is of the highest importance, especially in protracted cases. Milk, given in quantities that can be assimilated, is largely depended upon. In irritable stomach, lime water or whiskey is added. Beef tea, nutritious broths, and the various nitrogenous prepared foods are used as adjuvants, or where milk disagrees. Quinine in divided doses, not exceeding fifteen grains daily, is believed to conserve the strength. Whiskey is given as indicated. Most cases at all protracted, require it early, and can take it in large amounts. The first sound of the heart is the most reliable criterion by which to be guided in its administration. Brandy is at times substituted, and champagne is used where troublesome and otherwise uncontrollable nausea is present. The administration of spirits is considered of great value in combating septic fever.

Hyperpyrexia (approaching 104° F.), unless transient, is met by antipyrin (grs. xv to xx) repeated every hour or second hour, until the temperature falls below 102° F. The pulse is always watched during its administration, and stimulants given if necessary. In two cases, which subse-

quently recovered, collapse occurred after the administration of two fifteen grain doses of antipyrin at intervals of an hour, the temperature falling to 97° F. Quinine in fractional doses is substituted when the temperature is below 102° F., being used principally for its tonic effect. The cold coil has been used in a few cases.

Opium is largely relied upon to allay restlessness, induce sleep, and relieve pain. Pain is very seldom complained of; tenderness on pressure is usually its greatest manifestation. In the few cases in which peritonitis has been present, turpentine by the mouth and by enema has been used to relieve flatus. The question of opium *versus* saline purgatives is under consideration, but it is by no means considered advisable to prevent an occasional movement of the bowels. For weak heart, while digitalis is used, more is expected from alcohol and alimentation. Ergot is believed to be of use in preventing septic absorption, not only by favoring an empty and contracted uterus when used *post-partum*, but also, perhaps, by its action on the muscular tissue of the utero-vaginal canal and absorbents, in the presence of septic material. Other special complications and symptoms when present, are treated on general therapeutic principles.—Chas. P. Noble, M.D., in *Med. and Surg. Rep.*

THE TREATMENT OF INDOLENT ULCERS BY MULTIPLE INCISIONS.

The following method of treating indolent ulcers was devised by my honoured chief, Dr. A. Harbordt, and I am much indebted to him for his permission to make it more widely known. It has been applied with success for the last seven years in many private cases and in the wards of the hospital, and was described six years ago to the Medical Society of this city. It will be seen that it has claims to be considered a *radical* treatment, that is to say, it tends to remove the course of the morbid condition.

The chief reason of the small inclination to heal which these callous or indolent ulcers show, and of the great tendency to break down again which is observed in their cicatrices, is the defective nutrition, the inadequate blood-supply of the affected tissues. The margins of the ulcer consists of coarse cicatricial fibrous tissue with few blood-vessels, and its floor has an almost tendinous texture such as offers but little encouragement to cell-proliferation and regenerative growth. This fibrous and resistant induration is either a secondary result of the chronic irritation of the ulcer, as in varicose ulceration of the leg, or (as in *Case II.*, after necrosis of the skin) the floor of the ulcer is formed of tense non-vascular fascia, incapable of vigorous granulation and defying all the stimulating pre-

parations which might be applied to it. Even Weber's lateral incisions and Nussbaum's circular incision prove powerless in such a case; while transplantation, after the methods of Reverdin and Thiersch, is out of the question. Transplantation for success requires a healthily granulating surface, and here that is absent.

Our method is briefly as follows:—The entire ulcer is divided lengthwise by a deep incision extending far into the healthy tissue. Cross incisions are then made through the callous tissue into the healthy at intervals of about three-quarters of an inch. The incisions must go through not only the skin but through the underlying fascia; the wounds must graze widely. The bleeding, often profuse, must be stopped with tampons; and the whole wound, which it must be owned has rather a slaughter-house look, is done up with iodoform dressings. When after eight to fourteen days the dressing is changed, the difference in appearance is very marked. Healthy granulations are springing up in abundance from the gaping incisions, and soon cover the whole surface, reaching the level of the surrounding skin, from which the growth of the new epidermis is seen to advance rapidly. At this stage of course, when the loss of skin is great, transplantation may be effected and will now be useful.

The multiple incisions must of course be postponed till the ulcer is no longer foul, all necrosed fragments being first removed; this is in order to avoid the risk of septic infection of the deeper parts.

The advantage of the method is obviously that highly-vascular healthy parts are enlisted in the healing process of granulation, and thus not only the wound but also the resulting cicatrix are under more favorable conditions. It might be expected, and facts confirm the expectation, that this cicatrix is far stronger and more resistant than the thin covering which may occasionally be obtained from scanty granulations, after the use perhaps of every means in the surgeon's *armamentarium*, and with great difficulty at that. Such thin cicatrices, of feeble vitality from the outset, give way on the slightest mechanical or chemical irritation—the chafing of clothes, a slight scratch, or an acrid excretion—and the weary “cure” has to be begun all over again.

The method has been found especially valuable in ulcers lying over joints, the cicatrices of which are themselves endangered by continual stretching and movement, and at the same time limit the mobility of the parts involved. These troubles are successfully overcome by our method, as may be seen from the account of *Case I.* below. This was a burn extending over the whole flexor aspect of the arm and forearm, and the treatment by incision had to be carried out in more than one stage; some repetition was necessary, probably because

the first incisions were not extensive enough. The process of healing was protracted, but the ultimate result was extraordinarily successful, normal movement being restored except for very slight limiting of extension.

A further important advantage is, that the duration of the healing process is in almost every case shortened. In certain forms of painful indolent ulcer, the so-called *erethetic* type, which have a bad name for their painfulness and their obstinacy, repair and recovery become prompt, certain, and painless.

But one of the chief gains is certainly the improved quality of the cicatrix, and the diminished tendency to relapse, which every one who tries the method will be able to testify to.

It is of course obvious that the method has its limits of application: I may mention, for example, the diathetic difficulties introduced by the presence of syphilis, tuberculosis, scurvy, arterial atheroma, and so on. These require general treatment of an appropriate kind. But in the indolent ulcerations resulting from burns, severe contusions, varicose veins, and so on, the treatment has been of such signal service that we are encouraged to extend its application to other forms also.

I conclude with the cases above referred to: the numerous others treated have been all ulcers of the leg.

Case I.—Anna S—, æt. 24, servant, admitted June 24, 1887, with extensive burn of the third degree on the flexor aspect of the left arm and forearm. Iodoform dressing, and later ung. boricum. *September 2.*—Raw surface scarcely diminished, covered with pale spongy granulations, edges thickened and callous; no epidermal growth; floor coarsely fibrous, vascularisation slight. Under an anæsthetic multiple deep incisions made: iodoform dressing. *September 30.*—Surface all covered with healthy granulations, skinning over rapidly: active and passive movements permitted. *December 20.*—All healed except a patch, an inch or so across, in the bend of the elbow, which showed no tendency to heal. This was incised and dressed with iodoform. *January 30, 1888.*—All healed; extension of forearm up to 160°, flexion and rotation normal.

Case II.—Anton S—, æt. 41, mason, fell from a scaffold on *October 17, 1887*, and in addition to concussion of the brain and fracture of ribs received a severe contused wound, some four inches long, on the outer side of the left thigh; fascia lata split, and deep muscle protruding from the opening. Attempt made, after removing as much as possible of the crushed tissue and dirt, to suture the wound and obtain union by first intention. This failed, and there were symptoms of cortical irritation of the brain with delirium. The gangrenous parts sloughed away, and a large ulcer resulted with callous edges and floored by the

fascia lata. Ordinary treatment failed entirely to bring about any diminution of the wound. *November 25.*—Multiple incisions made: iodoform dressing. *December 8.*—Wound granulating well. Iodoform-gauze and afterwards ung. argenti nitratis were used, and on *January 31, 1888*, the wound was entirely healed, and the scar had proved durable.—*Central für Chirurg.*—*The practitioner.*

MEDICAL NOTES.

A remedy for warts, suggested by E. Vidal, is the following:

R. Acid salicylic.,
Alcohol, āā ʒ ij.
Æther sulphuris, ʒ v.
Collodii, ʒ x. M.

Sig.—Paint the warts with the solution daily.

An excellent prescription in some stages of *bronchial catarrh* is the following:

R. Ammonii chlorid., ʒij.
Extract. Glycyrrhizæ, gr. xx.
Syrup. pruni virginianæ, fʒij.
Syrup. ipecac., fʒij.
Aquæ, fʒij. M.

Sig.—A teaspoonful every three or four hours.

A local application for the severe pains of *gout* and *rheumatism* is suggested by a cotemporary, to be painted on the affected joints every hour or two:

R. Ætheris,
Collodii flexilis, āā ʒ xv.
Acid. Salicylic., ʒ iv.
Morphiæ sulph., ʒ j. M.

Brown-Séquard's favorite prescription for *epilepsy* was the following:

R. Potassii iodidi, ʒj.
Potassii bromidi, ʒj.
Ammonii bromidi, ʒiiss.
Potassii bicarbonatis, ʒij.
Infus. calumbæ, f ʒvj. M.

