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The Canada Medical Record.

VOL. XXIII.

MONTREAL, SEPTEMBER, 1895.

No. 12.

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Society Proceedings.

MONTREAL MEDICO-CHIRURGICAL SOCIETY.

Stated Meeting, March 8th, 1895.

DR. G. P. GIRDWOOD, PRESIDENT, IN THE CHAIR.

Dr. R. A. Westley, of Alexandria, was elected an ordinary member.

Experimental Cachexia Strumipriva.—Dr. WESLEY MILLS exhibited a dog from which he had removed the thyroid gland. The animal was in good condition at the time, and bore the operation so well that he feared the usual symptoms were not going to develop. The operation was performed on Monday evening, and on Friday most pronounced symptom of dyspnœa and fibrillary twitchings appeared, which, however, lasted but a short time and had almost disappeared when the animal was shown. The only symptom then present was the dog's extreme dullness. The temperature was about 98°, which was for the dog slightly subnormal. The subject had been thoroughly investigated by Continental and English scientists, notably Horsley. The symptoms differed in different animals; but were most pronounced in the carnivora.

Those referable to the nervous system were increased and then diminished function such as spasms, and later cretinism and myxœdema. The dullness (cretinism) was manifest in this dog; although the contrast between his present and his usual behavior was not marked. Myxœdema in some cases needed careful investigation to find; it was certainly not pronounced in either of these cases. In another dog operated upon, dullness, emaciation and dyspnœa were the prominent symptoms. The explanation was, that by excision of the thyroid a controlling influence over metabolism was removed. The dyspnœa was caused by the venous condition of the blood, and by the influence of toxins on the respiratory centre. The œdema, dullness, etc., were explained by alterations in nutrition and in the nervous system.

Dr. F. J. SHEPHERD suggested that some of the symptoms might have been due to the effects of the operation.

Dr. JAMES BELL was surprised that Dr. Mills should consider that the changes described could have taken place in so short a time.

Dr. W. S. MORROW corroborated what Dr. Mills had said of the animal's condition.

Gastro-jejunostomy.—Dr. F. J. SHEPHERD exhibited a woman, æt. 68, upon whom he had performed this operation, and who had been sent to his wards by Dr. G. Gordon Campbell

as a suitable case for pylorotomy. The tumor about the pylorus seemed small, well defined and unattached. The patient readily consented to operation, and on August 11th, 1894, an incision was made in the median line and the tumor examined. The case seemed favorable for pylorotomy, so the omentum was tied off, and on lifting up the stomach a large mass of infiltrated glands was seen on the posterior wall of the abdomen. All idea of continuing the operation of excision was abandoned and gastro-enterostomy performed. A piece of jejunum was brought up to the anterior wall of the stomach and fixed there by a double row of sutures, the outer row of Lembert sutures was continuous. No plate, button or other mechanical device was used. The patient did perfectly well, and went out of hospital during the first week of September, being able to eat with comfort, the vomiting having altogether ceased. Dr. Shepherd had not seen the patient again until a few days ago, when she sent for him; he found she was suffering from diarrhoea. Since leaving hospital she had been attending to her household duties as usual, and had no trouble about eating. The tumor could still be felt somewhat larger than in the summer, but patient looked well nourished and had a healthy appearance and did not suffer. Dr. Shepherd said that he thought the results of this operation were excellent, and it was worth doing to obtain six months freedom from pain, and this comfort with the chance, judging from her present condition, of enjoying several months more of good health.

Dr. G. GORDON CAMPBELL said that there had been almost entire absence of symptoms pointing to gastric cancer previous to her admission to hospital. The tumor had been discovered on making an examination of the abdomen. There had been no pain or vomiting, and general debility, for which she had spent a couple of weeks at the seaside without benefit, was the chief complaint. While in the medical wards vomiting had commenced, and at one time a very large quantity of stomach contents was expelled. The tumor was about the size of an egg, freely movable and situate about one inch above the umbilicus. Its connection with the pyloric end of the stomach was easily determined by dilating that organ. A test meal had been given and absence of hydrochloric acid demonstrated.

Pulmonary Embolism.—Dr. W. G. JOHNSTON showed a specimen illustrating obstruction of the pulmonary artery by an embolus. A number of rounded masses of blood clots obstructed the pulmonary artery in each lung. The history was interesting, both from a pathological and medico-legal standpoint. The man had been dead and buried about one week, when one of his friends made a curious statement: that the deceased had expected

some accident to happen to him, and some persons were reported to have been laying traps for him. A post-mortem was ordered, and this curious condition of obstruction in the pulmonary artery found. No evidence of any primary source of an embolus could be detected, and this made it difficult to decide between embolism and thrombosis. In favor of thrombosis was the atheromatous condition of the pulmonary artery, the heart showing an unusual condition of great dilatation on the right side. He was said to have had a systolic murmur, transmitted very distinctly to the right, and owing to his having a very slow, heaving pulse, it was thought to be an aortic direct murmur, and there was some thickening of the aortic valve. Dr. Johnson, however, thought the murmur was produced in the right side.

Aneurism of the Thoracic Aorta.—Dr. ADAMI exhibited the specimen, and read the report.

Dr. JAS. STEWART described the treatment of the case.

Dr. WESLEY MILLS emphasized the value of laryngoscopic examination in diagnosing aneurisms of the aorta.

Dr. FINLEY thought that Dr. Adami's explanation of the difference between the pulse in the two radials was very ingenious, and seemed to be confirmed by the anatomical conditions present. He also thought that the late Dr. MacDonnell's explanation of the tracheal tugging—the aneurism pressing upon the left bronchus and pushing it down with each pulse—was borne out by this case.

Dr. LAFLEUR had at present under observation a case of thoracic aneurism, the diagnosis of which was made by a laryngologist, and not by himself. The patient had been suffering from aortic insufficiency for fifteen years, and had been under the speaker's care for a year. He developed pain of a fixed character in the epigastrium, generally so severe as to prevent sleep at night. A troublesome cough, with huskiness, developed, and examination of the lungs gave negative results. There was no alteration in the size of the pupils, and no evidence of intrathoracic tumor. He finally had Dr. Birkett see the man, and an aneurism was detected projecting into the trachea, immediately above its bifurcation, about the size of a walnut. This case illustrated the importance of internal as well as external examination in such cases. Here, from the point of view of external examination, there was nothing at all to suggest aneurism, except trachea tugging, which was discovered to be present after the laryngological examination had been made.

Dr. H. D. HAMILTON had often treated the patient for his laryngeal complaint at the Longue Pointe Home. He happened to be at the Home one day examining some cases with

Dr. Thompson, when this last illness began. A sudden attack of dyspnoea had set in, during the course of a bronchitis from which he was suffering, which made them at first suppose the aneurism had ruptured. Pain was always a prominent symptom, and it was constantly referred to the right side. Belladonna plasters gave marked relief when used in addition to the internal medication. The patient lived just one week after this attack.

Two Cases of Pernicious Anæmia.—Dr. F. G. FINLEY read a paper on this subject as follows:

Of the two cases reported below, both were regarded during life as pernicious anæmia. The second, however, was clearly shown by the post-mortem examination not to be of this nature. As they both presented a severe form of anæmia, poikilocytosis and absence of free acid in the stomach, they are recorded, inasmuch as the association of these conditions is still involved in considerable obscurity.

Case I.—Pernicious anæmia, absence of hydrochloric acid in gastric juice—Marked improvement after thymol—Failure of arsenic and bone marrow.

CASE—H. J., male, æt. 52, of temperate habits, was sent to the Montreal General Hospital by Dr. Hutchison on November 17, 1894, complaining of indigestion, vomiting and weakness.

He states that he has had small-pox and gonorrhœa. He has not been strong for ten years, and has suffered from vomiting, lasting a day or two at a time, two or three times yearly. He has been much worried of late by family trouble.

Present illness—Began in August, 1894, with weakness and loss of flesh. For several months he suffered from nausea and occasionally vomiting induced by slight exertion. At no time was there any abdominal pain or hæmatemesis. Increasing weakness obliged him to take to bed about the end of October, and the vomiting continued up to the time of admission to hospital. He has lost about twenty-five pounds in weight.

Family History—Father is healthy, æt. 82; mother, a sister and brother died of consumption, and a brother is stated to have died of anæmia.

Present condition—He is moderately nourished, the panniculus adiposus is small. The muscles are soft but of fair size, and the weight is 124 pounds. The skin is moist and perspiring. The face and back of hands are of a decided lemon color, and the conjunctivæ show a slight yellow hue. The mucous membranes are pale, and there is a considerable degree of anæmia present. The tongue is moderately coated and flabby. The abdomen is normal, presenting no tenderness or tumor, and the liver and spleen are not enlarged. The heart

is of normal size; a soft systolic murmur is heard with maximum intensity at the pulmonary cartilage, transmitted to the aortic and down the sternum as far as the fourth costal cartilage. The lungs are normal. The urine is acid, S. G. 1020; no albumen, sugar, urobilin or bile coloring matters are present.

November 18.—Blood examination shows slight irregularity in the shape of the corpuscles (poikilocytosis) and a few small corpuscles (micro-cytes) are present. On Nov. 25th red cells, 1,928,770 to c.m.; hæmoglobin 45 per cent. (Fleischl). Stained specimens show some irregularity in shape and size of the corpuscles and a few microcytes. Ratio of red to white 3 to 508. The gastric contents withdrawn after a test meal show an entire absence of hydrochloric acid (Congored, Boas and Gunzberg's tests); lactic acid absent.

The red corpuscles have become more irregular in shape. Careful measurements show that many of them are larger than normal, measuring 9 to 10 m., instead of 7 to 8 m.; a few microcytes 3 to 6 m. The white cells are relatively but not absolutely increased. Nucleated red cells have not been found in repeated examinations.

The urine has varied considerably, S.G. 1015-1020, being on some occasions dark in color and at others light. Urobilin (Huppert's test) has been frequently but not always present, and the spectrum of pathological urobilin has also been occasionally seen.

On January 23, the spleen was felt below the costal border, and has since continued enlarged. On March 17 a severe attack of facial erysipelas set in, the temperatures ranging from 103° to 105°, and terminating by crisis on the sixth day.

With the exception of this attack of erysipelas referred to, there was no fever during the six months that the patient was under observation. Retinal hæmorrhages were almost absent. The weight fluctuated from 119 to 124 lbs. Vomiting occurred a few times in the fortnight following admission, and then ceased. The stools were examined for intestinal parasites with a negative result.

The blood began to improve in the first half of March, and, as will be seen by referring to the table appended, by the end of April almost reached the normal. Corresponding with the improvement of the blood conditions, the patient's strength and energy returned, and he was able to leave the hospital on May 16.

The shape of the blood corpuscles has always continued irregular, and hydrochloric acid has been persistently absent from the gastric juice.

Treatment—Arsenic has been faithfully used for several months, also bone marrow, iron and latterly thymol have also been given a trial. Arsenic has been used throughout internally in

the shape of Fowler's solution in doses of from m ii to m x t.i.d. The stomach would not tolerate a large dose, and on several occasions it had to be discontinued. Arsenious acid in pill form was better borne, and hypodermics of Fowler's solution in water were also tried, but proved painful, and were discontinued on the formation of a small abscess. A glycerine extract of bone marrow was used from January 8 to February 8, during which time the corpuscles decreased from 1,792,000 to 1,320,000, although there was a slight increase in the hæmoglobin 35 per cent. to 45 per cent. Bland's pills in doses of 10 to 15 grs. t.i.d. were used from February 8th to March 4th, the red corpuscles rising in this period from 1,320,000 to 1,770,000, but with a decrease of hæmoglobin.

On March 3rd thymol was commenced. A reference to the table below will show the relation of the blood count to the principal drugs used.

BLOOD COUNTS.

Nov. 25....	Red B.C.	1,928,000	Hglobin	45%	
Jan. 7.....		1,792,000	Fleischl	30%	to 25%
25....		1,820,000		40%	
Feb. 6.....		1,320,000		40%	
12....		1,340,000		45%	
March 4....		1,770,000		30%	to 35%
14....		2,440,000		45%	
April 5....		2,860,000		65%	
12....		3,140,000		65%	to 70%
30 ...		4,810,000		80%	to 85%
June 26....		2,197,000		40%	

TREATMENT.

Nov. 24th. Arsenic in v to x, and also alternating with 1-20 gr. arsenious acid t.i.d. taken during almost whole period of hospital residence. Jan. 8 to Feb. 8. Bone marrow.

March 3 to June 15. Thymol gr. $\frac{1}{2}$ to gr. $1\frac{1}{2}$ t.i.d.
March 17 to 22. Erysipelas.

