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Ontario Medical Journal.

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

J A. CREASOR, ASSOCIATE EDITOR - R. B. ORR, EDITOR.

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

VOL. III.] TORONTO, AUGUST, 1894. [No. 1.

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

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

Editorials.

THE ACTUAL FACTS OF THE CASE.

In the *Dominion Medical Monthly* for August, a long plausible explanation of their position in connection with this JOURNAL is made by the editors. Their ire has evidently been aroused by a note published last month, dealing with the statements of various medical defence members, with reference to the renewal of the contract for publication of the Proceedings and a Medical Journal. We are very glad to see this explanation, but we sincerely wish the writer had kept more closely to real facts instead of twisting and manufacturing to suit his own purposes. We do not care much to handle matters which seem entirely personal, but we think it is incumbent now for us to lay the actual facts of the case before the Profession.

The statement that the Managing Editor had no knowledge of some articles printed before they appeared was absolutely correct, these articles being added at the last moment by the Associate Editor. They had no reference to Council matters at all, but to school work. Things appeared dealing hardly with Toronto University, and as the Managing Editor certainly was of the opinion that a non-sectarian (if we may thus express ourselves as belonging to no particular school) journal read by the whole profession, should under no circumstances attempt to disparage either any school's work or the workers who carried it out, he thought it his duty to remonstrate. The remonstration was badly received and a breach was made which could not be closed. This breach led the Managing Editor to take matters in his own hands, and on a consultation an agreement was made which is correctly quoted by them. This occurred after their so-called regular meeting, the sole actors in which were the present editors of the *Dominion Medical Monthly*. The resolutions they passed were just so much waste paper.

If the former Associate Editor will rack his brains, he will probably remember a couple of other occasions—one in connection with a journal, and the other with a school—in which "he had to step down and out." It was simply history repeating itself. The item "Drs. Aikins and Nesbitt, upon considering the matter decided that there was a larger field, etc.," is rather amusing when placed alongside of the fact that repeatedly they made the Drs. Orr an offer to buy the ONTARIO MEDICAL JOURNAL.

The opinion as to their offer being *bonâ fide* was not our own, as the words used by several members of the Council in the discussion gave us the exact expression.

THE REVISION OF THE "BRITISH PHARMACOPŒIA."

The near approach of the period at which it will be reasonable to expect the issue of a revised *Pharmacopœia* gives increasing interest to the report which is now presented annually to the Committee of the General Medical Council charged with the work of revision. The report for this year, which has just been presented by Professor Attfield, differs from the reports of previous years in dealing less with the details of pharmaceutical progress than has hitherto been usual, and in directing attention mainly to certain general principles which, in the opinion of the reporter, are of fundamental importance in regard to the reconstruction of the *Pharmacopœia*. From that point of view, three subjects are referred to in the report:

1. The extent to which the definition of manufacturing processes should be included in, or excluded from, the next *British Pharmacopœia*.

2. The further recognition of the metric system of weights and measures as one that may be adopted in practice.

3. The particular atomic weights which should be adopted officially.

In connection with the first of these subjects, reference is made to the opinion expressed in the *Pharmacopœia* of 1867, that in the case of certain medicinal agents, the exact composition of which is but imperfectly understood, the necessity of following some peculiar process in their preparation rendered an official statement of the processes to be adopted, indispensable. Since that time the progress of knowledge, as well as the advance of manufacturing industries, have done away with the necessity of adhering to this practice in the case of many chemical products employed in medicine. Some of the processes for preparing chemical products were omitted from the *Pharmacopœia* of 1885, and Professor Attfield suggests that the time may now have arrived for the omission of the remainder, since the possibility of defining the character of the chemical products used in medicine and of ascertaining it by analysis is in most instances sufficient for all practical purposes. In regard to Galenical preparations, however, he considers that the statement of the processes to be adopted in making them is essential, because adherence to a particular procedure is still the only guarantee of constancy of properties to be relied upon for Galenical medicines.

The general conservative tendency prevailing throughout the kingdom in regard to weights and measures is well illustrated by the action of the Pharmacopœia Committee of the General Medical Council. While long since acknowledging the advantages which would result from the adoption of a system corresponding with the usage of other countries, and approving the efforts made to realise that object, the disinclination to recommend a departure from previous practice in preparing and dispensing medicines was scarcely less marked in the last issue of the *Pharmacopœia* than it was in 1867. The attempted introduction of an alternative method of expressing by proportional parts the relative quantities of ingredients in official formulæ was at best but a clumsy approximation to the metrical system, and it has been of little practical utility. Professor Attfield suggests that the time has now arrived for adopting the metric system alternatively in a more concrete form than was ventured upon in the *Pharmacopœia* of 1885. There are many arguments in favor of such a course, and it is difficult to imagine what sound objection could be urged.

On the subject of atomic weights Professor Attfield enters into a long disquisition upon the merits of various altered expressions of their precise numerical relations, which have been rendered necessary by the progress of chemical science. These alterations apply to only eleven out of the thirty-two elementary substances included in the table of atomic weights in the *British Pharmacopœia*. The alterations are in all instances small, and insufficient to be of importance for everyday pharmaceutical purposes. It is therefore doubtful whether the alteration of the atomic weights hitherto adopted is desirable in such a work as the *British Pharmacopœia*, or likely to be accompanied with any commensurate advantage. In most instances the differences are within the first place of decimals, and though important in the higher refinements of chemistry, their expression is not yet entirely agreed upon by chemists, or shown to be ascertainable with absolute exactness.

Among the articles of materia medica parti:u

larly referred to in the report, Aconitine is mentioned as requiring to be defined in accordance with recent determinations of its character, so that a basis may be provided for the supply of a substance definitely recognizable by the chemist, and of such uniform medicinal potency as to enable medical practitioners to employ it with confidence. In regard to the various forms of Ether recognized in the *Pharmacopœia*, it is suggested that some alterations should be introduced in the future by which ether more suitable for inhalation and for *local anæsthesia would be procurable.*

The omission of "Acetum" as an official article of the *British Pharmacopœia* is recommended, with an amount of argument disproportionate to the importance of the article or of the use to which it is directed to be applied. As a crude form of dilute acetic acid, acetum might long since have been dispensed with in favor of the preferable form of that article, which is also official. The difficulty of ascertaining what official articles are so rarely used as to justify their omission from the *Pharmacopœia* is made the ground for a suggestion that medical or pharmaceutical associations throughout the country might render assistance in that respect by collecting data as to local practice. This is a useful suggestion, and it might be the means of eliminating from the *Pharmacopœia* some obsolete preparations. — *British Medical Journal.*

EDITORIAL NOTES.

The statement made by both Drs. Sangster and McLauchlin concerning the publication of Dr. Cl. T. Campbell's addresses and the payment therefor by the Council is entirely untrue, but they are quite in keeping with many of rash remarks made by the former in his voluminous communications.

"That nothing apparently succeeds like success" is very well evidenced by Mrs. Pickering's strong and excellent work in giving the Medical Profession a first-class abdominal bandage. It seems scarcely necessary for us to make any remarks about an article which has become so well and favorably known. Those medical men who have used them are delighted, and those who have not should certainly give them a trial.

As will be seen by an advertisement in this copy of the JOURNAL, the nomination in each Territorial division will be received up to the 5th of October, and the ballot paper must be in at a specific hour on the 30th of the same month. It is not our place to dictate to an educated electorate like the Medical Profession how or whom they should vote for. We have sufficient confidence to feel that in every division where there is an election, a good man will be selected—one who will have the interests of his constituents at heart above everything else. *So far the men in the field are first-class, so we* may expect to see the next Council composed of members worthy of their predecessors.

The following are the names of the gentlemen contesting the various constituencies. If in any case the name of a candidate has been omitted, we would be obliged if they would notify us, so that it may appear in the next issue: No. 1. Dr. Bray, Chatham; No. 2. Dr. Williams, Ingersoll; No. 3. Dr. Roome, London; No. 4. Dr. Smith, Seaforth; No. 5. Dr. Brock, Guelph; No. 6. Drs. Henry and Smith, Orangeville; No. 7 Drs. Geo. Shaw, Hamilton, and Heggie, Brampton; No. 8. Drs. Philip, Brantford, and Armour, St. Kitts; No. 9. Drs. Law, Beeton, and Hanly, Waubashene; No. 10. Dr. Barrick, Toronto; No. 11. Drs. Johnson and Machell, Toronto; No. 12. Drs. J H. Cotton, Lambton Mills, and J. H. Sangster, Port Perry; No. 13. Dr. McLaughlin, Bowmanville; No. 14. Dr. Kuttan, Napanee; No. 15. Drs. Spankie, Kingston, W. W. Dickson, Bronte; No. 16. Dr. Preston, Newboro'; No. 17. Drs. Bergin and Rogers.

The following is the list of officers elected by the Canadian Medical Association on August 25th, at St. Johns, N.B. We are pleased to see that Dr. F. N. G. Starr, one of the associate editors of this JOURNAL, has been re elected General-Secretary: President, Dr. Bayard; Vice-Presidents, *Ontario, G. M. Shaw, Hamilton; Quebec,* G. M. Armstrong, Montreal; New Brunswick, Murray Maclaren; Nova Scotia, R. A. H. MacKeen, Cow Bay; Manitoba, Dr. Blanchard, Winnipeg; North West Territories, C. Hamilton, Regina; Prince Edward Island, Peter MacLaren, Charlottetown; British Columbia, T. Edwards, Wellington; General

Secretary, F. N. G. Starr, Toronto; Treasurer, H. B. Small, Ottawa. Local Secretaries—Ontario, K. N. Fenwick, Kingston; Quebec, G. Campbell, Montreal; New Brunswick, O. J. McCully, Moncton; Nova Scotia, W. H. Hattie, Halifax; Manitoba, J. Nelson, Winnipeg; North-West Territories, Dr. Macdonald, Calgary; Prince Edward Island, R. MacNeill, Stanley; British Columbia, Dr. Richardson, Victoria.

British Columbia.

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

DR. McGUIGAN, Associate Editor for British Columbia.

ABETTING QUACKERY.

On taking leave of our friends last winter in Ontario and the Eastern States, to return to British Columbia, many of them sympathised with us and felt sad at seeing us once more turn our faces towards the wild and woolly west. One worthy clergyman, on saying good-bye, remarked, "Doctor, after all that has been said of your fair Province, you must admit that it is on the rim of civilization, and you are so far away from the centre that anything new or fresh does not reach you for months after it appears here." There never was a greater mistake made than the one which credits the coast cities of this Province with being behind the times or in the rear of the march of civilization. Comparing Victoria and Vancouver with the cities of the East—barring the larger centres of population—the conclusion is inevitable that the latter "are not in it," to use a colloquialism. But while we say this we are prepared to give them credit for what is due them, and will not hesitate to censure things at home which appear to us amiss. For example, the official recognition of quacks and fakirs is something that the mayors of Toronto, Hamilton, or London would not be guilty of; nor the police magistrates of Stratford or Windsor. But Vancouver's mayor and police magistrate are not ashamed to append their names to a glowing encomium of an admitted quack, the object of which is to humbug the public and lead honest men and women astray. Even at the risk of encroaching on valuable space we must quote in full the following advertisement from the *World* of Vancouver:

"PROF. ZIMMER, Herbalist, 110 Abbott Street,
"Vancouver, B.C.

"Read what Prominent Citizens have to say concerning his wonderful curative abilities:

"We, the undersigned, are well acquainted with Professor Zimmer, who lives at No. 110 Abbott Street, and know him to be all that he represents himself as an Herbalist, and we recommend him to the public. He was at one time a hide-dealer in Ontario. President Lincoln was at one time a rail-splitter. They both studied on the quiet. Some gentlemen asked the Professor one day, 'Why did you squander thirty thousand dollars in the East and the Old Country?' The old gentleman replied: 'To get experience.' The next question of his friend was: 'What did you spend five thousand dollars in Vancouver for? Would it not have been better to have taken that money and printed your testimonials by the thousand and sent them all over the world? Then you would have been a millionaire to-day.' The old gentleman replied: 'I cannot eat money, and out of that five thousand dollars I had a lot of pleasure.' That is just his nature. He does not claim to be a physician in any sense of the term, and, though often solicited, never visits a patient; but he believes in the curative virtues of herbs, roots, bark and berries, and is an Herbalist and Botanist.

"Further, he says thousands of people die and the doctors are blamed for it, when they have been suffering from constipation for four or five days before going to a doctor, and then it is too late. Professor Zimmer has made a statement to the House of what he has done since his establishment here six years ago, and this was signed by the most influential citizens of Vancouver. His experience was acquired by quietly working for nineteen years in the East, and to-day he guarantees the richest people in Vancouver as his bail, to return the money to those of his patients in British Columbia, or elsewhere, who are not cured by means of his herbs, roots, barks and berries (which are God's own medicine).

"The Professor, since his arrival in Vancouver, has wrought wonderful cures with his herbs and system of treatment. Already he has in his possession testimonials from hundreds attesting the wonderful curative powers possessed by the herbs, which he prescribes for suffering and afflicted humanity as an antidote to their ailments.

"The Professor has travelled much and seen a great deal of the world in sunshine and shade. He is in every respect a perfect gentleman, kind-

hearted and generous, whose fame as a benefactor is now spreading far and near. The cures effected by his treatment have been so astonishing that they have formed the subject of gossip throughout the Province.

"Robt. A. Anderson, Mayor; Fred. Cope, ex-Mayor, James Orr, ex-M.P.P.; Henry A. Mellon, J.P.; W. Godfrey, Manager B. of B. N. A.; M. A. MacLean, ex-Mayor; Alb. Zeplien, Captain German barque *Gutenberg;* Thomas Dunn, hardware merchant and ship chandler; John McLaren, Chief of Police; V. W. Haywood, Sergt. of Police; G. A. Jordan, P.M.