Sig.—A teaspoonful before each meal, and three teaspoonfuls at bed-time, with a little water.

In *influenza*, Dr. J. B. Scott, of Scandia, Kansas, states in the *Therap. Gazette*, Feb. 15th, 1888, that he has found ordinary expectorants useless, and has good success with the following as a remedy for the terrible cough and accompanying headache:

R. Extract. yerba santa fluid,
Extract. grindelæ robustæ fluid., āā fʒij.
Syrup. pruni virginiana, ad fʒj. M.

Sig.—A teaspoonful every two or three hours. Also good whiskey and nourishment.

Dr. E. T. Bruen, of Philadelphia, in the *Therap.*

Gazette, February 15th, 1888, gives the following formula for a tonic pill in *phthisis* :

- R. Iodoform, gr. ½.
- Acid. arsenios., gr. $\frac{1}{80}$ to $\frac{1}{40}$
- Pil. ferri carb., gr. j.
- Extract. cannabis indicæ, gr. $\frac{1}{2}$.
- Quinæ sulph., gr. j.

Sig.—One t. d.

M. J. Simon (*Lyons Médical*) suggests the following enema for *infantile convulsions* :

- R. Moschi, gr. iij.
- Camphoræ, gr. xv.
- Chloral hydrat., gr. viij.
- Vitell. ovi., j.
- Aquæ destillat., f $\frac{3}{4}$ iss.

This to be used after the rectum has been emptied by means of a large watery or oily enema.

The following powders for the treatment of *coryza* are recommended by M. Vigier in the *Journal de Médecine*, Jan. 8th, 1888 :

- R. Morphiæ hydrochlorat., . . gr. $\frac{3}{4}$.
- Acaciæ pulv., ʒj.
- Bismuth. subnitrat., . . . ʒiss.
- Althæ. pulv., ʒiss. M.

Sig.—Use by insufflation in nares.

- R. Amyli pulv.,
- Acid. boric,
- Tinct. benzoin, āā . ʒiiss. M.

Triturate, sift and dry. Add gr. iss morphiæ hydrochlorat, if deemed advisable.

In cases of *cystitis*, Dr. J. B. Scott, of Kansas, reports that he has found the old formula, known as the Lafayette mixture, to produce excellent results (*Therap. Gazette*, Feb. 15th, 1888) :

- R. Copaiv., f ʒj.
- Liquor. potassæ, f ʒij.
- Spirit. ætheris nitros., . . . f ʒj.
- Extract. glycyrrhizæ, . . . ʒss.
- Ol. gaultheriæ, ℥ xvj.
- Syrup. acaciæ, f ʒ vj. M.

Fiat emulsio.

Sig.—A dessert spoonful three or four times daily, after meals and at bed-time.—*Col. and Clin. Record*.

THE CONDITIONS OF LONGEVITY.

Professor Humphreys presents, in the *British Medical Journal* for March 10th, the final report of the collective investigation regarding aged persons. This report is based on the study of the family histories of 824 persons between the ages of eighty and one hundred years. The results of the investigation, as Professor Humphrey says, do not reveal anything very novel or startling, or give rise to fresh theories of longevity. They tend rather to dissipate certain ideas which are more or

less current, though founded upon too limited observation, and to show that the maxims and laws which common sense and sound reason would dictate hold good, and that, as a general rule, those persons live the longest who might be expected to do so. Thus, he adds :

“1. The prime requisite is the faculty of age in the blood by inheritance ; in other words, that the body has been wound up, as it were, and sent into the world with the initial force necessary to carry on the living processes through a long period, that this is the case with every organ, and that the several organs are so adjusted to one another as to form a well-balanced whole. The various functions will then be equably and harmoniously performed, and there will, consequently, throughout life, be little cognizance of imperfection or ailment of any kind.

“2. The body is usually well developed, and though there are many exceptions to this, rather exceeds the average standard of height. It is capable of much endurance and of quick and complete restoration after fatigue, this latter faculty giving the habit of, and probably the desire for, early rising ; and with it also is associated a good power of recovery from the disturbances caused by accident or disease. The cerebral or intellectual powers accord with the general good quality, and the whole nervous system is active and energetic without being irritable.

“3. Owing to the inherent good quality of the nutritive processes, those degenerative changes which, in advancing years, always more or less diminish the elasticity of the arterial coats and of other parts, are slow to occur, so that the pulse retains, in great measure, its softness, and the thorax its vital capacity, while stiffness of limb and general feebleness are late in their manifestation. The decadence of the teeth, which in the animal world generally sounds a death-knell, inasmuch as it deprives the body of the means of obtaining its subsistence, does not seem to augur much in the case of civilized man, to whom the teeth are less directly needed for his maintenance, while another cuticular appendage, the hair, seems to share, to some extent, the enduring quality of the rest of the system.”

To the foregoing must be added ordinary opportunities for living well, and under sanitary conditions. Temperance in eating and drinking are essential, but especially in meat-eating and alcohol-drinking.

Professor Humphreys thinks that, on the whole, old age is an enjoyable period of life when the body remains sound and the circumstances of life are comfortable.

Some of the most interesting physiological data are as follows :

The average height was a little over five feet seven inches ; average weight a little over eleven stone (154 lbs.)

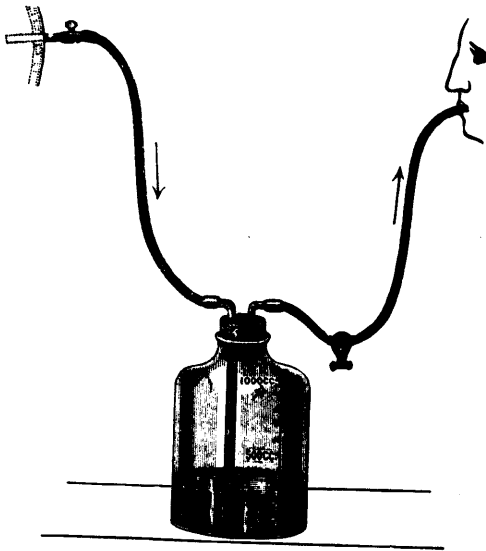
The sight was good in 224 out of 267 cases; the hearing good in 188 out of 329. Out of 320 overone-half took a little, or a moderate amount of alcohol.

The average duration of sleep was seven and two-third hours. The pulse averaged about 70 to 74; respiration, 20 to 21 per minute. The arcus senilis was present in 172 out of 266 cases. The heart was affected in 42 cases; the lungs in 62; the brain in 25; the urinary organs in 119 cases.
—*Med. Rec.*

APPARATUS FOR REMOVAL OF PLEURITIC EFFUSION.

In the *Berlin, klin. Woch.* Prof. Fürbringer, of Berlin, describes an ingenious and simple apparatus for the aspiration of serous effusions in the cavity of the pleura.

This apparatus, of which we give an illustration, is composed of a receiving-bottle of about one quart capacity, with a rubber stopper, through which pass the ends of two glass tubes, bent at a right angle, and fitting hermetically. One of these tubes goes nearly to the bottom of the vessel; the other passes only through the stopper. The former



is connected with a rubber tube, fitting over a canula three or four millimeters in diameter, and supplied with a stop-cock; the latter is connected with another rubber tube supplied with a compression-stop. In using the apparatus, the end of the second tube is placed in the mouth of the operator and about three fluid ounces of a warm one or two per cent. solution of boric acid is sucked into the bottle through the other tube. The canula is then thrust with the aid of a trocar into the pleural cavity, the trochar withdrawn, the stop-cock closed, and the tube attached. The

operator now sucks a little upon his tube and closes it; then the stop-cock in the canula is opened and the fluid begins to flow into the bottle. As soon as the effusion reaches the fluid in the bottle, the compression of the operator's tube is removed and the effusion will continue to pass into the vessels so long as there is any pressure upon it within the chest. When it ceases to flow spontaneously its flow may be solicited by suction upon the operator's tube. In this way about a quart of fluid can be removed from the chest without any risk to the patient or inconvenience to the operator. If the quantity to be removed at one sitting is more than a quart, the canula can be closed, the bottle disconnected and emptied, new antiseptic fluid poured into it, the patient's tube re-connected to the canula and the subsequent steps of the preceding procedure repeated. The method described provides for the slow evacuation of a pleuritic effusion in the most gentle and satisfactory way. It has been used by Fürbringer in more than fifty cases without accident or inconvenience, and certainly deserves to be brought to the attention of American physicians.

TREATMENT OF MEMBRANOUS ENTERITIS.—Dr. W. A. Edwards, of Philadelphia, in an article on membranous enteritis, says:—We may consider the treatment under two headings: the prophylactic and the active, or that which is appropriate during an interval or remission, and that which will resort to during an exacerbation. It is during the remissions or intermissions that we can hope to do more for our patient's permanent good than during an actual attack; it is at this time that diet, regimen, and hygiene are indeed the sheet anchors. A careful supervision must be had of the patient's daily life, all sources of irritation are to be removed, as hæmorrhoids or uterine disease. Easily digested or even pre-digested food should be supplied, and care should be taken that undigested particles of food are not irritating the intestinal canal. As constipation usually exists, sometimes to a most stubborn degree, mild saline laxatives are usually most efficacious, or enemata may be resorted to.