On comparing the blood counts with the treatment, it will be noted that no improvement appeared with arsenic. All the blood counts made after March 4th showed a steady improvement, which was coincident with the use of thymol and arsenic, and which had not been effected by the use of arsenic alone. The experience of this case is certainly suggestive of the beneficial action of thymol. The attack of erysipelas complicated the case at this stage, and suggests the possibility of its exerting a modifying influence over the disease. It will, however, be noted that the improvement began *before* the attack of erysipelas, and co-incidentally with the use of thymol.

A blood count made June 25th showed a great decrease in the number of corpuscles and hæmoglobin, a relapse so frequently seen in pernicious anæmia.

Case II.—Severe anæmia—Arterial sclerosis—Dilated heart—Absence of hydrochloric acid in Gastric fluid—Autopsy.

R. O'C., æt. 61, laborer, admitted to the Montreal General Hospital on January 25th,

1895, complaining of weakness and shortness of breath.

Personal history—He has had measles, whooping cough and scarlet fever, but no venereal disease.

Present illness began in the spring of 1894 with frequency of micturition, and in November, there were severe paroxysms of pain in the right groin.

In October, 1894, began to be much troubled with shortness of breath, especially on going up steps, and about this time he noticed his face to be of a slight yellow color. He has noticed for some time back small red spots on the hands, lasting from a week to ten days, evidently subcutaneous hæmorrhages. He has had palpitation, dizziness, and has lost about 30 lbs. in weight. He has never had headache, nose bleeding or diarrhœa. He has vomited on three occasions, and suffered a few times from heartburn.

Family history—Father died from fever and ague; mother died at 57 from an illness attended by cough and expectoration.

Present condition—He is rather thin, the muscles are soft and the panniculus adiposus is small; weight 125 pounds. The face and back of hands are of a marked yellow hue; and there is marked pallor of the conjunctivæ and gums. Two small subcutaneous hæmorrhages on the back of the right hand.

The arteries show a moderate degree of thickening; pulse 84, slight irregularity in rhythm and tension not increased; the apex impulse is strong and in the nipple line, the cardiac sounds are normal. The lungs and abdominal viscera present no abnormality on physical examination. Urine pale, S.G. 1015, no albumen or sugar. Urobilin negative with the spectroscope.

Jan. 26.—Blood count, red cells 3,320,000; hæmoglobin 25 to 30 per cent. (Fleischl). Irregularity in size and shape of the corpuscles is well marked. Hydrochloric acid absent from gastric contents in a test meal by same tests as used in first case. Subsequent blood examinations were made as follows:

Feb. 12.	Red cells,	2,250,000;	hæmoglobin,	20 to 25 per cent
" 28	"	2,660,000;	"	20 to 25 "
Feb. 3	"	2,390,000;	"	20 to 25 "

Numerous examinations were made of stained specimens of blood. These always showed marked irregularity in size and shape of the red blood corpuscles. Most of the cells were under rather than over the size of a red blood corpuscle, a very common size being 5.4 m.; microcytes were not numerous, and the largest cells have not been over 10 m. No nucleated red cells have been seen.

The urine has been for the most part pale in color, occasionally somewhat dark. It has frequently in both pale and dark specimens shown the presence of urobilin with Huppert's

test, but not with the spectroscope. The sp. gr. has usually been about 1015.

The temperature has been normal throughout. There have been no retinal hæmorrhages, but occasionally small subcutaneous hæmorrhages have appeared on the hands. A hæmic murmur developed at the pulmonary cartilage shortly after admission, and the pulse has at times been intermittent. The gastric contents have persistently shown an absence of free acids. The weight has increased to 133 pounds.

The treatment, in addition to cardiac tonics, consisted in the administration of arsenic, beginning with m. ii. Fowler's solution t.i.d. and increasing the dose by m. i. daily until m. xvi. were given, when it was omitted for two days on account of vomiting, and then recommenced with a dose m. xv. t.i.d., which has been continued to the present.

A glycerin extract of bone marrow in doses of ʒii. to ʒiii. t.i.d. was begun on March 1st in addition to the arsenic. The results of treatment have, as in the first case, been unsatisfactory, the blood conditions being precisely the same as on admission.

P.S.—This patient developed great anasarca of the lower extremities, double hydrothorax and dyspnoea, obviously of cardiac origin, and died April 7th.

Autopsy performed by Dr. Wyatt Johnston showed a moderate quantity of fluid in the pleural cavities. The heart was much enlarged on both sides and the right distended with blood. Œdema and slight emphysemata of the lungs.

Kidneys—Left slightly enlarged, capsules adherent and a few cysts present.

Prostate presented two adenomata projecting into the bladder.

The liver was rather small, and on section the veins were prominent. The spleen was large and firm.

The mucosa of the stomach was soft and the organ contained a pint of curdled matter. The red marrow of sternum, ribs and vertebrae was increased. On microscopic examination pigment was found about the central vein. No iron reaction and no pigment in peripheral zones.

Stomach on microscopic examination showed a loss of the superficial part of the mucosa from post-mortem digestion, but the glands in the deeper portion of the mucosa were normal in every respect, presenting neither atrophy, increase in connective tissue, nor alteration of the epithelium.

The lemon tinge of skin present in both cases was extremely suggestive of pernicious anæmia.

The diagnosis of the first case rests chiefly on the condition of the blood, together with an absence of any of the usual causes for a second

dary anæmia. The blood counts invariably showed a relative excess of hæmoglobin, a sign which is usually present in the pernicious form of anæmia. The marked irregularity in shape and size without increase of the white cells is also very characteristic. The presence of nucleated red cells, which has been insisted on by some as essential in the diagnosis of pernicious anæmia, are in my experience rather the exception than the rule. In five cases under my observation in which they have been carefully looked for they were present only in one. The splenic enlargement present in this case is rather exceptional, although it is a well recognized feature of the disease.

The presence of pathological urobilin is an important diagnostic feature, and urine of high color and low sp. gr. is also suggestive of the condition.

The absence of free hydrochloric acid from the gastric contents at first raised the question of the possibility of carcinoma of the stomach being the cause of anæmia. The absence of pain, of tumor, of hæmatemesis and of persistent vomiting, together with the relative embonpoint of the patient, were decidedly against this view, and the absence of progressive emaciation during the past three and a half months also bear out the original diagnosis. A leucocytosis, again, which is commonly present in cancer, was here absent.

In the second case the diagnosis of pernicious anæmia in a patient with arterial sclerosis and dilated heart, made during life, was not borne out by the results of the autopsy. The deposit of iron in the liver was absent, and only the ordinary senile pigmentation in the centre of the lobule was found.

Hüfler, quoted by Ewald, records a number of cases where hydrochloric acid was absent in cases of valvular disease, and it may be that this was the cause here. Such a degree of anæmia, with marked poikilocytosis must, however, be unusual in cardiac disease, and the kidneys were so slightly affected that the anæmia of renal disease was hardly possible. Whether any relation between anæmia and absence of hydrochloric acid exists can only be determined by further observation. The case under consideration is, however, not one of anæmia associated with atrophy of the gastric tubules.

The absence of such an important constituent as hydrochloric acid does not seem to have caused any serious gastric disturbance in either case. We may perhaps assume that compensation is effected by the pancreas.

In the first case, nausea, occasional vomiting and heart-burn began apparently coincidentally with the onset of the symptoms of anæmia, and in the second case such symptoms were entirely absent.

It is well known that the weight and general nutrition are usually retained in the sub-

ject of pernicious anæmia, and the loss of weight occurring in these cases may be satisfactorily accounted for by the absence of gastric digestion.

The association of atrophy of the gastric glands and a grave form of anæmia has been recognized for a number of years. First pointed out by Austin Flint, this observation has been confirmed by Fenwick, by Osler and Henry and many others, and the fact is now well established. There has been and still is considerable divergence of opinion about the interpretation of these observations. Many observers regard the atrophy as a consequence and result of the anæmia, and as having, therefore, but little bearing on the condition. There are others, however, Flint and Fenwick among the number, who do not hesitate to state that the atrophy is primary and the anæmia secondary, so that the term idiopathic anæmia is not strictly correct in such cases. Osler and Henry, for instance (*Am. Jour. Med. Sci.*, 1886), relate a case with all the clinical features of pernicious anæmia, including the blood changes, in which extensive atrophy was found in the gastric tubules at autopsy. The onset of the malady was preceded for years by loss of flesh, indigestion and vomiting, and the authors therefore conclude that the gastric condition was primary. Hunter (*British Med. J.*, 1890-92) records a case in which atrophy of the gastric glands was found after death in a case of pernicious anæmia, and he brings forward arguments based on pathological investigation and urinary analysis to show that abnormal fermentation in the gastro-intestinal tract may generate certain toxic agents which have a deleterious action on the blood, and induce a process of blood destruction.

As hydrochloric acid is the natural antiseptic agent of the stomach, its absence would naturally favor these abnormal chemical changes. Without dwelling on this point, Hunter has made a valuable addition to our knowledge by pointing out that pathological urobilin is frequently present in large quantities in pernicious anæmia. As this substance is derived from blood pigment, its presence in the urine indicates excessive destruction of blood. Hunter regards the presence of this substance as of much diagnostic value. It may be detected by the spectroscope, in which it shows a broad dark band lying close to the line F, and also a considerable absorption of the outer part of the blue spectrum. Jaksch also recommends Huppert's test, performed by collecting the precipitate formed by the addition of milk of lime to urine, adding alcohol and a drop or two of dilute sulphuric acid in a test tube, and boiling. On settling, the supernatant liquid shows a red tint. Hunter recommends adding a solution of zinc chloride in alcohol to urine, when a

green fluorescence develops. This test, however, seems inferior in delicacy to the others, and has been negative in the above cases on the few occasions in which it was employed.

If we admit the frequent occurrence of gastric atrophy in pernicious anæmia, we would *a priori* expect an absence of free hydrochloric acid in the gastric juice.

From a rather hurried search through various reports of such cases, I do not, however, find this point referred to except by Eisenlohr. This writer (*Deutsch Med. Woch.*, 1892) relates a case in which this symptom was present in pernicious anæmia, and in which there was atrophy of the gastric glands.

That hydrochloric acid should be absent in two cases of grave anæmia seems rather remarkable, and it would prove of interest to know in what proportion of cases this sign is present. In the absence of post-mortem examination its significance is somewhat doubtful, as the acid may be absent in a number of conditions. Recognizing the fact, however, that atrophy of the gastric tubules is a frequent accompaniment of pernicious anæmia, it is highly suggestive of the association of the two conditions.

We are as yet hardly in possession of sufficient facts to state whether we can recognize a distinct gastric type of the disease, but it can readily be seen that such a view may have an important bearing on treatment. If we accept Hunter's view that abnormal fermentation with the formation of hæmolytic agents is going on in the gastro-intestinal tract, we may find that the administration of intestinal antiseptics is of primary importance, and indeed Gibson has recorded a case in which such a line of treatment was followed by marked improvement.

Dr. F. W. CAMPBELL thought the manner of administration might have something to do with the results obtained from arsenic in many cases. He thought it was Dr. Seguin who first called attention to the fact that arsenic, when given in small doses frequently repeated, was much more likely to be followed by beneficial results than when given in the usual manner, three or four times daily. Dr. Seguin, of course, was speaking of chorea, and of the soundness of his advice in this respect the speaker had had personal experience in several cases. In like manner, however, he believed that in pernicious anæmia the effect of giving the drug every two hours, and gradually increasing the dose, ought to be tried.

Dr. D. F. GURD referred to the treatment by bone marrow and strophanthus which he recently observed in Edinburgh.

Dr. McCONNELL had always believed that the presence of nucleated red corpuscles was necessary before the case could be considered one of pernicious anæmia. He thought that the explanation given of the absence of relative

increase in the hæmoglobin in one case, viz., the smaller size of the red corpuscles, was a very interesting point.

Resuscitation of a new-born Child by Rhythmic Traction on the Tongue.—Dr. KENNETH CAMERON read a report of the case, as follows:—

Rhythmic traction on the tongue as a means of resuscitating the asphyxiated, especially the drowned, seems to have been first suggested by Laborde, of Paris, in a paper in *Le Bulletin Médical*, January, 1893. Since then a number of French writers have testified to the value of the method, not only in drowning, but in the resuscitation of the newborn and in asphyxia or apparent death from many other causes. Hardly any communications on the subject have appeared from English sources.

I report the following case to bring the method before the notice of the members of the Society:—

On Friday, February 1st, I was called to see Mrs. L., who was in labor. The membranes had ruptured, and a large quantity of amniotic fluid had drained away. Both feet were presenting in the vagina, and after an unsuccessful attempt to replace them and perform cephalic version, extraction was proceeded with. No difficulty was experienced in delivering the body, but there was a good deal of delay in the birth of the head, the cord having ceased to beat some little time before the head was born. The child, after birth, was limp and cyanotic; artificial respiration, slapping, applications of heat and cold alternately, kept up for about ten minutes failed to cause a respiratory movement, an occasional faint flutter, however, could be felt over the cardiac region.