"TESTIMONIAL.

"PROFESSOR ZIMMER, Vancouver.

"*Dear Sir*,—It affords me much pleasure to bear testimony to the success which has attended your treatment of various diseases by the use of Botanical Remedies, and the confidence which is placed in your methods by the people of this city and district. I believe that the more extended use of herbs, which are Nature's primary remedies, would prove highly beneficial to humanity, and I wish you every success in your efforts to bring them into popularity.

"I am, faithfully yours,

"D. OPPENHEIMER, ex-Mayor."

This, we may say, has special interest in Ontario, because it was in Berlin and Guelph that "Professor" Zimmer passed through the course of hide-buying that qualified him for a certificate on a sheep's pelt of ability to cure all the ills that flesh is heir to. The interview with the "old gentleman" would be amusing, if it were not calculated to do so much harm. His $30,000 hunt after experience, and his $5,000 plunge after pleasure, have no doubt had an effect, but to our mind the conclusion that it has fitted him to experiment on the human organism, is hardly justifiable. He says that he is unable to eat money, but it is doubtful if a diet of dollar bills, bacilli, microbes and all, would have as serious an effect on him as some of his concoctions are apt to have on his patients. His incidental reference to the Almighty as the chief pharmacist is ingenuous, but the bitter experience of many people with faith cures justifies the conclusion that the Supreme Being allows to come about the natural results of criminal tinkering, drugging and tampering with the creation modelled after His own image. Some of the persons whose names are appended to the "Professor's" wonderful tale are known to readers of the JOURNAL. Mayor Anderson is a Prince Edward Islander, as is also Sergeant Heywood; James Orr comes from Stratford, Ont.; W. Godfrey is a native of Kingston; G. A. Jordan hails from Lindsay, and M. A. MacLean lived for many years in the township of Ops, in Victoria county; Thos. Dunn resided for some time in Toronto, and is married to a daughter of one of the leading druggists in the Queen City. That these people should lend themselves to such a farce is almost incredible. Ex-Mayor Oppenheimer is a clever business man, but we know of nothing to justify him in assuming the right to grant a certificate to practise to men of the Zimmer stamp.

Apropos of this, let us quote another advertisement from a Vancouver paper:

"CLAIRVOYANTE.

"Mrs. Dr. Mearchant, Clairvoyante, Dunn-Miller Block, No. 18 Cordova Street, will give you a full reading of your life. Consultation on all affairs, nothing excepted, with the utmost truth. Her wonderful gift enables her to look after business and absent friends in any part of the world. Great success in curing all kinds of diseases. Will unite the separated, remove any evil influence, restore lost love. Circle Tuesday evening at 8 o'clock. All sittings private."

The placing of this under the head of professional cards is rather good. How many people have been duped, led perhaps by their credulity into providing work for the grave-digger, by just such people as this, can only be conjectured. We are pleased to be able to state that the Medical Council has awakened to the necessity of taking action in reference to this matter, and have placed a special officer on the track of these offenders in all the cities of the Province. His efforts have already borne fruit, and in time, these ghouls who prey on human weakness may be driven to seek a new home, and cease to trouble any longer misguided British Columbians.

A PLEASING SEND-OFF.

A physician's life is not always a happy one, either afloat or ashore, and abuse in return for services rendered is about as common as a cheque in settlement of "that little bill." It is a pleasure, therefore, to be able to record the appreciation shown of at least one medical man's efforts towards the

relief of suffering humanity. I refer to the case of Dr. Bruce, of Toronto, who had for some time been surgeon on the *Empress of India*, on the Canadian Pacific Railway's fleet of palatial white steamers plying between Vancouver and the Orient. Dr. Bruce severed his connection with the *Empress* on her last trip, with the intention of going to England to continue his studies in Medicine. Prior to his departure, he was given valuable presentations from every department of the ship, not excepting the Chinese stewards and stokers. He left here on Sunday, July 29th, and was carried from the ship to the train on the shoulders of four stalwart members of the crew. Every man who could leave the ship was at the station to see him off, and the Chinese burned no less than one million firecrackers in order to drive all bad luck away from his journey. Two long strings of crackers were quietly tied to the end of the last car, and just as the wheels started to turn, the fuses were lighted, and the doctor bowed his good-bye amid a shower of sparks and a tremendous racket. It is said of Dr. Bruce that he never hesitated in answering a call, night or day, calm or storm, and he made no exception whether the person suffering was the captain or a cabin boy. Jack Tar is evidently able to appreciate honesty of purpose, and we noticed strong men, on whose cheeks were burned the effects of twenty years at sea, shed manly tears as the train pulled out. God speed Dr. Bruce in his studies, say we.

Prince Edward Island.

DR. R. MACNEILL, Associate Editor for Prince Edward Island.

NOTES ON APPENDICITIS.*

BY P. CONROY, M.D., CHARLOTTETOWN, P.E.I.

The treatment of appendicitis has called forth more contributions to medical literature than any other subject in recent years. On no other question are such widely different views entertained, on which there still exists so much uncertainty and so much difference of opinion among the best teachers of the day.

The rules which govern the treatment of strangulated hernia are exact and well defined.

In affections of the vermiform appendix it is usually difficult and sometimes impossible to accurately determine the real pathological condition of the affected tissues, and the probable outcome of the morbid process is often more or less a matter of conjecture. On this variety of pathological change in the affected parts depends the character of the treatment most appropriate to each case.

Comparatively a newly recognized disease, it has, by the frequency of its occurrence and its acknowledged fatality, usurped a prominent place among the diseases that modern surgery has been called upon to combat.

No well defined or settled mode of treatment has as yet been evolved from a multitude of different views and opinions held by men of equal prominence and authority.

There are some who advise operating on all cases of appendicitis; others who condemn all surgical interference, and, happily, I may say, a third class, who hold a just medium between the two extremes, and who advocate operative intervention in such cases only as are deemed suitable.

It is a well established fact that disease of the appendix is the most frequent cause of peritonitis in man, and that this latter affection is rarely, if ever, idiopathic in its origin.

Although generally located in the right iliac fossa, the appendix may be found in almost any part of the abdominal cavity, being displaced and fixed by adhesions.

The most convenient classification to my mind of the different forms of appendicitis is suggested by a Dr. Irish in the *Annals of Gynæcology and Pediatry*, of this year. He divides the disease into three classes, as follows:

1st. Inflammation of the appendix without perforation;

2nd. Appendicitis with perforation; the septic focus being walled off from the general cavity by agglutinated coils of intestines and lymph deposit;

3rd. Appendicitis with perforation not walled off, and in which the general abdominal cavity is invaded by septic peritonitis.

The 1st class of cases usually gets well with or without medical treatment, leaving a tendency to recurrence at some later period.

The 2nd class requires surgical intervention in

* Read before the Prince Edward Island Medical Society, on 19th July, 1894.

all cases, and the 3rd, though nearly always fatal, demands a surgical operation as the only rational plan of treatment.

The recurrences in the 1st class of cases may assume the characters of any form of the disease in the above mentioned classification, and all such cases demand surgical treatment for no other reason than that of their being recurrent.

In connection with this useful division of the different forms of appendicitis, and as bearing upon its correctness as a guide in practice, I may cite the following history of a case lately under my care:

In the month of June, 1893, I was called to see a strong, healthy, robust man, 26 years of age, and found him suffering from an attack of appendicitis. As the patient lived some ten miles from any medical assistance, and as the symptoms were very acute, I had him removed into the city, in order that I might watch him more closely. In a very few days the treatment being salines internally, small doses of opium to relieve excessive pain and poultices to the affected part—the trouble passed away, leaving no trace of its ever having existed. Patient continued well until February of the present year, when he was suddenly seized with a return of all the old symptoms. This attack pursued a somewhat lengthened course, and after about two weeks the temperature had fallen to the normal and convalescence seemed to be at hand.

A month later, when I saw the patient, there was still a tumor on the right iliac forsa of about the size of an orange. More or less pain was always present: sometimes very severe, requiring morphia for its relief. In walking, the patient bent his body forwards, and his step was shorter with the right leg than with the left. There was a general feeling of malaise, with a gradual and continuous loss of flesh. I now proposed to the patient the advisability of submitting to an operation, which would, in all probability, remove the cause of his trouble, and deliver him from the almost certain recurrence of another, and possibly fatal, attack.

The operation for the removal of the diseased appendix, or the evacuation of a collection of pus in the region of the ovecum, was performed on the 15th day of April, 1894, or about six weeks after the onset of the last attack. The usual incision was made over McBurney's tender point, half way between the umbilicus and the anterior spine of the ilium.

The tumor was reached, and found to be so immovable and so intimately adherent to the coils of the intestine and to the parietal peritoneum, that any attempt at reaching the appendix could not be made without the exercise of undue violence to the adherent parts. The incision was then extended upwards, and the outer edge of the wound forcibly drawn over towards the anterior spine of the ilium. After locating the abscess cavity by the appearance of a drop of pus in the incision, the parietal peritoneum and fascia on the inner side of the wound were stitched with fine catgut to the surface of the indinated mass. This was done with the view of preventing the escape of pus into the abdominal cavity. The septic cavity contained about a tablespoonful of pus, some offensive smelling gas and the remains of the necrotic appendix. The pus was evacuated and the cavity thoroughly curetted and disinfected. A drain of iodoform gauze was inserted into the wound. For several days there was a copious purulent discharge, which gradually ceased. The patient made an uninterrupted recovery, and was discharged well in four weeks after the operation. Since that time he has enjoyed perfect health, with no trace of the disease remaining.

In these, his atttacks of appendicitis, the first two classes in the division of the disease, as above set forth, are illustrated. The first attack was a simple inflammation, ending in recovery. The second went on to perforation of the appendix, and a septic focus formed, which was walled off from the general cavity by a mass of plastic exudate. The one great truth that this case seems to emphasize is, the undoubted importance of surgical intervention in at least some forms of appendicitis. As a matter of secondary importance, it has taught me that in operating on such cases, where there is a plastic exudation of any considerable amount, the primary incision should always be made as close as possible to the anterior spinous process of the ilium. The absence of peritoneum on the under surface of the ovecum, and the distance of the wound thus made from any of the important viscera, renders the surgeon's manipulations much more easy and much more dangerous.

Meetings of Medical Societies.

CANADIAN MEDICAL ASSOCIATION.

The annual meeting of this Association will be held on Wednesday and Thursday, the 22nd and 23rd of August, at St. John, N.B. The profession of that city are making elaborate preparations for a large meeting. It is said an excursion up the river from St. John will be one of the attractions.

The following are some of the papers promised: "Cases in Practice," R. J. McKechnie, Nanaimo, B.C.; "A Year's Experience in Appendicitis," Jas. Bell, Montreal; "A Case of Tuberculosis of Arm, of Fourteen Years' Standing Cured by Inoculation with Erysipelas," W. S. Muir, Truro, N.S.; "The Treatment of Diseases of the Ovaries and Fallopian Tubes," A. Lapthorn Smith, Montreal: "Intestinal Antisepsis in Typhoid Fever," D. A. Campbell, Halifax, N.S.; "The Use and Abuse of the Various Cautery Agents in the Treatment of Nasal Affections," E. A. Kirkpatrick, Halifax, N.S.; "The Present Status of Asthenopia," F. Buller, Montreal; "Eye-Strain Headaches,' J. H. Morrison, St. John, N.B.; "Note on Epilepsy," W. H. Hattie, Halifax, N.S.; "Influence of Mind on Disease," J. A. McLeay, Watford, Ont.; "Miner's Heart," R. A. H. MacKeew, Cow Bay, Cape Breton, N.S.; "Address in Surgery," J. F. Black, Halifax, N.S.; "Some Functional Derangements of the Liver," J. E. Graham, Toronto; "Treatment of Certain Forms of Uterine Hæmorrhage," F. T. Bibby, Port Hope; "Address in Medicine," Wm. Bayard, St. John, N.B.; "Ophthalmic and Aural Cases," Stephen Dodge, Halifax, N.S., E. A. Praeger, Nanaimo, B.C.; "Lengthened Sittings in Litholoplaxy," J. Francis Teed, Dorchester, N.B.; "Some Points in the Treatment of Typhoid Fever," W. H. B. Aikins, Toronto; "The Prevention of Tuberculosis," P. R. Inches, St. John, N.B; "Therapeutics of Hermaglobin," A. B. MacCallum, Toronto; "Inter Scapulo-Thoracic Amputation"; "Removal of a Large Euchardroma of the Pelvis," F. I. Shepherd, Montreal.

Gentlemen intending to contribute papers should communicate with the secretary at an early date.

It is desirable that an abstract of the paper be made and forwarded to the Secretary at least three weeks before the date of meeting.

Papers will be read in the order in which they are received.

The return fare by railway to St. John will be less than a fare and a third, providing there are fifty or more persons holding standard certificates. *It is necessary to obtain the certificate at the station of departure.*

REPORT OF THE CANADIAN MEDICAL ASSOCIATION.

The Canadian Medical Association, after a lapse of twenty years, returned to the old city of St. John, N.B., to hold its annual meeting. The proceedings were presided over by Dr. T. S. Harrison, of Selkirk, Ontario.

After the routine business of opening and presenting of delegates, Dr. Hattie, of Halifax, was called upon to read the first paper, in which he discussed the Causation of Epilepsy. After discussing the nature of convulsions generally as occurring in different brain levels, he advanced the theory that instead of so much importance being paid to the question of heredity, he inclined to the belief that it occurred *de novo*—that what is ordinarily signified by epilepsy was a group of symptoms indicative of systemic disease. This was the result of mal-nourishment, consequent on insufficient removal of the toxic material, which, as an irritant, tended to instability of the cerebral cells.