Exercise for those who can stand it is of paramount importance; this, if possible, should be out of doors. Dr. Fowler most aptly says, he who stints himself in the drinking of water is dirty inside, and he also tells us that we must drink between seventy and seventy-five ounces of water per day in order to make up for the amount which is excreted by the lungs, skin and kidneys, amounting to ninety ounces a day; with the solid food we get but about fifteen ounces. Very few persons at home drink as much as that, but should they go to any of the numerous springs, in which our country is so peculiarly rich, drink five pints of water per day, lead a regular outdoor existence,

breathe pure air, as many of our springs are situated in most beautiful mountain regions, where the life spent out of doors is most beneficial, the patient will be improved in health, independently of any mineral agent whatever in the water. Unfortunately, however, all of our cases will be unable to avail themselves of a course of treatment at the springs, but as there is no doubt that most of the natural mineral waters preserve their value for a long time, we can put patients through a thorough course at their own homes with the additional advantage of having the case under our supervision.

During the acuteness of an attack opium will often be found necessary to afford relief, and possibly to check excessive secretion or hæmorrhage. Belladonna in the form of the extract, Dover's powder, subnitrate and subcarbonate of bismuth, together with local counter-irritation, all tend to abort the paroxysm, or, at least, to shorten its duration. The following remedies have been suggested: arsenic, copaiba, bromide of potassium, nitro-muriatic acid, henbane, vegetable infusions, prolonged counter-irritation, electricity, turpentine, iron, cod-liver oil, oxide or nitrate of silver by mouth or by high injections, chloride of ammonium, sulphate of zinc, bichloride of mercury, chlorate of potassium, oxide of zinc, blisters, warm water enemata, nux vomica, ergot.—*Am. Jour. Med. Sciences.*

ANTISEPTIC TREATMENT OF PHTHISIS.—Dr. W. H. Spencer, of Bristol, writes a valuable paper on this topic. His conclusions regarding the treatment of phthisis by iodoform and eucalyptol are:

1. He sees no reason to doubt that when iodoform is given in doses that the stomach will bear well, and given freely and continuously for long periods, it is absorbed into the circulation; and in the lungs, in whatever form it be, manifests its antiseptic (or anti-bacillary) action and properties. The good effects of iodoform so administered in phthisical conditions are too unequivocal to be gainsaid, however they may be produced.

2. He sees no reason to doubt that when the vapor of eucalyptol (or other antiseptic vapor that can be tolerated equally well) is inhaled continuously and for long periods, it reaches the residual air in the lungs; and so, externally as it were, bathes the affected tissues or suppurating cavities that may be open to the ingress of the air.

3. Thus, he thinks, we may have antiseptic remedies, not antagonistic, brought up on two sides to the sites of the inflammatory lung lesion, or the sites of bacillary activity; and these antiseptics, mutually co-operative, do affect for good both the inflammatory process and the bacillary activity, and bring about repair by the mode of organization after suppuration or fibroid substitution.

4. He thinks it both desirable and correct to treat pyrexia of acute phthisical processes, whether the temperature be high or moderate, by and for itself. He thinks that quinine, used as in the second case, promises great things for the future in this respect. He thinks that no other special antipyretic than quinine should be used in phthisis; and quinine serves other purposes as well when used as an antipyretic in moderated doses. It succeeded three times in succession, in the second case, in controlling the pyrexia—not the temperature merely.

In the treatment of these cases it is the object to bring about healing of the damaged lung tissue, and this by means of fibroid substitution. "In order to attain this end we must secure the same conditions and adopt similar measures, if we can by any means compass it, to those we find successful in dealing with suppurations, ulcerations, and the like lesions, in parts exposed to view." To secure these conditions we should adopt measures for supplying adequate nutrition—that is, adequate anabolism of tissue and the storing of energy—in the body generally, and in the damaged part in particular. We should deal with pyrexia on its own account, as a general and constitutional state, apart from the local suppuration or ulceration (as by quinine). We should bring the lesion under the influence of antiseptic remedies, both by internal medication (as by iodoform), and by external applications (as by inhalations of eucalyptol); and the application and influence of the antiseptic should be complete, continuous and prolonged.—*Jour. Amer. Med. Association.*

DIAGNOSIS OF ASTHMA AND AORTIC ANEURISM.—Dr. J. W. Lord and Kintzing report the following case. A coloured man, aged forty-nine, was admitted into the hospital with a history of irregular asthmatic attacks for four years, especially after any great exertion. The attack consisted of dyspnoea with cough, followed by the expectoration of a little thin serous fluid, which gave some relief. The spells of dyspnoea had increased in number, the cough became more constant, expectoration had steadily increased, and his voice had become husky; he had noticed that changes of position gave him relief, and that copious expectoration also brought a certain amount of amelioration. On admission there was very marked dyspnoea; the physical signs were those of advanced emphysema; liquid râles were heard all over his chest; the heart sounds were obscure, but a faint systolic murmur was heard at the mid-sternum, opposite the fourth cartilage; there was no difference between the radial pulses; the pupils were equal. Treatment was directed against the asthmatic attacks, but without much success, for the man died a few days after he came under observation. The heart was found on examination

after death to be greatly enlarged, the left ventricle being much hypertrophied. There was no valvular disease. The aorta was dilated and contained numerous calcareous and atheromatous plates; three large sacculations were also found just above the valves. Further, a large irregular aneurism of the dissecting variety was discovered, involving the transverse and descending portions of the arch. It completely surrounded the trachea and œsophagus, pushing them to the right. The sac was entirely filled with laminated clot. The pneumogastric nerve was compressed between the pericardium and the sac. The bodies of the second, third, fourth, and fifth dorsal vertebræ were eroded.—*New York Med. Jour.*

THE HOT BATH IN THE TREATMENT OF SLEEP-LESSNESS.—Mr. S. Eccles, in the *Practitioner*, states that to secure sleep by means of the hot bath, the following precautions have to be attended to:—The bath-room must be heated to about 70° F., then the patient must be stripped in the bath-room, the head and face first being rapidly doused with water at 100° F. By this means the body is cooled, whilst a rush of blood is sent to the head. Then the whole body, excluding the head and face, is immersed in the bath at 98° F., rapidly raised to 105° or 110° F. In about eight to fifteen minutes the patient feels a sensation of pleasant languor, when he must be wrapped in warm blankets, and proceed to the bed-room with as little personal effort as possible. By the time the bed-room is reached the moisture on the surface of the body will have been absorbed; the patient must then put on his night-clothes and get into bed, lying with the head raised, hot bottles to the feet and well covered with bed-clothes. No conversation or moving about the room should be allowed, and all light must be excluded. In a few minutes the patient will be found in a quiet, refreshing sleep. The theory of the method is based on the sudden exposure of the body contracting the arterioles of the skin, causing thereby a corresponding dilatation of the vessels of internal organs, which in the case of the brain is further induced by the application of hot sponging. The immersion of the whole body next causes a dilatation of the vessels of the surface, except the head and face, with contraction of the vessels of the brain and gradual slowing of the heart's action, thus placing the brain in the most favorable condition for complete functional rest. There are certain conditions, however, in which this method is contra-indicated. Persons suffering from anæmia or emaciation, or from aortic valvular disease, or in whom signs of atheroma are recognized, should not be subjected to such rapid variations of local arterial tension as this process entails. In such cases massage may give good results.—*Glasgow Med. Jour.*

PERICHONDRITIS OF THE LARYNX.—This case has several interesting points. A man forty-three years of age, presented himself with a subglottic swelling beneath the right vocal cord, producing hoarseness but no dyspnoea. Malignant disease was suspected. Eight days later tracheotomy was done on account of urgent dyspnoea. The vocal cords were almost hidden by swelling of the parts above them, and externally over the thyroid some tenderness and swelling were observed. Two days later a laryngoscopic examination showed increase of the swelling. The odor of the breath was offensive, and there was copious discharge of mucus through the tracheal wound. Expectoration was free in consequence of a bronchitis which supervened. Iodol benefit. Ten days after the tracheotomy a small piece of cartilage was expectorated, and decided improvement followed. Scarifications were made with the laryngeal lancet, and vapor *pini sylvestris* was used. There was a slight degree of dysphagia and constant pain over the lower part of the left wing of thyroid. For more than a month the case progressed favorably. The patient then expelled quite a large piece of bone(?) and in a day or two had a return of bad symptoms. The larynx was again sacrificed, and an ice-bag was applied. The improvement from this time was slow but without interruption. Four months after the tracheotomy the use of Mackenzie's three-pronged dilator was resorted to, so that in the course of three weeks it was possible to dispense with trachea tube. Iodide of potash was given, although no history of syphilis could be obtained. Iodol was found to act little better than iodoform. Headache was relieved by antipyrin. Subglottic laryngoscopy through the tracheal was attempted, but did not succeed. Chronic laryngitis seems to have been the cause of the lesion. The paper closes with a brief reference to a similar case, arising also from chronic laryngitis, in which the cricoid was involved, and for which tracheotomy was done.—*Br. Med. Jour.*

ACETIC ACID AND ERGOT AS ECBOLICS.—Since Dr. Grigg called attention to the value of vinegar as an ecbolic, I have frequently used it for that purpose. And I have also found that four drops of the strong acetic acid (representing nearly half a drachm of vinegar) combined with strychnine have been successful in bringing about contractions of the uterus after ergot had failed. In one noteworthy case, where in a very weak and anæmic woman the pains, after continuing feebly for a day or two, seemed to be leaving her, and ergot had been exhibited (the waters having broken), I found acetic acid and strychnine produce sharp and effectual pains.