Rhythmic traction on the tongue was then practised. The child being placed well over on its right side, the tongue was gently seized by a pair of Pean's forceps, and forcibly drawn forward and then forcibly shoved back as far as possible in both directions. This was kept up at the rate of about 35 or a little more per minute. Hardly half a minute had elapsed, after beginning the traction, before the child gave an inspiration, in about another half minute a second one followed; after that they became gradually more frequent, and soon the child began to cry. The child has since been perfectly well.

This very marked effect produced so rapidly, and by such a simple manœuvre, impressed upon me the very great value of the method, and that it is the one which should be made use of *first* in all such cases, or in any form of apparent death.

Dr. LAFLEUR remarked that Dr. Cameron's seemed to be one of the earliest reports in English of this procedure. His method differed from that of Laborde's, who advocated making only twelve to fifteen tractions per minute.

Dr. HINGSTON said it seemed to him that the virtue of the process lay in pulling the tongue forward. Shoving it backward was not only useless, but might be even injurious. Pulling the tongue forward and then relaxing it had been a method in use as long as he could remember.

Dr. LAFLEUR took exception to Dr. HINGSTON's sweeping condemnation of Laborde's method without being sufficiently acquainted with the details. If he had read Laborde's article, he would find the different procedures were based on sound physiological principles, and that the pushing backwards of the tongue was a very essential part of the process.

Dr. MILLS thought the method might be explained by reflex action.

Dr. CAMERON, in reply, said he had not remembered Laborde's exact experiment at the time; but he tried what he thought would be the natural number of respirations to the minute in a new born child.

Stated Meeting, March 22nd, 1895.

G. P. GIRDWOOD, M.D., PRESIDENT, IN THE CHAIR.

Aneurism of the Femoral Artery Treated by Ligature of the External Iliac Artery—Dr. BELL showed a man who had been the subject of an aneurism of the common femoral artery, which had been treated by ligation of the external iliac. The patient, a young man only 32 years of age, had never done any hard work, having been the caretaker of a private car on the Canadian Pacific Railway. He had had syphilis seven or eight years before, and there was no account of any systematic treatment having been employed. He had suffered from the aneurism for several months, until, when he came under observation, it was apparent as a large pulsating tumor extending right up to Poupart's ligament. Ligature of the external iliac was carried out in the ordinary way with great ease and satisfaction. Some interesting facts developed in connection with the restoration of the circulation afterwards. The operation was performed on Monday, January 28th. On the following Wednesday week (February 7th) pulsation was distinctly evident in the anterior and posterior tibial arteries. As to the aneurism, the pulsation ceased completely in it at the time of the operation, but commenced again, however, about ten days afterwards, and this was again followed by a gradual decline until the condition then present was reached. A little pulsation might be felt beneath and at the inner border of what was once the aneurismal mass, but which was much contracted. This pulsation, Dr. Bell thought, came from some of the enlarged collateral arteries in the

neighborhood. In answer to Dr. Girdwood, as to why there should be so much pulsation then present, Dr. Bell remarked that the pulsation was completely arrested at the time of the operation; it had returned at the end of ten days. The pulsation, at the time the patient was shown, he did not believe was in the tumor proper, but from some source below, and brought about by the efforts of the system to establish the collateral circulation.

Experimental Cachexia Strumipriva.—Dr. WESLEY MILLS gave the subsequent history of the case presented at the previous meeting. The day after the dog was shown there had been moderate dyspnoea, cretinism, twitching and fibrillary contractions. Emaciation gradually developed, and he died on the twelfth day after the operation was performed.

Experiments on Cerebral Localization.—Dr. WESLEY MILLS exhibited a mongrel dog about three months old, from which he had about ten days before removed the whole of the cortical area around the crucial sulcus, which functionally corresponded pretty well to the fissure of Rolando in man and the monkeys. The areas for the movements of the opposite fore and hind limbs and head movements had first been determined by electrical stimulation of the cortex, and the whole area and more than that had been removed, including a little of the white matter beneath on the right side. The only obvious symptoms present, in the dog shown, were slightly ataxic movements of the opposite limbs, especially of the front legs. There did not seem to be any appreciable weakening of muscles, at all events no real paralysis, nor were there any sensory symptoms, unless some partial loss of tactile and muscular sensibility on the affected side. The dog was able to stand and walk in half an hour after the operation, and had always been lively and well, never showing greater changes than when exhibited. An ether and chloroform mixture was the anæsthetic used. There was considerable loss of blood during the operation, but the wound healed rapidly. Antiseptic precautions were used, but not to the same extent as in a case of operation on man.

Dr. Mills proposes to operate on the corresponding part of the brain on the other side shortly, and to show the dog again.

Dr. Mills also exhibited a cat (mature) on which he had performed a similar operation. While the cat could walk very well, there was a decided tendency in the opposite paw to turn under, analogous to occasional "wrist-drop." She was also blind and deaf on the opposite side, and very distinctly deficient in tactile sensibility on the same side as the paresis. The cat had been very dull and had taken food badly. There was a strong suspicion that she was partially wanting in the sense of smell. Unfortunately this case had been complicated

by suppuration in the wound. However, Dr. Mills will report on the case later. In the meantime, he thought it better to draw few conclusions as regards the subject of cortical localization in these species of animals. The subject of localization was by no means in its final stage, he believed, and he might state that after much work he was obliged to hold that Ferrier's localization was neither complete nor wholly correct for *all* the varieties of animals on which he had reported.

Dr. JAMES BELL would like to ask if Dr. Mills had definitely located the motor areas first, and removed accordingly. If not, what reason had he for believing that he had removed the whole of the motor area or areas? The deductions drawn from this were, he thought, at variance with our experience in human subjects, in whom the motor areas are well recognized, and their removal causes complete paralysis. He had removed a portion of the cortex of the brain of a man suffering from epilepsy; he removed the hand area, after first locating it accurately, and a result was a definite paralysis of the hand. The man died afterwards from the original lesion, which was not discovered at the time of the operation, viz., a cyst of the anterior lobe, which had ultimately developed into an abscess of the ventricle. Removing the motor area of the muscles of the hand, of course, had nothing to do with the treatment of the diseased condition, but was done with the object of arresting the convulsive attacks which always began in the hand.

Sarcoma of the Ileum; Resection with the Murphy Button; Death.—Dr. JAMES BELL reported the case, that of a woman 27 years of age, who has suffered five years from diarrhoea and emaciation, commencing immediately after the birth of a child. She gradually failed in health; lately she suffered from some obstructive symptoms, and a tumor developed on the right side of the abdomen and could be moved freely about. An operation was performed by Dr. Gardner, who thought it was connected with the uterus or adnexa. No attempt was then made to remove it. The second operation was performed on January 22nd; the distal portion of the bowel was quite small and the proximal portion was much dilated with a thickened hard wall. There was considerable difficulty in fastening the Murphy button into the dilated proximal portion. The patient rallied well after the operation, and did typically well from Monday, the day of the operation, until the following Sunday morning, or the end of the sixth day. Then she complained of sharp shooting pains in the vagina; nothing could be detected, however. At 10 o'clock she fell into a collapsed condition, with extreme pain, and died about 2 o'clock in the afternoon. This result was, of course, due to perforation and peritonitis. The peculiar feature in the case

was the length of time elapsing before the perforation took place. This was briefly the history of the case.

Dr. ADAMI exhibited the specimen, and said that the case here brought forward presented not a few points of interest. An exploratory incision had been made by Dr. Gardner, a small mass of involved gland was removed, and this on section presented in general the appearance of a moderately large round-celled sarcoma. On further examination what seemed to be a locular arrangement could be made out; between rounded or roughly polygonal masses of the sarcoma cells could be seen very delicate bands of interstitial tissue. The specimen, in fact, was undistinguishable from sections of what turned out to be a rapidly proliferating carcinoma of the prostate which he had brought before the Society two years before. The age of the patient, 27 years, was, however, against a diagnosis of this nature, nevertheless he felt it unwise to give an absolute opinion. At the operation the primary growth was removed and the ileum resected. The growth was clearly a sarcoma, a round-celled sarcoma of the submucosa infiltrating the muscular coats in a characteristic manner. The specimen showed parallel rows of round cells passing between the fibres of the circular muscles, and secondary growths were evident both on the serous surface and in the neighboring lymphatic glands. It was difficult to conceive that this growth had been present, causing stenosis of the ileum for the number of years during which the subject had suffered from symptoms of intestinal obstruction. It would seem more probable that obstruction had been induced by some other cause, and that the malignant growth was secondary to the chronic disturbance at the point. As shown by the specimen, the growth was about three inches broad; it was within one inch and a half of the ileo-cæcal valve.

The specimen of removed growth and intestine showed well the great dilatation and hypertrophy of the ileum above the growth.

At the autopsy the small intestine was found shorter than Dr. Adami had ever seen recorded. Including the removed seven inches, the total length from duodenum to valve was under eleven feet. This shortening was not only compensatory to the dilatation, but evidently there was an absence of ileum proper, for the valvulæ conniventes were continued in considerable frequency right up to the tumor. Whether the condition was congenital, or acquired through infantile or other intussusception, he would not venture to state, but suggested that the latter condition, with subsequent necrosis of the invaginated portion, would leave a condition capable of entirely explaining the subsequent history, would leave, that is, an annular cicatrix and narrowing of the gut which might

become the seat of malignant growth. The position of the stricture, close to the ileocæcal valve, was wholly in favor of this view.

As shown by the second specimen the Murphy button had remained adherent save towards the mesentery. Here sloughing had occurred with passage out of the intestinal contents on either side of the ligatured mesentery, general peritonitis had ensued and had caused death.

The omentum was firmly adherent in the middle line over the old laparotomy wound, while in the right iliac region, over the area of intestinal resection, there was firm fibrinous adhesion. Evidently, until perforation occurred, the healing process had been advancing very favorably.

It was worthy of note that this case afforded another illustration of the danger of employing the Murphy button in connection with a viscus that had undergone chronic thickening. The thickened condition of the upper portion of the intestine as compared with the thinness of the part below the tumor was here extremely well marked.

Suppurative Arthritis due to Typhoid Bacillus.—Dr. C. F. MARTIN reported this case as follows:

Cases of typhoid fever, in which complications of a suppurative nature have been found, can no longer be placed in the category of rare affections; yet so seldom are the etiological factors of these secondary conditions identical with the primary cause of the disease, that any new case is perhaps properly placed on record.

The present report concerns a man, P. C., æt. 34, who entered Dr. Stewart's wards at the Royal Victoria Hospital on September 25th, 1894, complaining of headache, fever and loss of appetite, and presenting the usual distinct signs of enteric fever. He gave the ordinary history of the early stages of that disease, and on admission seemed to have reached the eighth day of the fever.

During the first ten days of his illness in the hospital, favorable progress occurred; but on the eighteenth day recrudescence supervened, and the temperature continued to rise till the 29th day, by which time the highest point was attained.

Three days later (*i.e.*, in the earliest days of defervescence) the patient complained of some pain and tenderness in right wrist joint, increased by movement. In forty-eight hours there developed other signs of acute inflammation—redness, swelling, heat and greatly impaired function—the visible signs appearing both in front and behind the joint.

Hot fomentations were applied, and a few days later a splint and bandage adjusted to keep the joint at rest. For the following two weeks the temperature gradually subsided to

normal, and then suddenly (on the forty-eighth day) again rose to 101°. The splint was forthwith removed, revealing a tender, fluctuating tumor all about the wrist joint, and manifesting no evidence of improvement in the local condition.

With a view to ascertaining the nature of the fluid within, a hypodermic syringe was employed with the usual aseptic precautions and half a drachm of this pus removed. From this a series of cultures on broth, gelatine and agar was made, and the presence in each case of but one form of bacteria demonstrated, viz., that corresponding in size and form to the bacillus of enteric fever. Further investigations showed its extreme mobility, that it produced no acid reaction on litmus agar, and that when grown in a broth medium containing calcium carbonate, no gases were formed. There was further no sign of fermentation in a growth of the bacteria in 2 per cent. lactosed broth. We were thus enabled to exclude the presence of bacillus coli communis as a complicating factor.

Subsequent to this small aspiration gradual improvement ensued, though two weeks later there was still a small quantity of fluid left. Accordingly, for a second time, the hypodermic was introduced and a small amount of bloody pus withdrawn. A rabbit inoculated with this fluid manifested no ill effects. This, we believed, could be readily explained from the fact that as on a culture medium, so here the bacilli had grown old and hence innocuous to our animal.