He reported his results of an interesting series of experiments he had made upon the epileptics in Halifax hospital for the insane. This consisted in the record of the number of fits occurring using KBr with an intestinal antiseptic, the improvement over the use of KBr alone being marked.

Dr. Muir then gave the history of a case of tuberculosis of the arm between the elbow and the wrist, which had been in existence for some fourteen years with all the typical symptoms (the tubercle bacillus being present), which after being scraped, developed erysipelas and followed by complete cure. Dr. Shepherd reported a case of cancer cured in this way. Dr. Cameron said he had tried to inoculate some cases of malignant growths with the germ of erysipelas but had failed to get it to work, probably because the sarcomatous germs overcome the invaders. Sir Jas. Grant said that he had seen whooping cough very materi-

ally relieved in children who had been vaccinated. He had tried vaccination in certain cases of psoriasis he had had, with extremely gratifying results. He believed there was much room for study along this line.

The subject of the President's address was "My Experience and Observation in the Practice of Medicine Extending over Half a Century" The address dealt with the various diseases and their treatment, common to an early settlement in the woods; of the various domestic remedies employed, of the difficulties and hardships of the practitioner; of the disappearance of the miasmatic diseases and murrain since the draining and clearing up of the country; and of the occurrence of certain of the specific germ diseases, where it was difficult to see where the germs could come from unless *de novo*, which he considered doubtful. The latter part of the paper was a discussion of the matter of inter-provincial registration, which he considered was one of the matters of reform it was in the power of this Association to bring about.

The President was accorded a hearty vote of thanks, moved by Dr. Bayard, of St. John, seconded by Dr. Hingston, of Montreal.

Dr. Wright, of Ottawa, moved, seconded by Mr. I. H. Cameron, of Toronto, that a committee be appointed, representing the various provinces, to consider the suggestions made in the president's address with regard to the question of inter-provincial reciprocity.

Dr. Jas. Bell, of Montreal, read a paper on "Appendicitis." It was a review of his work in the Montreal General Hospital during the last eleven months in connection with the surgical treatment of this disease. He had had forty-eight cases; forty were operated upon; eight were not; all recovered except three. He advocated that appendicitis should receive treatment at the hands of the surgeon from the first of the attack. In the great majority of cases, he believed as soon as the diagnosis was completely established operation should be resorted to. The interesting reports of his cases seemed to bear out his view in this respect. Dr. Hingston, of Montreal, took the conservative side of the question. He had prevented the operation about thirty times and only regretted that he did not operate in one case. He did not want the younger members of the Association to go away with the idea that operation was the thing in every case they had. Dr. Bell was a distinguished surgeon, first; and second, the cases he saw were the worst types.

Sir James Grant reported two cases of appendicitis—one the gouty form, the other rheumatic. He found it difficult to know when to operate, and he knew of no more perplexing point in surgery. It required great observation, discrimination and judgment to know how to deal with them. He did not believe the trouble was due to concretions found in the organ. He attributed its causation to the insufficient time taken to masticate food and allied causes common to the rush of to-day.

Dr. Shepherd pointed out that the surgeons get the worst cases, so it was difficult to say just what the proportion of cases was which were operated on. Someone had spoken of unloading the cæcum at the beginning of the attack; he had never found or heard of anything being found in it at the P.M. table. He advocated operating in the interval as the safest time. In regard to McBurney's point, he thought the tenderness was due, not to the appendix, but to the inflamed condition of the mesenteric glands.

Dr. Strange believed in non interference till there was evidence of pus; and then to open the abscess as one would any other abscess. He leaned to the conservative treatment from his experience with the disease.

Dr. Cameron was in favor of the conservative line of treatment. In the majority of his cases he had not operated at first, and had found his results to be as good as those in which the operation was performed in every case early. He thought it unfortunate that the experience of a hospital surgeon of skill should determine the matter one way or the other. With regard to the gangrenous form due to embolism of the appendiceal artery, one should operate. He agreed with Dr. Shepherd that the interval was the time to operate. The difference was, Dr. Shepherd operated before pus formed and closed the cavity; while he (the speaker) did not operate till pus formed, and he did not close the cavity.

In replying to the discussion on his paper, Dr. Bell made a strong plea in favor of his statement —"One should always operate." It was generally agreed that no one knew when to operate. If the

patient were left at any moment perforation might take place. However, in the forty cases he had operated on, thirty were perforated and abscess was present at the time of operation. In three the appendix was wholly gangrenous. And here, he said, one could not wait for the tumor formation or the abscess, because there was none. In two the appendix was bound down; in three the appendix was not perforated, but gave rise to urgent symptoms, yet there was no abscess found. He used to follow the waiting treatment, but found it unsatisfactory. The mortality was much greater than that of his eleven months of the new plan. The greatest mortality statistics for the operation only amounted to from two to three. The operation as a rule was not difficult. He considered the plan of waiting for pus not the best surgery. The very mild cases where the symptoms passed off in, say, twelve hours, he would not interfere with: they were probably only cases of caecitis.

Dr. Morrison, of St. John, read a paper entitled "Eye-strain Headaches." It has been alleged that ninety per cent. of all headaches were due to eye-strain. This he believed to be true. Many of such were attributed to other causes, as biliousness, "womb trouble," nervousness, masturbation, over-work, etc., when the real cause was overlooked, an over-worked condition of the muscle of accommodation—the ciliary muscle. This condition of the delicate muscle was brought about by attempts to correct varying degrees of astigmatism. No cornea hardly had perfect curvature in every direction; and it was these slight degrees of curvature, often overlooked, even by the specialist, that lay back of these headaches. The use of clyndrical glasses, with low dioptric power, always relieved the muscle, and consequently, the headaches. Constitutional treatment was also advocated, and the avoidance of those conditions of life that tended to increase the trouble.

The subject of Diseases of the ovaries and tubes was gone into by Dr. Smith, of Montreal. In gonorrhœal salpingitis, the clinical history of which he went into, the only safe treatment was extirpation; this was also the course to pursue in the tubercular form, if the general constitution were not too much infected with the poison. He advised medicinal treatment for the functional disorders of the appendages. The paper was illustrated by a number of interesting cases, and the presentation of tubes and ovaries which he had removed.

Thursday Morning.

After the opening the Nomination Committee brought in the following report: President, Dr. Bayard, of St. John; General Secretary, F. N. G. Starr, of Toronto; Treasurer, H. B. Small, of Ottawa. Provincial officers: Ontario, Vice President, Dr. Shaw, of Hamilton; Secretary, Dr. Fenwick, of Kingston; Quebec, Drs. Armstrong and Campbell, of Montreal; New Brunswick, Drs. McLaren and McNally; Nova Scotia, Drs. McKeen and Hattie; Manitoba, Drs. Blanchard and Nelson; North-West Territory, Drs. Haultain and Macdonald; Prince Edward Island, Drs. Maclaren and McNeil; British Columbia, Drs. Edwards and Richardson.

Dr. Bayard delivered the address in Medicine, taking for his subject the influence of the mind on the body. The paper outlined the anatomy and physiology of the nervous system, specially referring to the nerve route of pain. Instances were given where emotions of various sorts caused contraction or dilitation of the terminal arteries with hyperæmia and secretion in glands, or anæmia and checked secretion. The various nervous diseases were referred to, their causation discussed, and their prevention recommended, through a reformation in our educational and social systems.

As an outcome of one of the points referred to in the address at the suggestion of Dr. Hingston, Dr. Bayard moved, seconded by Dr. Hingston, that the system of education generally pursued in the Dominion of Canada draws too largely upon the brain tissue of children and materially injures the mental and bodily health. Drs. Cameron, of Toronto, and Powell, of Ottawa, thought the terms of the resolution were too sweeping that there was no specific statement as to what department of the school system was at fault, nor to what portion of the Dominion it more especially applied. Our young people, Dr. Cameron thought, were not suffering (the older people neither) from too much education. The Educational system had been the subject of the best thought of our best men, and he considered the motion too condemnatory. A resolution was then passed that the matter be

referred to a committee, consisting of Drs. Powell, Hingston, Graham, and Bayard.

The committee appointed to report on the President's address reported on the matter of inter-provincial registration. It was adopted.

Dr. Daniel moved, seconded by Dr. Powell, that a committee be appointed in which each of the provinces should be represented, to draw up a form of Medical Act, which, after being adopted by this Association, should be presented to each Provincial Legislature, to be by them passed into law; and that the committee that brought in the report be asked to name such committee.

Dr. Buller moved, seconded by Dr. Laphthorn Smith, that a committee be appointed, with power to add to their number, to consider the best means of obtaining a uniform standard of medical education for the Dominion of Canada, and the said committee report at the next meeting of the Association. This carried.

The discussion over the above question was long and animated and taken part in by several of the men from the different provinces represented at the Association.

Dr. Buller read a paper on "The Present Status of Asthenopia."

"Some Functional Derangements of the Liver," was the subject of a paper by Dr. J. E. Graham, of Toronto. He reviewed the history of the physiology and the pathology of the liver, and showed that there were other, and no less important, functions of the organ besides its biliary function. He then outlined the complete work that the liver performs in the human economy. Its importance as a blood-elaborating and fat forming organ in the fœtus must be great when it was equal in weight to all the rest of the body at the end of the first month; in the proportion of one-third at the end of the third, and one sixteenth at the end of the fifth. The doctor then discussed the question of "Hepatic Inadequacy," a condition induced by the action of certain poisons upon the hepatic cells. The hepatic cells stored up the glycogen till needed by the economy, and when this function was impaired various clinical phenomena were observable. Their work as manufacturers of urea was also disturbed. As to treatment, the exact cause of the "biliousness" or kindred trouble, should be found out, in order to treat successfully. The diet should be most carefully attended to; starchy foods should be interdicted; milk, on account of its easy assimilation and diuretic action, was valuable. To assist the circulation, certain forms of exercise were recommended; massage over the region of the gall bladder was helpful, promoting the egress of bile from it; and free purgation was very essential. The drugs, calomel, euonymus, podophyllum and others, were then discussed. Where the manufacture of urea was incomplete, treatment directed to increase of metabolism was recommended massage, bathing, drinking of mineral waters. The great point to aim at was to secure the integrity of the hepatic cells. Dr. Graham discussed the question of treatment in a full and scientific manner.

Dr. Hingston reported four cases of Operations on the brain. The first two were for epilepsy. The first without the results hoped for. The second was operated on for cephalgic pain located in one spot. It had been incessant and severe for a year. The doctor trephined and found a hydatid tumor pressing on the brain, pediculated, which he removed. The patient made a good recovery. The next case was that of a young man, whom the doctor presented, who had suffered for twenty years as the result of a fall and injury to the right side of the brain. He was the subject of paralysis of the left arm, which was drawn up and flexed, the fingers also being flexed in their terminal phalanges and extended in the first. The orbicularis and zugomatic muscles and the others on the left side were spasmodic and over-developed, the pupil was contracted, the vision and hearing on that side impaired. On operating a thickened portion of bone was found impinging on the brain tissue, surrounded by a cartilaginous material which nature had thrown about it. There was no bleeding upon its withdrawal. The expression of the face at once became relaxed and the patient seemed almost complete in his facial appearance. The arm had improved. Dr. Hingston recommended the use of a large trephine, two inches in diameter, for these operations.

Dr. Shepherd, of Montreal, gave the history of a case of removal of the entire upper limb for a chondro-sarcoma, involving the shoulder joint; also of the removal of a large enchondroma of the pelvis. The first operation had not been done

often, his being the first that had been in Canada. Drs. Hingston, Cameron, and Steves discussed the paper.

Dr. Inches, of St. John, N.B., read a paper entitled, "The Prevention of Tuberculosis," in which he advocated the necessity of increased activity on the part of the profession, the public and the government in dealing with this dangerous disease. The patients themselves needed much instruction in regard to the destruction of the sputa, so as to lessen the danger of infecting others in the house. Even in well kept consumptive hospitals there was a little danger. He dealt with the difficulties connected with notification and registration and isolation. He had found it very difficult, even among his wealthy patients, to secure isolation and fresh air; and, of course, it was infinitely more difficult to secure such among the poorer classes. Special sanitaria, he maintained, should be provided, and in every instance where the patient was not properly looked after at home, he should be sent to such places. Until such a time (for there are very few as yet), those cases should be reported where preventive measures were not carried out thoroughly at home, as recommended by the patient's physician.

Dr. L. Duncan Bulkley, of New York, gave a paper on the Treatment of Skin Diseases. More success would come to the general practitioner in the treatment of the skin if more attention was paid to each individual case. He advised careful enquiry into every detail of the patient's system and habits. The history of the eruption; careful enquiry as to former eruptions; family tendencies as to presence of asthma, rheumatism, etc.; all should be made a note of. If medical men knew eczema, acne, syphilis well, they would be able to treat the great majority of their cases satisfactorily. As to eczema, too much was often done—it was over treated often. More and more he had grown to know that much depended on constitutional treatment in all these skin affections. The connection of some fault in diet or habit in life was sufficient to effect relief. The doctor pointed out some of the principal points in the management of acne, syphilis, psoriasis and urticaria.

Dr. Laphthorn Smith gave a very interesting exhibition of the use of the galvano-cautery, in which the street lighting current is used. He showed how simple it was, and how far superior it was to the old battery arrangement. The cost was trifling.

