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THE CANADA LANCET.

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Original Communications.

THE ELECTRIC ILLUMINATION OF THE BLADDER.

BY G. S. RENNIE, M.D., L.R.C.P. LOND., HAMILTON.

Mr. Buck, of Breslau, a dentist, was the first to employ the platinum loop, maintained at a white heat, by means of the galvanic current, as a source of light for examining internal cavities of the body. He constructed a light for the examination of the mouth, and also one for the stomach, which were tried at the Vienna Hospital, but found to be unpractical.

In 1877, Dr. Nitze, of Dresden, had instruments made that could be used on the living subject to illuminate the urethra, bladder and larynx; but they were very much complicated, as they had to be fitted with a water cooling apparatus in order to reduce the heat of the platinum wire, and they also failed to give a strong light, as a quill was used for the window which soon became scorched with the heat. Dr. Nitze at a later date went into partnership with Leiter, an instrument maker of Vienna, and in 1879 they produced an instrument known as the Nitze-Leiter cystoscope. The illuminating power of this instrument was maintained by the heating of a platinum wire by electricity, and had as a consequence to be fitted with a water cooling apparatus. With it the bladder could be very well illuminated, but on account of the instrument being cumbersome, extremely complicated and high priced it soon fell into disuse.

In 1887, two cystoscopes, made on the incandescent light principle, appeared almost at the same time. The one designed by Dr. Nitze (who had quarreled with his partner Leiter), and the other made by Leiter, of Vienna.

These two instruments are nearly the same in construction, only the lamp of the Nitze cystoscope is unprotected, and cannot be separated from the rest of the instrument, so that when the carbon filament of the light is burnt through, it has to be sent to the Berlin instrument maker to be repaired. The cystoscope produced by Joseph Leiter, of Vienna, which I have here to show you, is a highly finished instrument, and perhaps a word about its construction would not be amiss. It is in shape very much like a calculus sound of a 22 French gauge. It consists of three parts: 1, the beak, 2, shaft, and 3, ocular end.

1. *The beak* is a hollow hood which can be screwed on and off the shaft, it has a long oval aperture covered in with a thin pane of rock crystal, which protects the incandescent lamp, and at the same time allows the rays of light to pass, and illuminate the cavity. The terminals of the lamp fit into two sockets which are in direct communication, by means of insulated surfaces, with the battery; by this arrangement when a lamp burns out, a fresh one can be rapidly replaced, and if a lamp glass should break it is protected from doing harm by the hood.

2. *The shaft* forms a hollow tube furnished with a system of lenses, for increasing the size of the object examined. Rays of light from the object under examination enter the windows, situated at the end of the elbow, are reflected by the prism closing the window, and passing through the stem of lenses are magnified and perceived by the observer.

3. *The ocular end* has two binding screws for the battery wires, and a switch for opening and shutting the current. The small knob on the rim serves to show the direction in which the beak is pointing and thus helps us to localize the position of the lamp and the window in the bladder. In 1889, Mr. E. Hurry Fenwick, of St. Peter's Hospital, London, made what he then considered an improvement on Leiter's instrument. He had a perforated hood made for the lamp, which allowed the fluid in the bladder to circulate freely around the lamp and keep it cool. But this has since proved not to be of any great advantage, and Mr. Fenwick now uses Leiter's instrument without his own modification. This cystoscope has one valuable addition made by Mr. Fenwick, which is the swivel at the ocular end, which allows the instru-

*Read before the Hamilton Medical and Surgical Society.

ment to be rotated without allowing the wires of the battery to rotate with it and thus obscure at any time your vision.

The instrument which I show you was intended for the examination of the anterior part of the bladder, and another one, the same in construction only the window is on the posterior side, to be used for the examination of the posterior wall.

But practically the anterior instrument is all that is required, as with it all parts of the bladder can be viewed by rotating the instrument at will. It can be introduced into the bladder almost as readily as a calculus sound, but when in, it requires

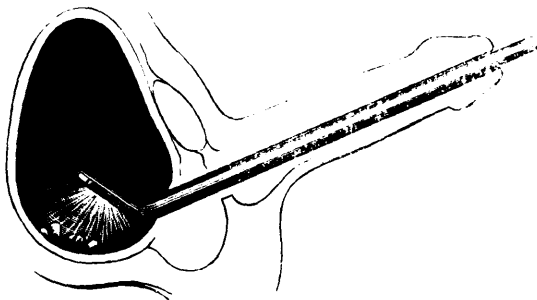


FIG. 1.—The posterior instrument as seen in position.

a great deal of practice and patience before one is able to rotate the instrument and examine a certain patch. Although we may become rapidly proficient in placing the light, it is otherwise in appreciating what is seen. A stone or typical growth is readily recognized, but there are certain conditions of the mucous membrane which are most puzzling and require experience to determine their nature.

Before passing the instrument it is well to see that it is in perfect working order, and thus save a good deal of annoyance later. The bladder should contain, at least, four ounces of clear urine. If the patient has passed his urine lately, or if it contains pus or blood it will be necessary to wash out the bladder with a solution of boracic acid, and then inject about five ounces of warm water. Having made sure that you have five ounces of fluid in the bladder, you may introduce the instrument. See that the current is turned off first of all; a little glycerine is the best lubricant as it prevents murking of the prism. When the beak has been felt to have entered the bladder, you may close the circuit, and then at the ocular end you will perceive a yellowish-red glare. By gentle manipulation you will recognize the trabeculated surface

of the bladder and the minute vessels which ramify in the mucous membrane, all illuminated with a bright white light, as clear as if seen by direct sun light. By rotating the instrument you will notice in the inferior zone, the orifices of the ureters. After a little practice one recognizes the conditions of a healthy mucous membrane. It is of a reddish-yellow or light straw color, with its surface bright and glistening and traversed by blood vessels of varied tints. When the base is illuminated you will see the trigone, which forms a beautiful object, reminding one of a sandy shore, so even and yellow is its surface. A little more posteriorly are placed the orifices of the ureters, situated upon elongated oval-shaped projections. In a healthy bladder it is not difficult to discover their slit-like openings, and if watched you will notice them to suddenly gape and a tiny swirl of fluid will be emitted. By withdrawing the cystoscope slightly, until the window is at the opening of the bladder, the urethral orifice can be searched. It is seen as a crescentic fold, blood red in color from the transmission of the rays of light through its vascular substance.

The cystoscope will show absolutely whether the disease is in the bladder or not; one can see out of which ureter purulent or bloody urine escapes. Hence we have a means of solving the question, which kidney is diseased, if there be but one affected. With it we gain a more thorough knowledge of the forms of catarrh and can watch its improvement under treatment, can diagnose ulcerations, tuberculosis, can see calculi, encysted stones, foreign bodies, velvety growths and tumors of the bladder.

Dr. Meyer, in "Annals of Surgery," says that the cystoscope has become an indispensable part of surgical equipment, and is for the bladder what the laryngoscope is to the larynx.

I am indebted for what knowledge I have of the use of the cystoscope, to Mr. E. Hurry Fenwick, of St. Peter's Hospital for Stone, London. He makes use of the instrument daily in his private and hospital practice, and has made many thousand cystoscopic examinations. He is most painstaking with his cases, takes complete notes of every examination, and if anything of interest is found he either makes a clay model of what he sees or has a photograph taken. Copies of some of his models I have here to show you.

The cystoscope has become a most valuable instrument for diagnosing bladder and kidney diseases. For the purpose of illustrating its utility in this respect, let us take, for example, a case of hæmaturia. As Mr. Fenwick remarks, "very often the evacuated urine contains no clue as to the source of the blood. The color of the hæmorrhage is deceptively variable, sometimes being of renal, sometimes of a vesical, type. In only a small proportion of cases does the microscope reveal the cause. Not infrequently bi-manual or rectal examination proves valueless in the localization of the disease, while the sound, evacuator, and lithotrite often afford only negative results. If the cystoscope be passed, you may detect a villous papilloma or other vesical growths which cause the hæmorrhage, the existence of which one may suspect, but which, without a cutting operation in the shape of a digital exploration, one often cannot absolutely diagnose to be present in the bladder. Or you may reveal a hæmorrhagic cystitis, a growth, a calculus, an enlarged prostate or an ulceration as the source of the hæmorrhage. If you find negative evidence of the hæmorrhage from an examination of the bladder walls, a close inspection of the orifices of the ureters will demonstrate at once the real source of the hæmorrhage if the blood be issuing from the kidneys; for if this be the case you will see the jets of bloody urine burst from the tiny opening of one or other ureter and the real source of the hæmorrhage will then be known. The cystoscope can either afford us a clearer insight into pathological conditions of the vesical mucous membrane, and enable us to watch the progress of the disease and the behavior of the same under varying forms of treatment; or it may allow us to control our clinical observations and speculations by direct visual research, and rightly to assign the more prominent symptoms to definite causes; or it may at once elucidate for us the cause of obscure symptoms of urinary disease, of which we otherwise could obtain no certain clue without a cutting operation.

DYSMENORRHOEA.

R.—Ext. stramoni, }
 Ext. hyoscyam, } aa . . . gr. vi.
 Ext. opium, }

M. Ft. Pills No. 12. Sig.—Take one pill every one to six hours, as may be needed, until relieved.

NOTES ON PUERPERAL ECLAMPSIA.*

BY BERTRAM SPENCER, M.D., M.R.C.S.E., TORONTO.

On Sunday, Oct. 18, 1891, I was called to see Mrs. P., about 20 years of age, six and a half months advanced in her first pregnancy, and who had suddenly, after symptoms of disordered vision, been seized with convulsions.

On arrival I found three other physicians, who had hastily been summoned, in the room, by one of whom the patient had been bled to the amount of 10 ounces. Half a grain of morphia also had been administered hypodermically, together with inhalations of chloroform, and a gag had been placed between the jaws, to prevent laceration of the tongue by the teeth.

On passing a catheter into the bladder it was found empty, urine having been voided into the bed during one of the convulsions, of which, so far as I could gather from the husband, the patient had had three or four.

A second half grain of morphia was at once injected, and the membranes punctured with the catheter, and about two or three ounces of liq. amnii. escaping. At this time another convulsion, the first I had seen, seized the patient, which, though the chloroform was pushed, lasted for some minutes.

An attempt was now made to dilate the os with the finger, and, after much work and perseverance, I was enabled to introduce the tip of the index finger as far as the first joint. Beyond this point, in spite of prolonged efforts by myself and Dr. Scadding, who kindly relieved me for a couple of hours, it was impossible to produce further dilatation; the finger in the os giving the impression of being in the neck of a bottle, so rigid and unyielding did it appear. Two or three large enemata of soapy water and castor oil were given, in the hopes of producing an evacuation of the bowels, and of so relieving blood pressure, but with no effect; the enema apparently distending the rectum, but returning ineffectual at once. Glauber's and Epsom salts were then given every half hour, in concentrated solution, but also without producing the desired effect. Failing in our attempts to produce dilatation of the os with the fingers, an attempt

*Read before the Toronto Medical Society, March, 1892.

was then made to accomplish this with graduated hard rubber bougies. The smallest size was passed, but, beyond this, no force that we dared employ, would ensure the passage of a larger one.

During the afternoon the patient had two more convulsions; the chloroform which was freely administered having apparently no effect in preventing or lessening the attack.

At five o'clock another half grain of morphia was injected and after much trouble, the smallest size of Barnes' rubber bags was introduced into the uterus, filled with water and left in situ; and the vagina carefully douched with bichloride 1 x 5,000 followed by carbolic acid 1 x 80.

Recognizing the importance of securing an alvine evacuations, a drop of croton oil with a few grains of sugar of milk, was given every hour for three hours, but without accomplishing the desired end.

The patient was kept pretty well under the influence of morphia all night by the administration of half a grain hypodermically every four hours, but was very restless and delirious, constantly attempting to get out of bed, and fighting against nourishment which, however, was given her in the shape of milk, every half hour, a few drops at a time from a medicine dropper. There was a good deal of difficulty in swallowing, the tongue having been bitten and being swelled in consequence. Vaginal douches of bichloride and carbolic acid were kept up.

Monday, Oct. 19th.—Not much change in the patient's condition; she was still restless, but kept more or less narcotised by morphia administered every four hours. The bladder was relieved by the use of the catheter, and the urine, small in amount, on being tested, gave about 90% albumen. Douche continued during the day; no movement of the bowels. At 5 o'clock the Barnes' bag having been in place for 24 hours, it was removed; the os then showing but little change, and still being smaller in circumference than a shilling.

There were signs now during the evening, of commencing uterine contractions, and as the bowels had never yet been moved, 10 gr. of calomel were administered dry; and towards morning this was followed by a very copious evacuation. The morphia was continued, the patient kept under its influence, and urine withdrawn by catheter. The patient less restless, uterine pains coming on, but

at long intervals; vaginal douches kept up three times a day.

Tuesday October, 20th. Patient not so restless or violent labor pains of short duration coming on; os uteri about the size of a silver dollar. Four ounces of urine passed, very cloudy and albuminous. Morphia and douches kept up. At 3 o'clock in the afternoon I was sent for, being told the patient was worse. On my arrival, however, so far from that being the case, I found the head presenting at the vulvar orifice and at 3.40 delivery of an exceedingly putred fœtus and placenta was accomplished. As soon after delivery as possible an intra-uterine douche of bichloride was given, followed by one of 1 x 80 of carbolic acid. Temperature $101\frac{1}{2}^{\circ}$, pulse 162.

4.30 Symptoms of severe shock set in; heart's action very weak and unsteady; gave ether sulph. $\frac{3i$. hypodermically, and brandy by the mouth under which the patient rallied.

6 p. m. Sleeping quietly, pulse 128; at midnight the temperature was 98° , pulse 104, still sleeping quietly; discharge odorless. 10 oz. of urine drawn off and tested; albumen still present but much less in quantity.

Wednesday, October 21. Slept quietly all night temperature $97\frac{3}{4}$, pulse 84 at 7 a.m., vaginal douche of carbolic acid as discharge was becoming offensive. Large quantity of urine passed naturally; color, dark amber, small amount of albumen present.

From the 21st to the 25th the patient got slowly but progressively better, when spongy gums, sore mouth and fetor of breath gave warnings of pytalism. Accordingly the injections of bi-chloride were suspended, a weak solution of carbolic acid only being used as a douche.

A wash of boracic acid and listerine for the mouth and a mixture of chlorate of potash internally soon relieved these symptoms. During the last three or four days very large quantities of pale urine have been passed, sometimes as much as 90 ounces per day. From this date convalescence, though slow, was uninterrupted. For seven weeks there was great weakness and lassitude, and at the next catamenial period the flow was very profuse, necessitating the administration of iron and ergot. Since then the periods have been normal both as to time and amount of the flow.

In the treatment of this case, two cardinal

points were kept constantly in view. (1) Narcotization of the nervous centres, by the administration of large and repeated doses of another poison, namely morphine. And (2) the prompt evacuation of the contents of the uterus and consequent lessening of pressure upon the renal vessels.

This latter, owing to the rigidity of the os, we were unable to accomplish of ourselves, nature coming to our rescue at last, but not until some 50 hours had elapsed after the first convulsion.

The obstinate refusal of the bowels to act was probably due to mechanical obstruction by the gravid uterus, since a free and satisfactory evacuation took place as soon as uterine contractions had fairly set in.

The patient only regained consciousness on Thursday, the 22nd, having no recollection whatever of anything that had occurred between Sunday and Thursday morning.

Another point of interest was the excessive diuresis that occurred after delivery, nearly 100 ounces in the 24 hours being voided, whilst before that, only a few ounces of dark albuminous urine were secreted in the same time.