One week later patient left the hospital, his wrist being almost completely restored to its normal condition.

We have recorded this case not only because of its interest in verifying the pyogenic properties of Eberth's bacillus, but also because in the fairly extensive literature at our command we were unable to discover any similar case in which a suppurative arthritis complicating typhoid fever was induced solely by the bacillus of that disease.

During the course of our investigations, however, Swiezynski, in the November number of *Centralblatt für Bakteriologie*, has recorded a somewhat similar instance, though merely of a periarticular inflammation, and the observer further notes the uniqueness of his case and his inability to find a parallel in the literature at his disposal. That ordinary pyogenic organisms are responsible for most of the suppurations in enteric fever has been amply demonstrated by Vincent, who further pointed out that wherever streptococci were associated with the typhoid germ the prognosis is always grave. On the other hand, the association of staphylococci could not be regarded as an unfavorable sign so far as recovery is concerned.

The correctness of these views is perhaps

strengthened by the experience met with at the Royal Victoria Hospital, where a patient in whom streptococcus infection was superadded to his enteric fever succumbed to the disease. On the other hand, the numerous cases in which we have found staphylococci in various complications of typhoid fever have all terminated in recovery.

As regards the treatment of suppurations occurring secondary to enteric fever, it has been urged by Dr. Meisenbach, of St. Louis, that in cases where Eberth's bacillus is the sole cause of the abscess formation, exactly the same surgical treatment is required as in cases where pus arises from infection with ordinary pyogenic bacteria. However, if it be true that a fresh growth of typhoid bacilli when inoculated into rabbits is fatal, and that the same growth a few hours old loses entirely this virulence, could not the same apply to the abscess formations in the human body? In other words, where Eberth's bacillus alone is the sole factor in producing suppuration, its virulence is so rapidly lost that the mere removal of the mechanical and chemical irritation, e.g., by ordinary aspiration, might suffice for treatment without other operative interference. In our own case, although pus was present in considerable quantity, there was never any tendency to pointing of the abscess, and its whole character after the first few days took on the appearance of a chronic affection in which all signs of active progress had disappeared.

Dr. GEORGE A. BROWN had had under his care the same case of arthritis reported by Dr. Martin. After leaving the hospital his arthritis had become aggravated, and for a long time it was very severe. He had introduced a hypodermic needle, but could obtain no matter from the joint, and after trying a great many things he finally put it up in a plaster of Paris dressing, and kept it there for a month. On removing it there was still a great deal of inflammation in the joint, so he replaced the plaster. At that time it was still in plaster, but the man was able to attend to his work. He applied the plaster from a little below the wrist joint to the elbow.

Rhythmic Traction of the Tongue.—Dr. MILLS gave an account of an experiment he had made on a very young kitten, which, he thought, threw some light on the real nature of rhythmic traction of the tongue as a means of resuscitation in animals threatened by death from asphyxia.

A kitten, on whose brain he had been operating, succumbed to ether. At once rhythmic traction of the tongue was begun, and after 20 to 30 seconds a single respiration was taken; after a longer period no respiration followed this procedure till the skin over chest was pinched, when another gasp followed. The method was still further tried to no purpose, till

the face was sponged with cold water, when one or two gasps followed. It seemed to him that reflex action was plainly the only way to explain these results. The animal was not revived in this case, as the sphincter had relaxed and urine had been passed, which was in his experience a sign of death in the lower animals at all events.

Some Interesting Conditions Attending Post-Nasal Growths.—Dr. H. D. HAMILTON read a paper on this subject.

Stated Meeting, April 5th, 1895.

G. P. GIRDWOOD, M.D., PRESIDENT, IN
THE CHAIR.

Multiple Osteo-Myelitis.—Dr. G. F. ARMSTRONG showed a man whom he had treated for this disease; the report is as follows:

M. M., male, æt. 25, admitted to Montreal General Hospital on November 8, 1894, complaining of pain in left hand and arm. Present ailment began six months ago by dull, aching pain situated for the most part in the elbow and shooting up and down the limb. Latterly there has been swelling of the hand and forearm.

Personal history—Native of England; in Canada four years. Three years ago had swellings (white) behind right ear and over right sterno-clavicular joint. These burst after five months. Entered hospital, and both sinuses were scraped out. The sterno-clavicular wound healed, but mastoid has discharged ever since, and has been scraped three or four times.

One year ago swelling developed on right hand, with pain and tenderness. It was opened and treated, and eventually healed, but recurred in six months, and was again opened. Five years ago he had venereal sores, three in number, coming on two weeks after connection, accompanied by phimosi, necessitating circumcision. No rash, sore throat, or alopecia, but one month later had pains in bones and joints.

Family History—Non-tubercular.

Present Condition—Temperature $98\frac{1}{2}^{\circ}$, pulse 76, respiration 22. Fairly well nourished, sleeps well. Complains of pains in left upper extremity from hand to just above elbow. Left forearm is somewhat swollen, especially about wrist and elbow. Tenderness is more marked about the olecranon. Pain on movement of elbow. No redness and very little heat. Sinus in right mastoid discharging a small quantity of icherous pus. No pain or tenderness. Scars present on right hand and sterno-clavicular joint.

Urine amber, turbid, neutral; no albumen or sugar.

Hot fomentations applied to left arm.

November 16. Right arm painful. Examination shows tender point over olecranon; painted with tr. iodi.

January 2. Since last note the condition has steadily grown worse in the left arm, and remains about the same in the right. Hot fomentations have been continuously applied, and elevation by suspension tried. An orchitis has developed (left), the testicle becoming the size of an orange.

January 4. Upper part of posterior surface of ulna and dorsum of fifth metacarpal trephined.

January 5. Relief of pain; some movement.

January 10. Relief of pain in arm operated on, and also in the other olecranon. Orchitis gone. Temperature normal since the 6th.

January 24. Patient complains of severe headache with nausea. Arms not painful, lungs normal, temperature 100° .

January 26. Temperature steadily rising, today $102\ 4\text{--}5^{\circ}$. Headache and nausea increased in severity. Headache frontal on the vertex and passing down behind the right ear.

January 27. Examination of eyes shows congestion and blurring of discs, more marked on the right side.

January 28. Given ether, and the tympanum cleared out through the external meatus and also by new trephining. Old sinus full of dark purulent matter, as was also the tympanum. Brain membranes exposed through both openings in mastoid.

January 29. Better; temperature lower, headache less severe. Patient has slight cough and rusty expectoration; lungs apparently normal.

February 1. Temperature fallen to normal.

Dr. Armstrong said that in these cases the osteo-myelitis had been proved to be due to different micro organisms—the staphylococcus aureus, the streptococcus and pneumococcus had all been cultivated from these lesions. Whether these organisms had all been present during the years the disease was endured it was hard to say, but, in his opinion, the affection had been present for years, and sometimes certain favorable circumstances combined to afford them an opportunity of rapid development or multiplication. At the time of speaking the patient was in good health, better than he had been for years, and there was evidently no active disease going on.

Compound Depressed Fracture of the Vault of the Skull.—Dr. G. E. ARMSTRONG exhibited a man on whom he had operated for this condition. His history was:

E. H., æt. 26, admitted March 6th to the Montreal General Hospital with a depressed fracture of skull. Patient was struck by a train on day of admission. When picked up he was unconscious, smelt strongly of alcohol, and tossed his arms about violently. Examination showed laceration of scalp extending from left parietal eminence to left external angular protuberance, but only involving the superficial layers. Depression in skull can be

felt over the same area. Pupils natural, great congestion of left eyelid. No subconjunctival hæmorrhage. Pulse slow, 56.

March 7. 6.30 p.m. Still unconscious, quiet. Given ether. Incision enlarged and deepened, etc.

March 8. Somewhat recovered consciousness. Asks for food, but gives many names. Dressed, outside dressing only.

March 9. Conscious at times; irritable, and answers foolishly. Sometimes passes urine and feces into bed, and at other times calls for receptacle.

March 12. Dressed. Catgut drain slipped out owing to sudden movement on part of patient. Is irritable and requires holding during dressing, other wise is fairly conscious, but cannot give his name.

March 14. In same stupid condition. Continually poking finger in under his left eye.

March 17. Temperature rose suddenly last night to $101\frac{2}{3}^{\circ}$, this a.m. 101. Patient wholly unconscious. Both eyelids red, glistening, and oedematous. Dressed. Oedema of scalp and forehead to the right of wound, none on the left. Irrigated and catgut drain reinserted.

March 18. Temperature remains up and oedema still present. Dressed. Fluctuating surface over area to right of wound; opened, evacuating a large amount of pus, leaving bare bone and showing another fissure running longitudinally. No communication between the two wounds except by probe. Drainage tubes inserted in all.

March 20. Temperature lower. Patient again somewhat conscious.

March 21. Oozing; dressed; clearing up; wholly conscious.

March 25. Temperature normal since 22nd. Dressed.

March 27. Up and walking about.

March 31. Dressed.

Dr. Armstrong described his operation as follows: He elevated the bone, and after washing out the wound found no evidence of injury beneath the membranes. The bone was then replaced in small pieces. This was done on the 7th; for nine days afterwards the temperature remained normal, but the patient was unconscious for most of the time. When the unconsciousness passed off, delirium set in; he disturbed the dressings, fingered the wound and, he thought, inoculated it. The temperature then began to rise and went up to 102.4° . Although carefully redressed, the mischief seemed to have been done, as an abscess developed over the external angular process. In the subsequent manipulations entailed by these complications another fissure fracture was discovered.

Dr. Armstrong thought the interest of the case was chiefly in connection with the man's future, and what after trouble of a cerebral

nature was in store for him. He asked for an expression of opinion about opening the membranes in these cases. He had here a man decidedly unconscious; there might have been laceration of the brain, but the membranes were intact and normal and pulsation beneath was distinct, and he did not think it wise to open them in the presence of a possibly septic wound.

Dr. JAMES BELL regretted not having heard the report of the first case. In the second case he was not quite clear as to Dr. Armstrong's description; he would like to know if portions of the bone were removed and afterwards replaced in small fragments, and which, in spite of the septic condition present, retained their vitality, and developed. With regard to the point Dr. Armstrong wished discussed, he thought it was very hard to lay down any rule in such cases; it was a question to be decided upon at the moment, and under the circumstances he felt that he should have acted as Dr. Armstrong had done. There being no localizing symptoms within the membranes pointing to any particular area, and considering the danger of introducing sepsis, he could not see that any other course lay open to the careful surgeon.

Dr. ARMSTRONG, in answer to Dr. Bell's question regarding the replacing of the pieces of bone, after mentioning the dimensions of the whole area of removed bone, said that several small pieces not more than half an inch square were replaced, and as he had seen nothing of them since, he presumed they were still in the wound. The wound, however, he did not believe was infected until later, which might remove that obstacle to union taking place. At any rate, the fragments were there as far as one could feel, and appeared to be good firm bone.

Seborrhœa.—Dr. J. M. JACK read a paper on this subject.

Dr. SHEPHERD said that he must acknowledge himself disappointed with the paper; he expected something more modern. This was seborrhœa and its treatment of twenty years ago which Dr. Jack had given. The latter had said nothing of the micro-organisms which caused the disease, nor of seborrhœa congestiva, nor of Unna's theories with regard to the sudoriparous glands, all of which he had been in hopes of hearing and getting fresh light upon. The most important thing for the general practitioner to remember was that seborrhœa was apt to run into eczema, and it was sometimes hard to draw the line between the two conditions. With regard to the general treatment, it was not hard to treat, the diagnosis being once made. In the first place, seborrhœa ought never to be diagnosed from the scalp eruption alone, the body ought also to be stripped and examined, and often what first appeared a seborrhœa would turn out to be a psoriasis. As to

the treatment, he thought the germicidal treatment by far the best, and he believed that micro-organisms were always at the bottom of the trouble. Cases occurred in the robust as well as in the weak; common dandruff was seborrhœa. Seborrhœa often spread from the head all over the body, and could be treated only by germicidal remedies. He himself preferred mercurial treatment to all others. The remarkable results obtained by treating seborrhœa of the scalp with the oleates of mercury, especially where it had gone on to the congestive stage, had often been observed by his students, past and present, at the General Hospital clinics.

Dr. G. GORDON CAMPBELL believed that general treatment, in most forms of skin disease, was only needed when the general health needed it. Dr. Campbell, in Dr. Shepherd's absence last summer, had conducted his skin clinic, and as he had seen so much treatment by mercurial ointments in seborrhœa, he thought it a good opportunity to try other forms. In almost every case he found he had to fall back on the mercurial, and had to use it strong. The oleate of mercury which he was accustomed to use was 1 to 8 or 1 to 20. Dr. Shepherd prescribed 3 to 1. He certainly, therefore, agreed with Dr. Shepherd that there was nothing like mercury for getting a speedy effect.