THURSDAY EVENING

The report of the Committee appointed at the last Association to consider the matter of establishment of a pharmacopœia was received and adopted. On motion of Dr. Starr, seconded by Dr. Macdonald, it was moved that the same committee be requested to correspond with the different medical and pharmaceutical associations, with regard to the advisability of publishing a pharmacopœia, taking the B. P. as a standard. Carried.

"The prevention of Consumption" was the subject of a paper, by J. F. Macdonald, Nova Scotia. He advocated the bringing the matter of the contagiousness of this disease before the people by means of the secular press: by the establishment of philanthropic societies for the discussion of the matter and the adoption of practical measures for the treatment of the cases. He advised the system of registration; a careful system of disinfection; government inspection of infected places; the establishment of sanataria; and the enactment of laws to prevent the infected from spreading the infection.

Dr. H. D. Hamilton read a paper on the adhesions of the soft palate and their treatment.

Dr. J. T. Steeves, of St. John Lunatic Hospital, read a paper entitled, "A Medico-legal Romance." It was discussed by Drs. Muir, Macdonald, Morrison, Christie, Hattie and Travers.

Dr. K. N Fenwick then read a paper on Hysteropexy. It was discussed by Dr. Cameron, of Toronto, and Dr. L. Smith, of Montreal.

The Association then adjourned to meet next year in Kingston, Ontario.

Correspondence.

THE OLDEST PRACTITIONER.

To the Editor of ONTARIO MEDICAL JOURNAL.

SIR,—"Medicus," in your last impression, states that Dr. Barnhardt, of Owen Sound, started practice in 1834.

"If there are any older doctors in Ontario or Canada I would like to hear from them."

I beg to state my old friend, Dr. Hammett Hill, of Ottawa, was in practice in 1833, and he also is still in harness. W. R. B.

Ottawa, August 7th, 1894.

Book Notices.

A System of Genito-Urinary Diseases, Syphilology and Dermotology. By various authors. Edited by PRINCE A. MORROW, A.M., M.D., Clinical Professor of Genito-Urinary Diseases, formerly Lecturer in Dermotology in the University of the City of New York, Surgeon to Charity Hospital, etc. With illustrations. In three volumes. Volume III., 1894. New York: D. Appleton & Co.

D. Appleton & Co. have furnished the profession with another very readable book in the form of the last volume of Morrow.

The early chapters of the book deal with the anatomy and physiology of the skin; and a good feature, also, is that the development of each particular structure is fully gone into, thus making the work a very valuable one from a scientific point of view.

A general outline of the Semeialogy is taken up by Dr. Morrow himself, and we are pleased to see that he has realized that in the study of skin diseases there is something more than the objective signs to be taken into consideration. True it is that in most diseases of the skin these are usually sufficient upon which to base a diagnosis, but if we desire to adopt scientific therapeutic measures, we must know, not only the true nature of the disease, but we must also ascertain the symptoms that it has given rise to.

In discussing the Etiology attention is drawn to the importance of learning the habits of the individual and his occupation.

The student preparing for examination will find much that is useful to him under the head of Diagnosis. The practitioner will find this section an exceedingly ready reference.

In the classification, Crockies' Modification of Hebras' System has been adopted to a large extent.

The term "inflammation" is used in its broadest sense, and under it we find the "Hyperæmias," etc. Urticaria has found an abiding place under the "Neuroses," and according to our present light this is where it should be.

Under the Exanthemata we observe that our own Dr. Graham has contributed the section on Eruptive Fever. The mere mention of his name is a sufficient guarantee that that part of the book is up to the mark.

In speaking of the treatment of Eczema, we were a l ttle surprised to see that the writer speaks lightly of the gelatine pastes, for in our own experience they have been of great service in treating certain forms.

Under the head of "Dermatitis Medicamentisa, Dr. Morrow considers carefully the eruptions that may be produced by the administration of drugs both externally and internally. If the student reads this section thoughtfully he will not be caught napping when the examiner presents a patient with a copaiba rash; nor will the practititioner pour in mercury when the unfortunate patient is suffering from a bromide eruption, if he has taken this part of the work into his careful consideration.

That part of the book dealing with Leprosy is particularly interesting and is profusely illustrated with photographs from cases that have come under the author's personal observation in the Sandwich Islands.

The firm of publishers (D. Appleton & Co.) that has produced these three volumes, are to be congratulated upon the success of their efforts. Each volume has seemed to excel the one preceding, this third volume, on Diseases of the Skin, making a grand climax for so complete a system. Their book-making is always good, and the present effort is no exception to the rule. The plates and illustrations are beautiful.

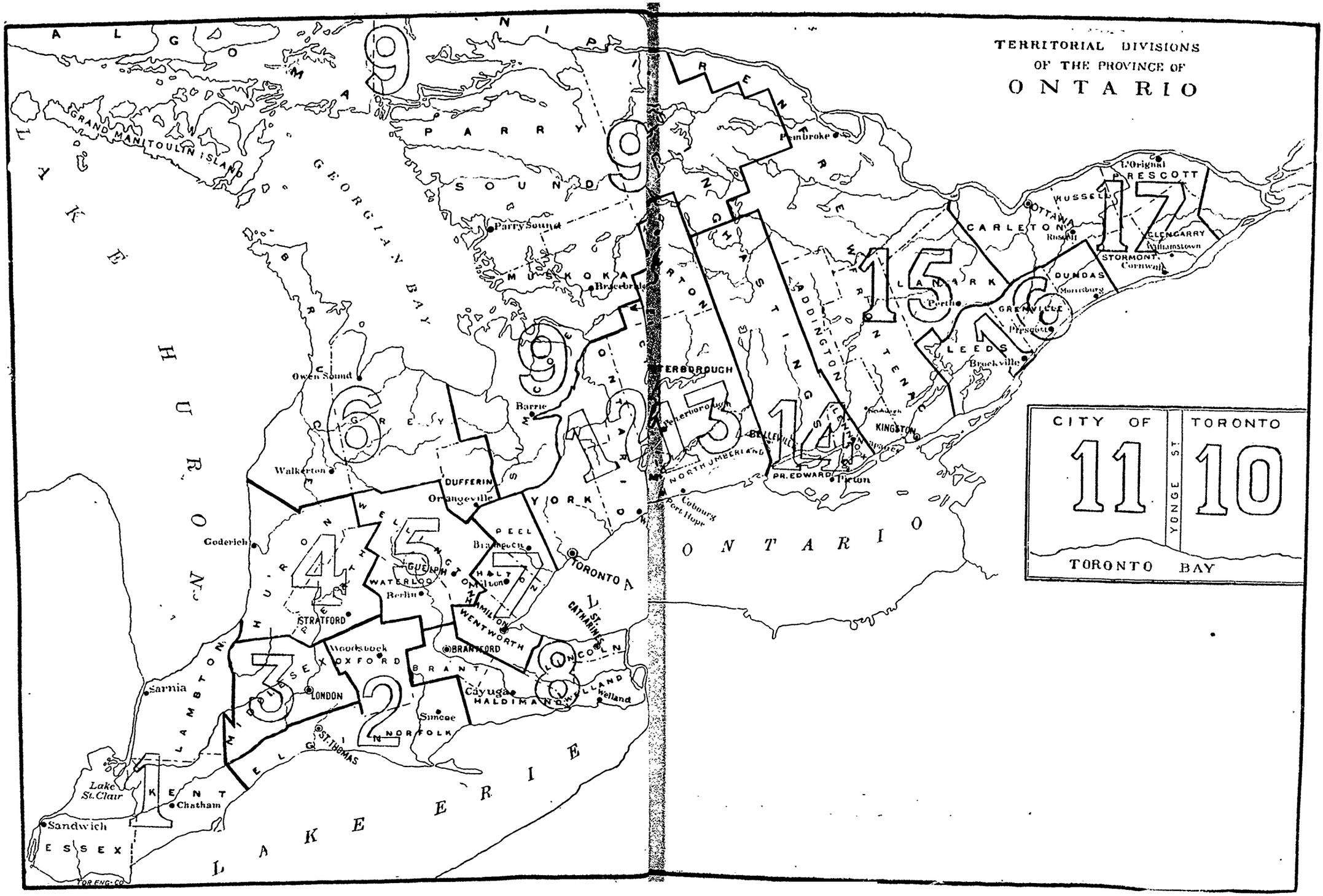
The Popular Science Monthly, for September, contains the following papers: (1) "Studies of Childhood;" (2) "The Humming Birds of Chocorua;" (3) "Barberries;" (4) "Commercial Power Development at Niagara;" (5) "Scientific Education;" (6) "Ethical Relations between Man and Beast;" (7) "The Work of Dust;" (8) "Arctic Temperatures and Exploration;" (9) "The New Mineralogy;" (10) "Science as a Means of Human Culture;" (11) "Parasitic and Predaceous Insects;" (12) "Seventeenth-Century Astrology;" (13) Sketch of Gotthilf Heinrich Ernst Muhlenburg." New York: D. Appleton & Company.

AN EPITOME
OF
CURRENT MEDICAL LITERATURE.

MEDICINE.

Infection by the Trichina Spiralis. Askanazy (*Centralbl. f. Bakt.*, Bd. xv., No. 7) observes that two questions await solution in regard to the process of infection by the trichina spiralis: (1) how do the embryoes which, according to the general view, are deposited only in the lumen of the bowel, pass through its wall? (2) how do they they reach the striated muscles? In the belief that an examination of the bowel wall in cases of trichinosis would assist in the decision of both questions, Askanazy infected rabbits with the parasite; in seven to ten days the intestines were removed and placed for fixation in Flemming's fluid. Pieces were embedded in the celloidin, cut, and stained with safranin. The following facts were established: 1. The female parasite penetrates into the villi and mucuous membrane generally, not deeper, however, than the muscularis mucosæ, and lies in that membrane or in a chyle vessel. 2. None of the specimens showed embryoes lying free in the tissues of the intestinal wall or in its blood vessels. 3 Embryoes were found in the lumen of the chyle vessel of a villus. In one case a parasite filled with embryoes projected into the chyle vessel which also contained them, thus rendering it very probable that they had been deposited in the vessel. The investigation would appear to show that the young trichinæ are deposited in the lymphatics and are carried away by the lymph stream. The discovery of embryoes in the mesenteric glands (Virchow, Gerlach) is in accord with this opinion. The following considerations are against the old view that the embryoes are deposited in the lumen of the bowel and subsequently bore their way though its wall: 1. The uncertainty with which the embryoes are found in the bowel lumen, as shown by a review of the literature on trichinosis. 2. The author's examination of a great number of fresh specimens of intestinal mucus failed to show a single free embryo even when the female trichinæ were filled with young. 3. Embryoes were found only twice in the bowel lumen in a large number of sections, whilst the adult parasites were plentiful there. 4. As the parasite deposits a large number of eggs, embryoes should be numerous in the bowel contents if the deposit took place in the lumen. Against the boring theory is the fact that nobody has yet seen an embryo lying free in the bowel wall. The rare occurrence of young parasites in the lymphatics in these sections is explained by the author on the theory that they had been rapidly carried away by the lymph stream.—*British Medical Journal.*

Treatment of Peripheral Neuritis.—Leyden (*Berl. klin. Woch.*, No. 20, 1894) discusses the treatment of multiple neuritis. He considers that in the case of neuritis following acute specific diseases, care during convalescence as to nourishment, rest in bed, and avoidance of over-exertion contribute to prevent its occurrence. "Etiological treatment" (removal of the cause) in neuritis due to alcohol or lead, and treatment of the primary malady, as in diabetes, is of the first importance. There is no specific remedy for multiple neuritis, and treatment by drugs does not play a very important part. Owing to the fact that rheumatism is not infrequently an element in the etiology, salicylate of sodium and other anti rheumatic drugs have been used without producing any good results in the majority of cases. Iodide of potassium was of use only now and then, and mercury was of doubtful value. Antipyrin, phenacetin, exalgin, euphrobia, and methylene blue were sometimes of use for the relief of pain, but it was often necessary to resort to morphine, chloral. sulphonal, etc. Strychnine, formerly much used, but lately fallen into the background, deserved to be tried; by increasing the excitability of the affected muscles, it favored the return to normal function and nutrition. it ought especially to be resorted to in progressive cases in which the respiratory movements were threatened. Leyden prefers to use it as a subcutaneous injection, gr. 1-10 to gr. 1-20 twice daily. Massage and baths were valuable auxiliaries which were indicated, especially the latter, in the later stages of the disease. General hygienic treatment was of much importance. Rest—as a rule rest in bed—was of the first importance in the early stage; in the later stage, feeding. Finally, in the latest stages of all, moral suasion, rousing


TERRITORIAL DIVISIONS
OF THE PROVINCE OF
ONTARIO
ALGOMA
NIPISSING
PARRY SOUND
GRAND MANITOULIN ISLAND
LAKE HURON
GEORGIAN BAY
MUSKOKA
Parry Sound
Bracebridge
RENFREW
Pembroke
Original PRESCOTT
RUSSELL
OTTAWA
CARLETON
Russell
GLENGARRY
Williamstown
STORMONT
Cornwall
DUNDAS
Morrisburg
LANARK
Perth
GRENVILLE
Prescott
LEEDS
Brockville
FRONTENAC
LENNOX & ADDINGTON
PETERBOROUGH
Peterborough
Lindsay
BELLEVILLE
KINGSTON
PRINCE EDWARD
Picton
NORTHUMBERLAND
Cobourg
Port Hope
ONTARIO
Owen Sound
GREY
Barrie
SIMCOE
YORK
Walkerton
DUFFERIN
Orangeville
PEEL
Brampton
TORONTO
CITY OF TORONTO
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WELLINGTON
GUELPH
WATERLOO
Berlin
HALTON
Milton
HAMILTON
WENTWORTH
ST. CATHARINES
LINCOLN
WELLAND
Welland
STRATFORD
Woodstock
OXFORD
BRANTFORD
BRANT
Cayuga
HALDIMAND
Sarnia
LAMBTON
LONDON
MIDDLESEX
Simcoe
NORFOLK
ST. THOMAS
ELGIN
Lake St. Clair
KENT
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the patient's latent energies, was often of great value. Passive movements, and encouraging the patient to make active movements, were generally attended with better results than massage in this stage. Electricity, formerly used too much, was now used too little, but its usefulness was greatly limited by the fact that in many cases the pain caused was too great to permit the treatment to be continued.—*British Medical Journal.*