The same thought, therefore, occurred to me as to Dr. Francis, of the possibly good results of combining it with ergot, and, in addition, observing

that acetic acid could extract the active principle from colchicum and ipecacuanha, I asked Messrs. Corbyn to make a preparation of ergot, using acetic acid as a menstruum, with a standard surplus of free acid. In a short time I received from them two samples, one of ergot extracted from acetic acid, of which a fluidrachm represented sixty grains of ergot with ten minims of free acid; the other an alcoholic extract of ergot, which also represented sixty grains of ergot and ten minims of free acid to each drachm.

Both preparations had the color of the ordinary extracts, but the acetic acid frothed when shaken, which, of course, the alcoholic extract did not do. The acetic acid process should be more economical than the spirit method.

In a case where there was retained discharge after labor I gave some of this extract, and when the medicine was exhausted wrote a prescription for a similar dose of *B. P.* extract, to which I also added some bromide of potassium, which is stated to aid the involution of the womb. The case was still unrelieved on my next visit, the uterus being obviously distended, so, after syringing out the cavity, I told them to have the medicine made up again, when the patient said, "Oh, sir, the medicine you gave me at first brought away something every time, but this medicine has done no good." This seems like a comparative test in favor of the acetic extract.

In a case of flooding, due to a large fibroid, I found that twenty minims injected deeply into the buttock gave rise to no local irritation, and there was no bleeding the night following, but there needs further experience before attributing this result to the drug. Ergotine disks did not always control it.—*Br. Med. Jour.*

SIR MORELL MACKENZIE'S professional brethren have been greatly gratified by the confidence placed in him by the Emperor Frederick, and by the extraordinarily warm appreciation of the English physician's services which His Majesty has expressed both by word and deed. In conferring on Sir Morell Mackenzie the honors and decorations which he has so well earned, the Emperor added immensely to their value by a letter written with his own hand, of which the following is the full text:

"CHARLOTTENBURG, April 9, 1888.

"MY DEAR SIR MORELL: You were called in to me at the unanimous desire of my German doctors who were treating me. As I did not know you personally I had confidence in you on account of that recommendation, but I soon learned from personal experience how to value you. You have rendered me most valuable services. In recognition of those services, and as a souvenir of my accession to the throne, I have pleasure in conferring upon you the Comthur Cross and Star of my Royal Order of Hohenzollern. Your well disposed

"TO SIR MORELL MACKENZIE." "FRIEDRICH."

One does not need to "read between the lines"

of this letter to perceive its significance. The first sentence fully disposed of various mythical accounts of the way in which Sir Morell Mackenzie was called into the case which have been current in the profession and in society. Before subjecting the heir to the Imperial Crown of Germany to a formidable operation—which might, possibly, be attended with disastrous consequences, not only to the august patient, but to the whole of Europe—Professor von Bergmann naturally wished to have the sanction of an expert whose authority would be generally recognized. The choice lay between the leading English laryngologist and Professor Rauchfuss, of St. Petersburg, and the former was selected, as the Emperor says, "at the unanimous desire of my German doctors." The concluding words in which the Emperor speaks of his accession to the throne prove beyond all doubt that His Majesty believes that it is to Sir Morell Mackenzie's "masterly inactivity" that he owes his present position, with all that it involves. We are pleased to see that the people of Germany are beginning to judge Sir Morell Mackenzie's conduct of a most difficult and anxious case in a fairer spirit than some persons there seemed at first inclined to do.—*Br. Med. Jour.*

POSTURE AND RECTAL DISORDERS.—The study of the posture of the human body in its relation to the needs of daily life has received a new impetus from Minneapolis. A physician of that city contributes to the *Northwestern Lancet* an article demonstrating that the squatting posture is the natural and proper one in defecation, and that the adoption of it tends to relieve constipation, heal hemorrhoids, and prevent uterine displacements. The physiological squat, it is believed, places the body in a position adapted to secure the greatest pressure on the abdominal walls and rectum. Besides this, it is so uncomfortable that the operator has to attend strictly to the business of the moment. He cannot dally with the morning paper while exposing the gluteal regions to subterranean draughts, and thus laying the foundation for fissures, piles, and prolapsus.

The squatting position is naturally assumed, says, Dr Abbott, by monkeys, apes, and man. In savagery and on the frontiers of civilization this posture is the ordinary one. But man seems to be a luxurious animal, and our writer must admit that, on the very first opportunity, he abandoned the ape position for any appliance that will support the thighs, from the edge of a board to the elegant ease of artistically perforated and polished mahogany.

Dr. Abbott apparently makes a strong point for the squatting posture when he says it is the one recognized by Holy Writ. While this may be the case, there is some reason, on the other hand, to believe that the squat is the natural position

of the devil. At least we are told in "Paradise Lost," that

"Him there they found,
Squat like a toad close at the ear of Eve."

Hence it will not strengthen the case to bring in the religious factor. But Dr. Abbott puts the case most strongly when he pictures the indolence which the American temperament exhibits in the water-closet—the only place where he is not in a hurry.

"How far from nature," he says, "is the woman, who, perhaps intensely interested in the question of blue or green for her bonnet, will sit in deep contemplation for ten minutes, straining, between thoughts, as if in childbirth, finally concludes she was mistaken and goes back to the bonnet, to return to the closet again only after three or four days constipation have given her a splitting sick-headache. Man abuses his blessed privileges in the same way, figuring perhaps on a real-estate deal instead of a bonnet, or perhaps with magazine in hand making increment above, but failing in excrement below."

If the primeval posture suggested will make men and women distribute the time devoted to their emunctories more judiciously, it may be a wise measure to adopt, although we fear that it is not destined to have a fair trial in any but strictly rural districts.—*Med. Rec.*

LACTIC ACID IN THE DIARRHŒAS OF CHILDREN. Dr. G. Hayem, more than a year ago, called attention to the remarkable utility of lactic acid in the diarrhœas of children. Recently, in a communication to the Academy of Medicine (*Revue de Thér.*, February 15), he has renewed his suggestion, and presented new evidence of the value of the remedy. He finds that better results are had from larger doses than he formerly advised. In the more severe cases he has administered a 2 per cent. solution up to twenty teaspoonfuls in the course of twenty-four hours. The formula employed by him is the following:

Lactic acid (pure)	ʒss.
Syrupi	ʒj.
Water	ʒiij.

The strength of this is about one minim to the teaspoonful. The quantity given will vary with the age of the subject and the nature of the attack. M. Sevestre, one of the physicians to the Children's Hospital, confirms the statement of Hayem regarding the therapeutic power of the remedy in question, and he also finds that a considerable quantity is required to effect the best results. The latest experience demonstrates that a teaspoonful of the 2 per cent. solution should be given every five minutes in the worst cases, and from this up to a teaspoonful an hour, the amount required varies with the conditions present.—*Am. Jour. Med. Sciences*

SEVERE EFFECTS OF CASCARA SAGRADA.—Although the testimony of every one is almost unanimous as to the satisfactory and pleasant action of the fluid extract of cascara sagrada, yet its very severe and even prostrating action in a couple of cases reported by Dr. R. O. Cotter in the *Atlanta Med. and Surg. Journ.* (March, 1888), calls attention to the fact that even this substance cannot be used without care in its administration. The first case was that of a man 60 years of age, who was given a drachm dose at night for several days' constipation after an operation for cataract. The dose not acting, he was given the same quantity in the morning following, and the dose again repeated at noon. The bowels then began to act, and for twelve hours the purging action of the drug was so severe as to very closely resemble regular cholera morbus, and greatly prostrated the patient. But perhaps these doses were too frequently repeated, and Dr. Cotter states, and his experience will without a doubt be confirmed by others, that he has taken it himself in the same way with no unpleasant results. Then, again, he states that he prescribed a drachm dose for a lady patient at night, and a second dose was followed by a very severe action and great prostration and feebleness for three or four days.—*Therap. Gaz*

WARNER'S SAFE KIDNEY CURE.—The following purports to be the formula: Take of

Liverwort	1 oz.
Potassium nitrate	320 grs.
Water	q. s.
Alcohol	2 ozs.
Glycerin	12 drs.
Essence of wintergreen	40 mins.