Milk was the only aliment allowed for a week, after that soups and jellies were added, together with port wine, from which latter the patient derived much benefit.

This, Mr. President, is merely the record of one case of eclampsia, transcribed from notes taken at the time, and of the treatment adopted in this particular case.

Probably every practitioner has his own favorite way of treating these distressing and so frequently fatal cases. I have given you an outline of that method which I believe to be the best, and which briefly is narcotize the patient and neutralize the action of uræmic poison.

Probably some will say, no one method of treatment will answer for every case, but each one should be treated according to its own particular circumstances. This I willingly admit, but the treatment by morphia seems to me to offer a better chance of recovery than by any other method alone. And as to chloroform, I cannot honestly say that I have ever seen a case where the convulsions were completely controlled, or even appreciably lessened by its use.

As to the pathology of puerperal eclampsia, I shall say but little. The subject was fully dis-

cussed before the British Medical Association last July, but no positive conclusion, says the *Med. Record*, was arrived at.

A recent number of the CANADA LANCET, quoting from the same journal, says: "The experiments of Dr. Blanc were cited (by Dr. Galabin, of Guy's Hospital) as indicating that in the urine of eclamptic patients, there is a specific bacillus, which, when cultivated, causes convulsions in some of the lower animals.

Dr. Blanc thinks that this bacillus causes not only the nephritis, but also the convulsions directly. Dr. Auvard's view that eclampsia is the result of a strike on the part of the organs of elimination, especially of the kidneys, no doubt represents a truth, but hardly goes deep enough to be called a scientific explanation.

The same may be said of the theory of Stumpf, that under certain circumstances, a nitrogenous substance of a toxoemic nature, it may be acetone or a closely allied body, is developed, which in its elimination, irritates the kidneys, and so causes a nephritis.

It seems that we do not, as yet, know more about the pathology of eclampsia than that there is some convulsive poison thrown into the blood, either through renal disease, or infection, or both. What then is the duty of the medical attendant towards such patients in regard to subsequent pregnancies?

The question will always be put to us whether the patient may not, at a future pregnancy, be subjected to a similar misfortune. That primiparæ are more liable to eclampsia than multiparæ has been abundantly shown; still there can be but little doubt that repeated pregnancies tend towards progressive disease of the kidneys, such disease being that known as granular degeneration.

Bearing in mind the great danger to the life of a patient during an attack of puerperal convulsions, and the irremediable damage to the kidneys that may occur, are we not justified, not only in warning her of the danger she incurs by subsequent pregnancies; but also in the induction of premature labor, for the relief of a condition fraught with so much danger to the life and well-being of our patient?

Selected Articles.

MEDICAL MYTHS.

Among the many wise sayings accredited to Abraham Lincoln is the following: "You can fool all the people part of the time; you can fool part of the people all the time, but you can't fool all the people all the time."

A man who has been in the practice of medicine for a number of years might feel inclined to take exceptions to the truth of this statement. Nowhere does the credulity of the people seem so obvious as in the readiness with which a new and startling discovery in medicine finds acceptance among the, apparently, most enlightened. It is true that among a certain class, who view with a degree of skepticism, born of apathy or indifference, all that pertains to medicine, we may find exceptions to the rule. Yet, even among these, when the matter is brought directly home to them in the form of a personal affliction, skepticism gives way to eager credulity, whenever hope, from whatever source, is offered them. People are quick to believe what they *want* to believe, and reason and argument are alike useless in such cases. It is not among the ignorant and uncultivated alone that we may expect to find the credulous. All down the ages of history, charlatanry and medical buffonery have found their most ardent supporters and adherents among the cultivated classes. In support of this statement, I will adduce the example of the great Berkley, the most profound metaphysician and elegant writer of his age, who claimed for his tar-water: "A preparation made by stirring a gallon of water with a quart of tar—all the virtues of a panacea." According to him, "It would prevent small-pox, and was a cure for impurities of the blood, coughs, pleurisy, peripneumony, erysipelas, asthma, indigestion, cachexia, hysterics, dropsy, mortification, scurvy, and hypochondria." You will notice the last word of this wonderful list, hypochondria, which might, with a little more truth, have been made to begin and end it. Certainly a striking and sad instance of how foolish even a great and learned man may become, when he ventures to speak with authority on subjects of which he is entirely ignorant. Berkley was a great and good man, but in his effort to be humane, and to give the world the benefit of what he considered a great discovery, he made himself ridiculous. There is something quite *naive* in the following statement of the virtues of this water: "It is much to be lamented that our Insulars, who act and think so much for themselves, should yet, from grossness of air and diet, grow stupid, or dote sooner than other people, who by virtue of elastic air, water-drinking, and light food, preserve their faculties to extreme old age, an advantage which

may perhaps be approached, if not equalled, even in these regions, by tar-water, temperance, and early hours." Bishop Berkley might well have learned and laid to heart that first and greatest of the aphorisms of Hippocrates, that "Life is short, art is long, the occasion fleeting, experience fallacious, and judgment difficult." There are many Berkleys in the world, men, and women, too, whose cultivation and intelligence none would care to dispute, who imagine that the positions of prominence which they occupy entitle them to an expression of their views on matters outside their field of observation. It would be well for many to remember the fable of the two asses, one of which was laden with bags of salt, and the other with a cord of wood. They came to a stream, and the ass with the burden of salt bags entering the stream, the salt was quickly dissolved, and the ass came out relieved of his load. He then counselled the other ass to do likewise, but the wood absorbed the moisture, and, the load becoming too heavy, the poor ass sank beneath it and was drowned. The moral of this fable is obvious, and shows the danger of making too wide an application of a single experience. It is this tendency of the human mind, to argue from insufficient data, to deduce erroneous conclusions from false hypotheses—in other words, to be illogical; that is the greatest stumbling-block in the way of the progressive thinker in medical or any other field of science.

How many hundreds of years ago medicine might have evolved from the uncertainties of purely speculative philosophy to the dignity of an experimental science, but for the trammels to which it was subjected from the ignorance and superstition of mankind, it is hard to say. Certain it is, that over two thousand years ago there lived a man of such profound insight into the laws of nature, and knowledge of mankind and his diseases, that such of his works as have been preserved to us, may be, and *are*, still read with profit. This was the divine Hippocrates, the father of medicine, and even his great name must come down to us with the smirch of charlatany upon it, for it is reported that, among his other great works, he cured King Perdiccas of Macedonia of love-sickness. The immortal Galen, the greatest anatomist until Versalius, unless it be Aristotle, that ever lived, owed his fame as a practitioner in Rome to the success of a certain remedy, a sort of cure-all, of which he was the discoverer.

It is this great eagerness on the part of most people to be humbugged, a trait not confined to the American people alone, but to all the descendants of mother Eve, that has made charlatany the vice of otherwise exalted characters. Man can not live on the revelations of science alone, and unless there be some practical application of such knowledge, "*quid bonum*" cries the *vox populi*, and will have none of it. Even the great

Kepler was forced to depend upon the income derived from his fame as an astrologer to aid him in the pursuit of his astronomical studies, and excuses the deception in the following words: "Nature, which has conferred upon every animal the means of subsistence, has given astrology as an adjunct and ally to astronomy." If, then, through the pages of medical history we are confronted only too often with the spectacle of a noble art prostituting itself to vulgar needs, what else can we expect? The progress of medicine as a science is so indissolubly united to the intellectual progress of the human race, that it is a sad commentary upon the intelligence of a person who attempts to cast reflections upon its achievements. Will the same persons who deny a place to medicine in the scientific world, also deny that whatever is to be learned of the diseases which attack the human body must be studied in their effects upon the human body? Do these same people realize that all the knowledge that the world possessed of the structure of the human body, until Vesalius, in the sixteenth century, chanced the perils of the hangman's rope to make human dissections, was purely deductive, and derived from the dissections of the lower animals? And that morbid anatomy was for the first time systematically studied by Morgagni nearly a century later? Have these same people, who attempt to belittle the greatest, because the most comprehensive, science that has ever engaged the attention of man, been able even to rid themselves of the foolish sentiment which makes even the contemplation of the dissection of the human body a horror? It is this unwillingness on the part of mankind to consider the true relations of medical science and practice that enables the charlatan who evolves his ideas of disease from his inner consciousness, and deduces from them an absurd and fantastic system of treatment; to prey upon their credulity and offer them hope of cure, when death is inevitable.

We have passed the dark ages of speculative philosophy in medicine. No longer is it possible for a man to advance a chimerical theory of disease, and not be silenced by the forceable arguments or deserved contempt of those competent to judge of its merits. Medicine is, in its broader sense, not the mere treatment of disease, but in the knowledge of its nature, its causes and its effects upon the body, a science founded on accurate observation and rational deductions. If the application of this science in the treatment of disease often falls short of what we could wish, is it not possible to object that there is that in the nature of certain diseases that defies treatment? But the people will have nothing but a cure, and if Dr. Science can't do it, why it will at least do no harm to try Dr. Assurance. It may interest us to consider for a few minutes some of the many delusions which have from time to time obtained more or

less credence or support. It may be well to say that during medieval times, in fact, up to the days of modern medicine founded upon pathological research, we could hardly expect to find anything like a scientific theory of disease, when all conclusions in regard to its nature must have been reached through speculative philosophy having no premises worth considering. The old humoral pathology, founded upon the belief that the body was made of humors and solids, and that various changes in their proportions constituted disease, was about as satisfactory as the modern teachings of Christian Science, namely, a mere play upon words. Notwithstanding the unsatisfactory state of medical science at this early date, we are still prepared to declare that medicine was abreast of the times. Francis Bacon, who *might* be considered at least a fair example of average intelligence, gravely considers as to whether he is altogether prepared to endorse the weapon ointment. This belief in the efficacy of the so-called weapon ointment was one which prevailed so widely that we find frequent references to it in literature. Dryden refers to it in his review of the "Tempest," and Scott in his "Lay of the Last Minstrel." The cure consisted in the application of an ointment to the weapon which caused the wound, while the wound itself, after washing and bandaging, was let alone. The astonishing success of this treatment was attributed very much in the same way to the ointment applied to the weapon, as some surgeons to-day attribute the success of aseptic surgery to the number of noxious and vile smelling drugs, which, after cleansing the wound, they may see fit to use in the bandages. In neither instances has the thought, that perhaps the success of the treatment was due to cleanliness and non-interference, seemed to dawn upon the minds of the enthusiastic advocates of either method.

Another of the humbugs which for a time served to delude prince, poet, and peasant, was the so-called sympathetic powder, introduced by Sir Renelin Digby, cotemporary with King James I. and his son Charles. Sir Renelin obtained this powder at the price of a great service from a friar in Florence, who, in his turn, had brought it from the East. It will be invariably noticed that humbugs are imported—far-fetched and dearly bought. This powder had the wonderful power of curing a wound when applied to the garments of the person injured. When you come to think of it, this way of using the powder was a most ingenious idea. When any one was too severely injured to admit of delay, a scrap of clothing could be carried to the possessor of the powder, and the cure be in progress and the fee collected at once. In a day when travelling was poor, and remittances by mail were unknown, the advantages of this method of treatment were too obvious to require argument. King James and Charles I. both

learned the secret and application of this powder, but alas, the little operation which the latter underwent at Whitehall, was too severe a test of the efficacy of the cure. Another remarkable cure was born in the brain of a man who, in the early half of the last century, first saw the light in the State which has since produced the wooden nutmeg. His discovery was, as is usual in such cases, the result of many years of patient investigation, which had at last been crowned with deserved success; a success which was not founded upon mere assumption, but on the results obtained in thousands of cases cured by its means. Hereto a list was appended of certificates from clergymen and other learned people equally competent to judge of its value, as proven by their individual experience in its employment. The principal involved was a practical application of the newly discovered theory of galvanism, and the means employed was a pair of what the discoverer was pleased to call *metallic tractors*. These tractors consisted of two pieces of metal, one of which was brass, the other apparently iron. By virtue of some peculiar action upon the animal fibre, these tractors are warranted to cure anything from the spleen to a dog-bite, by passing them gently over the surface of the body, very much the same way, I suppose that some of our medical brethren do with the electrodes of a \$1,000 stationary battery. The advantage, from the practitioner's standpoint, is rather in favor of the metallic tractors for Dr. Perkins, the discoverer and patentee, was enabled to dispose of thousands of his tractors, which cost at the most sixpence, for a guinea a pair, while the electrical specialist is sometimes at great pains to realize a decent interest from the capital invested in his ponderous machine. Perkinism, for the success of treatment by the metallic tractors was such that it soon aspired to the dignity of a new school of medicine, has so thoroughly disappeared in the darkness of oblivion, that I doubt very much if a pair of metallic tractors were to be resurrected from the rubbish of some colonial attic, whether there could be found an antiquarian to-day who could tell what they were.

But the world is never left long to mourn the death of a great folly. New ones are constantly being born to fill their places. Like the poor, we have them always with us. Among the strangest of such follies is one which has survived the fickleness of several generations of man. This fact alone is sufficient, in the minds of its supporters, to entitle it to a place in the consideration of scientists. Yet, strange to say, it has never been accorded standing-room in the halls consecrated to science. The argument that its age is proof of its merits might, with equal force, apply to spiritualism, or to some of the many great religious faiths, which, for centuries, have numbered their votaries by millions, and finally faded, like a mist, in the

bright sunshine of intellectual enlightenment. This particular folly owed its origin to the ingenious speculations of one Samuel Hahnemann, who, by some of his enthusiastic disciples, has been called, with questionable taste, the "Messiah" of medicine. Now, in criticizing the theories taught by Hahnemann, I shall have occasion to say much that may be offensive to the ears of many who still profess to adhere to a system founded on his teachings. If such are to be offended, I beg leave to say that in a spirit of fairness and justice, I shall state nothing, the truth of which is not vindicated in the works of this man, or those who who see fit to be called his disciples. If any statements are made which seem too ridiculous to be credible, I shall simply refer all such as doubt their truth to the works in question. In the first place, to give a short biography of this wonderful man. He was born in Germany, in 1755, and died at the advanced age of eighty-seven; his longevity, according to some, being a very strong argument for the truth of his theories.

These doctrines are set forth in his "Organon" and "Treatise on Chronic Diseases." The first of these doctrines is that expressed by the Latin aphorism "*similia similibus curantur*, or like cures like; that is, that diseases are cured by drugs capable of producing symptoms similar to those produced by the disease itself. Hahnemann further teaches that disease is not an entity, but a spiritual essence or *anima*, and should be recognized, not by physical signs, but by a collection of symptoms; that these symptoms are the disease, and that the disease is to be cured by the administration of medicines which would of themselves produce similar symptoms in a healthy person. Moreover, that medicines are most effective in what is called their highest potency, or, in other words, in infinitesimal dilution. Now, at the risk of boring you, but in order to justify what I shall have to say in regard to the influence of this man and his teachings, I would like to call attention to the rules laid down in his work on chronic diseases, for preparing his dilutions: "A grain of the substance (if solid) to be employed as a cure, a drop, if it is liquid, is added to about a third part of one hundred grains of sugar of milk, in an unglazed porcelain capsule, which has had the polish removed from the lower part of its cavity by rubbing it with wet sand; they are to be mingled for an instant with a bone or horn spatula, and then rubbed together for six minutes; then the mass is to be scraped together from the mortar and pestle, which is to take *four* minutes; then to be again rubbed for *six* minutes. Four minutes are then to be devoted to scraping the powder into a heap, and the second third of the hundred grains of sugar of milk to be added. Then they are to be stirred an instant and *rubbed* six minutes, again to be scraped together four minutes

charitable to the ignorance of others when we stop to consider how little we know, how much there remains to be learned. It will not do for us to disregard the fact that sham and pretension too often masquerade in the garments of science. We are only too often reminded of the astonishing credulity or shameful unscrupulousness of those of our own profession who are constantly lending their names as indorsements to drugs of unknown or questionable value.