A New Form of Ether Inhaler.—Dr. JAMES BELL exhibited an aluminium cone, which he described thus:

This inhaler consists of an aluminium cone of suitable size, made without seam or roughness, covered with stockinette, within which, on the inner surface of the cone, is placed some gauze or absorbent cotton. The advantages claimed for it are, first, that it is perfectly clean, and may be sterilized as a whole by dry heat. The gauze and stockinette covering are renewed for each patient. The aluminium is of course not absorbent and is malleable, so that the edges may be moulded to fit any peculiar conformation of face. It possesses the advantages of a clean folded napkin which can be sterilized before using, and which is the simplest form of inhaler, with the additional advantages of having sufficient consistence to maintain its form and shape.

We are apt to forget that ether is not a supporter of respiration, and that while we add ether vapor to atmospheric air, it is of the utmost importance that we should provide for the entrance of pure air into the respiratory organs during anæsthesia. The Clover inhaler, which is now so much in vogue, possesses all the disadvantages which it is possible for an ether inhaler to possess. It has but one redeeming feature,—that is, it economizes ether, —a small matter when we consider the welfare of the patient. It is impossible to cleanse it. Patients go on, one after another, respiring

through the same filthy mask and the same rubber bag, each one adding his quota of mouth secretions, perhaps syphilitic, cancerous or tubercular. Tubercle bacilli must frequently be deposited upon its walls, and vomited matter saturates it from time to time, not to speak of the absolute impossibility of sterilizing the mouth-piece to correspond with the precautions which we take with all the other substances coming into close contact with the field of operation. In operations upon the face, head and neck this is of vital importance. I have had many years of experience with the Clover inhaler, and I am convinced that even in the most careful hands it is a dangerous instrument; needless to say it is much more so in the hands of the careless or inexperienced. It is an asphyxiating machine, and only in proportion as it asphyxiates does it economize ether. (If used without the rubber bag it possesses no advantage over the ordinary cone.) The patient respire the same air over and over again from a rubber bag, the respired air passing through a chamber containing ether in the liquid form. It is only as the ether becomes vaporized that it enters the system through the pulmonary mucous membrane and produces its effects on the nerve centres. Should the rubber bag be kept applied, anæsthesia is more rapidly produced, because in addition to ether anæsthesia there is asphyxiation by carbon dioxide. The answer is made, however, by adherents of the Clover inhaler, that the patient should be allowed a breath of fresh air at every third or fourth inspiration. I reply that he should have pure fresh air at every inspiration; and if he does not, it is only a question of degree of asphyxiation. I have had, as already stated, a long experience with the Clover inhaler; I have had, I am sure, very serious after-results from its use. I am quite certain that in many of the cases in which the patient becomes livid, and in which the bronchial tubes become filled with frothy mucous, these results are attributable to the inspiration of impure air. These patients generally vomit after operation, and are very slow to recover consciousness. Where ether anæsthesia has been produced without asphyxiation, even when maintained for a couple of hours, consciousness is rapidly regained after the administration of ether has been discontinued. The Allison inhaler and others of similar construction cannot be charged with producing asphyxia; they are simply unclean, and from their construction it is impossible to sterilize them. I maintain that ether properly administered is an absolutely safe anæsthetic. Proper administration consists in adding to pure air the greatest possible amount of ether vapor. It must never be forgotten that pure air must be inspired constantly, and that ether vapor is not a supporter of life, and also that it should, as a rule, be given in as

concentrated a form as possible. Ether dashed into a cone vaporizes much more quickly than when held in a metallic receptacle. It is true that ether vapor used in this way will be diffused beyond the patient, and that a large quantity of it will be wasted. This is unavoidable, and except for the item of expense, it does no harm. Although ether vapor is inflammable, it is only so in a very concentrated condition, and it is impossible to saturate the air of a room sufficiently to ignite it with an open light. The only danger of ignition is in the immediate neighborhood of the inhaler.

It seems strange that with the knowledge of bacteria which has been accumulating for years, and our very strict precautions, based upon this knowledge, to avoid wound infection in surgical operations, that there has not long ago been devised some means to provide an aseptic inhaler, and one which could be cleansed of the secretions and exhalations of one patient before applying it to the face of another. It is simply horrible to contemplate the use of a Clover inhaler and bag which has already been used on the face of hundreds of other patients, and without any possibility of properly cleansing it, either by heat or chemical sterilization.

Dr. G. G. CAMPBELL said that the first point made by Dr. Bell in favor of the inhaler described by him, and one on which he laid great stress, as being an advantage lacking in other inhalers, was that it could be sterilized. Two years before, Dudley Buxton, of London, had perfected a Clover's inhaler, the different parts of which could be taken apart and sterilized. Dr. Bell's next statement was that ether was not a supporter of respiration. It was a very important point to remember that it was possible to asphyxiate with ether. Asphyxia could be produced in two different ways: (1) By replacing the oxygen of the air with an irrespirable gas, such as nitrogen or ether, and then it was simply want of aëration of the blood that produced the condition. (2) By replacing it with a poisonous as well as irrespirable gas, such as chlorine, which would then add to the effects of the withdrawal of air the effects of the poison. As far as he could understand, the great argument of the opponents of Clover's inhaler, apart from the question of uncleanness, was, that it was very dangerous to rebreath the same air, as, besides being deprived of its oxygen, it was filled with poisonous materials from the lungs of the patient. Dr. Campbell thought he could show that the whole of the possible degree of asphyxia, which it was claimed was produced, must be due to withholding pure air and not to any poisonous materials present. Of the whole amount of air in the lungs, one-fifth was changed at each breath. This fifth was the vitiated air often referred to as being so injurious to rebreath.

That it differed in any respect from the air left behind it at the close of expiration, it was absurd to contend. If a person was breathing at the rate of twenty to the minute, sufficient pure air was taken into the chest to fill it only four times a minute ($20 \div 1.5 = 4$), and the individual was thus continually breathing the bad or vitiated air diluted with one-fifth of pure air, or, in other words, a mixture containing four-fifths of air loaded with impurities, and one-fifth of pure air; and yet was not suffering from poisoning. Furthermore, if the person did not get the one-fifth of pure air every breath, or to put it in other way, four chest-fulls a minute, asphyxia of greater or less degree, according to the extent that pure air was withheld, would be produced. What Dr. Campbell wished to make clear was this: that asphyxia produced in this way was not the result of breathing a poisonous gas, but was the result of not getting sufficient fresh air for proper aëration of the blood. Suppose the person to be breathing forty to the minute, he would get as much good air if only every second breath was pure air, as he would still be getting the four chest-fulls every minute; and if he breathed or rebreathed the already respired air in the other twenty breaths, and no further demand was made upon him, the conditions under the two cases were the same. The fear that seemed to be constantly present with some men, of allowing their patients to breathe any of this so-called poisonous gas, might be in some measure removed, if they remembered that the air in their own lungs contained constantly four-fifths of it. By giving, as he did, two breaths of pure air to every one from the bag in using Clover's inhaler, he, Dr. Campbell, thought it could easily be seen that the patient was getting as much good air a minute as in quiet breathing, when it was remembered that the rate of breathing was twice as rapid as normal.

Dr. Campbell considered the aluminium an improvement on the ordinary cone for the reasons stated by Dr. Bell, and that, in the absence of better apparatus, ether could be given well by a cone, provided it was administered slowly at first and the amount gradually increased. Asphyxia, however, could be produced by replacing too much of the air breathed by ether vapor as well as by respired air.

Dr. F. W. CAMPBELL had had an opportunity of examining this inhaler a few weeks before, through the courtesy of the manufacturer. It seemed to him a very admirable one. His experience with anæsthetics was extensive. There was no doubt that the old-fashioned cone was an abominable thing to use from the point of view of cleanliness, and this one seemed a very great improvement. It had, however, one disadvantage, it did not pack easily in the surgical bag. However, it struck him that in using Dr. Bell's arrangement of packing with

cotton it would hold very little ether. It was in this respect much better than the sponge, which, when it became saturated, allowed the ether to overflow.

Dr. KENNETH CAMERON considered the aluminium cone a decided improvement on the old red flannel one, but he had to protest against Dr. Bell's strictures on Clover's inhaler. The great objection raised was that the patient was re-breathing his own poisonous exhalations, but he felt that the ether vapor disinfected this vitiated air. Having had experience with both forms, he considered that the Clover inhaler gave the greater satisfaction, when properly used, for with it the patient could be more rapidly anæsthetized, the amount given could be regulated, and the after-effects in his experience were not severe, while with the cone the patient breathed air, either saturated with ether or containing no ether at all. It was his practice always to stay with the patient until there was some sign of returning consciousness, such as opening the eyes, or putting out the tongue when told to do so, and this period varied from five to twenty minutes, never longer. He therefore felt that when the anæsthetist once fully understood the use of Clover's, he would not willingly give it up in favor of any other form of inhaler.

Dr. GURD hardly thought it possible that anyone who had used Clover's inhaler many times could give it up. With it the amount of ether could so easily be regulated. Dr. Bell's objections could be done away with and the advantages of Clover's inhaler yet retained by simply not using the bag. He maintained that almost any individual could be anæsthetized, and any operation carried through from beginning to end without using the bag. In the course of nearly all major operations there were stages when very little ether was needed; if deeper anæsthesia was required quickly, the bag was useful though not essential.

Dr. ALLOWAY protested against the statement that Clover's inhaler was dangerous. Ether, like many other drugs, was dangerous if used by stupid or unskilled persons, quite independent of the instrument employed in its administration. He had had much experience with both the Clover inhaler and the cone; from the former he had never seen any danger resulting, although such had often been the case with other instruments. His experience corroborated the assertions of Dr. Gurd, and he was certainly in favor of using the inhaler without the bag. At the same time, when confident of the ability of the anæsthetist, even with the use of the bag he had no anxiety. Some patients seemed to be brought under the influence quicker when the bag was used. Allis' inhaler was one of the cleanest instruments used. It had a roller laced on metal bars, and which could be replaced, leaving only metal to

cleanse. As regarded the necessity of making the Clover's inhaler more cleansable, this was simply a matter of technique; and there now was one coming out which could be taken to pieces and the parts sterilized.

Dr. SHEPHERD would like to hear something more definite about the cases referred to by Dr. Bell, where the Clover inhaler proved so dangerous. He had certainly seen many instances where the patient seemed in danger from the use of the cone, but never any when Clover's inhaler was used by a skilled anæsthetizer.

Dr. BELL said he had anticipated some discussion on his paper, and the result had more than realized his anticipations. First in reply to Dr. Gordon Campbell's arguments, which he regarded as pure sophistry, Dr. Campbell said a new Clover's inhaler was coming out, which could be sterilized as completely as any rubber goods could possibly be. That was just the point; ordinary rubber goods could not be properly sterilized. They could not be rendered aseptic by heat without destruction, and he knew of no chemical substance by which this could be accomplished. To begin with, there were one or two fallacies with regard to the Clover inhaler. If you did not use the bag, you certainly had an instrument on the same principle as the cone. In the cone, the liquid ether was poured over a large surface, and vaporized more rapidly; in the other case, it remained in a metallic reservoir, and through that reservoir the air was inspired. With regard to the indicator, it indicated nothing more than that a certain amount of air was drawn through a larger or smaller orifice into the ether chamber—the whole of the semi-circular orifice, or the half of it, or the quarter of it. It did not take into account the air received from other sources. If the space was one-half open, the patient had to inspire more vigorously to get the necessary air. In using the instrument without the bag the principle was absolutely the same as with the cone, with the exception that the ether remained in liquid form, over which the air passed, whereas in the cone it was absorbed by cotton and a large amount was wasted. With regard to Dr. Campbell's mathematical problem, without going into the physiology of respiration, the fact remained that whether there was 1/5th or 1/50th of pure air in each inspiration, it was these inspirations that sustained life; and if we could only get half the amount of air necessary to sustain life we were badly off. This was a principle recognized in the construction of all public buildings, that there must be a certain amount of air space for each individual. So in the operating room, a certain amount of air was required to sustain the patient for a certain interval, and if he was allowed that amount in twice, thrice or four times that interval, it was

equivalent to closing him in a room (which had a capacity for one man only), with two, three or four others. He did not speak of vitiated air, he spoke of it as re-respiring the same air—breathing carbonic dioxide, and noxious exhalations, that was, breathing impure air and preventing the influx of oxygen from the outer air. As regards the patient breathing twice as rapidly, that was another fallacy. He did not believe a patient breathed twice as rapidly, unless it was in the same sense as a pneumonia patient breathes twice as rapidly as in health—simply because he was being asphyxiated.