Infuse the liverwort in one pint of hot water for two hours, strain or filter; dissolve the nitre in the infusion, and when cold add the alcohol, glycerin, and essence of wintergreen, and finally add water to make one pint.—*National Druggist.*

THE clergy have lately become much concerned over the future of physicians. Sam Jones says he would not care to go to heaven if he thought there were any doctors there. [The doctors have yet to be heard from—ED.] He doesn't know how it is that the study and practice of medicine makes men irreligious. In his experience it has been a rare thing for him to meet a religious doctor. At the late commencement exercises of the Detroit College of Medicine, the clergyman who made the address, also expressed the belief that there are no doctors "over there." He, however, was not ungracious enough to ascribe their absence to their wickedness, but simply to the fact that there are no sick angels. It did not seem to occur to our reverend brother that physicians could take part or pleasure in the exercises of the place, but that, as is the case here below, they must be doctors or nothing.—*Med. Age.*

THE CANADA LANCET.

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Criticism and News.**

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*The LANCET has the largest circulation of any
Medical Journal in Canada.*

THE PAST AND PRESENT TREATMENT OF PNEUMONITIS.

The ever varying treatment of inflammatory diseases, and especially that of pneumonia, has recently received some consideration and useful comparison with the modes employed by our fathers about the middle of the present century. The results obtained by able and conscientious investigators in this field certainly do not flatter us. Statistics, so far as can be obtained, clearly prove that the former treatment, viz.: the moderate extraction of blood, judicious catharsis, promotion of the various secretions, etc., in the early stage of suitable cases, which prevailed from 1840 to 1860, produced better results than have been obtained since. During that period in England, America and Germany, the mortality in pneumonia averaged but 8.33 per cent. Subsequently the agitation against blood-letting, cathartics, elimination and so called depressant remedies had its effect, which continues to the present. The antiphlogistic treatment was followed by the stimulant, which resulted in increasing the mortality in hospital cases to 25 per cent. in America and Germany, and by the recent returns of the Collective Investigation Committee of the British Medical Association, in more conservative Great Britain, to 18 per cent. This is certainly a bad showing for our boasted advance in medicine, but one which should teach us a valuable lesson. The worst

results were obtained under the opium treatment, which prevailed for a time. The pendulum of professional opinion, started about 1850, against blood-letting and other so-called antiphlogistics, has evidently swung too far. It has recently not only ceased to progress, but started backward on its ceaseless course, and if these statements of statistical research are at all reliable its speed must be greatly accelerated.

It is to be sincerely regretted that we have no statistics of private practice to correct or endorse those of the hospitals. Many of the older physicians will be able to remember the general results of the former treatment in their younger days, and will doubtless candidly compare those results with these of the present, and confirm or dispute the correctness of the hospital statistics in relation to private practice. Personally, we believe that the results in the latter will, to some extent at least, confirm and endorse the hospital statistics. Experience is slowly teaching the older physicians that many of the alleged antipyretics are not producing the good ultimate results in inflammatory maladies anticipated, and we find that the administration of quinine in large doses, as well as the various recent drugs which subdue the pyrexia, seldom abort or subdue the inflammatory action, or prevent fatal results in severe cases. Nor have these alleged remedies proved free from danger, and more than a few instances have been published where they have hastened the fatal result if they did not wholly cause it. Their injurious effects are becoming more and more obvious as time to test their real value progresses, although these may have been caused by want of experience and injudicious administration. That antipyretics are, to some extent, useful in cases where the temperature exceeds 104°, obviating the evil consequences arising from hyperpyrexia, we think cannot be successfully disputed; but that they in any way benefit the acute organic inflammation, other than by suppressing the injurious excessive temperature, and allaying the neurotic irritation, is very questionable so far as experience has gone. Of the antipyretics, the least injurious and most effectual is the abstraction of heat by cold applications. The cool or cold bath, and nature's method of removing superfluous heat by evaporation of moisture from the surface, has long since been known as a remedy of value. Liebermeister, of Tubingen, has tested

its effects in 150 cases of pneumonia, and claims to have reduced the mortality from 25 per cent., for the previous thirty years, to 10.5 per cent., chiefly by these means. This is a very favorable result, but yet not equal to those obtained under the so-called moderate antiphlogistic treatment of a former period. The drugs, such as quinine, antipyrin, antifibrin, etc., he seldom used. He does not regard moderate fever an unmixed evil, but considers it retroactive and conservative, and, unless in excess, thinks no good purpose is served by suppressing it. Hydro-therapy is not, by any means, a new thing, but was employed many years ago in excessive fevers, inflammatory, and others, in connection with the then moderate antiphlogistic treatment by many successful and distinguished physicians. We should, therefore, employ so safe and reliable a remedy, when evidently demanded, while we hasten to retrace our steps wherein experience has shown that we have deviated from the true road, and return to the methods of treatment which have evidently produced the most desirable results.

FREE TRADE IN SURGICAL INSTRUMENTS.

The question as to whether our Government should impose a duty on all surgical instruments and appliances imported, is one of deep interest to all the members of the profession. It is a fact generally admitted, that no profession at the present day does as much work for charity, both within and without eleemosynary institutions, as ours. True, work done in hospitals and kindred institutions is generally undertaken with the idea of obtaining for the physician or surgeon a wider scope and larger field of operation whereby he may add to his stock of knowledge, and advance as well the interests of his profession and of science, as his own. Outside charity practice is by no means so satisfactory. There the medical attendants have to combat poverty, ignorance, want of proper nursing and all the kindred enemies to scientific treatment, so that few do such work for any other reason than that common humanity demands it. In no other profession, perhaps, is the need of skilled labor so urgent, as in that of medicine. It would be useless to continue this argument, for

both the profession and the public know that every doctor does a great deal of work for which he never expects to be remunerated, in this world at least. When it is a matter of giving his time and professional skill, the doctor is in a certain sense bound to fly to the aid of the distressed, whether he expects to be paid or not; but it is surely too much to ask him to spend his substance in the purchase of expensive instruments and appliances for the performance of operations done for charity. The surgeon is especially hardly dealt with in this respect, for not only does he give up his time and rest, to assuage the sorrows of the poor, but he also runs the risk of ruin, professional and financial, by suits for malpractice brought against him, when in the vast majority of cases, the whole blame for untoward results rests with the nursing the patient receives. Perhaps to avoid such untoward results he should be expected to supply a nurse, proper food and all the many surroundings, which go to make up a suitable environment for a patient. Thackary cannot be said to take an optimistic view of mankind, yet he gives us a type of a *Dr.* in *The Adventures of Philip*, who not unfrequently left with his poor patients half guineas as well as boluses; and we believe that the type has not disappeared. Why then should we be made to pay nearly twenty-five per cent. more for our instruments than we should have to do if this impost were not exacted. The question of Canada ever producing surgical instruments as one of the industries of the country, is surely out of count. No one could for a moment entertain the opinion that we can manufacture our own instruments as cheaply or as well as they can be manufactured at the great centres in Great Britain and the United States. So that the only other apparent reason why this vexatious duty should be imposed is the revenue returned by it. It seems to us that to argue the justness of such a tax, levied directly on medical men, is impossible. The reasons why this duty should be removed are numerous, and patent to any one with an ordinary intelligence. The young practitioner suffers from the want of a proper outfit, which can only be obtained by the favored few who have considerable capital at the commencement of their practice. The vast majority, therefore, of our young men are handicapped at the outset, by insufficient equipment for their professional duties. This, though a great evil, is perhaps not

the greatest one which results from the outrageous price of the goods we are speaking of. A greater, is the lack of proper treatment which the poorer classes suffer, owing to the scarcity of proper instruments. How many medical men, in the country especially, can recall cases in which health and comfort have been lost, and even life sacrificed, owing to want of perfect instruments and appliances. We believe that the aggregate of suffering and loss of life, and consequently loss of wealth to the country would be appalling in its magnitude if such aggregate could be set forth. Now the removal of this tax will not give every practitioner a good outfit, but it will enable men with slender means to purchase goods for about three-fourths the price they now pay, and we might reasonably expect to see a corresponding improvement in the working tools of the profession, which could not fail to be a direct benefit to the public at large. We intend to call attention to this matter in a future issue, and in the meantime shall be glad to have the opinion of members of the profession, whether for publication or otherwise.

RECORCINE IN WHOOPING COUGH.

This remedy has been extensively employed during the last few years in the treatment of whooping-cough, with very good success. Dr. Moncorvo, of Rio de Janeiro, was among the first to bring the treatment into general notice. He strongly advocated the topical employment of resorcine in the strength of a one per cent. solution, applied by a fine pencil-brush to the larynx. He gives the following as his general conclusions on the subject :

1. That whooping-cough—whose nature, up to a very recent period, has been subjected to the most diverse interpretations, in relation to its genesis—may, to-day, according to the latest microscopic researches, be included in the class of parasitic diseases. 2. That the disease appears attributable to the presence of micrococci which multiply prodigiously in the hyperglottic vicinity of the larynx, infiltrating its epithelial cells, which appear to be the predilective seat of their development. 3. That resorcine, applied to the laryngeal mucous membrane, caused, in all the cases in which it was employed, rapid decrease of the number of the paroxysms, moderation of their in-

tensity, and finally recovery in a short period of time, without the aid of any other medication whatever.