Can we wonder at people turning in despair to homœopathy, Christian science, or any other humbug, when they have been dosed by some unscientific and ignorant regular with every nauseous mixture in the pharmacopœia? Is it not often the mere rest, and cessation of making laboratories of their stomachs, that is the secret of recovery? Not that I would belittle the value of drugs, but that I simply deplore the frequency with which they are irrationally employed. The great English physician, *Graves*, who wrote his own epitaph, "He Fed Fevers," condensed into those words the philosophy and wisdom of a life-time.

What shall we say of those scavengers, those hyenas, who prowl about the laboratories of science, eager to seize upon stray ideas which they may utilize in the realization of their own sordid ambitions; who demonstrate to admiring friends the wonders of bacteriology, and straightway rush into print with some impossible agent of destruction to a hitherto incurable disease? As long as the medical journals of the day continue to give commendatory notices to secret nostrums without attempting to investigate their nature or merits, can we wonder that discredit should be reflected on the profession which subscribes to and sustains them? When medical men permit the secular press to publish and magnify their exploits, can they wonder that the public fails to discriminate between the regular and the advertising charlatan? I would not imply that there is connivance in all such publications, for an unscrupulous and sensational press, which does not hesitate to invade the sanctity of the home, also claims for itself the privilege of sending its emissaries into the wards and operating-rooms of our hospitals, and under the pretext of protecting the people's interests gathers in a chapter of horrors with which to satisfy the vulgar curiosity of the mob. With such an existing state of affairs, even the most modest and retiring of men must be powerless to prevent the notoriety which attaches to a position in a public institution.

If there be any argument which can be advanced against democracy, it is the lack of fostering protection to the sciences. When every effort in the direction of the higher education of the profession and the suppression of quackery is met with the open hostility of a press which, while professing to educate, panders to all that is base and degrading

in its readers, how can we expect to obtain control in all that pertains to the sanitary welfare of the nation?

In a day when creeds are being shaken to their foundations, when, as Dr. McCosh says, "the heterodoxies of yesterday become the orthodoxies of to-day," is it any longer possible for sectarianism in medicine to exist? Does not the multiplication of schools tend to subvert the best interests of the profession at large? Is the regular profession maintaining an attitude of intolerance when it refuses to recognize the various new sects which from time to time spring up, and, without any claim to scientific acquirements, demand representation in the hospitals on the strength of a certain degree of popularity and the support of a few biased and partisan adherents? Is not the acknowledgment of a creed in medicine a stultification of all scientific pretensions? "Creeds," as an eminent divine has said, "are but the husks of belief." Because scientific medicine recognizes the fact that cold water is often an effective agent in the treatment of disease, does it assume the name of hydrotherapy? Because it recognizes the fact that a drug may occasionally produce symptoms similar to those of certain diseases, and that frequently repeated small doses of medicine are often as efficient as a single large one, does it make a universal law of a few isolated and irrelevant facts, and adopt the name of homœopathy? Because it is in the broadest sense of the word eclectic, choosing the best of all that science reveals to aid it in the knowledge of disease and its treatment, need it claim special recognition as a distinct school on that account? No! far from being intolerant, the truly educated man of to-day deplores the necessity which forces him to assume the attitude which he is in conscience bound to assume towards the irregular schools. It would be as silly to conceive the existence of two schools of astronomy, one adhering to the Ptolemaic system and the other to the Copernican. If there is any progress to be made in medical science in this country, it must receive the undivided support of the people, and as long as this support is to be diverted into as many channels as there may arise sects in medicine, the outlook is gloomy.

There is, however, one ray of hope that comes to us in contemplating the future of our art, and that is that the more educated and enlightened of every sect will come gradually to the realization of the fact that adherence to medical creeds is as inimical to the welfare and success of the science of medicine as sectarianism in religious belief is to the unity of the human race. In the millenium of medicine the grotesque monsters of medical dogma will have ceased to exist, and will only be utilized in the manner of the paper dragons of the stage—to recall a fabled and mythical past.—
Prof. C. E. Caldwell in *Cincinnati Lancet-Clinic*.

ONE HUNDRED AND FIFTY CIRCUMCISIONS, AND THE LESSONS THEY TEACH.

Unlike David, coming to Saul with the captured Philistines, I do not bring to you two hundred prepuces as evidence that I have slain that number of Christians.

The earliest mythological information we have is upon Osiris's return to Egypt. He found that Typhon had caused great dissension among the Egyptian people. Typhon dismembered Osiris and cut him into fourteen pieces, giving to each of his followers a piece, he himself securing the phallus. Isis, the spouse of Osiris, by some intrigue, came into possession of the government, and having secured all of the pieces except the phallus, which Typhon had cast into the sea, caused many statues to be erected, each of which was to contain a piece of Osiris, that he might be worshiped as a god.

The phallus was ordered special worship, hence the phallic worship and the sacredness of the white bull Apis of the Egyptians, which was chosen to represent Osiris.

The Biblical history is found in Genesis xvi: "This is my covenant betwixt me and you, and thy seed after thee, every man-child among you shall be circumcised, and ye shall circumcise the flesh of your foreskin, and it shall be a token of the covenant betwixt me and you."

It is said that Abraham was the first to make the operation, having first operated upon himself, upon his son, and then upon his servants, four hundred in number.

The Egyptian Pyramids are the third source of our historical knowledge of this performance, they dating us further back than Rameses II. Being a firm believer in the theory of the origin of the human race being in the western world, I must say that these pyramids indicate that the custom of circumcision was practiced long before their existence, as indicated by some of the explorers of Yucatan, who state authentically that the operation was made some twelve thousand years ago. The various tribes of the North American Indians have practiced the custom for many generations, and we find that it is the custom with the Abyssinians, Arabs, and Hottentots, the latter circumcising the females also. The Australian and African cannibals consider the flesh of the circumcised finer and more delicious for this reason, and offer greater compensation for the capture of males who are divested of their prepuces.

The custom seems to have been adopted by the Jews about six thousand years ago, and does not seem at any time to have lost its popularity. However, my object is not to enter so much into the history of this custom, and kinds of operation

adopted by the various peoples of different countries, as to speak of a few of the 150 operations I have made during the last ten years.

First, I would like to speak of the indications for this operation, they being divided into local and systemic:

Local Indications.

1. Hygienic.
2. Phymosis.
3. Paraphymosis.
4. Redundancy.
5. Adhesions.
6. Papillomata.
7. Eczema } acute.
8. (Edema. } chronic.
9. Chancere.
10. Chancroid.
11. Cicatrices.
12. Inflammatory thickening.
13. Elephantiasis.
14. Nævus.
15. Epithelioma.
16. Gangrene.
17. Tuberculosis.
18. Preputial calculi.
 - a Hip-joint disease.
 - b Hernia.

Systemic Indications.

1. Onanism.
2. Seminal emissions.
3. Enuresis.
4. Dysuria.
5. Retention.
6. General nervousness.
7. Impotence.
8. Convulsions.
9. Hystero-epilepsy.

Hygienic.—I have made many operations for eczema (both acute and chronic), balanitis, posthitis, and balano-posthitis, all of which are attributable to uncleanliness. These conditions may be the result in the most fastidious.

About 20 per cent. of those I have made, both in childhood and adult life, have been for phymosis, while 5 per cent. would be the proportion of those for paraphymosis, conditions for which the operation should always be made; also for that of redundancy, which constitutes about 20 per cent. (By redundancy, I mean where the phallus more than covers the gland.)

Edema from any cause, or in any degree, should not prevent the removal of the prepuce.

In cases of chancere (Hunterian) I think that it is our duty to always remove them by a complete circumcision when their removal can be accomplished in this manner, as it has been fully demonstrated that excision does in a few cases prevent, and in many more mitigate, the severity of the disease.

In cases of chancroid, I sometimes hesitate if they are several days old. However, I have removed several by complete circumcision, after destroying as thoroughly as possible the diseased tissue with a red-hot iron. This may be successfully accomplished without pain if two or three grains of cocaine be injected into the prepuce five minutes before the operation. In one case, I did not meet with success, owing, perhaps, to my inexperience in the use of the actual cautery.

Phagadenie developed, and almost denuded half of the organ, so that much time was lost and pain

endured in granular healing, erections being the cause of pain.

Papillomata should always be a cause for the operation, especially when the prepuce cannot be retracted. The moistened condition is always favorable to the development of such growths. If the prepuce cannot be retracted, owing to these growths, as is the case with the soft chancre, the lateral incision should be made and the flaps allowed to care for themselves. In this way the glans may be thoroughly cleansed at frequent and regular intervals. After the storm has passed, and the tissues are free from the possibility of infection, the flaps may be removed by a secondary operation.

The result of many hard and soft chancres is contraction of the prepuce to such a degree that it cannot be retracted. The *cicatrices* in these cases can only be treated by an operation.

Inflammatory thickening demands in almost every case the Cloquet operation, as does elephantiasis, also. The latter, however, is very rare.

Nevi, when upon the prepuce, should receive the same treatment.

Epithelioma, in the majority of cases, has progressed to such a degree that the glans has become involved, but when this is not the case immediate and radical circumcision should be made. I think that many of these cases of epithelioma can be entirely cured, like epithelioma of any other part of the body, if excised in its earlier stage of development. Why not?

Gangrene does its own work, as a rule, but should there be an irregular border it would be best to make it symmetrical.

Tuberculosis is not infrequently found upon the foreskin, showing that, like venereal lesions in general, it may infect any portion of the body where an abrasion exists. In point of fact, I think any lesion upon the prepuce demands its immediate removal.

Prepuccial calculi are not so frequently found among our people as among the Chinese, who are proverbial for the great number and enormous size of these calculi. They are not allowed to become so large among civilized people, but whenever found should be removed by means of the operation.

Onanism many times is due to an irritable glans, caused by the accumulation of smegma and urine salts, especially with children, and once the habit is formed it does not matter what is done, the habit will continue to a greater or a lesser degree. In consequence thereof, I always advise and make the operation.

Seminal emissions, as a rule, are diminished 75 per cent. in frequency by this operation alone. I have never seen it fail to benefit patients suffering from this trouble.

Enuresis, dysuria, and retention are invariably

benefitted, if not cured, in childhood, by removal of the foreskin.

General nervousness, where no cause can be assigned, is frequently due to penal irritation, and many times have I seen great relief given, and in a few cases a cure brought about, by this simple operation.

Impotence I find very much benefitted by the operation. I also find that in some cases the mental effect is good, that alone with a few justifying the operation.

Convulsions I have found to be in several cases due to a tightened, adherent or an elongated prepuce. My experience has taught me that immediate relief can be given by the operation.

Hystero-epilepsy I think is a result found in girls and boys alike. No girl or boy baby should be allowed to become one month old without a thorough examination of the genitals having been made. In many of these cases in girls, or even women, adhesions, growths, or malformations are the source of the irritation, and should receive immediate and radical attention.

I do not mean to report in detail all of the operations; merely those which I think will be of the greatest interest—those which have afforded me more information upon this subject than all that I have read.

I wish to say right here that I make it a rule to remove the prepuce in every case of gonorrhœa I treat. This is one of the requirements that I make. If this is done no complication with the phallus will arise. Cleanliness can better be secured and more perfect drainage obtained, which surely lessens the possibility of cystitis and orchitis.

REPORTS OF CASES.

A. is twenty-nine years old, and was circumcised at the age of ten years by the family physician, who removed the prepuce by twisting a wire upon it, actually tearing the skin asunder, claiming to the patient that he was afraid of fatal hemorrhage if he did otherwise. The result was that the inner skin became adherent to the glans throughout its entirety. After injecting three grains of cocaine into the adherent tissues, above which was a light rubber band, I removed enough skin to bare the glans, which was cauterized, so as to prevent the reuniting of the surfaces. A good recovery ensued, leaving the glans entirely bare.

B., aged forty-eight years, fair habits except excessive venery. Impotence for two years. Cocaine; removal of an elongated prepuce eighteen months ago; condition improved 75 per cent.

C., a widower fifty-four years old, impotent and much debilitated from constitutional causes (syphilis); no erection for ten weeks; circumcision with cocaine and Cloquet method; improvement marked. I find in such cases as these the condition most

favorable for the operation, and I now never hesitate to perform it, leaving the glans entirely bare.

D., three years old, occurred eighteen months ago. I was called, and found the boy in convulsions. Upon examining the penis, found that the prepuce could not be opened. Upon questioning the parents, I found that the child cried, and at times screamed aloud, upon attempting to urinate. I made the median incision, finding one-half of the glans adherent to the prepuce. The child rallied from the anæsthetic (chloroform), and has remained free from any further attacks, he having had these convulsions since six months of age.

E., nine years old, nervous and hysterical; prepuce much elongated, and so tight that it could not be retracted. Cocaine, operation, and recovery. His mother states that he is perfectly well, and free from any trouble whatever.

I should also like to refer to a female case which I examined last summer. The child had trouble in urinating, and an examination revealed an almost similar condition as reported by Remondino. This case shows us that it is of great importance to examine females, as well as males, as soon after birth as possible.

A thin membrane was adherent to the clitoris, extending from the urethral meatus in such a way that the urine did not pass directly outward, but upward, a distance of an inch or more, and then out. In other words, a false channel had been formed. This was freely opened, and all of the excessive nervousness disappeared.

Now that I have gone over a few of these cases, I should like to speak of the kinds of operations. The greatest number I have performed were after the Cloquet method. Each case, it seems to me, is a case of itself. There is no rule. If the phallus is long, perhaps an incision would be sufficient. I generally make three cuts, and then sew up the wound. I sometimes cut the bridle, but seldom have hemorrhage. If the skin is short, all that is necessary is a median incision. If the prepuce covers the gland, it is necessary to make three incisions. In a case of papillomata, I can find nothing better than making three incisions. We have a general complaint that the operation is annoying. I wish to state that all operations are more or less annoying. As to the sutures in sewing the wound, would say that I now always use the catgut suture. I was under the impression, formerly, that silk was better than any other, but I have gotten over that. My dressing is generally a dry one, and I allow it to remain a week. I do not apply a wet dressing, because it is apt to cause an erection. If this should occur, tearing the stitch out, there is a way of bringing the skin back, covering it, and sewing it together. I usually take a stiff piece of paste-board, cut a hole in it, press it down upon the glans, and secure with adhesive straps. I feel confident in stating that there are

not enough of these operations performed. No child should go unexamined, as this is one of the greatest annoyances of infancy.—*B. M. Rickets, in Cincinnati Lancet-Clinic.*

THE NATURE AND FREQUENCY OF INEBRIETY, WITH REMARKS ON ITS TREATMENT.

In the past year there has been an enormous interest shown in the subject of inebriety, especially in lay circles and the public press. This interest has centered upon two things—the treatment of inebriates and the question of the physical basis of drunkenness and intemperance. The view that these conditions are the expression of a disease has been exploited without contradiction until the public has perhaps begun to believe that alcoholic indulgence is always something of which persons are simply the unfortunate and irresponsible victims.

The purpose of this paper is to make a brief contribution to the subject of the nature and characteristics of inebriety as distinguished from drunkenness, and to its frequency, to which I shall add a few words on the subject of treatment. My remarks will be based largely on a study of the cases of alcoholism, in all its forms, which are brought to Bellevue Hospital, numbering nearly four thousand yearly. Three years ago I made a clinical analysis of the cases, which entered the hospital in 1889.