Bacteriological Examination of Blood and Tissues.—Inghilleri *Centralb. für Bakteriol.*, May, 1894) gives a new rapid double staining method for the bacteriological examination of the blood and other tissues, including the study of phagocytosis and parasites of malaria, which he claims to excel not only in quickness but in precision. A coverglass preparation (by the usual methods), or a section prepared from the tissue, is placed in chloroform for thirty minutes, and afterwards stained in the following fluid:—1 p.c. solution of eosin in 70 p.c. alcohol, 40 parts; saturated aqueous solution of metholene blue, 60 parts, the specimens being gently warmed in this fluid for two to three minutes; after which they are ready for immediate observation (for example, blood, etc.), or after dehydrating, clearing and mounting as usual.—*British Medical Journal.*

Widespread Pigmentation, with Keratosis of the Hands and Soles following the Internal use of Arsenic.—Dr. Carrier, of Detroit, relates a case of a man aged 32, who had had psoriasis since he was six weeks old. Arsenic was prescribed for this, and he took it uninterruptedly for two years and a half, in doses of from five to ten minims three times a day. Somewhat suddenly the entire surface of the body assumed a chocolate hue. So marked, indeed, was this that he was taken for a mulatto, and refused the rent of a house. The pigmentation gradually disappeared from the face, hands, and feet, but persisted on the other parts, the spots of psoriasis shining white against the dark background. But besides that, the palmar surface of the hands became thickly studded with warty growths, from the size of a pin's head to that of a pea, hard, deep seated, and painful; several similar lesions are found on the back of the last phalanges, and on the soles. In order to work or walk with any comfort, he is obliged to pare the growths with a razor. This condition of the palms and soles began six months after he commenced to take the arsenic. It is not mentioned whether in this case there was any hyperidrosis as has been observed in others.—*Philadelphia Medical News.*

Piperazin in Diabetes.—Hildebrandt (*Berl. Klin. Woch.*, Feb. 5th, 1894) suggests that piperazin be employed in cases of diabetes. After abandoning syzygium jambolanum on account of its instability, and after he had failed to lessen artificial diabetes by a sero-therapeutic method, he endeavored to find a drug which would exert an inhibitory effect on the fermentative changes which produce sugar within the organism, without lessening the alkalinity of the body fluids. He found piperazin to be possessed of these properties. It is strongly alkaline in reaction, and is eliminated in the urine without being decomposed. When artificial fermentations were carried on by adding a little dog's serum to a solution of starch, the presence of one part of piperazin in 1,000 was found to be sufficient to diminish the production of sugar to a very marked extent. By a series of experiments he proved that piperazin does not destroy amylolitic ferment, but merely diminishes its activity. In this respect the author finds that it surpasses all the drugs, such as salicylic acid, lactic acid, arsenic, syzygium jambolanum, extractum myrtilli, which have been employed in human diabetes. In the glycosuria induced by the administration of phloridzin to dogs, and which depends upon an increased production of sugar, he obtained exceedingly good results by the administration of piperazin. In one case, after the ingestion of about 30 to 45 grains of piperazin, the quantity of sugar in the urine was diminished about 90 per cent. on the second day. In another case it sank from 20 to 1.2 gr.; in another from 21 to 1.75 gr.; in another from 9.16 to 0.1 gr. After considering the probable mode of action of the drug in lessening glycosuria, Hildebrandt suggests its use in human diabetes, the dose being given half an hour before meals, after the gastric juice has been neutralized by a dose of bicarbonate of soda.—*British Medical Journal.*

The Treatment of Whooping-Cough by Bromoform. According to the *Revue Internationale de Bibliographie Médicale*, Pelicer has employed bromoform with very good results in the treatment of this obstinate affection. It is a colorless liquid produced by the action of bromine on alcohol in the presence of a base. When administered to animals by inhalation or hypodermic injection, it produces narcosis without greatly disturbing the respiration or circulation. The dose is one drop for each year of the patient, given four times a day, but this dose should be increased progressively until it is taken many times a day. He has given as much as 48 drops a day during six days to a child of two years, but after this dosage he observed a general erythema, but no diarrhœa. There was increased frequency of the pulse and respiration. Bromoform diminishes the number of the attacks and their duration. Under its influence the vomiting ceases and the appetite returns. It is to be employed during a period of two or three weeks. In a number of cases he used it even longer than this.—*Therapeutic Gazette.*

Acute Poisoning by Iodides- Œdema of the Pharynx the First Symptom.—Mr. Hutchinson relates the following interesting case: "I ordered for a lady, who much needed it, a mixture containing, together with a drachm of the solution of mercury, four grains of the iodide of potassium and two of the iodide of sodium. These ingredients, together with a drachm of tincture of bark and two drops of battley, made up the dose which she was to take three times a day. She took but two doses, when she was seized by a sense of constriction and swelling in the throat, followed by general soreness of mouth and lips, and in the course of a few hours by burning of the whole skin and an eruption of large erythematous wheals over the limbs and body. She passed a sleepless night in extreme discomfort, and the next morning was so ill that her husband insisted that I should come to see her. She had been liable to nettle-rash before. The eruption took the form of patches of erythema as large as the outspread hand, which occurred on the neck, face, chest and thighs. They differed from nettle-rash in not being pale in the centre, and also in being persistent and larger and more raised than is usual in that disease. It was quite obvious that the whole was due to the iodides, and within a few days all the symptoms had disappeared. I examined the urine but there was no proof of renal incompetency. The symptom of swelling in the throat as the earliest indication of iodide poisoning has been noticed in other cases. I remember a man who was brought into the London Hospital in whom tracheotomy was only just in time to save his life."—*Archives of Surgery.*

The Value of Opium in Laryngeal Obstruction. It is well known that the dyspnœa of children suffering from simple or diphtheritic croup is markedly increased by emotional excitement, and also that they breathe more easily when asleep. These facts suggested to Dr. Carl Stern the advisability of trying opium in such cases; and after some years' experience of its use he strongly recommends it. The effect of opium in a case of laryngeal obstruction is to allay the tendency to cough and to make the breathing quieter and more regular, and this naturally results in lessening of the cyanosis and of the dyspnœa. In some cases the improvement is such that Dr. Stern believes that tracheotomy becomes unnecessary, when without opium it would have been inevitable. In many cases, of course, tracheotomy has to be performed in spite of it; but even in these he thinks it is often of great service, because it lessens the risk of deferring the operation until the surgeon arrives and the necessary preparations are made. Also, children under the influence of opium require less chloroform.—*Therapeutische Monatshefte.*

The Treatment of Obstinate Cases of Nocturnal Enuresis.—Children who have been treated for enuresis for a long time and in many different ways, without receiving more than a slight temporary benefit, are not infrequently brought to the physician. In such cases Dr. Donald MacAlister recommends "courageous overdosing" with atropin, which he finds often results in a speedy and permanent cure. Although the doses he recommends are large, the secondary effects of the drug are never alarming, and are only slightly inconvenient. The addition of strychnine is useful, probably because it diminishes the depressing effect of the large doses of atropin, and

increases the sensitiveness of the vesical centres to reflexes from the bladder walls. For a boy of fourteen, who had resisted all treatment for years, he ordered the following:

℞ Liq. atropinæ sulphatis.....ʒiss.
Liq. strychinæ hydrochloratis..ɱ lxv.
Syrupi aurantii.....ad.ʒj.

Of this mixture he was to have five drops in a tablespoonful of water at 9 p.m. No drink was to be taken after 6 p.m., and at 10 p.m. the boy was to go to bed after emptying his bladder. He was to be awakened and made to pass water at 12 and 6 a.m. After three nights he was to increase the dose to ten drops, and after other three, to fifteen drops, and so on. This treatment was carried out, and the drops were increased until at last he was taking sixty at a time. The dose was then diminished steadily by ten drops every three days, and after nine weeks the treatment was discontinued. The enuresis ceased and never returned.—*Practitioner.*

The Question of the Communicability of Leprosy.—Dr. Beaven Rake, after a careful analysis of all the literature bearing on the subject in recent times, thus sums up his conclusions:—1. Bacteriological evidence. Leprosy is probably due to a bacillus, and theoretically we must admit the possibility of its inoculation. 2. Inoculations of animals. The experimental inoculation of leprosy in man or animals has never succeeded beyond the possibility of doubt. 3. It has not been proved that vaccination has conveyed leprosy. 4. While practical experience points to a possible communication of the disease from one person to another, the weight of evidence shows that this must be extremely rare, and under very exceptional conditions. 5. Leprosy has steadily decreased in many countries without any attempt at compulsory segregation, while in other places it has increased in spite of isolation of lepers. 6. The immigration of lepers into leprosy-free countries has not, in recent times, been followed by any appreciable spread of the disease. 7. For practical purposes leprosy may be regarded as less dangerous to the community than tuberculosis, and as requiring no greater precautions than those taken against the spread of that disease.—*New York Medical Record.*

Atropine and Morphinism.—Koch (*Therap. Monats.*, November, 1893) records the case of a patient who frequently indulged in morphine, and to whom on five occasions he administered subcutaneous doses of atropine as an antidote. It always quickly arrested the profuse secretion from the skin, air passages, and intestine, also considerably diminishing unpleasant results due to the abstinence from morphine, and thereby assisting gradual discontinuance of the narcotic. One three-hundreth part of a grain of the sulphate should be given at first, the patient being watched for several hours. A second dose may be administered if necessary.—*British Medical Journal.*

Methyl-violet in the Treatment of Diphtheritic Conjunctivitis.—Hilbert (*Memorabilien*, xxxviii., 3, 138) has reported a case of diphtheric conjunctivitis successfully treated by the application with a brush thrice daily of a 3 per cent. aqueous solution of methyl violet, in conjunction with warm fomentations. Subsequently, instillations of a solution of duboisin sulphate were practised, and the conjuctival sacs were frequently irrigoted with tepid, sterilized water.—*Medical News.*

The Effects of Antipyrin on Certain Forms of Atrophy of the Optic Nerve.—Valude (*Annales d'Oculistique*, September, 1893) contributes an article on the effects of antipyrin in the treatment of optic nerve atrophy, and believes that this drug, by reason of its peripheric vasomotor action, may have a favorable effect in certain forms of this disease which arise from a vascular change in the connective interstitial tissue which constitutes the stroma of the optic nerve. The drug, therefore, will act in atrophies consequent upon ascending or descending neuritis, excepting in tabetic grey atrophy, atrophic from compression, where the nervous fibre is radically degenerated. He thinks that subcutaneous injections are the least apt to cause gastric troubles, and uses a strong solution—1 gramme of antipyrin to 2 grammes of distilled water, to which he adds a little cocaine. Every two days he administers 1 gramme, then 2 grammes,—that is to say, 2 or 4 grammes of the liquid. He has never seen, with proper precautions, inflammatory symptoms follow this treatment.—*The Therapeutic Gazette.*

Chlorobrom in Sea-Sickness.—Hutcheson (*The Lancet*, August 12, 1893) states that he used chlorobrom in all cases of sea-sickness to which he was called while ship's surgeon to the steamship *Rimutaka* during a voyage to and from New Zealand, and speaks of its action as follows:—He always gave it in three-drachm doses in the second stage of this distressing ailment when retching, headache, depression, and sleeplessness were the prominent symptoms, the hour selected for administration being 10 p.m., in order to secure a good night's rest. The results were very satisfactory. The chlorobrom was always retained, and was always followed by sleep (generally sound). The patients awoke much refreshed in the morning, with an appetite, and able (except on one occasion), to eat and retain something light.—*The Therapeutic Gazette.*

The Relationship between Myxœdema and Exophthalmic Goiter.—At a meeting of the Société de Liége, held a short time ago, Canter (*Annales de la Soc. Méd.-Chir. de Liége*, January, 1894, No. 1, p. 12; *Rev. Int. de Bibliog. med., phar. et vetérin.*, 1894, No. 8, 133) presented a case of myxœdema in a woman, forty-two years old, successfully treated by the administration of thyroid gland of the sheep in doses of a quarter or half a gland or more daily. The treatment was attended with nausea, vomiting, and weakness, when large doses were employed, but more remarkable was the fact that the frequency of action of the heart increased from 76 to 126, while palpitation became apparent; there was also sleeplessness, tremulousness, and profuse perspiration. The opinion is expressed that the symptoms of exophthalmic goiter are due to an intoxication of gastro-intestinal origin, as a result of which the secretion of the thyroid gland is increased, with the development of the characteristic symptoms of the disease, just as they occur after the therapeutic administration of the gland. It has further been observed that the administration of thyroid gland in cases of exophthalmic goiter is attended with an aggravation of the symptoms. In the course of time the thyroid gland undergoes degeneration or atrophy, as is the case with all glands that are subjected to morbid hyperactivity.—*Medical News.*