Dr. Moncorvo says that resorcine, owing to its much less caustic action and the absence of disagreeable taste and odor, is far preferable to carbolic acid. He has administered it internally to children, even the newly born, suffering under diarrhoea and dysentery. He advises that strict attention be given to the quality; and he recommends that prepared by Monnet, of Geneva, which is of notable whiteness, and in the form of silvery bright crystalline needles. It is extremely soluble in water. Dr. M. recommends the topical application with a fine pencil-brush, to be repeated every two hours. The first applications, he says, sometimes exacerbate the coughing fits, but this irritation ceases in two or three days. In twenty cases treated by him, he was not disappointed in his expectation in a single instance; and some of them had been very obstinate, or even dangerously complicated, as with hereditary syphilis, threatened hydrocephalus, pulmonary tuberculosis, intermittent fever, etc. This drug being a congener of carbolic acid, no doubt acts in a similar manner as a parasiticide. Dr. Moncorvo states that he has, by numerous microscopic examinations of the sputa expectorated by his patients suffering from whooping-cough, verified the statements made by Letzerich, Henke, Steiner, Hagenbach, and other writers, as to the parasitic character or complication of the disease. The treatment advocated by him is, therefore, free from all insinuation of empiricism, and, as the article is not expensive, it will no doubt soon be largely-sought after if experience prove the correctness of the drug to claims for it.

DIFFICULTIES SURROUNDING A COUNTRY PRACTICE.

The difficulties which beset the practitioner in the country are very well shown in the following correspondence to the *N. C. Med. Jour.*, who compares laparotomy in New York City and in North Carolina :

"These men, teaching in the great hospitals here, are great men and great teachers, and far be it from me to take one jot or tittle from their merited honor, but oh, how great are their opportunities! If a big operation is to be done in New

York, the surgeon can familiarize himself with the parts by immediate dissection. He is supported by able counsel, aided by trained assistants, and last, but by no means least, he goes into the operation without feeling if his patient die he will be looked upon as a sort of semi-murderer; for, if an unfortunate result follow, it is quickly forgotten in the hurry and innumerable death-rate of the great city. But with us, how different! A great emergency arises—a serious operation must be done immediately, and at best one can rarely obtain more than one professional assistant. Ofttimes the assistant will be a common laborer, the best light obtainable a pine-torch or kerosene lamp minus a chimney, and with a paucity of instruments, because too poor to buy a complete outfit, the surgeon gropes his way through delicate tissues till the work is done and the life of his patient is saved. I recall to mind now a case of successful laparotomy done for gunshot wound of the abdomen, and reported at the last meeting of our medical society, in which I am reliably informed the operator had only the assistance of a negro field-hand and worked solely by the light of a pine-torch."

This will strike a responsive chord in the breast of many of our readers. There is no doubt that men have risen to greater heights in moral courage in attempting operations in the country than do our specialists in the large cities, and have performed noble deeds and saved lives under the most trying circumstances in which medical men can be placed, and yet neither the world at large, nor even the medical profession knew of them. Our country friends are, speaking broadly, either too modest or too careless to report interesting and instructive cases in their proper place, viz., the medical journals of their country.

"He who great ends by little means attains"

is worthy of all honor, and if he will but let the world know of the great ends attained can not fail to obtain his meed of praise and renown.

ONTARIO MEDICAL ASSOCIATION.—The following is a list of papers received by Dr. White, the Secretary, up to the time of going to press.

Papers by guests:—Dr. Wyeth, New York, "Plastic operation for closure of urethra, rectal fistulæ, and intestinal sutures." Dr. A. W. Johnstone, Danville, Kentucky, on "Soft myoma." Dr. C. C. Rice, New York, _____

Papers by members:—"Neurasthemia," Dr. D. Clark; "Coroners' inquests," Dr. J. H. Richard-
"Bacteria, their influence upon the blood

and tissues," Dr. C. Sheard; "Pessaries, their range of usefulness," Dr. Temple; "Intestinal sutures in gun-shot wounds," Dr. Oldright; "Laparotomy in intestinal obstruction," Dr. McFarlane. Discussion in Surgery,— "Urethral discharges," Dr. Grasett; discussion in Medicine,— "Malaria as a cause of disease," Dr. Mullin, Hamilton; discussion in Obstetrics,— "The diagnosis of obscure pelvic ailments," Dr. A. A. Macdonald; discussion in Ophthalmology,— "Some affections of the eye of interest to the general practitioner," Dr. Burnham. "On the so-called moral insanity," Dr. Workman; "Idiopathic glossitis," Dr. Hunt, Clarksburg; "Congenital goitre," Dr. Mackenzie, Wingham; "Treatment of inguinal hernia," Dr. Robinson, Brampton; "Compound fracture of humerus, illustrating extension as secured by a new modification of Sayre's short hip splint," Dr. C. M. Smith, Orangeville; "Rest in neurasthemia," Dr. A. H. Walker, Dundas; "Notes on Physiology, of 1887, of clinical interest," Dr. McCallum, London; "Craniotomy," Dr. Harrison, Selkirk; "Intubation of the larynx," Dr. Stark, Hamilton; "Empyema," Dr. Whiteman, Shakespeare; "Antiseptic treatment of wounds of the hand," Dr. Olmstead, Hamilton; "Operations on bone," Dr. Dupuis, Kingston; "Leucocythæmia," Dr. McPhedran, Toronto; "Life Insurance, and the relations of the profession thereto," Dr. Thorburn, Toronto; "Uterine electrolytic apparatus," Dr. A. M. Rosebrugh, Toronto; "Puerperal eclampsia treated with pilocarpine," Dr. Irving, Kirkton.

The guests of the Association this year are:— Drs. C. C. Rice and G. W. Fox, delegates from N. Y. State Med. Society; Wyeth, Gill Wylie, Leonard Corning, of New York, and A. W. Johnstone, of Danville, Kentucky.

Several of the Montreal men are expected at the meeting; they are always welcome. It is expected that our Ottawa confrères will be out in full force. The list of papers, so far, shows a marked predominance of surgical subjects. Where are the gynecologists?

Extensive preparations are being made by the Committee of Arrangements to provide for what they expect to be the largest meeting of the Association ever held; certainly there is abundance of material to present.

The Constitution and By-laws are being printed again, with the addition of the "Code of Ethics," under one cover; an excellent idea.

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.

Primary.—Honors, L. F. Baker, E. Ball.

Passed.—A. G. Aldrich, E. H. Adams, J. S. Agar, D. Archer, Miss M. Agar, H. F. Amall, C. W. Allingham, T. A. Beaman, G. T. Bigelow, Miss M. Brown, E. J. Boyes, Miss S. P. Boyle, G. D. Cran, W. J. Campeau, C. P. Clark, C. B. Coughlin, F. R. Clark, D. W. Campbell, C. W. Clendennan, E. M. Copeland, R. Clannonhouse, G. Chambers, C. B. Carveth, T. S. Cullen, W. H. Clutton, —Clerihewein, R. P. Dougan, S. Douglas, Miss A. Dixon, F. A. Drake, J. F. Dolan, J. E. Forfar, W. J. Fletcher, C. E. Hall, A. B. Field, M. Ferguson, A. Freeland, A. Gaudier, N. D. Gunne, J. B. Gamble, J. J. Gee, W. A. Grey, M. E. Gillrie, C. B. H. Haney, J. Holdcroft, D. H. Hutchinson, W. C. Herrman, G. M. Harrison, R. Hill, L. J. Hyttenrauch, Miss M. Hutton, A. T. Hobbs, R. H. Houver, A. N. Hayes, R. M. Hillary, W. Hamilton, J. A. Jay, A. S. Ironsides, Miss E. J. Irvine, W. A. Jones, O. L. Kilbain, T. E. Kaiser, W. C. Little, H. O. Lanfear, C. M. Lang, Miss Ida Lynd, A. J. MacAuley, J. R. MacDonald, J. A. MacDonald, M. T. MacFarlane, E. Macklin, W. E. Morrison, R. A. McArthur, W. H. Mulligan, A. J. Macdonnell, O. F. Macdonald, O. E. McCarthy, R. McGee, D. K. McQueen, J. D. McNaughton, J. W. S. McCullough, W. A. McPherson, P. W. H. McKeown, J. S. McCarthy, D. D. McDonald, W. B. Nesbitt, John Noble, C. B. Oliver, R. H. Orton, J. A. Patterson, C. J. Patterson, F. W. Penhall, F. Preiss, W. H. Philip, W. M. Pugh, P. C. Park, L. E. Rice, R. Rowan, T. B. Richardson, E. Reavly, R. W. Rooney, A. L. Reed, C. Sheppard, J. L. Smith, A. M. Spence, R. B. Struthers, R. Striell, H. A. Stewart, G. A. Shannon, J. M. Sifton, A. H. Speers, F. H. Starr, D. Smith, C. L. Starr, W. D. Springer, J. R. Stone, W. J. Turnbull R. Towle, J. F. Wren, N. Walker, H. W. Welch, Mrs. H. A. Walker, F. Walsh, A. F. Walker, H. T. H. Williams, A. A. Weagant, George Wright, F. Zwick.