Recently I have made a study of 614 cases of male alcoholics entered in the last part of the year 1891. In these latter observations I made particular inquires as to the drinking habits and ancestry of the patients. These cases represent persons from all walks in life, the proportion being about as follows:

	Per cent.
Professional	3
Clerks	15
Tradesmen	25
Laborers	35
Drivers	8
Others	17

There is some preponderance naturally of the lower and laboring classes, yet the list of occupations includes many persons in all walks of life, and the analysis corresponds in most respects to that made by Dr. Mason of inebriates at Fort Hamilton. The observations made upon them have theretore, I believe, value as a social and pathological study.

I shall discuss now only the male cases, as it is concerning their histories that my inquiries have lately been directed. They make up about three-fourths of the total. About one-half are in a condition of plain drunkenness. From this they usually recover in a day or two, are discharged,

and sometimes return again in a few weeks or months. If they return often they receive the name of "rounders" and "bums." The other half consists of persons who are verging on, or already in, delirium tremens, or in alcoholic coma, convulsions, or mania. The patients are classified therefore as—1, plain "drunks;" 2, delirium tremens; 3, febrile delirium tremens; 4, mania a potu; 5, miscellaneous and complicated cases. About ten per cent. die either from a complicating pneumonia, from delirium and exhaustion, or meningitis. A smaller per cent. becomes insane. The most frequent complicating condition is epileptic convulsions. Among 350 there were 11 cases, or over three per cent. Next comes insanity or dementia, 2 per cent. Phthisis and nephritis were found in 5 and 2 cases, respectively, out of 350. Rheumatism occurred in 2 cases. Multiple neuritis occurs in about 1 in 400 or 500 cases of men; very much oftener in women—one or two per cent. Drinking habits in the parents were reported in all but 10 out of 350. Usually the father is the drinker; in 8 cases both parents; in 1 case the mother alone. The age, sex, race, and occupation I have given in a previous study.

The question that has often presented itself was, How many of these persons who were brought to the hospital suffering from acute alcoholic intoxication were victims of the disease, so called, of inebriety?

I have spoken of inebriety as a "so-called" disease not because I doubt its existence but because, as the word is often used, it includes a vast number of cases that belong to social and moral reformers, not to physicians alone.

In a work on inebriety by Dr. Norman Kerr we are told that no disease is more common than that of which he writes, and that there are but few families in which some member is not a victim. Inebriety, according to the same author, is a disease characterized by an overwhelming desire to get drunk. He seems to include nearly every person who drinks, and at times gets drunk, in this class, and the ordinary lesions of chronic alcoholism are spoken of as being the pathological basis of the disease. I cannot agree with such sweeping statements or such comprehensive definitions.

It is impossible, to be sure, to define inebriety with precision or to establish arbitrarily its exact characteristics. But it is, I believe, the wiser and safer course to limit as much as possible the class of cases to be placed in this category. For we know, in the first place, that inebriety, however loosely defined, is not a disease which has a structural or anatomical basis that can be recognized. We know that it is a symptom only of psychopathic and neurasthenic states. The lesions found in chronic inebriates are the consequence, not the cause, of their indulgence. Neither

inebriety nor drunkenness is ever, strictly speaking, a disease. It is a symptom only. It is a symptom, on the one hand, of a degenerative nervous system or of an acquired neuropathic state, and, on the other hand, of a weak, self-indulgent, and perhaps depraved character. Between these extremes there are all sorts of gradations. But most habitual drunkards are much nearer the class of those who are weak and self-indulgent in character than of those who drink from the impelling force of a morbid craving.

In a certain sense, and taking a purely material standpoint, criminals, sensualists, libertines, drunkards, are all the victims of a disease, *i.e.*, of a constitution and personality which are abnormal. But neither pathology nor economics is yet ready to adopt this view. We still consider disease to be a disorder of the body and its organs; vice to be a disorder of the character, for which the individual must be held responsible. When a man has a depression of spirits, gets nervous and worried, takes to drink, and drinks steadily, more and more, till he makes a wreck of himself, it seems to be the custom of the propagandists of the gospel of inebriety to say that he has caught their disease. But this may not be so. If it were morphine instead of alcohol, we should say that the patient had a morbid habit or craving, not that he had got a disease. We are told, again, that neurasthenia causes inebriety, that fracture of the skull, blows on the head, and stricture of the urethra do the same.

This is a loose way of dealing with the subject. Trauma, shocks, and local diseases, we know, cause neurasthenic states, and a craving for drink, or for women, or tobacco, or candy, may be one of the symptoms thereof. But the craving is only a part of the symptoms.

I say again, then, that we ought to limit the application of the word inebriety, for the present, as rigidly as possible.

I should define inebriety as a periodical psychosis characterized by attacks of uncontrollable craving for drink, the craving being for quantity not for quality, and the patient being perfectly or relatively abstinent between his seizures. Inebriety is a periodical convulsive or fulminating psychosis, a form of instinctive insanity. Besides this typical form there is another, allied to it. In this the patient, who is neurasthenic and melancholic, takes liquor for the purpose of drowning his discomforts and cares. The first drink paralyses his will, excites the drink instinct, and he takes another and another. He cannot stop himself, and he plunges into a prolonged debauch. After recovering from it he remains temperate until another period of temptation occurs. He cannot drink temperately at any time, because a small dose of liquor flies to his head or disturbs his stomach; hence he abstains except when his

periods of depression occur. Here the periodical indulgence is much more truly symptomatic of a neurasthenic state than is the former type.

Of course there are cases which shade from the foregoing types into those of common drunkenness; but I think that the above classification is as nearly accurate as is at present possible.

The so-called habitual inebriates who drink and keep more or less drunken the whole year through should be classed as persons who have depraved and morbid habits, with, in many cases, the secondary diseases which are the result, not the cause, of their indulgence in liquor.

Among 350 cases whose histories I have especially studied, the following is a fairly accurate analysis:

Steady drinkers.....	261
Sots.....	15
Occasional drinkers.....	25
Periodical inebriates.....	18
Unknown.....	31
Total.....	350

By the steady drinkers I mean a class of persons who drink every day whenever occasion offers. They get drunk, as a rule, deliberately on holidays, and Saturdays or Sundays. The sots, or as they are technically known to hospital attendants, the "bums," are persons who keep themselves continuously as drunk as their means and work allow.

The proportion of persons who are, strictly speaking, inebriates is thus seen to be about five per cent. This estimate is not too low, for the patients are rather inclined to make as good a story as possible of their habits.

When it is remembered that besides the 4,000 alcoholic cases taken in yearly at Bellevue, there are about thirty thousand cases of plain drunkenness brought yearly to the station houses, it will be seen that the inebriate psychosis is really a very rare one, and that plain drunkenness is to inebriety about as 700 to 1.

This conclusion is, I believe, borne out by the personal experience of physicians, although we, as a class, are brought professionally into relation chiefly with the inebriate and insane alcoholics.

The vast majority of excessive drinkers then, are, I believe, persons who have gradually acquired a taste for alcohol, or who resort to it more or less deliberately for purposes of conviviality, and to drown the cares and sorrows of an uncomfortable environment.

Treatment.—In dealing therapeutically with alcoholic indulgence, therefore, we should be careful to estimate to what extent this indulgence is a morbid habit, and to what extent it expresses a degenerative psychopathic disease.

In all cases self-restraint and removal of bad influences is an important factor; but in the rare

psychosis of inebriety good resolutions are of little avail and medical treatment is imperative. In the common chronic alcoholic states the "mind-cure" and isolation are vastly more important factors. I do not deny that in most of these cases the bodily system has undergone a change by reason of its excessive and constant poisoning by alcohol. The nutrition of the nervous system is so perverted that it requires for its comfortable action the presence of alcohol. This change of nutrition might be looked upon strictly as a disease, but it has this peculiarity that by an effort of the mind the craving can be made eventually to disappear. We cannot will away the true neuroses, like epilepsy, chorea, neuralgia, and functional spasms, or the true psychosis, like mania. Furthermore, if such acquired appetites are to be regarded simply as pathological, then we must add to our list of diseases the craving for pie, the habit of chewing gum, of eating candy, of taking an egg for breakfast, without regular indulgence in which some people would feel most uncomfortable.

Nothing, it seems to me, is more unscientific than to pronounce as inebriety all the curious mental disorders and nervous phenomena caused by a few drinks of liquor. A man may have epilepsy, insanity, neuralgia, trance states. A drink of liquor brings out these symptoms, but he is not, for all that, a sufferer from inebriety. That is only one symptom of many.

A few words further in regard to treatment. The suggestive treatment, and hypnotism, including the much-lauded Keely cure, do not and cannot cure inebriety of the types described. This has to be treated as one would treat any degenerative psychosis. All forms of tonic treatment, the water-cure, electricity, pure air, good food, removal from any depressing or irritating surroundings, are indicated here. There is one drug which has been long known to have a certain degree of specific effect in inebriety and in alcoholic intoxication. This is strychna. Its use both in acute and chronic alcoholism is undoubtedly attended with good results. In acute alcoholism, when the system is overwhelmed with the poison, it is my custom to give it in doses of gr. $\frac{1}{80}$ every two or three hours.

In chronic alcoholism and in inebriety it should be given in good doses for a considerable time.

I am told that strychnia is really the basis of the Keely cure, and I presume that this drug, together with the moral influences, have done all that really has been done by the mythical gold injections.

In acute alcoholism my experience has covered a wide range of therapeutic endeavor. The old opium treatment was supplanted years ago by the use of bromide and chloral. This in turn was followed by the use of hyoscyamin (often with deadly effect) and morphine, and of the newer hypnotics, such as paraldehyde, sulphonal, etc.

As the result of a good deal of experience I have come to the conclusion that, in ordinary acute delirium of alcoholism, chloral in large doses (gr. xx. to xl.) repeated in smaller doses in two or three hours, and combined with digitalis and strychnia, is the safest and surest means of controlling the excitement and securing sleep.

This formula may be used :

R—Chloral hydrat.	ʒ xvj.
Ext. digital. fl.	ʒl xiv.
Strychnina nitrat.	gr. ʒ.
Aquæ	ʒ iv.

M. Sig. : Dose ʒ ij. to ʒ iv., repeated in smaller amount every two hours if needed.

Such treatment is of course combined with a preliminary laxative, and with careful diet of hot milk and beef-tea with red pepper.

In frebile delirium tremens depressants must be used with care, and strychnia given hypodermically every three hours. Cold baths or cold wet packs, with friction, must be applied every two or three hours while the temperature remains high.

The use of hypodermic injections of morphia is very rarely needed, and I do not advise it. The use of hyoscyne and hyoscyamine is, in my opinion, positively unjustifiable except in mania a potu. Here is a mental disease, not an intoxication with alcohol, and a paralyzing drug like hyoscyamus may be safe.

In conclusion, I would restate the points I desire to make, as follows: Inebriety is never, strictly speaking, a disease. It is a symptom of a neuropathic or psychopathic constitution, and is usually only one of numerous other symptoms. In its most common and its typical form it is a periodical psychosis.

Of the enormous number of persons who drink intemperately a very small proportion are strictly inebriates. In this city there are at rough estimate seven hundred drunkards to one inebriate. Of the cases brought to Bellevue about five per cent. are inebriates. Inebriate specialists see more, relatively, of true inebriety. In large general hospitals the percentage is near the normal, and a better point of view is gained. Inebriety is a rare disease relatively. It is but slightly amenable to moral influences, hypnotism, or suggestion, and is not at all affected by chloride of gold or any specific medicine. It is helped by suitable general treatment. Habitual drunkenness, like other bad habits and morbid cravings, is helped by moral influences, self-restraint, as well as by proper medical treatment. The results of treatment at Homes, where restraint and moral influences are chiefly applied, are apparently as good as those where all forms of of alcoholic indulgence are looked upon and treated as a disease.—Charles L. Dana, in *Med. Rec.*

DIPHThERIA.

Any contribution towards the better comprehension of diphtheria must be welcome, and it is a singular fact that for some years after its discovery by Klebs, and subsequent re-discovery by Loeffler, there should have been comparatively little attention paid to the bacillus, which is now on all sides recognized as being the prime agent in the disease. It was not, indeed, until Roux and Yersin succeeded in showing that the products of the cultures of this organism give rise to some of the characteristic effects of the virus, including paralysis, that the etiological relationship of the bacillus to diphtheria could be said to have been established. This point in the history of the subject was brought out by Professor Baginsky in a paper recently read before the Berlin Medical Society, that occasioned a discussion which occupied two sittings. It may be remarked in passing, that Professor Baginsky, in giving so much credit to the French observers, did not escape the criticism of one of the speakers, who pointed to the long array of German men of science who had worked at the subject; but Professor Baginsky successfully maintained his ground. The main purport of the communication was to develop what may be termed the bacteriological diagnosis of diphtheria, and to advocate its routine employment as an adjuvant to clinical observation. During the past year he has been engaged at the Hospital for Sick Children, which bears the names of the Emperor and Empress Frederick, in obtaining tube cultures from the false membranes of all cases admitted with the diagnosis of diphtheria. Blood serum was used for the cultivations, which were carried on at a temperature of 37°C. In most cases the microbes found in association with Loeffler's bacillus disappeared, and there was left a pure culture of the latter, which in a few hours assumed its typical and easily recognizable characters. This test was supplemented by microscopic examination of dry preparations, and, in doubtful cases, by the results of inoculation on animals. A pure culture of the bacillus was obtained in 118 out of 154 cases thus examined; of these 118, 45, or more than 38 per cent. proved fatal. Thirty-nine of these cases were associated with paralysis, 17 with severe septic phenomena, and 44 cases required tracheotomy; whilst only 28 (or 25 per cent.) ran a mild and favorable course. On the other hand, there were 36 cases of the whole group from which the deposit yielded no bacilli, but only cocci; and it is particularly instructive to note that only 4 of these were fatal, one being a case admitted with severe paralysis, another complicated with measles and dying from pneumonia, and two developing bilateral empyema. All the rest ran a favorable course, and recovered in a few days without complications. The infer-

ence drawn by Professor Baginsky from these facts is that there are two types of disease, indistinguishable in their superficial characters, marked by a deposit of false membrane on the fauces and tonsils, and associated with fever, prostration, and swelling of lymphatic glands. The one is true diphtheria, and is caused by Loeffler's bacillus; it is of far greater severity than the other, which appears to be excited by staphylococci and streptococci, and runs mostly a favorable course. Nor is the latter so remarkably contagious as the former; whilst he has known the bacillary disease to supervene upon and prove fatal in a child who had gone through the milder affection. So convinced is he of the value of this distinction that he has devised apparatus for conducting this bacteriological inquiry as a part of clinical investigation; but as was pointed out by Professor Henoch, the time required to obtain the characteristic cultures would render of little use the information gained therefrom. Moreover, as other speakers said, the delicacy of bacteriological experimentation was such that it could hardly be expected to become the appendage of every clinician. Professor Baginsky's research further led him to establish that the mild and non-contagious malady known as "rhinitis fibrinosa" was dependent on Loeffler's bacillus. At any rate this microbe was found in the membrane from two cases of this affection, suggesting, he said, a relationship to diphtheria akin to that of varioloid to variola. On the other hand, he proved by the same method of investigation that the so-called scarlatinal "diphtheria" has nothing to do with true diphtheria. For in all the cases of this class that he had examined, he had never once found the bacillus of Loeffler, but only cocci in the false membrane. Moreover, in cases of true bacillary diphtheria, upon which scarlet fever or a scarlatinal rash supervened, the growth of bacilli was replaced by that of cocci, thus appearing as if a new contagium had driven the old one out of the field.