Cerebral Abscess.—Moulin C. Mansell (*Brit. Med. Journ.*) related this case to the Clinical Society of London. A boy, aged fourteen, received a blow upon the right mastoid region. Headache supervened, and an abscess was opened (superficial to the periosteum) with relief. A week later the abscess was reopened and the periosteum incised again with relief. Some days later symptoms of cerebral pressure, with right optic neuritis came on. The skull was trephined over the tempero-sphenoidal lobe: the dura was healthy, but bulged into the wound. A trocar and canula were inserted in various directions without result. The bone was then removed from over the cerebellum, and an exploration carried out then with equal want of success. Finally, a few drachms of fluid were drawn off from the descending cornu of the lateral ventricle through the temporo-sphenoidal lobe, and pulsation returned. Twenty-four hours later the patient died comatose. Post mortem: a very old encysted abscess was found in the left temporo-sphenoidal lobe. Nothing else abnormal was found. The abscess must have been latent for a long time, and suddenly roused into activity by the blow.—*Archives of Pediatrics.*

Hæmatoma of the Sterno-Mastoid Muscle in an Infant.—F. G., an infant of five weeks, was brought to the Polyclinic on March 10th. A few days ago before a small mass had been noticed on the left side of the neck. It was detected by the grandmother and had not until then been observed by the mother. The child had been delivered with instruments. The mark of one blade was still visible on the right parietal bone. A scar under the ear and on the angle of the jaw showed clearly where the other blade had engaged. Great tension must have been placed upon the sterno-mastoid muscle of that side, sufficient, undoubtedly, to rupture some of the fibres of the muscle and small blood vessels. Examination revealed a small fusiform mass within the muscle. It was semi-solid and moved only as the muscle was moved. It was not red nor inflamed, and caused no pain whatever when handled. It had evidently never given the child any discomfort. Failure to detect the mass, which had unquestionably been present since birth, was readily explained by its small size and lack of sensitiveness. No

treatment was prescribed and no external applications were made, but directions were given against handling or otherwise interfering with the mass. When the child was next seen two weeks later, a slight decrease in size could be detected and a favorable prognosis was given.—F. M. CRANDALL, M.D., in *Archives of Pediatrics.*

Cancer Houses and Their Victims.—Whether the present state of our knowledge will permit us to declare that cancer is directly contagious or not, we cannot ignore the fact that in certain houses it does repeatedly show itself among those who have no blood relationship between them. The following cases occurring under my own care always appeared to me as most interesting coincidences—and probably they are only such—but after reading the abstract of the Morton Lecture by Mr. Shattock, which ably disposes of the histological element, as well as the valuable contribution in the *British Medical Journal*, of June 9th, by Mr. D'Arcy Power, I resolved to communicate them to the profession:

J. K., aged 50, employed as a night watchman, occupied a house of two apartments, and for the sake of quietness always slept in a concealed bed in the room. He died of cancer of the liver.

J. L., aged 54, succeeded to the work and house, and within two years died of cancer of the bladder.

A. L., aged 60, was then appointed, and he succumbed to cancer of the stomach about eighteen months thereafter.

It should be noted:

1. That these three men were all strong, healthy, and well developed, and had no previous serious illness.

2. That there was no history of hereditary transmission.

3. That there was no relationship whatever between them.

4. That the conditions of home and work were exactly similar.

5. That in all the cases the disease ran an extremely rapid course.

The house itself was one of a row of workmen's houses, built of brick on the slope of a hill, and though somewhat damp, was otherwise clean and healthy.—ALEXANDER SCOTT, M.D., in *British Medical Journal.*

Dermatitis Venenata.—Felix P., twelve years of age, came under observation in May, 1893, suffering from a cutaneous eruption, consisting of numerous discrete and confluent pinhead to split-pea sized vesicles, situated chiefly upon the face, fore-arms, and hands. There was marked itching and burning, and owing to the rupture of many of the vesicles, considerable oozing of serum with the formation of yellowish crusts, especially upon the hands and fore-arms. In the face, in addition to the vesicular lesions there was considerable œdema. The disease had appeared a few days prior to the patient's visit, and had followed a day spent in the country. A lotion containing two drachms of the fluid extract of grindelia robusta to the pint of water, was prescribed with directions to apply it to the affected parts three or four times a day. Under this treatment the itching and burning subsided, and the vesicles rapidly dried up. This variety of dermatitis is of frequent occurrence in the summer months, and arises usually from contact with the poison ivy, *rhus toxicodendron*, although other plants are capable of producing more or less severe inflammation of the skin. It is to be distinguished from eczema, with which it is most apt to be confounded, by its localization upon the face, hands, fore-arms and genitalia, the poison being conveyed to this last situation by the patient's fingers, and by the considerable amount of œdema which frequently attends it. A further distinguishing feature, often noticed especially in the early stages, is the tendency of the lesions to occur in streaks or lines, probably the result of contact with the branches of the ivy vine.—M. B. HARTZELL, M.D., in *Archives of Pediatrics.*

Foreign Body in the Larynx or Œsophagus.—The mother says that this boy, four years old, was playing with a piece of wooden matchbox three days ago, and when she attempted to remove it from the child's mouth it slipped down into the throat. The child is very hoarse, has marked dyspnœa, refuses to swallow solid food, and has drank nothing but a little milk since the accident occurred. The symptoms all point to the lodgment of the foreign body either in the larynx or in the œsophagus so as to press against the larynx. If this was an adult case, we should

not have the slightest difficulty in locating the foreign body and removing it. I fear we shall have far more trouble here. Occasionally we find a child that behaves so well that we can get a view of the larynx, and locate the foreign body. I would recommend that we always use a weak solution of cocaine, preferably by spray. Two per cent. should be strong enough, spraying it thoroughly over the middle pharynx and down into the larynx. We will have the mother hold the child in an upright position, and we will throw the light in the mouth. We will hold the tongue out with the left hand and use a small mirror with the right. The child constantly cries and gags, and we get a very short view of the larynx during the second of inspiration. The harder the child cries and gags the longer the inspiration is; and we must wait for this inspiration, when the epiglottis is finally thrown upward and forward, for our view. I have sometimes gotten a view of the larynx by giving the child a few inhalations of chloroform, using a mouth gag, and spraying the the posterior wall of the pharnyx with a two per cent. solution of cocaine If we cannot locate this foreign body, it will be wise to do a tracheotomy at once. It certainly would be unsafe to pass forceps into so small a larnyx and grope blindly about. The child has little enough breathing space at present, and I should fear to diminish it. After the tube has been placed in the trachea we can insert forceps through the mouth, or possibly through the tracheal opening. We shall complete the examination later on in the day.—C. C. Rice, M.D., in *Archives of Pediatrics.*

Excision of the Kidney and Ureter.—P. I. Postnikoff (*Vratch.*, No. 12, 1894) records the case of a woman whose peritoneal cavity was opened on account of suspected hydronephrosis. The kidney was actually found distended, its glandular substance being almost entirely atrophied. The ureter was greatly dilated and its walls thickened, while the probing showed that its vesical end was blocked by calculi. The latter—fourteen in number—were extracted, after which the ureter was tied close to the bladder, and excised together with the kidney. For about forty-eight hours the patient suffered from obstinate vomiting causing alarming prostration, but, under the energetic use of stimulants, she gradually rallied, and ultimately made a complete recovery, the wound healing without any complications. During the few days immediately following the operation, the daily quantity of urine varied from 200 to 400 c.c., but subsequently rose permanently to the standard. As regards the removal of a whole ureter, the case is believed by the author to be unique.—*British Medical Journal.*

A Case of Gunshot Wound of the Head.—A case of surgical and medico-legal interest, in which a gunshot glancing wound of the head, involving considerable loss of brain tissue and considerable loss of skull, recovered. The healed wound was photographed, and places on record an authentic proof of the shape which a healed gunshot wound, delivered within a limit of from six to ten feet from muzzle to object, would present: of interest, especially in view of the importance of its shape, in reference to the direction from which the shot was fired

W. D., aged about 13, a herd boy, was inadvertently shot in the head on the 20th of September, 1881. The shot was from a single-barrelled old-fashioned gun, percussion action, loaded with No. 6 and 5 lead drops, and ordinary black powder, muzzle loading. The accident occurred in a farm-yard, whose dimensions enable me to bring the range as not more than ten feet, and not likely less than six feet, though possibly as short as four feet. The injured lad had on a cloth cap. He was shot "from in front," in the left frontal parietal region. Bonnet and skull *débris*, with cerebral slush, were deeply in the brain wound, and had to be hooked out by the fingers from as deep as the region of the base. The sensation was, that so deep was the finger that a rash dig for *débris* might touch too hard a vital centre, and startle one with a catastrophe. But luckily that did *not* occur. The boy fell to the shot, but was not unconscious; and, wounded as he was, made at least ten yards of his way to the house before he sank and required help. The wound was rendered as aseptic as possible, and manual pressure uninterruptedly kept up, with an ice-cap, from the first, to counteract the inevitable tendency to "hernia cerebri," but of no avail. By the end of two weeks a cere-

bral protrusion of not less than two inches of cauliflower brain excrescence was there, and always on the increase. The orthodox thing was to shave it off, and keep doing it as it protruded. I had already been so near the base of the brain, that I avoided that *ex cathedrâ* method of dealing, and adopted another, and, I believe, *the* wise course—I *starved* the boy, and kept him in a sitting posture continuously, with the manual ice-cap pressure never intermitted; gave him ice-water and milk, and large doses of bromide of potassium. Within seven days of this my hopes began to be realized. The protruding, wagging cauliflower had got smaller. The line of ulceration between its base and the bone margin had given way to a pronounced development of the blue line of cicatrization. The union of the internal and external once established, like magic, the "hernia cerebri" was pulled back into his cage, and the wound healed in another week, and from start to finish there was never a bad symptom referable to the brain injury, except an irritable alteration of his temperament, and a very marked, very interesting, and very instructive want of word memory—"amnesic aphasia." The boy has, since then, except for the temporary discomfort of the irritation caused by the separation of spicular fragments from the margins of the fossa, never had a bad turn, and has for over ten years been doing ordinary work as a wood forester in the Duke of Atholl's estate service.—ROBERT WM. IRVINE, in *Edinburgh Medical Journal.*

Morton's Disease.—Bosc (*Arch. Gén. de Méd.*, July, 1894) begins a study of this metatarsal neuralgia. It is limited to the anterior part of the foot, and to the metatarso-phalangeal joint, usually of the fourth toe. The disease consists in attacks of pain, generally localised to this joint, but at times radiating to adjacent parts. The attack begins suddenly and the pain may be excruciating, the patient often feeling compelled to take off his boots. Walking is prevented, and the leg is flexed. The pain usually ceases rapidly on repose, but returns as soon as the foot is put to the ground again. The attacks have a variable duration from a few hours to a whole day. They may only recur at long intervals, but occasionally every two or three days. The attacks need not be so severe as described above, the pain being more dull. In the less marked attacks the pain may only produce a slight giving of the leg. There may be vague pain during the intervals, and much cutaneous hyperæsthesia. At times the disease may really be termed chronic. The attacks of pain may react on the patient's nervous system; he may become depressed, and is haunted by fears of further attacks. There is absence of any local sign of disease. In the case related here by the author there was, however, some redness over the plantar surface of the metatarso-phalangeal joint, and pressure here produced the pain. There was also marked hyperæsthesia.—*British Medical Journal.*

Spinal Caries—Dr. Alexander contributes a valuable paper on the subject of tubercular spinal disease in the *Liverpool Medico Chirurgical Journal* for January 1894. The paper is illustrated by twenty-four plates and notes upon the cases, and deals with the subject with great breadth of treatment. It is remarked how long in these cases life and *health* may be maintained, and how it is through interference with the viscera near the spine that life is chiefly threatened. In only one among fifty specimens was a piece of bone found to press upon the chord, and in no case did the curvature *per se* compress it; indeed, in many instances the canal is enlarged by the destructive process. Speaking as to treatment, Dr. Alexander advocates fixation by plaster-of-Paris jacket, applied after sufficient suspension to extend without putting strain on the spine. Children, he thinks, should, during the application lie prone in a Davy's hammock. If abscess forms it should be allowed to dry up under treatment by rest, and when this does not occur is to be opened by the thermo-cautery by a large wound, drainage being rarely used; great attention and frequent dressing are essential to prevent sepsis. Incision, with scraping out, and immediate suture he regards as having no advantage over aspiration, and not a satisfactory means of treatment. Attacking the seat of the disease with the view of removal is too uncertain a means of cure to be recommended, though loose sequestra should be taken away. Scraping the abscess or sinus is deprecated, as placing the patient in danger of general systemic infection.—*Edinburgh Medical Journal.*

The Treatment of Gangrenous Hernia.—Chaput (*Archives Générales de Médicine*, May, 1894, p. 523) considers the treatment of gangrenous hernia one of the most complex problems in surgical therapeutics. The prognosis is always grave: whatever the treatment employed there will at all times be an inevitable mortality as a result of generalized infection. Intestinal suture is to be preferred to an artificial anus for a number of reasons. Suture does not expose the patient to the dangers and discomforts of the local condition, and not to the risk of inanition; it affords relief at a single sitting, while the other operation leaves a disgusting infirmity, ultimately necessitating multiple and grave operations. The mortality of the operation for the establishment of an artificial anus is about 28 per cent., and there is no ground to hope that this will be reduced by any technique. The mortality of intestinal suture is from 15 to 20 per cent., and there is ground for believing that these figures will be reduced. The total mortality following the establishment of an artificial anus reaches 80 or 90 per cent., while that from suture is not more than 30 or 40 per cent. The principal improvements in the operation of suture consist in free incision of the constricting tissues from within outward, a sufficient resection of the intestine, including all diseased or suspicious tissues, the employment of an interrupted circular suture, the non-reduction of the loop of intestine, and drainage of the peritoneum. Suture is contra-indicated in case of collapse, of grave peritonitis, or when for other reasons the conditions of operation are not favorable. If the lesions are not extensive it is best to invaginate them and introduce a double row of sutures. If the lesions are extensive, but do not involve the entire circumference of the bowel, one may, if the adjacent tissues are healthy, make a lozenge-shaped excision and unite the free margins as in applying an interrupted circular suture.—*Medical News.*