In regard to the practical example of the bad effect of the Clover inhaler, the color of the patient often showed the results of that apparatus, and the operation had frequently to be stopped for the time being. It was perfectly clear to him that patients, taken one after another, respired ether through the cone, apart from such accidents as spasm of the glottis, etc., with less danger, and never developed that dark livid color frequently seen when the Clover's inhaler was used.

In answer to Dr. F. W. Campbell's question, as much cotton-wool can be put in as required. The cone passed around was a small one, and contained about the average amount of cotton.

In reply to Dr. Alloway, who spoke of an accident which had occurred recently in New York, he did not know the particulars of that accident, but he knew of many accidents occurring outside of New York through the use of the Clover inhaler—no fatal ones probably, but many times he himself had been very anxious about patients during the administration of ether, and most of them when the Clover's inhaler was used. Dr. Shepherd wanted some definite cases mentioned; well it was within Dr. Shepherd's recollection that the Clover inhaler was introduced into the General Hospital, used for several years, and then discarded, and did not re-appear for years. The reason was this, a very nearly fatal accident occurred, and when it was investigated, it was discovered that the anæsthetist forgot to put ether into the reservoir. Now, it is absolutely impossible for any man to administer ether with a cone, and make a serious mistake, unless by giving too much, and this can be done with any instrument. Everybody knew that ether might be given to such an extent as to paralyze the respiratory centre and kill the patient without any untoward accident having occurred in any other way. That was the only possible way harm could be done by the cone; whereas with the Clover inhaler, he might forget to put in ether, or let it run out, let it spill out, and for these reasons the relative danger of the two methods of giving ether was, as Dr. Alloway put it a few moments ago, a matter depending largely upon the ability of

the anæsthetist, the Clover inhaler being especially dangerous in unskilled or careless hands. In regard to his remarks on vomiting, Dr. Bell referred to the vomiting following the anæsthesia, and in his experience he found vomiting far more frequent after the use of the Clover inhaler. With regard to Allis' inhaler he had nothing to say, except that it was not clean; it was the rubber part that he objected to. An essential part of it was composed of rubber, and this could not be cleaned, much less made sterile, as sterilization is understood in a surgical sense. In dealing with open wounds, it was not only very important to have clean instruments, but in many serious operations about the brain, head, face, neck and upper extremity, it was very important to have an inhaler which could be made clean and sterile, and put into the hands of a man who had already sterilized his hands, clothing, etc. He was sure there was no surgeon present who had not felt the inconvenience of this rubber bag flopping about the head and neck while these parts were being operated upon.

Dr. SHEPHERD said that in the General Hospital case referred to, Dr. Bell, the anæsthetist, should have been discarded and not the inhaler.

Dr. G. GORDON CAMPBELL explained that all the rubber portions of Clover's inhaler could be boiled without injury, provided that they were put on in cold water and not allowed to touch the bottom of the boiler. He always sterilized his own in this way.

AMERICAN DERMATOLOGICAL ASSOCIATION.

Nineteenth Annual Meeting of the above Association will be held at the Windsor Hotel, Montreal, on September 17th, 18th and 19th, 1895. *Officers for 1895:* President, S. Sherwell, M.D., Brooklyn; Vice-President, J. A. Fordyce, M.D., New York; Secretary and Treasurer, C. W. Allen, M.D., 640 Madison Avenue, New York.

Progress of Science.

THE TREATMENT OF CYSTITIS.

By GARDNER W. ALLEN, M.D., of Boston, Mass.

The following observations are based on the records of a number of cases which have come to my notice within the last eight years. I have little to say of rare or severe forms of vesical disease, and shall consider chiefly the treatment of the ordinary run of urinary symptoms met with in out-patient and office practice; but the commonplace in medicine is not always the least important.

Most of the cases were of gonorrhœal origin, and in nearly all the inflammation was confined to the neck of the bladder. Extension backward of gonorrhœa into the neck of the bladder, accompanied by a sharp onset of urinary symptoms, is, of course, common enough. In non-gonorrhœal cases the cause of the cystitis is not always clear, but in a certain number is apparently traceable to a posterior urethral catarrh resulting from congestion of the prostatic portion, with or without inflammation of the seminal vesicles, and brought about by prolonged and repeated sexual excitement. It begins insidiously, has little or no tendency to recover, and is apt to be difficult to manage.

As regards the treatment of cystitis, of the various internal remedies I prefer the saline diuretics, especially benzoate of sodium. Few surgeons nowadays, however, would long defer local treatment of the disease. For the simple purpose of washing out the bladder, perhaps a saturated solution of boric acid gives, on the whole, the best results. For the purpose of producing a decided impression upon the mucous membrane of the vesical neck I have had very gratifying experience with nitrate of silver and permanganate of potassium. I have tried various other substances, but not to a sufficient extent to furnish data of any value.

Nitrate of silver is, of course, familiar to all, and I suppose is more used than anything else in the deep urethra, and deservedly so, for it is probably the most valuable remedy we have. It is, therefore, so well known and has been so much written about that little need be said of it here. I will merely remark that I use a milder solution than formerly, rarely going above one per cent., but usually inject rather more, that is to say, ten or fifteen minims instead of four or five. I think, also, that these injections are much more effectual if immediately preceded by the passage of a large sound, except in the more acute cases.

Permanganate of potassium, so far as I know, has not been very extensively used in the bladder,—at least, I do not remember having seen the reports of its use. I have employed it a good deal in the last six years with great satisfaction in cystitis and chronic prostatitis, and reported some cases four years ago. Where it fails, nitrate of silver often succeeds, and *vice versa*.

The bladder should be thoroughly irrigated with the permanganate solution, and this is conveniently done by means of a large Ultzmann syringe (which has a capacity of about five ounces) connected with an elastic or soft rubber catheter. One syringeful at a time is injected and allowed to flow out again, and so on until the solution comes away with as bright a color as it went in; then two or three ounces are injected and left in the bladder, which the patient should hold as long as he comfortably

can. It does not seem to me necessary to have the eye of the catheter just in the deep urethra during the injection, as advised by Ultzmann and others; if it projects a little beyond, it seems to serve the purpose as well. The fluid apparently settles down into the neck of the bladder as the patient walks about, and exerts a stimulating and astringent action on the mucous membrane; this is checked, however, before it has time to become irritating, by the decomposition of the solution, which takes place as soon as a small quantity of fresh urine is secreted. It is well to begin with a solution of about 1 to 4,000 or 5,000; weaker than this is useless on account of its rapid decomposition. It may be increased at the next sitting, generally after an interval of four to six days, to a strength of 1 to 3,000. For the third and subsequent injections a 1 to 2,000 solution may be used, if well borne. The treatment is a mild and safe one, but is more troublesome to carry out than the instillations of silver nitrate. If good is to result, it is soon apparent, and if there is no improvement after a few injections it might as well be abandoned.—*Coll. and Clin. Record.*

ACUTE INFANTILE ARTHRITIS IN THE HIP.

To recapitulate, the primary causative factor in acute arthritis is to-day believed to consist of an acute infection of pyogenic micro-organisms. This infectious matter may enter through any damaged surface of skin or mucous membrane or any subcutaneous phlegmon. Other predisposing causes may also exert an influence. Of these, traumatism acts principally to determine in which joint the affection shall manifest itself. The injury may be a slight one, and traumatism acts less frequently in the hips than in the more exposed joints. The infectious diseases, scarlet fever, measles, chicken-pox, variola, typhoid fever, and parotitis may accompany or precede an attack of acute arthritis; their rôle is still very imperfectly understood, and the same may be said of tuberculosis and syphilis. They may act either in making easy the entrance for the pyogenic germs, or in reducing the patient's capacity for destroying and eliminating them. Since specific germs of typhoid fever have been found during the fever, both in osteomyelitic marrow and joint pus, it is possible that the typhoid bacillus may occasionally be a pyogenic factor. Tuberculosis and syphilis may predispose to the affection. An acute infectious suppurative synovitis without lesion of bone may also simulate very closely what is usually regarded as the ordinary form of acute arthritis.—*AUGUSTUS THORNDIKE in Boston Med. and Surg. Journ.*

EYE STRAIN A CAUSE OF NOCTURNAL ENURESIS.

Dr. G. M. Gould gives the details of five cases, in which the enuresis was cured after glasses were fitted and the eye strain removed. Besides these cases he had others in which he was moderately certain that the eyes were the ultimate or a contributing cause of the affection under discussion, but in which the cure was either more slow or the etiology more suspicious, and he did not include them in this report.—GEORGE M. GOULD, in *Phil. Med. News*.

BACTERIOLOGICAL EXAMINATIONS OF DIPHTHERIA IN THE UNITED STATES.

This paper is a report of the results of the bacteriological study of diphtheria in the United States up to May, 1894. Some of the more important conclusions may be summarized as follows:

1. The Health Department of New York has undertaken the bacteriological examination of all cases of suspected diphtheria in that city, unless objection is made by the attending physician, or unless it is not deemed advisable to disturb the patient by such examination. The methods employed are described in detail. During the year ending May 4, 1894, cultures were made from 5,611 cases of suspected diphtheria. The results have proven satisfactory, and are utilized not only for diagnosis, but also to control the supervision and isolation of the cases.

2. Of 6,156 cases of suspected diphtheria in New York and Boston, 58½ per cent. were proven bacteriologically to be true diphtheria—or, if we include only those cases in which the bacteriological examination was considered to be entirely satisfactory—of 5,340 cases, 67½ per cent. were true diphtheria. These were pseudo-membranous inflammations of the throat and air-passages uncomplicated for the most part with scarlet fever.

3. At least 80 per cent. of the cases of membranous croup in New York were diphtheria, and only 14 per cent. were shown not to be diphtheria.

4. Fifteen cases of fibrinous rhinitis and 4 cases of primary and exclusively nasal diphtheria were all due to the diphtheria bacillus.

5. Various forms of a typical diphtheria, many without membrane, and with the characters of simple catarrhal angina and follicular tonsillitis, are described.

6. Instances of unusual localizations of the diphtheria bacillus, as in the middle ear, in wounds, ulcers, abscesses, conjunctivæ, lungs, heart-valves, and the distribution of the bacilli in autopsies of human beings and of guinea-pigs dead of diphtheria, are described.

7. The various bacteria found associated

with the diphtheria bacillus, the most important pathogenic forms being streptococci, staphylococci, and the diplococcus lanceolatus, are considered.

8. In general the great majority of cases of pseudo membranous anginas in scarlet fever are due to streptococci; but where diphtheria is prevalent and opportunities are favorable for exposure to diphtheria, a large proportion may be due to the diphtheria bacillus. The statistics in Baltimore and in Boston present interesting contrasts in illustration of this point. Four cases of diphtheria complicating typhoid fever are described.

9. The name pseudo diphtheria is applied to pseudo-membranous inflammations of the throat and air-passages not caused by the diphtheria bacillus. The most important and common micro organism in pseudo-diphtheria is the streptococcus pyogenes, but other bacteria may be the cause. The mortality in these affections is low in private practice, being 1.7 per cent. in 408 consecutive cases in New York. In hospitals it may be as high as 25 per cent. Death is generally due to some complication, the most important complications being scarlet fever, membranous laryngitis, and bronchopneumonia. The disease seems to be only slightly, if at all, contagious. For this reason, and on account of the low mortality in uncomplicated cases, those cases which are proved bacteriologically not to be true diphtheria are not kept under supervision by the Health Department in New York. Until such proof, suspicious cases are treated as diphtheria.

10. Of 752 cases of diphtheria in New York, the diphtheria bacilli in 325 disappeared within three days after the complete disappearance of the exudate. In 427 cases the bacilli persisted for a longer time, viz.: in 201, for from five to seven days; in 84, for twelve days; in 69, for fifteen days; in 57, for three weeks; in 11, for four weeks; and in 5, for five weeks. In one case, virulent bacilli were found seven weeks after disappearance of the exudate. The cases are kept under supervision until the bacilli have disappeared. Sometimes they disappear first from the nose; at other times, first from the throat.

11. In fourteen families, with forty-eight children, where little or no isolation of a case of diphtheria in each family was undertaken, virulent diphtheria bacilli were found in 50 per cent. of the children, of whom 40 per cent. later developed diphtheria. The bacilli were found in less than 10 per cent. of the children, in families where the case of diphtheria was well isolated.

Antiseptic irrigation and cleansing treatment of the throat lessens the liability of those thus exposed to develop diphtheria.

All members of an infected household should be regarded as under suspicion, and where

isolation is not enforced, the healthy as well as the sick should be prevented from mingling with others until cultures or sufficient lapse of time give the presumption that they are not carriers of contagion.

12. Diphtheria bacilli may be present, and multiply in the throat without causing symptoms or lesions. They must find susceptibility to their pathogenic action in order to cause diphtheria.