As might have been expected, this novel method of diagnosis and the ideas that flowed from it gave rise to considerable discussion. Dr. Ritter, who had some years ago pursued a similar inquiry, had also found the bacillus absent in a certain number of cases of supposed diphtheria. He pointed out that one great distinction between septic disease and diphtheria consists in the fact that the diphtheria bacillus is only to be found locally in the false membranes, whereas in septicemia streptococci are met with in the blood. He repeated the well-recognized clinical fact that diphtheria may by its local lesions afford entrance to septic organisms; and as regards scarlatinal angina, he said that he had found the diphtheria bacillus in one out of nine cases examined. Dr. Zariniko protested warmly against the labors of German investigators upon the diphtheria contagium being

ignored, and said that no new facts had been adduced by Professor Baginsky. He thought, however, that the latter's observations on scarlet fever were of importance, but could not reconcile the discovery of Loeffler's bacillus in the purely local affection—rhinitis fibrinosa—with the known history of the diphtherial virus. Dr. Troje said that, after all, the application of Professor Baginsky's test would not give *certainly* to a diagnosis of true diphtheria—that could only follow on the results of inoculation; and for his own part he would not regard the occurrence of a streptococcal invasion of the injured parts with such favor as Professor Baginsky would, since it points to a septicæmic condition. He alluded also to observations by Barbier and Dahmer, which went to prove that a "mixed infection" of the diphtheria bacillus and of streptococci was of the greatest gravity. Dr. B. Fraenkel admitted the occurrence of a non-bacillary membranous pharyngitis; he doubted, however, the practical utility of placing the fine methods of bacteriological analysis in the hands of private practitioners. Professor Henoch spoke in much the same strain, doubting if the methods described could add much to clinical facts which pointed to the relative severity of attacks of alleged diphtheria. He hoped, however, that the vexed question of the nature of primary membranous croup would be determined by these methods of research; and he was pleased to find a confirmation of the view he had long held as to the non-diphtheritic character of membranous exudation in scarlet fever confirmed. Dr. Scheinman desired more information as to the presence of the diphtheria bacillus in rhinitis, which was a purely local affection. If correct, the observation would tend to mitigate the unfavorable prognosis which the presence of the bacillus might convey. Dr. P. Guttmann was sceptical as to the non-diphtherial character of cases in which the bacillus was found, urging that it might have been present at an earlier stage, and had then been replaced by other microbes. He also asked as to the relationship of primary croup to diphtheria. The debate was closed by the President, Professor Virchow, who recalled the meeting to the old and essential definitions of diphtheria (a necrotising process), and who pointed out the need for a revised nomenclature of such diseases which have been proved to be dependent upon the action of bacteria. For the anatomical term "diphtheria" embraces far more than the disease evoked by the diphtheria bacillus; and a croupous exudation may be caused by the latter as also by other agencies. He urged the necessity of having botanical terms applied to distinguish these different organisms, so as to avoid the confounding of conditions which were etiologically or anatomically dissimilar. In his reply, Professor Baginsky maintained his position, and held that the difficulties of the method

he had desired to introduce into practice had been over-rated. Of its importance he was convinced, since it was obvious that at least two totally different affections were liable to be included under the head "diphtheria" so long as reliance was placed upon clinical characters alone. He mentioned that he had found Loeffler's bacillus in cases regarded as true croup; and that since his paper was read he had confirmed his observations on rhinitis fibrinosa in a third case.

It will be seen that throughout this debate there was a general recognition of the pathogenic position of the bacillus discovered by Klebs and Loeffler, and the acceptance of the corollary that at its onset diphtheria is a local malady. But where opinion varied was as to the absolutely pathognomonic value of the detection of the bacillus, since it may have been present at the earlier period of the malady, but have been replaced by an invasion of septic organisms subsequently. The discovery of the bacillus in membranous rhinitis was a new fact, and, as all concerned in the mild clinical course run by that affection, this discovery is hard to reconcile with what is known of the virulent character of the bacillus in question. Nor, interesting as his suggestion is, do we think that the method which Professor Baginsky desires to introduce into ordinary practice—as an aid to diagnosis—is likely to prove of much value, owing in part to the technical skill and knowledge requisite to obtain the cultures and identify their nature, and in part to the valuable time occupied in obtaining them.—*Lancet*.

ON THE SURGICAL TREATMENT OF TUBERCULOUS CERVICAL GLANDS.

Edmund Owen, F. R. C. S., in the *Practitioner*. says :

Considerable time is usually wasted with iodine, poultices, and trips to the seaside. When a gland has once broken down an operation of some kind is inevitable. Too often nature is allowed to be the operator. The reason that glandular abscesses in the neck are so often allowed to run their prolonged and unsatisfactory course is the practitioner's dread of alarming the parents by proposing an operation which will demand the administration of chloroform, the infliction of a wound, and the methodical scraping of deeply lying parts. Further, he knows that there must result a permanent scar; but experience shows beyond a doubt that the scar left by a clean and thorough operation is much less conspicuous than that which follows the plan of "leaving things to nature," or of adopting a half-hearted policy.

If the glandular affection is not far advanced the operation may be extremely simple. The surface of the neck is rendered aseptic, chloroform

administered, the dusky and unhealthy skin cut away, and the gland capsule thoroughly scraped out with a sharp spoon. There are no sinuses to be laid open, or neighboring compromised glands to be weeded out. The wound is therefore vigorously swabbed with a little mercuric wool and dusted with boracic acid, a strip of protection is laid over the opening (to prevent the dressing sticking), the neck is firmly bandaged over absorbent dressings, and the head laid flat and steady between two large sand-pillows. The cavity fills up by granulations; these are in due course converted into pink and then white scar-tissue, which, undergoing inevitable contraction, eventually leaves the child with a scar so small as to be scarcely noticeable. But, unfortunately, only a small percentage of cases are of this simple character. They have been allowed to drift on till some effectual operation is clearly inevitable. It is of little use advising operation in a case unless the surgeon is determined to deal radically with every implicated gland and sinus. He must secure a skilled assistant, as well as a skilled anaesthetist. In giving chloroform it is always necessary to watch the pulse as well as the respiration. It is more than possible that the sudden syncope of two children during this operation may have been owing to the serious disturbances to which the larger vessels and nerves beneath the base of the skull were necessarily subjected during the removal by enucleation or scraping of adherent masses of gland. In a deep and extensive operation in the neck there is no structure which gives the surgeon so much anxiety as the internal jugular vein. In most cases some enlarged gland is found lying close against it, and in not a few cases the capsule is intimately adherent to it. Sometimes, on the conclusion of an operation, upwards of an inch of the naked vein may be seen in the depths of the wound. In one of my recent operations, on gently drawing a hard mass of gland toward the surface, we found that the vein was being dragged up with it, and running the greatest risk of injury. It is quite extraordinary to note the number and importance of structures which are often laid bare in the depths of the wound—muscles, vessels, and nerves. But the internal jugular vein is the only one which causes real anxiety—it is thin-walled and easily lacerated, deriving almost no protection from a sheath. On one occasion, the diseased gland was so adherent to the vein that a wound of the vessel was unavoidable. Two ligatures were applied, and the vein divided between them.

In attempting to isolate the internal jugular vein preparatory to ligature, the close proximity of the vagus, the sympathetic, and other nerves must be remembered, as also that of the internal carotid artery. Blindly to thrust down the catch forceps in the region from which dark blood is welling up with the alarming rapidity would be

rash and unsurgical. The hemorrhage must be provisionally controlled by prompt and firm pressure beneath the mastoid process, and then the vessel must be thoroughly exposed, the sterno-mastoid being cut across if need be. It is highly expedient, therefore, that the surgeon be not destitute of competent assistance; he must not depend for help upon the anæsthetist, for that individual may find that he has already quite as much as he can manage with safety.

If a considerable amount of diseased skin has had to be cut away, or if a layer of friable tuberculous cicatrix has needed removal by the sharp spoon, no attempt should be made to close the wound. A clear course having been made by the sharp spoon down to the depths of the diseased area, drainage will take place without special provision being made for it. But if there has been only a slight sacrifice of skin, and the surgeon thinks himself justified in attempting to secure primary union, it is better to leave in a slender piece of drainage tube, or a small strand of horse hair. There is sure to be considerable exudation following the scraping, and unless the fluid escapes freely into the dressings, it is apt to cause tension, pain, and disappointment. A scraping operation is very different from a clean incision through healthy tissues, and often there is a considerable amount of discharge for a week or more.

When a new operation is introduced, it takes some time to settle down to its true value and proper place. Too much is expected of it. Too much is promised for it. The last note, therefore, in connection with the radical treatment of tuberculous glands is one of caution. It is in every respect a most excellent operation. In some cases its success proves greater than could have been expected, but in others it proves, in the first attempt, somewhat disappointing. Experience has not yet indicated exactly what class of cases are likely to need a second clearing, but it has abundantly shown that the chief element in begetting disappointment is delay in subjecting the child to the ordeal. Another element is the paving of the way to the operation with solid promises of immediate and complete relief. The wise surgeon promises no more than he can assuredly perform, and, following the advice of a mighty statesman, he never prophesies unless he knows.—*Epitome of Medicine.*

DEATH DURING ANÆSTHESIA.

The *British Medical Journal* of January 16th, 1892, contains an interesting article on chloroform by Dr. Lombe Atthill, in which it is stated that the report of the Second Hyderabad Commission "affirms distinctly that death from chloroform is due to asphyxia." This is entirely a

mistake. The Hyderabad Commission has affirmed over and over again that the only danger of asphyxia during chloroform inhalation is that it leads to gasping inspirations, and so to rapid and frequently irremediable overdosing. No doubt the nerve centres are more susceptible to poisoning with chloroform when asphyxia is present than when it is absent.

In the same issue of the *British Medical Journal* there is a letter on "Death During Anæsthesia," by Dr. Horatio C. Wood, of Philadelphia. Professor Wood says: "Denial of the existence of the other side of the shield has been persisted in by many an honest and capable man, but in the long run the world learns for itself, and so I leave this controversy with the hope never to return to it." I trust sincerely Professor Wood will reconsider his decision and fight it out like a man to the end. The Hyderabad Commission has never denied the existence of two sides of the shield. On the one side are the true followers of Simpson and Syme. Syme's cases and my own form a series of chloroform administrations extending over forty-five years, without a single death. On the other side are Professor Wood, the Glasgow Committee, Professor MacWilliam, and their disciples the anæsthetists. On that side deaths under chloroform have been numerous, and have increased in frequency of late years in exact proportion as their teaching has gained ground.

We may well ask what is the difference between the two sides of the shield; and is it incapable of adjustment so as to make both sides alike? The main practical difference is this: The fundamental principle of chloroform administration on our side of the shield is that it is useless and dangerous to take the pulse as a guide. On Professor Wood's side, on the other hand, it is an essential principle of chloroform administration to watch the pulse continuously during the whole time of the inhalation. Our principles are founded upon uniform clinical and experimental data, and are characterized by uniform results; but on Professor Wood's side there is a conspicuous absence of uniformity in everything except the death-rolls from anæsthetics and antagonism to the Hyderabad Commission.

Our experimental data show that chloroform never affects the heart directly, and we are prepared to produce chloroform anæsthesia with uniform results in any laboratory or operating theatre in the world. If we can do this anybody can do it. The want of uniformity on Professor Wood's side is illustrated by Dr. Wood's statement that the heart is paralyzed by chloroform; by Professor MacWilliam's statement that it is dilated by chloroform; and by the Glasgow Committee's finding that the great danger of chloroform is sudden stoppage of the heart through the vagus; while the anæsthetists tell us through their cham-

pion, Dr. Dudley Buxton, that these anatomical conditions—denoting cardiac enfeeblement by chloroform—are the counterparts of the procession of events which they themselves encounter again and again in the operating theatre when chloroform is administered in accordance with their own plans.

At first sight these differences may appear to be irreconcilable; but in reality they are not so. The Hyderabad Commission has shown that there is always complete uniformity in all experiments with chloroform inhaled in the natural way, and that absence of uniformity is only characteristic of experiments where natural breathing is interfered with. This is precisely the point which our opponents have overlooked. In Professor MacWilliam's experiments the thorax was laid open and chloroform was pumped into the lungs with bellows, so that natural breathing was impossible. In those of the Glasgow Committee the chloroform was administered "by a cloth saturated with the agent being held over the mouth and nose," that is, with insufficient air, and vagus stimulation—which the Hyderabad Commission has since proved is a safeguard in abnormal inhalation—resulted. In Professor Wood's experiments there is an omission of all mention of the regularity or otherwise of the respiration.

In the *Medical Chronicle* of May, 1891, a friendly challenge was thrown down to Professor Wood, Professor MacWilliam, and the Glasgow Committee, of which they have hitherto taken no notice. It may be repeated here, in the hope that they will take it up and see for themselves if the two sides of the shield cannot be brought into accord and the chloroform question settled, in order that deaths during anæsthesia shall henceforth and forever cease to occur. I therefore repeat my challenge to Professor Wood and his supporters—whether physiologists or anæsthetists—to produce an irregular tracing in the laboratory, or any irregularity of the heart's action in the operating theatre, in any case of chloroform anæsthesia in which the breathing is regular and natural throughout the inhalation. If Professor Wood and his friends refuse to accept this challenge, judgment must go against them by default.—Surgeon-Major Lawrie in *British Medical Jour.*

THE TREATMENT OF PRURIGO AND PRURITUS.

Barjon (*Journal de Médecine et de Chirurgie*, tome lqiii., 4 cahier), in a thesis upon the treatment of prurigo and pruritus, limits the first term to the affection characterized by the presence of papules, while pruritus designates cutaneous hyperæsthesia without appreciable lesion. Treatment must first be directed to the cause of the trouble.

Yet even if this is discovered and remedied, itching may still continue. This is sometimes noticed in parasitic diseases, the symptoms persisting for several months after the entire cure of the original lesion. Diabetes, deficient renal action, ptomaine absorption from the alimentary tract, and affections of the nervous system, all must be considered in searching for the cause of itching.

Among the medicines which are found useful are the following: Extract of valerian, in doses of from 15 grains to a drachm; valerianate of zinc, 1 to 3 grains; powdered belladonna leaves, or extract of belladonna, from $\frac{1}{6}$ grain to $1\frac{1}{2}$ grains; tincture of belladonna, 2 to 8 drops; daturia, in appropriate doses; carbolic acid, from 8 to 16 grains, given in pill form, and followed immediately by copious libation to prevent irritating action; or carbolic acid may be administered in the following combination: carbolic acid, $\frac{1}{2}$ to 2 grains; calcined magensia and extract of valerian, each 2 grains, made into one pill; arsenious acid or arseniate of sodium may be administered.

These drugs should be given, commencing first with small doses, and pushing the medicine until the point of toleration is reached. Antipyrin, salicylate of sodium, sulphate and valerianate of atropine, cyanide of potassium, all are drugs which, in individual cases, have served useful purposes.

Morphine, bromide of potassium, and chloral should be interdicted, since all these drugs give but temporary relief, and are liable to increase the itching.

In so far as external applications are concerned, baths, particularly those of sulphur, often aggravate the condition. Warm vapor-baths or shower-baths, the temperature of the water being slightly moderated, are better. A general starch-bath, in which the patient is plunged for fifteen minutes, is sometimes serviceable; a quart of vinegar can be added to this bath. Lotions of hot water may be employed, to which may be added any of the following medications: Carbolic acid, $1\frac{1}{2}$ to 3 drachms to the quart; chloral, $1\frac{1}{2}$ to 8 drachms to the quart; bichloride of mercury, 15 to 30 grains to the quart; vinegar, 2 ounces to the quart; camphorated alcohol, 1 to 2 quarts of water; hydrocyanic acid solution, 1 to 2 drachms to the quart; infusion of cocoa, or infusion of tobacco leaves, $\frac{1}{2}$ to $1\frac{1}{2}$ drachms to the quart. Rain-water should be used for these lotions.