Chlorinated Lime in Pruritis Ani.—Berger, of Krementchug, finds this give brilliant results. He inserts into the anus, about 1 inch deep, a piece of cotton wool soaked in liquor calcis chloratæ, B.P. The plug should be left *in situ* until the appearance of a slight smarting sensation, after which the wool should be removed and the anal region washed out with the same solution. The parts should be left undried. Pruritus vanishes immediately. On its reappearance the procedure must be repeated. Tumified tissues rapidly assume normal appearance, while any concomitant eczematous rash of the perineum or scrotum is cured by a few applications.—*Vratch.*

The Treatment of Syphilis Maligna Precox.—Wickham, in an interesting letter, epitomises some remarks of Professor Fournier at the St. Louis Hospital. According to him the tertiary accidents of syphilis may be met with in any year of the existence of the syphilitic subject dating from the primary chancre. These accidents are most frequent in course of the third year. Statistics indicate that even the second year is very prolific in tertiary phenomena; indeed, more than any except the third. Even in the first they are often met with, and these constitute syphilis maligna precox. These lesions have special characters: so definite are they sometimes that at a glance the diagnosis of early malignant syphilis may be established. Thus the lesions ulcerate and spread rapidly; they are present in large numbers, and disseminated; they necrose deeply and very markedly: they are particularly rebellious to specific treatment, and are accompanied by a very bad condition of the general health. The local management consists in getting completely rid of pus and scabs, cleaning antiseptically with boric acid baths, boric vaseline, or boric compresses. When thoroughly antiseptic the limbs should be surrounded with a wet dressing of boric alcohol water, and on the superficial ones mercurial plaster, changed daily. Internally, if much prostration and anæmia, Fournier avoids mercury for the time, and prescribes tonics. He gives quinine or small doses of iodine in extract of krameria. The food is regulated, milk given to drink, and the urine watched. No iodide of potassium is administered. Fever and insomnia must be combated. Generally by this treatment alone strength is gained, fever disappears or lessens, and prostration is recovered from; indeed, the ulcers may heal in two or three weeks. When improvement is shown, mercury may be tried cautiously.—*Brit. Journ. of Dermatology.*

MIDWIFERY.

Treatment of Dysmenorrhœa.—Noll (*Centralbl. f. Gynäk.*, No. 21, 1894) does not hesitate to divide the os internum in obstinate cases. He relates five instances of the common form of dysmenorrhœa where there was distinct and severe pain when the sound passed the os internum. Hegar's dilators, chloride of zinc, tincture of iodoform, and other treatment had proved unavailing. Noll, therefore, in each case thoroughly disinfected the uterine cavity and vagina. Then he dilated the obstruction with Hegar's instrument up to No. 9. Radiating incisions were then made around the seat of stenosis, which was afterwards wiped with sterilised gauze, and then touched with a Paquelin's knife corresponding in size to the No. 9 dilator. The dilated canal and the uterine cavity were stuffed with iodoform gauze for twenty-four hours. All five cases did well; the patients were kept six days in bed. Noll believes that the good results (for the cases here described were operated upon over a year ago) were due to destruction by the cautery knife of exposed nerve filaments subject to chronic inflammation.—*British Medical Journal.*

The Treatment of Severe Albuminuria Associated with Pregnancy.—In a paper read before the London Obstetrical Society, Dr. Herman concluded a valuable series of observations on albuminuria associated with pregnancy and labor. Every practitioner who observes his cases must have noticed that there at least two main groups of kidney disease in this association. Albuminuria in a more or less marked degree is a very common complication of pregnancy, but in a large proportion, the majority, of the cases it does not lead to any of the graver symptoms to which pregnant albuminuric women are liable. In a certain number of such patients, however, not only is the disease acute in its onset and violent in its manifestions, but we get the dreaded eclamptic convulsions which threaten the life of mother and jeopardize that of the unborn infant. The risks dependent upon the renal disease are, then—first, the life of the mother; secondly, that of the fœtus; and lastly, the danger of the acute phase giving place to a chronic form of Bright's disease after delivery. The main points which still call for discussion are the means of distinguishing between the cases which are likely to comport a grave sequel and the best method of obviating the danger of usual defects and renal disease as a sequel. Dr. Herman tells us that the acute form attacks mainly women who are pregnant for the first time, and he points out that when the albumin in the urine consists mostly of serum albumin the prognosis is grave. It is, therefore, necessary for the practitioner to accustom himself to testing for the presence of paraglobulin as compared with serum albumin. One of the common symptoms associated with the albuminuria of pregnant women, as in albuminuria from other causes, is failure of vision, attributable to the presence of albuminuric retinitis, and possibly subretinal hæmorrhages. In the graver cases this may go on to complete loss of perception of light. Although in most cases the cæcity passes off more or less when delivery has been safely accomplished, this is by no means always the case, and the preservation or protection of sight becomes one of the points to which treatment must be directed. Now, the treatment of the albuminuria of pregnant females is practically confined to the induction of premature labor. As soon as the uterus has been emptied, the symptoms usually promptly subside; indeed, the promptness of this subsidence is one of the most remarkable features of renal disease associated with pregnancy. The speakers, in the discussion that followed, accepted this conclusion, and did not hesitate to recommend that the uterus should be emptied forthwith in all really serious cases of albuminuria associated with pregnancy. The child is sacrificed, it is true, but its chances of survival in the presence of eclampsia, or even of severe albuminuria, are small indeed, so that this fact cannot and ought not to be allowed to weigh in the balance, especially as the mother is thereby rescued from one of the most terrible complications that can threaten the pregnant woman. Then, too, in the cases presenting indications of albuminuric retinitis. These are always severe cases, and most of them die if left unrelieved. Moreover, the further the case is allowed to go on the greater is the damage done to the delicate structures of the eye, and the greater are the

risks of permanent impairment of vision. This is a serious point, well worthy of consideration, and in future obstetricians will be well advised if they adopt the suggestion to empty the uterus as soon as, at latest, ophthal moscopic examination reveals the familiar and easily recognized signs of albuminuric retinitis. There remains as an additional reason for adopting this course the fact that even in women who either do not have, or who survive, the fits, the kidneys do not always recover from the disturbance to which they have been subjected, and the patient not unfrequently remains the victim of chronic Bright's disease. On these grounds, therefore, severe albuminuria ought to be added to the list of indications for the induction of premature labor without waiting for the supervention of eclamptic convulsions before coming to a decision. This is not a specialists' question. It is one which any practitioner may be called upon to consider at any moment, and it is to be hoped, in the best interests of his patient, that he will henceforth recognize the extreme and manifold gravity of the risks attending the continuance of albuminuria in pregnant women.—*The Medical Press.*

Delivery in Uterus Duplex.—Von Dittel (*Centralbl. f. Gynäk.*, No. 25, 1894) observed this case. The patient was a healthy primipara. The last period occurred on April 15th, 1892. Pains set in on January 10th, 1893, at 6 a.m. The pelvis was normal. The vagina was found to be double, having a perfect septum. The right vagina led to a perfect portio vaginalis with an os externum which admitted the tip of the finger. The left led to a dilating os, with protruding membranes and breech presentation. The septum was completely torn through as the breech descended, excepting at the vulva and a strip which joined the remains of the septum at the vulva. It was proposed to tie and divide this strip, when it became stretched and was torn asunder. At 10 p.m., on January 10th, the labor ended, after manual assistance. The torn ends of the strip of septum required ligature, the placenta followed rapidly, and there was no fever in childbed. The child was a living male, over 18 inches long and 5¾ lbs. in weight. Fourteen days after delivery, a crest was found to represent anteriorly and posteriorly the attachment of the septum complete before labor; the lowest part and the remains of the strip, which gave trouble during delivery, still existed. The bodies of the uteri seemed quite separate. The left or puerperal uterus was anteflexed and as big as a man's fist; the right was stretched and as large as a fig. Three months later the left uterus had not undergone complete involution, and the right lay more backwards.—*British Medical Journal.*

Pregnancy and Heart Disease.—Solvieff (*Annalei de Gynéc d'Obstét.*, April, 1894) read notes of five cases at a recent meeting of the Moscow Obstetrical Society. The patients were admitted in the fifth, sixth, eighth, eighth and a-half, and ninth month, respectively, with severe symptoms of mitral incompetence, with or without stenosis. The first patient was delivered of a dead child; abortion was induced in the second. In the third and fourth, dilatation of the cervix and podalic version without chloroform were practised. The fifth was delivered spontaneously after dilatation of the cervix. All the women rapidly recovered; three of the children were saved.—*British Medical Journal.*

Adherent Placenta.—Poitou-Duplessy (*Archives de Tocol, and de Gynéc.*, May, 1894) read a case at a meeting of a French society, which gave rise to an interesting discussion. The placenta adhered. Its removal was at once attempted, but as there was much resistence at the cervix and as all hæmorrhage had ceased he did not persevere in his attempts until a few hours later, when the flooding reappeared. Guéniot said that adherent placenta was the most serious of all the more frequent complications in obstetrics. The degree and extent of the adhesion can never be absolutely determined. Poitou-Duplessy had done rightly under the circumstances. In one case, where Guéniot attempted to remove the adherent mass entire, the patient died. A piece of tissue was found, firmly adherent, and also a perforation through which the finger could be passed. Parak related two fatal cases of retraction of the cervix after delivery of the fœtus and before expulsion of the placenta. Charpentier insisted that, as a rule, the placenta should be delivered artificially directly

the obstetrician finds that it is adherent. In two cases where he acted thus and a small piece of placenta remained, the uterine cavity and vagina were plugged with iodoform gauze. The plugs and the remains of the placenta were spontaneously discharged. Of course care must be taken lest fragments of membrane remain after the placenta has come away entire.—*British Medical Journal.*

Breech Presentations.—Ettienne reports a series of fifty breech labors, with viable fetuses, with no infantile mortality—a remarkable result, considering the usually accepted mortality of 10 per cent. or even 25 to 33 per cent. (Hegar) in primiparous cases. Ettienne's cases were conducted in the Nancy lying-in hospital between 1883 to 1891; there were seventy-six cases in all; but twenty-six were rejected in which the fetus was either dead ante-partum or non-viable. The secret of the success in the Nancy clinic is a skilfully exerted suprapubic pressure during the extraction, whereby the extension of the head and the slipping up of the arms are prevented. This is no new manœvure; it has long been taught in the best schools, and its importance is occasionally emphasized in journal articles. It is probable that the usual mortality, while partly due to a general want of obstetric skill, is almost entirely attributable to the want of intelligently applied *vis a tergo* while the operator is making traction on the child's legs and trunk. Unquestionably well directed pressure in the proper axis on the fundus uteri through the adominal walls will almost invariably prevent the extension of the head and the upward displacement of the arms; and consequently it should be an invariable rule of practice that the obstetrician should have with him, during the second stage of breech cases, a skilled assistant. It is not enough to send for assistance after the arrest of the head has taken place, for then it is too late. We are confident that if the above rule is conscientiously followed, the fetal prognosis in breech cases will be greatly improved.—*Columbus Medical Journal.*

Child Crying in Utero during Version.—Dr. E. Grandin (*New York Journal of Gynæcology and Obstetrics*, April, 1894) observed this phenomenon during turning. The child was large and the pelvic brim contracted. As the foot appeared at the vulva, the child's head occupying the upper uterine segment, a distinct cry was heard resembling that of an angry child. With each traction of the foot the cry was repeated, being heard by Grandin, Marion Sims, and two nurses. With emergence of the trunk the crying ceased. The child was born asphyxiated, but speedily revived. The air passages contained no liquor amnii. M. McLean has recorded a similar case. The explanation was simple: Air obtained entrance into the uterus during the first step in podalic version. S. Marx, in a case of contracted pelvis, attempted to deliver rapidly by introducing the hand and seizing the leg. The child cried during this manœuvre, as though smothered under a pillow. It was born asphyxiated, and could not be resuscitated. H. L. Collyer heard a child cry several times when traction was being made on its head with forceps. At once turning was performed, but the child was born dead.—*Medical Record.*

GYNÆCOLOGY.

Treatment of Acute Metritis.—The following treatment of acute metritis is given in the *Revue Obstretricale et Gynecologique*, March, 1894: Absolute rest, laudanum fomentations upon the stomach, frequent hot irrigations with emollient and slightly aromatic liquids. The following represents an excellent formula:

℞ Chloral,
Naphthoi,
Alcohol, of each.....ʒii.
Water .....ʒviii.

A tablespoonful of this mixture is added to a quart of hot water. After each injection there is placed in contact with the os a pledget of absorbent cotton soaked in the following mixture:

℞ Iodoform.....ʒi.
Chloral .....ʒi.
Glycerin .....ʒiii.

In case of very severe pain, blisters applied to the abdominal surface give relief, or in milder cases these may be replaced by compresses sprinkled with turpentine or alcohol and covered with oiled

silk. Scarification and leeches applied to the os are absolutely useless during the acute stage.—*Therapeutic Gazette.*

Ovaritis.—Wintcenilz's treatment is the following: Rest in bed; vaginal injections of hot salt-water; scarification of the os uteri twice daily, rubbing of the abdomen with an ointment composed of ichthyol and lanoline in equal parts; and a teaspoonful at bedtime of this mixture for constipation:

℞ Sulphate of soda.....℥ iv.
Sulphur.....℥ j.
Sugar.....℥ v.
Ess. of peppermint.....q. s.