13. In three hundred and thirty persons who gave no history of direct contact with diphtheria, virulent diphtheria bacilli were found in eight, of whom only two subsequently developed diphtheria. Bacilli, indistinguishable morphologically or in cultures from the diphtheria bacillus, including the formation of acid in forty-eight hours in bouillon, but entirely devoid of virulence, were found in twenty-four of these persons, in most of these instances in large numbers. The pseudo-diphtheria bacillus was found in twenty-seven.

14. Instances are given in which the diphtheria bacilli were found on various objects outside of the human body, viz., bed-clothing soiled with discharges of diphtheria patients; the shoes and the hair of nurses in attendance on diphtheria patients, and a brush used in sweeping the floor of a diphtheria ward.

15. Some of the various ways in which the diphtheria germ is transported are summarized.

16. A bacillus in no way distinguishable in morphology or in cultures, including the formation of acid in bouillon, from the usual diphtheria bacillus, but devoid of virulence, exists. The virulence was tested by injecting into half-grown guinea-pigs $\frac{1}{2}$ to 1 per cent. of their weight of forty-eight hour bouillon cultures. This bacillus, although it has been called by some investigators the pseudo-diphtheria bacillus, should not be so designated. It is the genuine diphtheria bacillus devoid of virulence. It was met with in a comparatively small number of cases out of a large number examined. Exceptionally, it may occur together with the virulent diphtheria bacillus in diphtheria, and occasionally it takes the place of the virulent bacillus during or after recovery from diphtheria. In several instances it was found in healthy throats.

The name pseudo-diphtheria bacillus should be confined to bacilli, which, although resembling the diphtheria bacillus, differ from it not only by absence of virulence, but also by cultural peculiarities, the most important of the latter being greater luxuriance of growth on agar and the preservation of the alkaline reaction of bouillon cultures. The pseudo-diphtheria bacillus may render bouillon cultures acid in forty-eight hours when grown anaerobically. The pseudo-diphtheria bacillus in this sense was found in a number of cases, but not frequently. It is probably of different species

from the genuine diphtheria bacillus, and is without diagnostic importance.—W. H. WELCH in *Am. Journ. Med. Sc.*

TREATMENT OF DIPHTHERIA.

The conclusions derived from this series of cases, together with investigation and observation on a much larger number of cases, lead us to believe:

1. That frequent washing of the air-passages attacked by diphtheria lessens the duration and amount of diphtheritic membrane.

2. The addition of antiseptics, in sufficient strength to be germicidal, to the irrigating fluid is irritating to the mucous membrane, thereby causing extension and persistence of false membrane rather than the effect desired.

3. The addition of antiseptics to the irrigating fluid is liable to cause systematic poisoning and disagreeable complications from the swallowing and absorption of some of the fluid used, e.g., the two bichloride cases cited above.

4. Spraying the throat (also the pernicious treatment of swabbing), whatever solution is used, can have no good effect, as the parts reached by the spray must necessarily be very limited, excepting possibly in the hands of an expert. Furthermore, the spray cannot be used with young children, as anyone can testify who has tried it. This is especially true of some solutions where it is necessary to use a glass syringe.

5. Frequent cleansing of the throat and nasal cavities with a bland solution, such as plain warm water or normal salt solution, is easier of application, is more agreeable to the patient, and does all that any antiseptic solution can accomplish, either upon duration of the membrane or the period of isolation.—A. CAMPBELL WHITE in *Med. Rec.*, N.Y.

DIPHTHERIA IN ITALY.

The author presents an interesting statistical study of diphtheria in Italy for the years 1887 to 1892 inclusive. During that period the number of deaths fell from 24,637 to 13,434, the smallest number being 12,284 in 1890. The disease is very unevenly distributed throughout the peninsula, the mortality ranging from 1.8 per 10,000 in the marshes to 15.8 per 10,000 in the province of Basilicata. The mortality in the country districts is much higher than that in the cities. As regards seasons, the disease prevails especially in the winter, the mortality figures for the four seasons being as follows: Winter, 10,945; spring, 9,293; summer, 7,315; autumn, 8,320. The greatest number of deaths occurred in children between one and five years of age, the preponderance of males over females being very slight.—ACHILLE SCLAVO in *Gazzetta degli Ospedali edelle Cliniche*, October 20, 1894.

AN ANOMALOUS CASE OF DIPHTHERIA.

The patient was a boy, aged thirteen years, and on the second day of the sickness the exudate appeared on both tonsils, with a temperature early in the day at 107°. On the morning of the next day his temperature ran up to 110°, and at this time his throat became entirely clear of membrane, but he developed all the symptoms of acute cerebro-spinal meningitis, pain in the head, with head drawn back, pupils dilated, and for forty-eight hours he was raving crazy, laboring under high maniacal excitement.

During all of this time his pulse was nearly normal. He presented all the evidences of a person suffering from a highly septic condition. When the cerebro-spinal symptoms subsided the entire fauces became covered with diphtheritic exudate.

At this time also the patient lapsed into a condition of stupor, bordering upon coma, but there was no time but that he could be readily aroused. At this stage of his sickness there was also a marked crisis, and the patient came very near succumbing to heart failure. There was evidence of a weakened heart's action for weeks afterwards.

The day following the subsidence of the cerebro-spinal symptoms, there was a peculiar bad odor from the body, the abdomen became mottled and dark colored, there were profuse discharges of diphtheritic membrane from the bowels, accompanied with very painful tenesmus, and it looked as though we were destined to have a fatal termination from septicæmia. At one period the respiration was somewhat affected, though not seriously. At no time was the function of the kidneys impaired in the least.

The throat gradually cleared up, and all dangerous symptoms subsided, though the convalescence was slow on account of the weakened heart's action. At one time the left parotid gland became inflamed and swollen, but did not suppurate.—THEO. L. HATCH in *Northwest. Lancet*, St. Paul, 1894.

THE IMMUNIZATION OF CHICKENS AGAINST THE DIPHTHERITIC BACILLUS, AND THE PASSAGE OF IMMUNIZING SUBSTANCES WITHIN THEIR EGGS.

It is well known that chickens and pigeons are very susceptible to the diphtheritic bacillus. The author communicated to the Royal Academy of Medicine of Turin some interesting experiments carried on to see whether these fowls could be protected. He was successful in his endeavors, both by the Fränkel method (virus attenuated by high temperature) and the method of Behring (trichloride of iodine). He also

succeeded in establishing immunity by injections of filtered cultures of graduated strengths. Most interesting, however, is the fact that, in a certain number of hens so treated, he invariably found that the eggs possessed an immunizing property, which is manifested both by the albumen and the yolk. He diluted small quantities of egg with equal amounts of normal salt solution, and succeeded in immunizing guinea pigs with this preparation.

The author is now investigating whether guinea pigs may be immunized by feeding them with eggs thus obtained.—SCLAVO in *Gazz. degli Ospedali*, July 14, 1894. *Am. Med. Surg. Bull.*, 1894.

TREATMENT OF DIPHTHERIA AS INDICATED BY ITS ETIOLOGY AND PATHOLOGY.

For local treatment the best results are obtained from peroxide of hydrogen. He generally dilutes it to twice its volume, and renders it alkaline shortly before using with the bicarbonate of sodium, and sprays the parts thoroughly every hour until the throat and nose are clear and the membrane disappears.

He has had good results from the internal use of turpentine, but alcohol and food are the most important aids. He reports a successful case after the use of Behring's antitoxin.—J. B. CASELLO, in *Cincinnati Lancet*.

CLASS-ROOM NOTES.

—*Tuberculosis*, according to Prof. Keen, may be introduced into the system through wounds of the skin, such as a scratch or bruise, which generally escape notice. It is not necessary in such a case that a patient be predisposed to tuberculosis.

—Prof. Hare gives the following prescription of Peabody in cases of *Headache due to Anæmia* :—

R.	Acid. salicylic,	gr. xxx
	Ferri pyrophosphat,	gr. v
	Sodii phosphatis,	gr. j
	Aquæ destillat.,	f ʒ ss. M.

Sig.—This amount to be taken every three hours.

—Prof. Wilson says that in cases of *Influenza*, catarrhal pneumonia occurs insidiously, with a gradual intensification of the bronchitic symptoms on about the fourth or fifth day as a rule, but it may set in as early as the second day or also during the time of convalescence.

—*Arsenic*, in the form of Fowler's solution, Prof. Hare says, is a standard remedy in chronic gout. It should be administered with perfectly pure water, or, better, lithia water. If anæmia be present, it should especially be used, and with it may be given cod-liver oil and the syrup of the iodide of iron.

THE CANADA MEDICAL RECORD

PUBLISHED MONTHLY.

Subscription Price, \$1.00 per annum in advance. Single Copies, 10 cts.

EDITORS :

A. LAPHORN SMITH, B.A., M.D., M.R.C.S., Eng., F.O.S.
London.

F. WAYLAND CAMPBELL, M.A., M.D., L.R.C.P., London

ASSISTANT EDITOR

ROLLO CAMPBELL, C.M., M.D.

Make all Cheques or P.O. Money Orders for subscription or advertising payable to JOHN LOVELL & SON, 23 St. Nicholas Street, Montreal, to whom all business communications should be addressed.

All letters on professional subjects, books for review and exchanges should be addressed to the Editor, Dr. Laphorn Smith, 248 Bishop Street.

Writers of original communications desiring reprints can have them at a trifling cost, by notifying JOHN LOVELL & SON, immediately on the acceptance of their article by the Editor.

MONTREAL, SEPTEMBER, 1895.

CHANGE OF MANAGEMENT.

In this number of the CANADA MEDICAL RECORD, which is the last of the present volume, we have an important announcement to make to our readers. Owing to the ever-increasing demands which his hospital and other duties are making upon his time, Dr. Laphorn Smith has been compelled to retire from the management, which will be taken by Dr. McConnell.

The RECORD will be greatly enlarged and divided into departments which will be under the editorial charge of well known specialists, who will make it their aim to keep their readers thoroughly *au courant* of all that is going on in their specialty, by means of quarterly retrospects, on Medicine, Surgery, Gynæcology, Obstetrics, Therapeutics, etc. Under the new management the journal will appear promptly on the 18th of each month, and the proceedings of the *Médecin Chirurgical Society* will appear in the number following the meeting, for which purpose they will be specially reported, and all the members taking part in the discussions will receive equal attention. Our modesty prevents us from reminding our readers of the many reforms to which the RECORD has lent its influence, but we believe that the esteem in which it is held by its subscribers, from many of whom we have received letters full of encouragement, renders it unnecessary to say that it has always done what it could to protect the interests of the profession at large.

The RECORD will be increased in size, but notwithstanding the great expense which this will entail, the price will remain as before, the extremely low one of one dollar, in advance.

THE CANADIAN MEDICAL ASSOCIATION.

The Kingston meeting of the above Association, under the presidency of Dr. William Bayard of St. John, N.B., was an unqualified success. The attendance was one of the largest in its history, and was especially remarkable for its representative character, there being present leading men from nearly every province, although on the other hand there were fewer from the surrounding country than usual. This must be explained in the same way as the smallness of the attendance of local men when the Association meets in Toronto, namely, by the apparently stronger claim which the Ontario association makes to the practitioners throughout that province, an attendance of two hundred being nothing unusual. The profession of Kingston did much more than could reasonably have been expected of them in the way of entertainments, for in addition to numerous lunches and dinners and visits to institutions, there was a very enjoyable excursion through the world famous "Lake of a Thousand Islands" on the beautiful steamer "America," and on which a generous supper was served. In the opinion of some this was the best part of the meeting, as it brought together in social intercourse men whose names were well known, and many of these acquaintances may in time ripen into life-long friendships. Many—in fact, most—of the papers were of a high order of merit, and it was somewhat unfortunate that more of them were not got through with on the first two days, as during the last day the audience is apt to diminish considerably. The address of the veteran President, Dr. William Bayard, was a masterly paper, and was well received not only by the audience, but was favorably commented upon by the lay Press of the Dominion. He gave much wise advice on three important points: the abuse of medical charity; the over-education of the masses; and the abuse of alcohol. Indeed, we consider what he said on these topics of such paramount importance to the profession and to the people of the Dominion.

ion at large, that we shall take an early opportunity of publishing the address. There is no doubt that year by year the class of well-to-do people, who could afford to pay a physician, and yet who fraudulently obtain his services for nothing, is greatly increasing, and it is quite time that something should be done about it. We shall discuss this subject in a future editorial. Our two distinguished medical and surgical knights, Sir James Grant and Sir William Hingston, were present, and contributed not a little to the interest of the meeting. They were among the few of its founders who are still alive, and may justly be called the fathers of the Association. One of the others, Dr. Thorburn, of Toronto, was elected President for the ensuing year, and will preside at the meeting in Montreal next August.