After the application of these solutions either a vegetable or mineral dusting-powder should be used upon the affected parts, or a pomade should be applied.

Dusting-powders are made up of a mixture of starch with bismuth, or oxide of zinc or salicylic acid. The two former ingredients form five to twenty-five per cent. of the powder. The salicylic acid forms from one to three per cent.

Excellent pomades are made by taking as a basis

equal parts of vaseline and oxide of zinc. To this paste may be added one of the following ingredients in the proportions named: Menthol, 1 to 100; carbolic acid, 5 to 100; salicylic acid, 5 to 100; salol, 5 to 100; naphthol, 15 to 100.

A useful prescription is the following: Tartaric acid, 2 parts; carbolic acid, 1 part; essence of peppermint, 1 part; lard, 60 parts.

The affected surface is smeared lightly with one of these ointments, and is then powdered. The strength of the various applications can be progressively increased. The dressing should be renewed each time the pruritus again becomes distressing.

Plasters are often useful. Of these, the best are made of cod liver oil, to which is added carbolic acid or naphthol. Plasters of resorcin, of ichthyol, and oxide of zinc are also to be commended. If the pruritus is purely local, as about the anus, scrotum, or vulva, ignipuncture and linear scarifications will sometimes accomplish a cure.

Of all external treatment, without doubt the most successful is that of shutting off the affected area from the air. According to Tenneson, this will cure nine out of ten cases. The whole surface attacked with pruritus or prurigo is covered in with a dressing of caoutchouc or other impermeable substance. Under the influence of this investment cutaneous reflexes are shortly abolished. The dressing is continued as long as the itching recurs on its removal.

Unna's glue, supplemented by some of the dusting-powders, forms an excellent impermeable coating. This glue is made up of gelatin, glycerin, and oxide of zinc.—*Therap. Gaz.*

MEDICAL EMERGENCIES.

The *American Practitioner and News* publishes the following list of medical emergencies, which are all worthy of noting:

Accidents in giving Anesthetics.—Tincture of digitalis hypodermically; draw out the tongue and see that respiration is not mechanically impeded; invert the patient quickly and temporarily; use forced respiration promptly, apply external warmth and stimulation; avoid the exhibition of alcohol.

Angina Pectoris.—Inhalation of chloroform, or a few drops of nitrite of amyl; 1-100 grain of nitro glycerine, internally; placing the feet in hot water; mustard to the precordial region; dry cup between the shoulders; hypodermic injections of morphine and atropine; administration of stimulants and anodynes.

Apoplexy.—Elevate the head and shoulders; if pulse is moderately strong and the brain congested,

bleed from the arm freely, sixteen ounces or more; eleterine (one-sixth grain) or croton oil, two drops in a drachm of sweet oil or glycerine; cold to the head by means of an ice bag.

Asphyxia.—In drowning, hold the patient's head downward for a few seconds. In hanging or choking, bleed from the jugular. If there is obstruction to passage of air through the mouth or nose, open trachea. Artificial respiration at once, and to be continued. Friction, warmth, warm bath (100°), ammonia to nostrils, galvanizing of phrenic nerve.

Asthma, Spasmodic.—Hypodermic of atropine into the nape of the neck; inhalation of smoke of stramonium leaves; fluid extract of nux vomica, internally, alcohol, ether, chloral, opium; inhalation of chloroform cautiously administered.

Colic, Gall.—Morphine, hypodermically; inhalations of chloroform; hot applications to the abdomen.

Coma. Dark room; head high and cool; head shaved; low diet; croton oil; if due to compression, antiseptic trephining; if due to anemia, pilocarpine and hot baths.

Heat Stroke.—Remove clothing, sprinkle with water, cold cloths to the head, hot cloths to feet; antipyrin; bleeding in robust subjects. After temperature is reduced give alcohol and diffusible stimulants, hypodermically if necessary.

Pulmonary Hemorrhage.—If severe, raise the thorax, administer opiate; gallic acid, fifteen grains, every fifteen minutes; ergotin, five to ten grains hypodermically, two or three times daily; ice bags to the chest; as a last resort a ligature may be thrown around the larger limbs.—(*Tyson.*)

Hæmorrhage from Stomach or Bowels.—Tannic acid, ten to fifteen grains, if due to capillary oozing. If from typhoid fever or ulcer of the stomach, treat as for pulmonary hæmorrhage.

Hiccough.—Acid drinks, cold douches, ether or chloroform internally, externally or by inhalation; musk, opium, antispasmodics.

Hysteria.—Inhalations of ether or chloroform, for the spasms. If this is contra-indicated, give mono-bromide of camphor, musk, valerian, asa-fœtida, the bromides. In convulsive seizures, morphine and atrophine hypodermically.

Shock.—Warmth; hot water bottle to feet, flanks and epigastrium; warm effusion to head; horizontal position; frictions, stimulants, brandy, ammonia, galvanism to precordia.

Strangury.—Vesical, hypodermic injection of morphine, to be followed by other remedies; rectal enemata of starch-water and laudanum, followed by a hot sitz-bath

NERVOUS SEQUELÆ OF INFLUENZA.—When a storm has swept across the country, although the bulk of damage which it has done may be visible at once, there are many of the effects of its violence which do not immediately obtrude themselves. Trees may have been shattered and buildings wrecked, growing crops may have been ruined and live stock destroyed, but its ravages do not stop there. This country has recently been exposed to the full force of a severe epidemic—an epidemic which the obscurity of its origin and the suddenness and severity of its attack have combined to render even more alarming than others with which our acquaintance is greater, we cannot say closer. The full force of the epidemic has now, it may be hoped, spent itself. But as the storm leaves behind it trees which are blighted but not destroyed, so this disease apparently so trivial, seems not rarely to be succeeded by conditions of nervous exhaustion and depression, to combat which requires all the art and skill which knowledge and experience can suggest. There seems to be little reason to doubt that the poison of influenza has a special influence on the nervous system. Numerous sequelæ of the disease have been described affecting the nervous system in its various parts, both central and peripheral; and there are not a few who hold strongly the opinion that in all its manifestations, both primary and secondary, it is essentially a nervous disease. But whether this view be correct or not, it will scarcely be questioned that the disease gives rise to symptoms of nervous disturbance, both widespread and severe. In estimating the amount and the frequency of such disturbance, allowance must of course be made for errors of observation. No doubt there has been too much tendency lately to ascribe morbid conditions of various kinds to a precedent attack of influenza, and this disease, already sufficiently loaded with its own burden, has been made to bear a share of others from which it had a right to claim exemption. Thus a patient may date the commencement of symptoms which now clearly point to cerebral tumor from an attack of influenza, but careful inquiry may elicit the fact that the only evidence of this was an attack of headache and vomiting, probably the first attack of this character associated with intracranial growth. So also, no doubt, with other conditions; but even after making a liberal allowance for such errors on the part of the patient or other observer, a considerable residuum is left in which one is driven to acknowledge an incidence of cause and effect; and if this is true of actual structural change in the nervous system, it is no less true of the serious and alarming conditions of what is known as functional disorder, which may go on to manifest itself in profound mental alteration. The excessive depression and lassitude which follow an attack of influenza are too familiar to require more than

a mere mention, and in highly neurotic patients such a condition is often quite sufficient to upset entirely the somewhat unstable mental equilibrium. This was no doubt the case with a poor woman who a few days ago was found sitting on her kitchen floor in front of the fire tugging at a clothes line, which was twisted round her neck. Upstairs her two children, one a boy of two and the other a baby of six months, were found strangled. Evidence was to the effect that although previously a healthy woman and living happily with her husband and family, she had become much depressed after an attack of influenza, and this depression had apparently been succeeded by mental derangement. Many similar cases are on record, and they show the profound effect which the position of this disease has upon the highest nervous centres.

SUMMER DIARRHŒA OF INFANTS.—Clinical experience, as shown in the successful treatment of gastric disorders by irrigation of the stomach, and the antiseptic treatment of the entire alimentary canal, forces the conviction that these disorders which are under discussion are the result of decomposition processes, which are caused by bacterial agencies. Starting with the hypothesis that the contents of the alimentary canal are the substratum from which the intoxication which gives rise to gastro-intestinal disease proceeds, the following questions are submitted:

1. Do the contents of the stomach in dyspepsia in young children have a relatively greater quantity of micro-organisms than the contents of the stomach of healthy children?
2. Is there a relation which can be determined between the relative quantity of germs in the stomach of sick infants and the intensity of the disease from which they are suffering?
3. What are the relations between the relative quantity of germs in the contents of the stomach and the intensity of the disease, on the one hand, and climatic factors, which influence the destruction of the milk, the factor of temperature particularly on the other hand?

To answer the foregoing questions, a quantitative bacteriological analysis was necessary, of contents taken from the stomach of a living child.

Investigations of this character on an extensive scale were made by the author, and from these it was concluded that in the acute dyspepsias of infants one has to deal with spores, which are antagonistic to the acid of the contents of the stomach, are introduced with the nutriment, and develop luxuriantly at the temperature of the body. The phenomena of severe dyspepsias and especially those of cholera infantum, are the phenomena of acute intoxication; hence it is reasonable to seek for the cause of the disease in the poisons gen-

erated by the saprophytes of the contents of the stomach.

These diseases are most destructive at the time when high temperature, through the action of micro-organisms, works destructive changes in food substances, and almost disappear when the weather becomes cool. There are also cases which have the character and etiology of general infectious diseases.—*Jahrbuch of Kinderskeilk.*

TREATMENT OF ERYSIPELAS BY ICHTHYOL.—In connection with the leading article upon this subject in this number of the *Therapeutic Gazette*, the following conclusions, reached by Klein, of Warsaw, are of interest :

1. Ichthyol undoubtedly checks the progress of the disease, either by its reducing action on the tissues, or by its direct action on the micro-organism, or by both actions simultaneously.

2. Ichthyol shortens the mean course of the disease by about one-half.

3. The period of treatment is from three to four days.

4. The course of the disease is considerably milder when ichthyol treatment is employed.

As regards this mode of employment in the clinic, equal parts of the ordinary ichthyol and vaseline made into an ointment were made use of. If the erysipelas covers an extensive surface, a weaker preparation will suffice,—equal parts of ichthyol, lanolin, and water. If the dilution is still greater in hairy parts, it can be gently rubbed. Before using the ichthyol, any wound present should be thoroughly cleansed and disinfected, and parts affected with erysipelas should be well washed with warm water and soap. Ichthyol is best rubbed in with the hand, commencing over the healthy skin, about a hand's breadth from the affected part, and gradually passing over it. The inunction should be as vigorous as the tenderness of the parts will allow, and as much ointment should be used as will leave the whole skin of a uniform dark-brown color. After the inunction, the parts are to be wrapped in a thin layer of hydrophile gauze moistened in salicylic water, and over this a thicker layer of non-absorbent cotton must be lightly fixed with a bandage. This procedure is to be repeated three or four times a day, and for three or four days, until the temperature has become normal. If the treatment be interrupted too early the disease will recommence.—*Medical Press and Circular.*

ON THE ELECTRIC LIGHT AND ITS EFFECTS UPON THE EYES.—There are two principal forms of electric light used: the arc light, chiefly employed outdoors and in large stations and workshops; and the incandescent, employed for general interior illuminations. The arc light is produced by passing the electric fluid between two carbon points,

the light being most intense when the interval between these points is shortest. Some of the intensity is no doubt due to the combustion of the carbon as it passes in minute particles from the positive to the negative pole. The light is of a bluish, dazzling brilliancy, unsuitable for illumination, except when at a considerable distance from the eyes. Another great disadvantage it has is its intermittency and unsteadiness. The incandescent light is obtained by passing the current through a non-conducting medium *in vacuo*. As there is no combustion of the carbon if the vacuum is complete, the light is not as intense as the arc, and is very suitable for general illuminating purposes.

Comparing the different forms of light with sunlight their spectra show the following proportions:—

	Red.	Green.	Blue.	Violet
Sunlight.....	1.4	1.6	0.5	0.1
Electric.....	2.0	1.0	0.8	1.0
Paraffin.....	3.0	0.06	0.2	0.1
Gas.....	4.0	0.04	0.2	0.1

As it has been proved that the rays of greatest wave length—that is, from the red end of the spectrum—are most irritating to the retina, electric light irritates less than other forms of artificial light. The electric light gives off but very little heat, and no products of combustion, while paraffin occupies a position between it and gas in this respect. Many eyes suffer discomfort when used for a length of time with any artificial light. This is most likely to occur in eyes that are being used at near work during the day, and is simply fatigue of the ciliary muscle and the accommodation. This liability is increased where there is ametropia. This irritability to artificial light occurs where persons, previously robust, and using the eyes without complaint in unfavorable circumstances, become debilitated, and then, though the general health is re-established, the irritation to artificial light remains. Many instances are recorded of the eyes being injured from exposure to excessive light. All cases so far recorded as due to the electric light have been produced by the arc, and then by gazing unprotected at it at short range. The patients are generally electricians or those working about the arc lamps. No well-authenticated case of injury to the eye from incandescent light has yet been recorded. The conjunctival symptoms are great congestion of the vessels, sharp pains through the globe, photophobia, lachrymation, swelling of the lids, frequently extreme chemosis of the conjunctiva, accompanied in some cases with great contraction of the pupils. These symptoms usually subside in a few days, and are probably the result of over-stimulation of the retina. In other cases actual inflammation of the retina takes place, and formation of a permanent scotoma. Another drawback of the arc light as

compared to the incandescent is the large amount of violet and ultra violet rays that it contains. The incandescent light possesses, therefore, many advantages over all other forms of artificial light.—*Brit. Med. Jour.*

DIET IN RHEUMATISM.—Dr. James Fraufenfelter gives the following as the best in his experience: In the early stages of the disease it is not difficult as a rule, to restrict the patient to a suitable diet, as the difficulty usually is to get them to take enough nourishment, but during convalescence, and when the appetite begins to return, then it is difficult to make a patient believe that a good supply of butcher's meat will retard his progress toward recovery. But as a matter of fact, those of us who have had much experience with rheumatism know that a return to solid food, and more especially the giving of meat too soon, is most likely to be followed by a relapse, because in acute rheumatism the system is loaded with waste products, the result of imperfect assimilation, and the digestive functions are seriously impaired. So long therefore, as the symptoms are acute, small quantities of milk, with some alkaline water, such as soda or lime water, should form the main part of the diet; besides these a little beef tea, chicken tea or mutton broth may be added. As the temperature falls and the acute symptoms subside, vegetable soups, bread and other starchy foods may be gradually added to the list; gruels, malted foods, arrow root, rice and yolk of an egg beaten up with milk, and a small quantity of brandy. As convalescence progresses, fish, oysters, and chicken may be allowed once daily. The above line of diet should be adhered to strictly until all symptoms of rheumatism have entirely disappeared. As a rule ales, wines and the stronger alcoholic liquids are objectionable, except where the action of the heart is feeble, or in the latter stage of the disease.—*Med. and Surg. Reg.*

WHAT THE PHYSICIAN OF TO-DAY MUST, AND MUST NOT DO.—Dr. Burstein in his "Ideality in Medical Science," says: "The young physician, beginning his professional career, finds great difficulty in making a living. The public demand of him the development of science. They insist that he is to study medicine; to read journals; to join medical societies; to pore over countless articles; to go to hospitals; to see operations; to buy books; to buy periodicals; to buy surgical instruments; to examine his patients thoroughly; to make a correct diagnosis; to be careful in obstetrical work; to write prescriptions carefully; to consult his books in all cases of importance; to keep his office hours strictly; to attend to his patients regularly; to be ready for any emergency; to go promptly at night, when called; to be charitable; to not sue for non payment of his fees; to keep

accounts; to support his family; to dress himself as a 'doctor'; to not keep away from society. This is too much, entirely too much, for the poor physician. He must be rich, he must be educated, he must have seventy-two hours' time to accomplish a day's work, and even then it would be almost impossible for him to fulfil all these requirements."