Final Examinations.—E. C. Arthur, A. E. Ardagh, C. N. Anderson, L. Auld, H. Bowlby, G. Bell, R. Bishop, D. Bechard, W. J. Bradley, F. T. Bibby, E. W. C. Barber, D. T. Bell, L. F. Cline, D. M. Campbell, Miss S. Carson, W. P. Chamberlain, S. Cummings, J. C. Connell, Frank P. Cowan, Miss Agnes Crane, C. P. Conroy, W. J. Campeau, D. W. Campbell, W. H. Chilton, Miss A. Dixon, W. H. Downing, J. M. Eaton, Elizabeth Embury, L. A. Fere, J. H. C. F. Fisher, A. J. Fisher, C. H. Francey, J. G. Ferguson, T. Ferguson, J. C. Grasett, N. D. Gunne, A. J. Hunter, A. N. Holson, J. F. Hart, W. H. Harris, C. W. Haentschell, E. H. Horsey, C. B. H. Haurey, L. J. Hyttenrauch, W. H. Jeffs, D. Jamieson, C. J. W. Carn, D. A. Kidd, J. H. Kennedy, C. B. Langford, B. Lammiman, T. H. Little, Miss A. Lawyer, A. Myers, W. H. Merritt,

D. C. Myers, C. N. Mallory, J. H. O. Marling, P. MacNaughton, A. B. Macallum, R. D. Moffatt, C. Morrow, A. J. Macdonnell, A. W. McCordick, J. B. H. McClinton, P. McLaughlin, Miss M. McKay, E. McGrath, M. A. McLaughlin, M. A. McFarlane, J. A. McDonald, L. G. McKibbin, J. McGillaway, D. McLennan, D. R. McMartin, J. G. McCarthy, D. D. McDonald, John A. Neff, T. O'Neil, J. F. Palling, J. C. Patton, Mrs. A. L. Pickering, John Proudfoot, P. C. Park, E. H. Robinson, E. Reavly, M. Steele, W. H. Smith, E. Sisley, J. A. Scott, A. W. Stinson, D. J. St. Clair, R. B. Struthers, O. Taylor, P. W. Thompson, F. G. Thompson, A. F. Tufford, H. B. Thompson, R. E. Towle, J. P. Vrooman, J. S. Wardlaw, T. P. Wier, G. R. Watson, R. E. Walker, A. W. Whitney.

UNIVERSITY OF TORONTO.

Medals—Gold, G. A. Fere; *Silver*, J. Galloway. *Scholarships*—Third year—1. J. H. Collins; 2. G. Chambers. Second year—1. L. F. Barker; 2. W. H. Philp. First year—1. J. A. Henderson, W. N. Barnhart, æq.; 2. R. L. Langstaff, T. W. Schlenker, æq.

M.D.—M. H. Aikins, C. H. Britton, P. H. Bryce, J. H. Burns, W. Cornell, W. B. Duck, J. Ferguson, J. G. Head, P. G. Meldrum, A. A. Macdonald, G. R. McDonagh, L. McFarlane, A. F. McKenzie, C. McLellan, G. A. Pettigrew, S. B. Pollard, E. Prouse, J. W. Ray, W. T. Robson, J. F. W. Ross, A. Scott, G. M. Shaw, S. B. Smale, A. Taylor, R. J. Trimble, J. E. White and A. H. Wright.

M.B.—W. C. Barber, George Bell, F. T. Bibby, W. H. Clutton, S. Cummings, F. J. Dawson, G. A. Fere, J. G. Ferguson, T. A. Ferguson, J. Galloway, J. Grant, W. Hamilton, T. A. Hardie, G. F. Jones, C. B. Langford, T. H. Little, J. T. Manes, J. McGillawee, Anthony Ochos, J. C. Patton, J. A. Scott, E. Sisley, W. H. Smith, A. W. Stinson, P. W. Thompson, R. E. Towle and T. P. Weir.

VICTORIA UNIVERSITY.

M.D., C.M.—Geo. Bell, Samuel McKibbin, John S. Hart, Robert K. Anderson, Chas. B. Langford, Albert W. Stinson, M. E. Gillrie, Thos. H. Little, Geo. A. Dickenson, P. W. Thompson, Jas. A. Cross, Thos. A. Ferguson, G. Silverthorn, J. J. Broad, T. P. Weir, Frank J. Dawson, Wm. C. Barber, John Carruthers, Geo. F. Jones, Silvester N. Young, John Grant, Thos. Webster, R. G. Montgomery, J. C. Patton, W. C. Gilchrist, Geo. R. Watson, J. G. Hutton, D. H. Piper, Walter Hamilton, F. W. Kitchen, J. A. Ross, Opie Sisley, J. A. Millican, J. Tyrrell, J. McGillawee, Lambert Watson, F. J. Bradd, W. R. S. George, Thos. Bulmer.

Primary—J. L. Turnbull, J. A. Ivey, Cole, E. Bull, A. G. Aldrich, T. E. Kaiser, R. C. Dougan, B.A., A. B. Field, J. D. McNaughton, C. W. Clen-

dennan, W. E. Gimby, J. E. Forfar, C. D. Lockyer, J. H. Gimby, M. Armstrong, S. Douglas, R. Rowan, A. A. Smith, J. S. Harris, J. S. Tweddle.

UNIVERSITY OF MANITOBA.

M.D.—A. D. Carscallen, J. E. Gemmel, C. J. Large, V. E. Latimer, J. P. McIntyre, A. Sibbitt. *C.M.*—J. E. Gemmel, V. E. Latimer, C. J. Large. *M.D. (ad eundem gradum)*—R. J. Blanchard, M. B., C.M., (Edin.); J. W. Good, M.B. (Tor.); H. A. Higginson, M.D., C. M. (McFill); and Drs. Patterson, O'Reilly, Higginson and McArthur took the degree of C.M. (*ad eundem gradum.*)

Scholarships, etc.—Final—1. University Scholarship and Lafferty Gold Medal, C. J. Large; 2. University Scholarship and Boyle Scholarship, J. E. Gemmel. *Primary*—1. University Scholarship J. O. Todd; 2. University Scholarship, T. J. La-

MCGILL UNIVERSITY, MONTREAL, M.D., C.M.—Neil D. Gunne, Seaforth, Ont., *Holmes Gold Medalist*; William Grant Stewart, Arundel, Me., *Prizeman*; Charles Peter Bissett, River Bourgeois, N. S., *Sutherland Gold Medalist*; Robert Edward McKechnie, Winnipeg, *Prizeman in the Primary.*

Baer, D. C., Bell, J. H., Berry, R. P., Bradley, W. J., Cameron, J. J., Carter, E. H., Castleman, A. L., Chalmers, W. W., Clouston, J. R., Conroy, C. P., Desmond, F. J., Dewar, C. P., Ferguson, W. D. T., Fritz, H. D., Goodwin, W. W., Gunne, N. D., Haentschel, C. W., Hewitt, J., Hoare, C. W., Haldimand, A. W., Hopkins, H. J., Hubbard, O. H., Kennedy, J. H., Kenney, F. L., Kincaid, R. M., Kirkpatrick, E. A., Lang, W. M., Metcalfe, F. T., Moffatt, R. D., Morrow, C., McDonell, A. E. J. McDougall, D. S., McCarthy, J. G., McFarlane, M. A., McKinnon, G. W., McLennan, D., McMartin, D. R., Orr, A. E., Orr, J. E., Park, P. C., Pearman, H. V., Potts, J. M., Quirk, E. L., Robertson, A. G., Stewart, A. D., Stewart, W. G., Springle, J. A., Thompson, J. H., Weagant, A. A., Westley, R. A., Wetmore, F. H., Woodruff, T. A., Wyld, C. F., Young, H. E.

THE LOMB PRIZE ESSAYS.—Mr. Henry Lomb, of Rochester, N. Y., offers, through the American Public Health Association, two prizes for the current year, on the following subjects: "Practical Sanitary and Economic Cooking Adapted to Persons of Moderate and Small Means." First prize, \$500; second prize, \$200. Conditions: The arrangement of the essay will be left to the discretion of the author. They are, however, expected to cover, in the broadest and most specific manner, methods of cooking as well as carefully prepared recipes, for three classes,—(1) those of moderate means;

(2) those of small means; (3) those who may be called poor. For each of these classes, recipes for three meals a day for several days in succession should be given, each meal to meet the requirements of the body, and to vary as much as possible from day to day. Formulas for at least twelve dinners, to be carried to the place of work, and mostly eaten cold, to be given. Healthfulness, practical arrangement, low cost, and palatableness should be combined considerations. The object of this work is for the information of the housewife, to whose requirements the average cook-book is ill adapted, as well as to bring to her attention healthful and economic methods and recipes. All essays written for the above prizes must be in the hands of the Secretary, Dr. Irving A. Watson, Concord, N. H., on or before Sept. 15, 1888. Each essay must bear a motto, and have accompanying it a securely sealed envelope containing the author's name and address, with the same motto upon the outside of the envelope. All papers must be in the English language.