We cannot in justice to Dr. Starr close these remarks without testifying to his great zeal and energy as Secretary General, which contributed so greatly to the success of the meeting. As long as Dr. Starr holds that position we can count upon having a full programme for every session.

MUNICIPAL CONTROL OF UNNECESSARY NOISES.

Dr. Augustus Clarke, of Cambridge, Mass., read a very opportune paper, at the recent meeting of the American Medical Association, on the question of state or municipal control of artificial agencies which produce unnecessary noises. Anyone living in a large city, especially if his nervous system has been highly developed by education, must often have suffered acutely from the unnecessary noises with which his ears are constantly assailed. At one moment it is a man shouting "coal oil" hundreds of times in a distance of as many yards; another shouting "bananas;" then a Scotch coal cart comes tearing down the street, creating a frightful din. On streets paved with cobble-stones, as many streets are, the unnecessary noises are multiplied tenfold. Then there is the hurdy-gurdy man, and on the main streets the dreadful clanging of the electric street car bells, which make a great deal more noise than there is any need for. The cars themselves, owing to the roughness of their machinery and the lack of care,

apparently, in seeing that it works smoothly, cause still more noise. So that those who have the misfortune to have their homes located on any of these streets or lines of travel are condemned to loss of sleep, which often means loss of health; then the sick, for whose benefit the medical profession exists, suffer still more acutely from these unnecessary noises. At present it appears that there is no control over them whatever: the coal cart boy can bang and rattle his cart over the stone pavements; and the hurdy-gurdy man can grind his dreadful organ; and that banana man, with his bananas at ten cents a dozen, can keep on making life not worth living, without anyone having the right to interfere. Should anyone in desperation throw boiling water on them, he would of course become amenable to the law. So, as Professor Clarke says, "have not the minority of the people who thus suffer some vested rights that the majority are bound to respect? Surely," he remarks, "the persons to whom the physician for the most part is summoned to treat belong to this latter class."

PERSONALS.

At a recent meeting of the Trustees of Jefferson Medical College, Philadelphia, the honorary degree of LL.D. was conferred on Dr. John Collins Warren, Professor of Surgery in Harvard University.

At a recent meeting of the Faculty of Bishop's College Dr. Laphorn Smith was appointed Professor of Clinical Gynæcology.

BOOK NOTICES.

PRACTICAL DIETETICS, with special reference to diet in disease. By W. Gilman Thompson, M.D., Professor of Materia Medica, Therapeutics, and Clinical Medicine in the University of the City of New York; Visiting Physician to the Presbyterian and Bellevue Hospitals, New York. Large octavo, eight hundred pages, illustrated. Price, cloth, \$5.00; sheep, \$6.00. Sold by subscription only. D. Appleton & Co., publishers, 72 Fifth Ave., New York.

The subject is one which does not receive proper attention either in medical colleges or in the standard works upon the Theory and Practice of Medicine, the directions given in the latter being of a very general and vague character, and in the former it is dismissed in one or

two lectures. In hospitals and in the training of nurses, too little attention is paid to the subject, while in works on food and dietetics the practical application of dietetics to disease receives but slight notice. This work is intended to remedy these shortcomings, and to furnish to the practitioner a text-book containing instructions as to the appropriate diet in diseases which are influenced by right feeding.

Beginning with the elementary composition of foods, the author next classifies them, and takes up in succession force production and energy; the force-producing value of the different classes; stimulating foods; their economic value; a comparison of the nutritive properties of animal and vegetable foods; and vegetarianism. The classes of foods are next considered, including water, salts, animal and vegetable foods, fats, and oils. In the section on animal foods much attention is given to the subject of milk in all its forms—pure, adulterated, prepared, etc.—in accordance with the great importance of the article so commonly used. Stimulants and beverages, with their good and ill effects, their comparative values, administration and varieties, are fully and carefully considered.

The various methods of cooking food are given, with the effect of each method on the different classes; also the means used for condensing and preserving foods. In the article on foods that are required for special conditions, the author takes up food in its relation to age, individual size, body weight, sex, diet and heredity, diet and race, and climate and season. Proper attention is paid to the subject of digestion and the conditions which especially affect it. The author considers the general relations of food to special diseases; those that are caused by dietetic errors and the administration of food for the sick, giving the necessary rules as to method, time, etc. Dietetic treatment in fever in general is followed by instructions for diet in specified diseases, with lists of food suitable for the patient in certain stages of the disease, as in the infectious fevers and other acute affections.

The work abounds in analytical tables giving the percentages of ingredients in the various animal and vegetable foods; standards for daily dietaries as influenced by age and occupation; the energy developed by a given quantity of certain foods; diet tables representing a ration as issued in the army and navy under different conditions; and also those used in various prisons and reformatory institutions.

The feeding of pregnant women, nursing mothers, infants, and young children constitutes a very important part of the work, and an appendix contains receipts for invalid food and beverages suitable for fevers and convalescence from acute illness.

The work gives much evidence of careful and

intelligent observation on the part of the author, and will, the publishers believe, be found to fill a field heretofore practically unoccupied. It is a book which will be found to be of great assistance to the practitioner in the dietetic treatment of diseases that are influenced by proper feeding, invaluable to the trained nurse in hospital and private nursing, and of inestimable service as a guide in the administration of proper food to infants and invalids in the home.

GREEN'S PATHOLOGY AND MORBID ANATOMY.

Pathology and Morbid Anatomy. By T. Henry Green, M.D., Lecturer on Pathology and Morbid Anatomy at Charing-Cross Hospital Medical School, London. Seventh American from the eighth and revised English edition. Octavo volume of 595 pp., with 224 engravings, and a colored plate. Cloth, \$2.75. Philadelphia, Lea Brothers & Co., publishers, 1895.

Green's **PATHOLOGY AND MORBID ANATOMY** has long been the leading text and reference book in all English speaking countries, a fact indicated by the number of editions demanded. A knowledge of the subjects covered by its title is essential to graduation and not less so to the practitioner, who must understand the nature of a disease as a prerequisite to rational curative measures. Thanks to the tireless industry of laboratory workers and clinicians, these sciences are in a state of constant development, and in order to represent their existing position, this volume has been thoroughly revised and new chapters have been added. The previously rich series of illustrations has been increased with sixty new engravings.

PAMPHLETS.

ADDRESS ON THE FOUNDING OF THE ILLINOIS HOSPITAL. Delivered in Central Music Hall, June 12, 1895. By Seth Scott Bishop, M.D., Professor of Diseases of the Nose, Throat and Ear in the Chicago Summer School of Medicine; Professor in the Post-Graduate Medical School and Hospital, Chicago. Reprinted from the Journal of the American Medical Association, June 29, 1895. Chicago: American Medical Association Press. 1895.

REMINISCENCES OF DR. J. MARION SIMS IN PARIS. By Edmond Souchon, M.D., Professor of Anatomy and Clinical Surgery, Tulane University, New Orleans, La. Reprinted from the Medical Record, December 8, 1894. New York: Trow Directory, Printing & Bookbinding Co., 201-213 East Twelfth St. 1894.

NOTES ON A HITHERTO UNDESCRIBED SKIN DISEASE. Endemic in Central America, called by the natives "Bulpiss." Otto

Lerch, Ph.D., M.D., Former State Geologist of Louisiana, etc. Reprinted from the May, 1895, Number of the New Orleans Medical & Surgical Journal.

WHAT RESULTS MAY BE EXPECTED FROM CELIOTOMY IN INSANITY, HYSTERO-EPILEPSY, AND KINDRED NEUROSES. Remarks with Illustrative Cases. By W. P. Manton, M.D., President of the Detroit Academy of Medicine; Vice-President of the American Association of Obstetricians and Gynæcologists; Gynæcologist to Harper Hospital, etc.

GENITAL REFLEXES. By W. P. Manton, M.D.

A CASE OF HYDATID TUMOR OF THE PERITONEUM. By W. P. Manton, M.D., Gynæcologist to Harper Hospital; Consulting Gynæcologist to the Eastern and Northern Michigan Asylums and St. Joseph's Retreat, etc. 1894, Detroit, Mich.

GYNÆCOLOGY AMONG THE INSANE, FROM THE GYNÆCOLOGIST'S POINT OF VIEW. By W. P. Manton, M.D., of Detroit, Mich., Consulting Gynæcologist to the Eastern and Northern Asylums for the Insane, and St. Joseph's Retreat; Gynæcologist to Harper Hospital, etc. From the Medical News, July 7, 1894.

CASE OF DOUBLE PYOSALPINX. By Hunter Robb, M.D., Professor of Gynæcology Western Reserve University. Reprint from Western Reserve Medical Journal, March, 1895.

A SUCCESSFUL CASE OF PORRO CÆSAREAN SECTION (modified). By Hunter Robb, M.D., Professor of Gynæcology in the Western Reserve University. Reprint from Western Reserve Medical Journal, May, 1895.

TREATMENT OF THE OPIUM NEUROSIS. By Stephen Lett, M.D., Medical Superintendent of the Homewood Retreat, Guelph, Ont., Canada. Read in the Section of Medical Jurisprudence and Neurology at the Forty-second Annual Meeting of the American Medical Association, held at Washington, D.C., May, 1891. Reprinted from the Journal of the American Medical Association, November 28, 1891. Chicago: published at the office of the Association. 1891.

LAST ONE HUNDRED ABDOMINAL SECTIONS FOR REMOVAL OF OVARIAN TUMORS AND DISEASED UTERINE APPENDAGES. By R. Stansbury Sutton, M.D., Pittsburgh, Pa. Reported by J. P. Hunter, M.D., Allegheny, Pa. Reprinted from the Pittsburgh Medical Review, November, 1894. Press of Murdoch, Kerr & Co., 53 Ninth St., Pittsburgh, Pa.

SURGICAL TREATMENT OF TUMORS OF THE NECK. By Thomas H. Manley, M.D., Visiting Surgeon to the Harlem Hospital, New York. 1894. Reprinted from the Medical Brief, St. Louis, Mo.

PUBLISHERS DEPARTMENT.

THE LADIES' HOME JOURNAL
PHILADELPHIA.

A BOOK FOR YOUNG MEN.

EDWARD BOK, the editor of *The Ladies' Home Journal*, has written a book for young men called "Successward: A Young Man's Book for Young Men," which the Revells will publish in a fortnight. The book aims to cover all the important phases of a young man's life: his business life, social life, his amusements, religious life, dress, his attitude toward women, and the question of his marriage. This is Mr. Bok's first book.

A HORSE-SHOW STORY.

MRS. BURTON HARRISON has written a new novelette, dealing in the main with the "fashionables" of New York at the Horse Show, which *The Ladies' Home Journal* is about to begin. Mr. W. T. Smedley has illustrated the story.

ANÆMIC PATIENTS WHO HAVE MALARIAL CACHEXIA.

DR. T. D. CROTHERS, editor of *The Quarterly Journal of Inebriety*, published under the auspices of The American Association for the Study and Cure of Inebriates, and who is an authority on neurosis, writes in his last number as follows: Antikamnia and Quinine are put up in tablet form, each tablet containing two and one-half grains of antikamnia and two and one-half grains of quinine, and is the most satisfactory mode of exhibition. This combination is especially valuable in headache (hem'cran'ia), and the neuralgias occurring in anæmic patients who have malarial cachexia, and in a large number of aff'ctions more or less dependent upon this cachectic condition.

The four weekly issues of *Littell's Living Age* for September are replete with the choicest gleanings of the British reviews and magazines. These issues contain twenty-seven complete papers, many of them of great value and intense present interest.

Among the more valuable essays and reviews may be particularly mentioned, "Norway and Sweden," which is really a "double star." The one by J. E. Sars, Professor of History in the University of Christiania, presents "The Case of Norwegian Liberalism"; the second, by Carl Siewers, reveals "A King's Scheme of Scandinavian Unification." "The Problems of the Far East," the leading article in No. 2670, is an able review of recent works by such writers as Hon. Geo. P. Curzon, M.P., Henry Norman, Chester Holcombe and others, on the China and Japan question. Biography is represented by an exceedingly good article on "Huxley" by P. Chalmers Mitchell, and another on "Mrs. Gaskell" by Mat Hompes. "The Spectroscope in recent Chemistry" by R. A. Gregory, and "Stars and Molecules" by Rev. Edmund Ledger, will prove of great interest to the general as well as the scientific reader. "A Visit to Bonifacio" by J. N. Usher; "Antarctic Explorations," "In the New Zealand Alps," "Poetic Pride," "Latter Day Pagans," and "The Heavy Burden of Empire" are the titles of other valuable papers. In fiction each number contains a complete story, and of poetry a full page.