TRIGEMINAL NEURALGIA.—Dr. Seguin, in his lectures on the treatment of neuroses, strongly recommends the use of aconitine in cases of tic-douloureux. His opinion is, that cases are either cured by this drug, or that, at least, it is possible to give long intervals of freedom from pain; but it must be pushed, and its administration is not without danger. The form which he recommends for its administration is in a pill containing $\frac{1}{100}$ of a grain of Dusquenal's crystallized aconitine. These pills are given to the patient in gradually increasing quantity until numbness is felt all through the body with chilliness, and, in some cases, even nausea and vomiting. At first he gives one pill twice a day to females, and three times a day to males, and it is not unfrequently necessary to give as many as twelve pills daily. After the dose is found which is both efficacious and tolerable, the treatment is kept up for several weeks after the pain has ceased, and the patient is directed to take a large dose—two or three pills—on the least return of the characteristic sharp pain. Even if no syphilitic history is given, and although there should be no reason to suspect it, this treatment is continued with the administration of the red iodide of mercury, in doses increased from one-twentieth to one-fifth or one-sixth of a grain, and iodide of potassium from twenty to forty-five grains, largely diluted with water, after each meal. This medication is continued for two or three months steadily, and a course of a month of it is subsequently given every few months. Along with those drugs the patient must have an abundance of nutritious food, and it is advisable to administer cod-liver oil as well.—*Lancet.*

WHEN IT IS GOOD TO BE AT HOME.—"Well, Maggie," asked a teacher of a little girl, "how is it you are so late this morning to school?"

"Please, sir," was the reply, "there wis a wee bairn cam' to oor hoose this mornin'."

"Ah!" said the teacher, with a smile, "and wasn't your father very pleased with the new baby?"

"No, sir; my father's awa' in Edinburgh, and dinna ken aboot it yet; but it was a guid thing my mither wis at hame; for gin she had been awa', I wadna hae kent what to dae wi' it."—*Sanitarian.*

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MINERAL WATERS.

It is not proposed in this article to go into the particulars of so large a subject, but to gather up and express a few generalities on the question. The use of mineral waters is of great antiquity, and constituted one of the most valued means in the armamentarium of the physician of the earliest and most barbaric times. It is unfortunate that in these days of more scientific observation, our knowledge of the use of these waters is still in so nebulous a condition. The reason is not far to seek; with scarcely an exception the springs have been controlled by organizations which from financial considerations did not "damn them with faint praise," but with too much, the natural result being lack of confidence in an article extravagantly vaunted. With this has always gone hand in hand an ignorant and purely empiric, and therefore in too many cases, unsuccessful use of what in properly selected cases is a most beneficial therapeutic agent. Leaving out of mention for the time the many famous spas of Europe, great Britain and America, and referring to such sources of information as the appendix of Squire's companion to the B. P., those who wish to study the chemical composition and properties of the better known waters in detail, we may formulate a few general statements regarding their use. It seems to be the fact that artificial waters, made on the basis of a careful chemical analysis of the natural waters, are much less effective. Why this should be so, in the case of a natural

water bottled and consumed at home is hard to say, unless it be that steady temperature, long process, extremely slow and perfect solution, and the intimate blending in certain very fixed proportions of minute quantities of very varying salts, gives the whole a value that the art of man cannot yet compass. When the waters come to be consumed at the spring or spa, that is a very different matter, for here the therapist calls to his aid complete change of environment, with all that that implies in hygienic, dietetic, and scenic variety, regulated habit, relaxation from business worry, congenial company, and the psychical *vis medicatrix* of the "hope that springs eternal in the human breast." Simon Baruch, M.D., of New York, in the article "Hydrotherapy and Mineral Springs," in Vol. I of Hare's System of Therapeutics, insists strongly on this point, and assigns an important part to the baths that accompany residence at a spa. He says, however, distinctly that "the effects of bathing in mineral waters differ very slightly if at all from those of bathing in ordinary water." The point is that the benefits of hydrotherapy, which are becoming better understood of late, can be secured only by the skilled direction of physicians who have studied the question and can direct the proper baths for each case, and by the skilled services of trained attendants. Without these, residence at a water cure is little more beneficial than rest at any ordinary out-of-town summering place.

Apart from the accessory circumstances mentioned, the mere ingestion of a larger quantity of water than usual favors tissue-change, by increasing the amount of plasma and flushing the emunctories, from the minute lymphatic system outwards. It is altogether reasonable to suppose, as indeed it is proved by clinical experience, that a medicated water, particularly a natural water, has these good effects in a much higher degree. It has been found that patients at such resorts as these need control as to the quantity consumed, as they usually think that they cannot have enough of a good thing, and consume so much as actually to cause, what Majendie and Trousseau called "alkaline cachexia," real poisoning from excess of alkali and consequent malnutrition. Baruch, in the article above referred to, makes a very good working classification of mineral waters under the heads: 1, alkaline; 2, saline; 3, sul-

phuretted ; 4, chalybeate ; 5, acidulous ; 6, waters characterized by special ingredients (alum, sulphuric acid, borax, iodides, bromides, etc.); 7, calcareous ; 8, thermal.

Referring very briefly to these in order, alkaline waters contain as chief ingredients alkaline carbonates, especially carbonate of soda, with more or less of carbonates of lime, magnesium and lithium, and sodium chloride, and many are strongly charged with carbonic acid gas. The wide range of usefulness of such a water can be readily seen ; in acid dyspepsia, gastric ulcer, or any catarrhal condition of the stomach ; in catarrhal inflammation of the mucous membranes of the respiratory tract, by their power of augmenting and liquefying the mucous secretions ; and most of all, perhaps, in catarrhal conditions of the bladder, by neutralizing the acidity of the urine, particularly in lithæmia, by dissolving uric acid deposits, and favoring the oxidation of effete matter ; in "gout and rheumatic affections, hepatic hyperæmia, and obesity."

The saline waters are best understood if divided into sodium-chloride waters, and the so-called bitter-waters of the Germans, containing large quantities of sodium and magnesium-sulphate. This class, besides being of service from their alkaline qualities, is chiefly derivative and alterative. The bitter waters, such as Pullna, Hunyadi Janos, and Friedrichshall, are more strongly derivative, even purgative, and are high in favor as laxatives. The sodium-chloride waters are milder ; valuable alkaline digestives ; laxative, and if taken in sufficient quantity purgative ; they are also alterative, as they contain small amounts of iodides and bromides and more or less carbonate of iron in some cases. An excellent water of this sodium-chloride class is St. Leon Water, native to our own country. The St. Leon Springs are in Quebec Province, in Maskinonge County, about midway between Montreal and Quebec City, on the north side of the river St. Lawrence. The subjoined analysis shows its undoubted value in properly selected cases, and represents the quantity of solids per gallon :

Chloride of Sodium	677.4782	grs.
" Potassium	13.6170	"
" Lithium	1.6147	"
" Barium6099	"
" Strontium5070	"
" Calcium	3.3338	"
" Magnesium	59.0039	"

Iodide of Sodium2479	"
Bromide of Sodium8108	"
Sulphate of Lime0694	"
Phosphate of Soda1690	"
Bi-Carbonate of Lime	26.4405	"
" Magnesia	82.1280	"
" Iron6856	"
Alumina5830	"
Silica	1.3694	"
Density	1.0118	

The profession would be consulting its own interests if it prescribed the water more frequently, its comparative cheapness in addition to its therapeutic value bringing it within the reach of every one. If space allowed, a tabular comparison of St. Leon with the best European springs, such as Kreutznach, Baden-Baden, or even Friedrichshall, would impress the Canadian practitioner with the value of the home article.

The sulphuretted waters owe their name to the presence of sulphuretted and carburetted hydrogen, not usually in any large quantity, and probably owe their efficacy to their other ingredients, exerting their chief action upon the intestinal canal as laxatives.

The chalybeate waters, as their name indicates, are used mainly in anæmia, chlorosis, the complaints peculiar to women and accompanied by anæmia, hysteria, and neurasthenia, diabetes and chronic Bright's, chronic diarrhœa, etc. Many of them contain alum and are therefore peculiarly efficacious often in the treatment of the latter trouble. Iron is present either as the carbonate or the sulphate ; if the former, carbonic acid is usually abundant and the water beautifully clear and sparkling. They are contra indicated in all febrile or congestive states, and in advanced disease of the lungs, kidneys, or liver.

The acidulous waters, from their large quantity of carbonic acid gas, are excellent table-waters, relieving nausea, improving the appetite, and aiding digestion. Apollinaris and Karlsbad are perhaps the best known here.

The calcareous waters are very "hard," full of lime salts, chiefly sulphate and carbonate, and of doubtful utility. Some authorities refuse to classify them as mineral waters, while others praise them highly. It would seem that they must at least be of service in conditions in which aqua calcis is useful.

The thermal waters may be dismissed as of no service beyond ordinary artificially heated waters. They are used only for bathing.

ARE OPERATIONS UPON THE MAMMARY REGION SPECIALLY APT TO CAUSE RESPIRATORY FAILURE DURING ANÆSTHESIA?

An almost fatal ending to chloroform anæsthesia the other day set the writer thinking, as it usually does the man in whose case the cat hesitates as to which side of the fence to jump. The patient was a strong, well-developed young man, in whose case one would least expect trouble. The operation to be done was the excision of a small mammary tumor. The circumstances need not be noted except that though the conjunctival reflex was completely abolished, the patient winced perceptibly on the incision being made, but was not aware of having done so, when consciousness had returned, the knife being drawn outwards towards the axilla from a point $1\frac{1}{2}$ inches or so to the inner side of the nipple, past it for the same distance. Previously to this the heart had slowed too quickly and become somewhat irregular, but not alarmingly so. Now the respiration began to go wrong, each successive cycle being more shallow than the last, till it ceased altogether. Amyl nitrite, ether subcutaneously, depression of the head and vigorous artificial respiration induced the respiratory centre to resume its control of the situation in a few moments. Had the sensory impression made by the knife anything to do with the failure of respiration? The nervous mechanism involved is as follows:—The region of the incision is supplied in the male by the 4th intercostal nerve, with the 3rd and 5th, the nipple in the male being constantly in the 4th interspace. The twelve intercostal nerves communicate at the root of the ribs, on the inner or juxta-vertical end of the internal intercostal muscles, with the dorsal ganglia, usually twelve in number, of the sympathetic nervous system. These dorsal ganglia have two sets of branches in addition to that set, which strings them together into a chain, an external set communicating with the intercostal nerves, and an internal set. This internal set, usually twelve in number, is divided into two sets of six, the lower six going to form the three splanchnic nerves, and the upper six, which are very much smaller, going to communicate freely with the anterior and posterior pulmonary branches of the pneumo-gas-

trics, the two sets of interlacing fibres forming the anterior and posterior pulmonary plexuses. In particular, the internal branches from the 3rd and 4th ganglia go to the posterior pulmonary plexus. The sympathetic ganglia reflexly affected by an incision at the nipple, would thus be the 3rd, 4th and 5th, probably all three, the pneumogastric nerves complete the nervous chain necessary for the transmission of impressions to the floor of the fourth ventricle, where the respiratory centre lies in close proximity to the pneumogastric nuclei, and between them. The vagi throughout their whole course contain both motor and sensory fibres, and though not essential to respiratory movements, have decided influence upon them through the nervous mechanism already indicated, as, for instance, is shown by the convulsive inspiratory effort produced by cold affusion of the abdominal or thoracic parietes (though it is reasonable to suppose that that reflex muscular act is partially due to impulses arising from motor ganglion cells other than those of the respiratory centre). I am of the impression that I have seen it stated as the result of clinical observation, that operations in the mammary region are specially liable to be reflexly injurious to the respiratory centre, as are those upon the rectum. The ordinary and well-understood danger of beginning an operation before anæsthesia is sufficiently profound, for fear of the paralysis of the vasomotor system which allows of "bleeding into the veins," is, of course, operative as well in mammary wounds as in any other, and all the more directly as filaments from some of the upper six sympathetic ganglia supply the thoracic aorta and its branches, which could very promptly and seriously affect arterial tension, especially in the vessels entering the neck, and so interfere to such an extent with the nutrition of the medullary centres as to leave them quite at the mercy of the poisonous anæsthetic.

THE SHURLY-GIBBES TREATMENT OF PHTHISIS.

The old search for the philosopher's stone was all in vain, and there are many pessimistic observers at the present day, who affirm that the search after a cure for tuberculosis will be equally in vain. As long, however, as this dire disease can

claim to be the cause of one death out of every seven that occur over the globe, just so long will men, eager to solve the problems which its history presents, devise one means after another to stay its ravages.

The last few years have seen the birth and death of several "cures" for phthisis.

The sulphur gas enemata made many hopeful, but were soon relegated to the past.

Weigert's hot-air treatment, after deceiving many, was shown to have made claims physiologically impossible. Tuberculin caused Berlin to be the "Mecca" of one of the greatest of modern pilgrimages. Yet without avail. It is characteristic of most of the modern suggestions regarding the cure of phthisis, that they try to assist nature. They are not so much antagonistic to the germs of disease, as devices to act as aids to nature in her untiring efforts to lessen pathological processes.

What this conservatism is, we have learned from the post-mortem table. It is to attempt to surround the infecting nidus by a zone of tissue of such a nature that the former will be circumscribed in its effects and either obliterated or cicatrized. To effect this, various drugs have been introduced into the system. Chloride of zinc and cantharidinate of potash are among the most recent suggestions. Still more recently have come the experiments by Drs. Gibbes and Shurly with chlorine inhalations, together with the hypodermic injections of iodine and the chloride of gold and sodium. It is based, its advocates assert, upon scientific principles. It is capable of being used by all physicians. Under these circumstances, it is worthy of more than passing notice.

In a very able article upon the treatment of tubercular disease, Dr. N. B. Shade, of Washington, D.C., sums up the indications as follows :

1. Remove the cause. That is, break up the soil in which the germs develop.
2. Restore the power of assimilating food, thereby increasing the volume and improving the quality of the blood.
3. Repair damaged lung and throat tissue.

On these points doubtless all will agree, but when we come to judge the method by which these results may best be obtained we have almost as many opinions as advocates.

Frequently the good results said to be due to

a certain treatment, if closely investigated, will be found to result from climatic change, tonics, and cod liver oil, so that it becomes difficult to analyze the final product, and to assign to each factor its proper place.

In the *Therapeutic Gazette*, (Dec. 15th), Dr. H. L. Taylor, of Ashvide, N.C., reports his results with the Shurly-Gibbes method. The results may be summarized as follows :

Total cases twenty-two.

Advanced cases with no improvement in their condition, six, or twenty-seven per cent. of the whole number.

Advanced cases with improvement, eight, or thirty-six per cent. of the whole number.

Cases which have shown very great improvement, including advanced and incipient cases, eight, or thirty-six per cent. of the total.