THE ADDITION OF AN ACID TO BICHLORIDE SOLUTIONS TO INCREASE THEIR ANTISEPTIC POWER.

—Dr. Laplace (*Med. Rec.*) has made a number of experiments to determine whether sublimate dressings such as gauze, cotton, rollers, etc., were really aseptic and antiseptic. He found that while most of the dressings were aseptic, none of them exerted positive antiseptic powers. It has been proven by numerous investigations that when the sublimate solution is brought in contact with albuminous fluids, an insoluble albuminate of mercury results, which is entirely devoid of antiseptic properties. This takes place when sublimate dressings are applied to the body, and explains the poor results obtained from their use in some cases. Laplace found that the addition of an acid to the sublimate will prevent this coagulation. He especially recommends tartaric acid.

The following are his conclusions:

1. Acid solutions of corrosive sublimate exert the full effect of the drug, even in albuminous fluids.
2. The combination of an acid with the sublimate increases its antiseptic powers, so that weaker solutions are required.
3. The acid sublimate dressing does not interfere with the employment of other measures—caustics, iodoform, etc.
4. The acid sublimate solution and gauze gives

more satisfactory results in the laboratory and in practice than other disinfectants. 5. The wounds are not irritated.

The solution employed by Laplace is the following:

- Hydrarg. bichlor., 1.0
- Acid tartaric, 5.0
- Aq. destil., 1000.0

Gauze, cotton, etc., are soaked for two hours in a solution of

- Hydrarg. bichlor., 5.0
- Acid tartaric, 20.0
- Aq. destil., 1000.0

The author obtained very satisfactory results with this dressing in the treatment of suppurating wounds. The fetor rapidly disappeared, granulation was established, and the dressing remained sterile, in one case for six days.

ANOTHER NEW HYPNOTIC—SULPHONAL.—This is the name given by the manufacturers of "diethylsulphondimethylmethan" to a substance produced by the union of ethylmercaptan with acetone. It was discovered by Prof. Bauman, of Freiburg. Prof. Kast, of Freiburg, has experimented with it on a considerable number of patients, and he says (*Berlin Klin. Woch.*) that in his opinion it is a very valuable addition to our materia medica. It is a crystallizable substance, forming large colorless tables, possessing neither taste or smell. It is soluble in water, about 18 parts of boiling and 100 parts of cold; in alcohol and alcoholic ether it is freely soluble, but is not affected by acids or alkalis. From 30 to 60 grains may be taken by adults without producing any unpleasant symptoms or after effects. Usually the patient sinks into a quiet slumber in from a half, to two hours, and this state lasts from five to eight hours. In a few cases the patient complained of feeling tired and sleepy next day, but usually no after effects were noticeable. It was most efficacious in insomnia in nervous subjects, the dose being about 30 grains. The rate of the pulse, blood pressure, temperature and digestion were not at all affected by medicinal doses.

TEMPERANCE OF JEWS.—Dr. Norman Kerr, the celebrated writer on the physiological aspects of intemperance, in referring to the above, says: "The temperance of the Jews is proverbial. Extensive as my professional intercourse has been

with them, I have never been consulted for inebriety in the person of a Jew, while my advice has been sought for this complaint by a very large number of Christians. In my opinion, their general freedom from inebriety, in almost every clime and under almost all conditions (there are very few exceptions to this rule), is as much due to racial as to hygienic, and more to racial than to religious influences."

FORMULA FOR DYSMENORRHOEA.—Dr. Goubert (*Am. Jour. Med. Sciences*) recommends the following:—

- R.—Iodoform, gr. ij.
- Ext. of belladonna, gr. ss.
- Asafœtida, gr. iv.

M. ft. pil. j. Six of these pills are given daily, and from six to ten days before the appearance of menstruation.

STUDY OF OBJECTS.—Examination.—Professor: "How many legs have insects?"

Candidate: "65 per cent. of insects have no legs at all, 11 per cent. have one, 14 per cent. two or three, 10 per cent. four or five, but one six."

Professor: "How in the world did you get this answer?"

Candidate: "By carefully examining the collection belonging to the University."—*Fliegende Blat.*

A MICHIGAN doctor, says the *Medical Age*, paralyzed a company one very wet and slippery night by stating, in reply to the question whether he had come afoot, that he had not, but had adopted the same mode of locomotion that Baalam employed centuries ago.

By referring to the advertisement of Fairchild Bros. & Foster, on our last page, it will be seen that so great an authority as Dr. Murrell, F. R. C. P., speaks of their Pepsin in the highest terms. The profession here are generally agreed that their Pepsin product is up to the highest standard of excellence.

BRITISH DIPLOMAS.—Dr. P. D. Goldsmith (Vict. Univ.), of Campbellford, Ont., has recently passed the L. R. C. P. London examination, as also that of the Society of Apothecaries.

J. H. Stewart was fined \$100 and costs, May 18th, at the Toronto Police Court, for practising

medicine without a license. His wife who was charged with a violation of the Ontario Medical Act was discharged.

REMITTANCES to this journal should be addressed, Charles Sheard, M.D., 314 Jarvis Street, Toronto. If otherwise addressed they are late in being acknowledged.

DR. THOMAS KEITH, the celebrated gynaecologist, has removed to London.

Books and Pamphlets.

THE SURGICAL DISEASES OF THE GENITO-URINARY ORGANS, INCLUDING SYPHILIS, by E. L. Keyes, A.M., M.D., Professor of Genito-Urinary Surgery, Syphilology and Dermatology in Bellevue Hospital Medical College, etc. D. Appleton & Co., New York. W. J. Gage & Co., Toronto. Price \$5.

Professor Keyes has now become so well and favourably known in connection with genito-urinary surgery, that any work bearing his name is sufficiently recommended, and we are sure this new revision of Van-Buren and Keyes' text book is quite up to any work upon the same subject heretofore produced. We can recommend it highly because it is a complete treatise of the diseases of the genito-urinary system, including syphilis, and further, on account of the able and practical manner with which the subject is handled. Any one who will carefully read the pages of this work will find his time has been well spent.

A TREATISE ON DISLOCATIONS. By Lewis A. Stimson, B. A., M. D., Professor of Clinical Surgery, in the University of New York, etc., etc. One hundred and sixty-three illustrations. Pp. 541. Philadelphia: Lea, Bros. & Co. Toronto: Hart & Co. Cloth, \$3.00; leather \$4.00.

This volume on dislocations is a companion or second volume to a treatise on fractures, by the same author, published nearly five years ago. This long time has been spent by the author in collecting and arranging from all available sources material for the work. The work on Fractures has taken a place as authoritative, and we have no doubt that the present volume will be equally well received. It is indeed all that can be desired, for the use of the practitioner, and we can heartily recommend it to the profession as a work that will

become a classic on the subject under consideration.

ASEPTIC AND ANTISEPTIC SURGERY—A practical treatise for the use of Students and the General Practitioner, by Arpad. G. Gerster, M.D., Prof. Surgery at the New York Polyclinic, Visiting Surgeon to the Mount Sinai Hospital, and the German Hospital, New York. Illustrated with two hundred and forty-eight engravings and three chromo-lithographic plates. D. Appleton & Co., New York. W. J. Gage & Co., Toronto.

This is a clear exposition of the principles of antiseptic surgery, where the steps of the various operations in surgery are concisely given; unfortunately the plates are mostly photographic and hence not so distinct as they might be. We can recommend the work as being up to the day and practical.

A GUIDE TO THE PRACTICAL EXAMINATION OF URINE. For the Use of Physicians and Students. By James Tyson, M. D., Professor of General Pathology and Morbid Anatomy in the University of Pennsylvania. Sixth Edition, revised and corrected. With a colored plate and wood engravings. Pp. 253. Philadelphia: P. Blakiston, Son & Co. 1888. Toronto: William-son & Co.

This work which has reached its sixth edition is worthy of all commendation. It has been, as the author says, rather cut down as to its contents than enlarged, and considerable matter which appeared in the last edition has been cancelled as being no longer required. The most important additions are in the way of new test for sugar by phenyl-hydrazin hydrochlorate, and alpha naphthol and thymol. Dr. Tyson's name has become like a household word in the domain of urinology, so that any further favorable notice of this most excellent work is unnecessary.

THEINE IN THE TREATMENT OF NEURALGIA. Being a physiological contribution to the therapeutics of pain. By Thomas J. Mays, M. D., Professor of Diseases of the Chest, in the Philadelphia Polyclinic, etc. Pp. 84. Philadelphia: P. Blakiston, Son & Co. Toronto: Williamson & Co. 1888.

This is a reprint of a contribution to the *Poly-clinic*, Sept., 1887. The therapeutics of pain are well treated of by a reliable man, and the physiological action of Theine and its special therapeutical indications are well made out.