It is impossible to compare these results with those obtained (without the injections), in those cases in which reliance was placed entirely upon climatic and tonic treatment, with attention to symptoms as they arose, for two reasons.

The first is, that many cases are so far advanced that euthanasia is the one object of all treatment. They cannot oftentimes reach their homes alive. Such cases would throw the balance at once to the side of the Shurly-Gibbes treatment, and evidently unjustly. The second reason is, that, in parallel cases, the comparison could only be made with those who have refused the Shurly-Gibbes remedies,—patients who have not had the courage to undergo the treatment. The temperament of such cases is against them in their battle for health.

Time alone will tell whether this treatment is of any real value, its greatest drawback is the severe pain caused by the iodine injections, and the tendency to the formation of abscesses at the site of puncture.

CANADIAN MILITARY MEDICAL ASSOCIATION.

The meeting held in May for the purpose of inaugurating the above Association was entirely successful. A constitution was drawn up which will be confirmed at the first annual meeting. The following were the officers elected :

Hon. President.—Surgeon-General Bergin.

President.—Surgeon Strange, I.S.C., Toronto.

Vice-Presidents—For Ontario, Surgeon V. H. Moore, 41st Battalion Brockville Rifles ; for Quebec, Surgeon-Major F. W. Campbell, I.S.C., Montreal ; for New Brunswick, Surgeon Stephen Smith, Woodstock Field Battery ; for Nova Scotia, Surgeon Curry, 66th Princess Louise Fusiliers, Halifax, N.S. ; for Prince Edward Island, Surgeon J. Warburton, 82nd Battalion, Charlottetown, P.E.I. ; for Manitoba, Surgeon Codd, Canadian Mounted Rifles, Fort Osborne, Man. ; for British Columbia, Surgeon Matthews, Garrison Artillery.

Hon. Secretary—Surgeon G. S. Ryerson, Royal Grenadiers, Toronto.

Hon. Treasurer—Surgeon Halliday, 57th Battalion, Peterboro'.

Executive Committee—Drs. Lesslie, Paull, Hilliary, Osborne, Griffin, Lynch, Grasett, McCrimmon, Mitchell, Holmes, Harris and Elliot.

Business Committee—Drs. Stewart, Rennie, Nattress, King and Henderson.

The first annual meeting will be held June 2nd at the Canadian Military Institute, when an interesting programme will be presented. So far as we can learn the following are the papers which will be read.

A paper on "The Experiences of a Surgeon during the American War," by Dr. Canniff, late Royal Artillery ; Surgery during the Franco-Prussian War, 1870-71," by Dr. Warren 2nd Dragoons ; "Hygiene of Camps," by Dr. McCrimmon, 20th Halton Rifles ; "Gunshot Injuries of the Brain," by Dr. Daniel Clark, late surgeon U.S.A.

A discussion will take place upon "The present condition of the Militia Medical Service, and what should be done to render it more efficient." In the evening the ambulance corps of the Royal Grenadiers under Assistant Surgeon King, will practically illustrate the ambulance drill and handling of the wounded in war. At the same time the competition for the prizes offered by Surgeon Ryerson for the best and smartest detachment of the corps will take place.

An invitation will be sent to the executive of the Association of Surgeons of the National Guard of the U.S. to attend the annual meeting in June.

Such an organization cannot but be productive of good, and from the names of the officers we augur for it a useful future.

PERSONAL.

To the Editor of the CANADA LANCET.

SIR,—There having appeared in the *Templar* of March 31st, a paper published in Hamilton and the organ of the Royal Templars in Canada, a portrait and laudatory notice of myself, containing statements that are a gross violation of good taste and professional ethics, I am required by the Council of the Toronto Medical Society, to repudiate through the Medical Journals of Toronto, all connection with the parts of the article which deal with me in a professional capacity.

Having been one of the organizers of the Order in this country, and having held office continuously for seven years, the editor of the paper had often asked permission to publish my portrait, accompanied by a short biographical sketch. This permission I had refused until a few months ago, when the editor urged it, reminding me that a similar course had been taken with nearly all the officers of the Society. I unadvisedly consented, and did not take the precaution to see the biographical sketch before it was published. Having worked with and been known to the editor during those years, he was quite conversant with my history, and penned the exaggerated statement on his own responsibility.

In reply to a note from me, complaining of the statements made, he sent me the following :

HAMILTON, APRIL 28th, 1892.

DR. B. E. MCKENZIE,
Toronto, Ont.

Dear Sir and Brother,—Replying to yours of the 26th April, I desire to express my sincere sorrow if any blunder or mistake of mine has placed you in an unfavorable position before the profession. I am very sorry now that I did not consult you with regard to the brief sketch before it was published. Newspaper men easily fall into a hurried, reckless way of slashing off matter of this kind without any thought of the technical etiquette of any society or profession.

I make herewith the emphatic statement that you had no knowledge whatever of the character of text which accompanied your portrait, and that it was written without any consultation whatever with you. We took the liberty to deal with you as we did with other officers of our Association, looking at the matter purely from a society standpoint, with the desire of presenting you to your brethren in the most favorable light.

Yours fraternally,
W. W. BUCHANAN.

No other person can regret so keenly as I do the publication of statements such as those referred to above.

Yours very truly,
B. E. MCKENZIE.

Toronto, May 18th, 1892.

To the Editor of the CANADA LANCET.

SIR,—I have been favored with a communication from Mr. Pyne, the Registrar of the College of Physicians and Surgeons, Ontario, threatening to "strike my name off the roll," unless I immediately paid the annual subscriptions due to the College. Now, I would willingly pay up if I saw any chance of getting value received. I submit that we Canadian graduates practicing in England, have a very substantial grievance against the College authorities. It is this:—Why is not some effort made to procure the registration of the diploma in England? By the last Medical Act (1889), the British Medical Council were empowered by Parliament, with the sanction of the Privy Council, to establish in the British Medical Registrar what it was proposed to call the "Colonial List," in order that respectable Colonial degrees might register, but up to the present nothing has been done in that direction. I maintain that the M. C. P. & S., Ontario, is such a diploma, and worthy of such recognition, for this reason, that the College requires a test in both primary and final subjects; and the candidate having usually taken his degree at one of the Universities, has reviewed again the subjects of the whole medical curriculum, and is therefore likely to be fairly well up. Now, I imagine that a little judicious pressure on the part of the Colonial authorities, with the British Medical Council, would convince them of the reasonableness of our claim. It does seem a disgraceful anomaly that a graduate of one of the largest Universities, of one of the most extensive and important British possessions, and M. C. P. & S., Ontario as well, should have to play second fiddle here, to a Brussels M.D. who is allowed to register it. Let your College do its duty, and extend its sheltering arm to its members abroad; let it be a privilege as well as an honor to remain a member; this is the best way to obviate the necessity of your Registrar touting for subs.

Yours,

DOUBLY QUALIFIED IN ENGLAND AND CANADA.
London, Eng., March 26th, 1892.

TORONTO GENERAL HOSPITAL.

ANNUAL REPORT OF MEDICAL SUPERINTENDENT
FOR YEAR 1891.

The following notice appeared in the May number of the *Buffalo Medical and Surgical Journal*—

"The Toronto General Hospital has lately issued its annual report for the year ending September 30th, 1891. It is a handsome brochure of 107 pages, illustrated with lithographs and woodcuts of the hospital buildings as they formerly appeared, and as they now look with the improvements recently made. Besides the ordinary record of cases treated and their several classifications, there are divisions of the report relating to medical education, history of the hospital, description of the hospital buildings, and a roster of the trustees from 1853 to the present. The ambulance service is given in detail with illustrations, and, finally, the annual report of the training school for nurses is added. Taken all together, this is one of the most complete and useful hospital reports that we have seen, and reflects much credit upon all concerned in that institution, and especially upon the medical superintendent, Dr. Chas. O'Reilly, who has held the position for more than sixteen years.

"It seems to us that this is the proper way to govern a hospital, in order that its patients may receive the full benefit of the most skilful attention. A medical superintendent who is fitted for the work will be obeyed and respected, when others will not, and thus insure perfect subordination in all the various departments."

We are glad to endorse the above, and are pleased that our brethren across the line take so active an interest in our institution. The report contains very full and valuable statistical tables, and reflects great credit upon Dr. O'Reilly, the able and efficient superintendent.

GOLDEN RULES OF SURGICAL PRACTICE.—*Continued.*—(*Times and Reg.*) :—

BURNS.—Do not neglect opium for the shock of burns in children, but use it cautiously; afterwards do not stint fresh air, food or warmth.

Never give a hypodermic in burns of children; you cannot recall it. Give it by the mouth.

Beware of strong application of carbolic oil in burns, and if it be used at all, watch the urine for absorption signs.

Do not dress too often ; but never let the dressings foul.

Never uncover the entire wound at once ; do it piecemeal.

Never omit chloroform or opium in the first dressing of extensive burns.

DISLOCATION.—Never attempt to reduce a dislocation of humerus in an old person without first examining the state of the arteries to inspire you with caution and gentleness.

Never put a *booted* foot in the axilla to reduce dislocation.

Always reduce by some other method if ribs are broken on the same side.

Remember that injuries to the elbow joint are often very difficult to diagnose, if much swelling co-exists ; but :

Never give a positive opinion of an elbow joint until you have carefully examined the relations of the olecranon, internal and external condyles, and head of radius.

Remember that in dislocation at the elbow the joint becomes rapidly irreducible.

Never forget that a faulty diagnosis may cause loss of motion in the joint.

Never be ashamed to say you "do not know" until the swelling has subsided, and you are able to be certain of the character of the injury.

Do not forget in dislocation of the carpal bones that the great point is to see that the motions of the fingers are early restored.

EAR.—Never forget that rupture of the membrana tympani, or even fatal consequences, may ensue from roughness.

Never forget that vegetable substances swell in the auditory canal on the application of water.

Remember no foreign body in ear, except living insects or vegetable substances, can do harm. Syringe gently, unless the foreign body is likely to swell.

A NEW TREATMENT FOR HICCUGH.—Dr. Leloir, of Paris, describes a new treatment for hiccough, which he first applied some years ago. He had been called to treat a girl aged twelve, who had suffered for a year from incessant hiccoughing, which occurred about every half minute,

interfering greatly with nutrition and sleep. Nearly all the different antispasmodics had been recommended without success. Dr. Leloir then thought of strongly compressing the left phrenic nerve between the two sterno-clavicular attachments of the sterno-mastoid muscle. Digital compression, which was very painful, was used for three minutes, after which the hiccough completely disappeared, and has never recurred. During the last five years he has used this method several times in acute and chronic cases of hiccough, compressing the nerve for a few minutes, with complete success.

MORPHINE PARTIES IN PARIS.—The Paris correspondent of the *Tribune* in a recent letter wrote that he had just come from a lecture on morphine mania by Dr. Durand-Fardel. The lecturer spoke of this kind of intoxication as having stolen first on the wealthy, and now as spreading so fast to the less rich classes as to threaten to bring France to the level of China and Turkey. He showed a hypodermic syringe which was really an article of jewelry. One end was a pencil to note down dance engagements on ivory tablets, and the other end a hypodermic injector. The case was enriched with brilliants, and the tablets were attached to a ring, jewelled also, which was to be worn on the finger of the person intending to use the little instrument. He found in many instances that the initiation began at social meetings where a select company gathered to make experiments and to relate sensations.

WE HOPE IT IS.—Donovan's solution of iodide of arsenic and mercury is said (*Med. Rec.*) to be of material service in the treatment of gleet. It is given for this purpose in the dose of ten minims, three times a day. A correspondent writes that he feels justified, so uniform has been his success in controlling a chronic urethral discharge by Donovan's solution, in calling the remedy almost a specific for gleet.

PHYSICIANS AS FREIGHT.—The Ohio Legislature has recently passed a law providing that physicians in the discharge of professional duties shall be permitted to ride, at their own risk, upon freight trains between stations where such trains stop, paying therefore the regular passenger fare.

CHLOROSIS.—Dr. Pick (*Wiener klin. Wochenschr.*—*Med. and Surg. Rep.*), basing his procedures upon the supposition that chlorosis is due to an auto-intoxication by toxins absorbed from the stomach, washes out the stomach, in the morning, and administers immediately afterwards, some preparation of iron. With this treatment he has been able to get results in three or four weeks, where, under the ordinary method of administering iron, no results would be obtained for months. If this fails he prescribes:

R.—Creasote, cgms. 5.
Sugar of milk, " 30.

Sufficient for one capsule. Take one capsule immediately after each meal.

PERTUSSIS.—Bromoform is an excellent remedy in whooping-cough, and easy of administration in a little sweetened water. For a child two years old the dose is one drop five or six times a day, which may be increased. The good effects are often brought about within twenty-four hours, and a cure may be had in some cases in two or three days to a week. The liquid is heavy like chloroform, but has no bad taste. When given in water it sinks to the bottom of the spoon in a globule like a small shot, but with care the child will easily swallow it.

IRRITABLE BLADDER (*Med. and Surg. Rep.*):—

R.—Potassium citrate, gr. iv.
Fluid ext. triticum repens,
Tinct. of hyoscyamus, āā ʒ j.
Fluid ext. of buchu, ʒ ss.
Water sufficient to make . . . ʒ iij.—M.

Sig.—One teaspoonful in wineglassful of water, three or four times daily.

TO CHECK MILK SECRETION IN MASTITIS.—An ounce of camphor dissolved in three ounces of turpentine has been used (*Med. and Surg. Rep.*) in Columbia Hospital for Women, to check secretion of milk in mastitis. It relieves pain, diminishes induration, and reduces inflammation. Care should be taken that the part should not be so tightly covered that the application shall produce irritation of the surface.—*Med. and Surg. Rep.*

PERSONAL.—Dr. Price Brown has removed from 10 Carlton St., to his new residence, 37 Carlton St.

ANOTHER LOCAL ANÆSTHETIC.—Dr. E. Staver recommends (*Deutsche Med. Zeit.*) the following local anæsthetic for minor operations:—

R.—Cocaine, 5 grains.
Antipyrin, 15 grains.
Aque, 100 grains.

It is claimed that this anæsthetic acts longer, and with more intensity than cocaine alone. The same mixture was used with success in a case of obstinate vomiting.

Books and Pamphlets.

A TREATISE ON BRIGHT'S DISEASE OF THE KIDNEYS; its Pathology, Diagnosis, and Treatment, with chapters on the Anatomy of the Kidney, Albuminuria, and the Urinary Secretion. By Henry B. Millard, M.A., M.D., Fellow of the Academy of Medicine of New York, etc. Numerous illustrations. Third edition, revised and enlarged; pp. 322. New York; William Wood & Co. Toronto; Carveth & Co. 1892.

This new edition contains much that the author has observed since the appearance of the second edition, which has now been exhausted nearly three years. Notably in chap viii. the author makes a complete change in his writings on the significance of the existence or non-existence of albumen in the urine. Then he was inclined to believe in the so-called physiological albuminuria. Now he says that "Constant new researches and experiments extending over a period of six years . . . have led me to change my opinions entirely relative to the occurrence of albumin in health."

Much new matter has been added; on puerperal albuminuria; the ocular lesions and mental disturbances attendant upon Bright's disease; the use of anæsthetics in nephritis, and many other matters of the greatest importance to the practising physician and surgeon. The wood-cuts are better than the average, and the letter-press all that can be desired. The author has succeeded, we think, in making a *useful* handbook and compendium of Bright's disease, one of practical value to the physician in aiding him to comprehend and to manage from the foundation, the pathology and treatment of this very common affection, and to aid, if possible, in benefiting, not simply easily curable cases, but those especially which seem but little hopeful.