In principle this is exactly Goodell's teaching of years ago. In his "Lessons in Gynæcology," p. 386, he says of Weir Mitchell's rest-cure for ovaritis: "I have seen wonderful cures from this treatment, and can recommend it with the utmost confidence. Bedridden patients have been restored to health, and chronic invalids returned to society."—*Medical Record.*

Hæmophilia, Menstruation, and Operation.—Oliver (*Archives de Tocol et de Gynéc.*, May, 1894), at the April meeting of the Paris Obstetrical and Gynæcological Society, asked the opinion of his colleagues concerning a patient with hæmophilia. She was thirteen years old, and her period had just appeared. The flow of blood was excessive and continuous, putting life in danger. The tampon had been applied. Oliver had recommended electrolysis and the curette, and even thought of removal of the appendages. Guéniot advised the use of the tampon, with hot antiseptic injections every two or three days whenever the tampon was changed. He disapproved of electricity and the curette. Porak recommended hypodermic injections of hydrastinin. Petit observed that removal of the appendages in a hæmophilac patient was a terrible undertaking. He was present when an able surgeon operated; the patient died in a few hours. Martin's ligature of the uterine artery might be attempted. Fraisse opposed even the latter suggestion. He once attempted a plastic operation on the cervix of a patient with hæmophilia. Every needle hole bled freely, and the more he sewed the more the hæmorrhage increased. A silk ligature was passde round the cervix and held there by a forceps for four days. Artificial serum was injected, and the patient recovered.

Personals.

Dr. Herbert Hamilton has returned home, after spending two years in the leading hospitals of England and the Continent.

The Queen has conferred the honor of a baronetcy upon Dr. John Williams, consulting Obstetric Physician to University College Hospital, and formerly Professor of Midwifery in University College. Dr. Williams, who is a Welshman by birth, received his medical education at University College, and during his subsequent connection with the hospital earned the warm and affectionate esteem of all students who were numbered among his pupils.

Dr. Felix Semon, Physician for Diseases of the Throat, St. Thomas' Hospital, has had the title of "Professor" conferred on him by the Prussian Government.

The Council of the Society of Arts has, with the approval and sanction of the President, His Royal Highness the Prince of Wales, awarded the Albert Medal to Sir Joseph Lister "for the discovery and establishment of the antiseptic method of treating wounds and injuries, by which not only has the art of surgery been greatly promoted and human life saved in all parts of the world, but extensive industries have been created for the supply of materials for carrying the treatment into effect."

Dr. F. F. Westbrook, of Winnipeg, the fortunate possessor of the John Lucas Walker Scholarship of the Pathological Laboratory of Cambridge, is at present doing original work on the Specificity of Cholera Toxin with Professor Fraenkel in the Hygierisches Institute, Marburg, Germany.

Drs. J. E. Graham, Brown and Starr, of Toronto, Harrison, of Selkirk, and Shaw, of Hamilton, left on the 19th inst. to attend the meeting of the Canadian Medical Association at St. John, N.B.

Miscellaneous.

The Toronto Industrial Fair, which opens on the 3rd of September, continuing until the 15th, will bring a very large influx of people from all sections into Toronto. Its history is unique in the annals of popular exhibitions. Each year surpasses its previous record, and witnesses a larger and choicer aggregation of exhibits, greater attractions of all kinds, and more people in attendance. The interest which it excites extends far beyond the bounds of the Province or the country. The delegation of Americans who will visit it this year will be more numerous than ever, judging from the extensive scale upon which special excursions from all points of the nearer States are being organized by American railway men.

There will be a very comprehensive display in the manufacturing and mechanical departments. All space in the main building, musical pavilion and machinery hall has been taken up. The live-stock department is also very full. Nearly all those exhibiting last year will be represented, together with a large number of new exhibitors. The programme of special attractions has never been equalled for the number and diversity of the entertainments offered. These comprise trotting, running and hurdle races, bicycle contests, dog-trotting matches, equestrian specialties by the Kemp combination, grand pyrotechnic spectacle, the "Siege of Algiers," in the evening; concerts by musical organizations of first class European reputation, Edison's rinetograph, living pictures, Japanese day-fireworks, and a host of other pleasing and attractive features such as can be seen at no other annual exhibition. The practical value of these annual fairs to the farmer, mechanic and professional or business man, is universally recognized. A trip to the Industrial familiarizes the observant visitor with the latest improved methods, processes and inventions in his vocation and keeps him thoroughly informed as to the progress the world is making. Railway fares are so reasonable under the special arrangements made with the roads that all should take advantage of the opportunity.

DISEASE IN RAILROAD COACHES.—In the laboratory of the Imperial Board of Health of Germany, experiments have recently been made which show that the seeds of consumption were found in abundance in the dust collected, not only on the floors, but on the walls and seats of carriages. Samples of dust were taken from 45 compartments of 21 different passenger cars and 117 animals were inoculated with them. Part of these died very soon thereafter of various contagious diseases before they had time to develop consumption; of the rest, killed four to six weeks after inoculation, two had tubercles. These three, however, were inoculated with sleeping-carriage dust, taken, not from the floor, but from the walls, cushions and ceilings. Bacteria at the rate of 78,800 per square inch were found on the floor of a fourth-class carriage, and 34,400, 27,000 and 16,500 per square inch on the floors of the third, second, and first-class carriages. Thus, even in the latter, the average passenger, who usually has at least half a compartment to himself, say 3,000 square inches of floor, has an army of 49,500,000 deadly enemies aiming at his vitals on the floor alone, to say nothing of other millions in front and rear, on both flanks and overhead. It would seem impossible to escape; but the Board of Health is said to have reported measures for removing or reducing the danger which the railroads are considering.

FROM IRON TO HÆMOGLOBIN.—The absorption of iron by the body, though very important and interesting, is exceedingly difficult to trace, because when iron unites with organic substances its reactions are masked. The investigations of Professor A. B. Macallum, of Toronto University, led him to conclude that hæmoglobin is formed from nuclein, and possibly from prozymogen. His experiments in feeding the inorganic compounds of iron to guinea pigs and other animals showed that the intestinal mucosa absorbed these to an extent which varied with the nature of the compound and with the quantity fed. With small doses absorption occurred only in that portion of the small intestine adjacent to the pylorus, extending only a few inches from the stomach. When one large dose was given, the absorptive area sometimes

included all of the small intestine. With the small dose the result appears to depend on the complete precipitation, as hydroxide, of the iron of the salt unabsorbed in the thoroughly mixed bile, chyme, and pancreatic juice. With one large dose the alkalinity of those fluids is first destroyed by the iron salt, the great excess of which is unaffected, and remaining in solution undergoes absorption. When the amount absorbed is small, the intestinal epithelial cells transfer the absorbed iron at once to the underlying elements, but with a large amount absorbed the epithelial cells are found to contain some of it. A part of the absorbed iron is carried into the general blood circulation by the sub-epithelial leucocytes of the villi, but it is probable that the blood plasma is the more important agent in the transferrence of the inorganic iron to other parts of the body. The administration of the albuminate or of the peptonate of iron to guinea-pigs seemed to stimulate the leucocytes to invade the epithelial layer of the intestinal villi. The mode of absorption of the organic compound of iron present in egg-yolk was obscure, but the process seemed to be connected with the fat which is so closely associated with the iron compound formed in egg-yolk. The liver and the kidney, in man, are the most active organs in the excretion of any excess of iron thus absorbed by the lining cells of the small intestine to help form the hæmoglobin of the red blood-cell.—*Medical Record.*

Louis Bauer, M.D., M.R.C.S. Eng., Prof. of Surgery, etc., St. Louis College of Physicians and Surgeons, referring to the therapeutical virtues of Sanmetto, says: "In just appreciation of the therapeutical virtues of Sanmetto I have to state that in several cases of prostatitis, atony of the urinary bladder, loss of semen and sexual capacity, I have tried the preparation, and in every instance my patients have derived some benefit from its use. I shall continue to commend Sanmetto to my patients in the like afflictions with perfect confidence."—*Ex.*

An Elephant with Toothache.—The Paris correspondent of the *British Medical Journal* says: "One of the Paris show elephants manifesting signs of pain in the jaw by rubbing it on the

ground, a dentist was called in, who perceived that the root of one of the tusks was attacked with caries. The necessary precautions being taken to render the elephant harmless, the decayed root was several times treated. Now the animal is out of pain and receives the dentist's visits without showing any signs of hostility."—*Med. Bulletin.*

Chlorosis from Menorrhagia:

℞ Sulphate of iron .....gr. c.
Ext. hydrastis canadensis.....gr. c.
Ext. hyoscyamus.....gr. l.

Divide into one hundred pills; two to be taken at each meal—*Med. Press and Cir.*

Antiseptic Powder in Cancer of the Uterus.—Lutaud insufflates the following powder daily, the os being exposed by means of a speculum:

℞ Acid. salicyl. .....gr. iv.
Acid. boric. .....ʒi.
Iodoformi .....ʒii.
Ess. eucalypt, q. s.

—*Der Frauenarzt.*

Dysentery in Children.—When the pain and straining are intense, relief may be derived from the following:

℞ Cocain. muriat.....gr. j.
Ext. ergot., aq.....gr. x.
Ext. opii, aq.....gr. ij.
Aristol.....gr. v.
Ol. theobrom.....q. s.

M. ft. suppos. no. x.

Sig.: One every two or three hours.—*Prescription.*

Migraine.—Freudenberg prescribes:

℞ Hydrochlorate of morphine...gr. ⅙.
Salicylate of sodium.....gr. iv.
Phenacetin .....gr. iv.

M. One or two such Cachets according to need.

Or, pastilles composed of:

℞ Saccharin .....gr. ⅙.
Hydrochlorate of quinine.....gr. ¾.
Salicylate of sodium.....gr. iiss.

M. One pastille at a dose.—*Le Progrès Méd.*

PHENACETIN AND SALOL IN CYSTITIS AND URETHRITIS.—J. W. Daniel, Houston, Texas, says, in the *Times and Register:* "For some time past I have been using the following prescription, or a modified form of it, in acute and chronic cystitis and urethritis, both in the primary and more advanced stages of the disease:

"℞ Salol.....gr. iij.
Phenacetin.....gr. j.
Ext. pichi.....gr. iij.
Para balsam.....gr. v."

Med. Bulletin.

USEFUL IN PAINFUL DYSPEPSIA:

℞ Bismuthi subnitrat.....gr. x.
Magnes. carbonat. .....gr. xv.
Liq. potassæ. ....℥ x.
Acid. hydrocyan., dil.....℥iii.
Tinct. zingiberis .....℥v.
Aq. menth., pip., q. s..... ad ʒi.

M. For one dose. To be repeated two or three times daily. Shake well.—*Med. Press and Cir.*

A GOOD NUTRIENT ENEMA:

℞ Egg..... i.
Fresh milk.....ʒiv.
Pancreatic solution.....ʒii.
Sodium bicarbonate .....gr. xx.
Hot water .....ʒii.

Switch the egg and milk thoroughly together, add the pancreatic solution and bicarbonate of sodium, then the hot water, and let stand in a warm place for half an hour. A little brandy or wine may be added, if desired. The addition of a few drops of laudanum frequently assists in the retention of the enema.—*Med. Press and Cir.*

FORMULA FOR THE ADMINISTRATION OF IODIDE OF POTASSIUM.—Fournier suggests the following formula for the administration of iodide of potassium:

℞ Iodide of potassium.....ʒvi.
Anisetta.....ʒii.
Simple syrup .....ad ʒvi.

Dessertspoonful three times a day.—*Der Frauenarzt.*

Ointment for Lubricating Urethral Catheters.—Prof. E. Guyon recommends the following:

℞ Pulvis saponis.....50 grms.
Glycerin,
Water.....āā 25 grms.
Sublimate..... 2 ctgrms.
—*Med. Week.*

Cardiac Syncope:

℞ Caffeine..... .....gr. xv.
Benzoate of sodium .....gr. xv.
Distilled Water.....℥ xlv.
M. Sig.: Solution for hypodermic injection.
—*La Tribune Méd.*

Painful Dentition:

℞ Muriate of cocaine.....gr. iss.
Tincture of conium,
Syrup..... ..... āā ʒij.
M. Sig.: Rub on the gums several times daily.
—*N. Y. Polyclinic.*

Local Dressing for Burns:

℞ Cocaine hydrochlor.....1 part.
Acid. carbolici.....2 parts.
Acid. borici.....10 parts.
Glycerini.....17 parts.
Aq. distill.....70 parts.
M.—*Med. Press and Cir.*

For Laryngismus Stridulus:

℞ Chloral. hydratis.....ʒss.
Pot. Bromidi.....ʒii.
Syr. tolutani.... .....ʒiss.
M. A teaspoonful every half-hour.—*Med. Press and Cir.*

Useful in General Infantile Eczema:

℞ Hydrarg. ammoniati..... .gr. x.
Acid. carbolici.....gr. viii.
Ol. olivæ .....ʒss.
Ung. Petrolei,
Ung. zinci oxidi, of each,.....ʒss.
M. Apply two or three times daily.—*Med. Press and Cir.*

NEW DISEASE.—Dr. Binnie, of Kansas City, has a patient who, according to her "tale of woe," is suffering from "vagina pectoris."—*Medical Bulletin.*

CRACKED NIPPLES.—M. Lepage uses compresses soaked in the following solution:

℞ Red iodide of mercury.....gr. iss-iij.
Alcohol.....℥iss.
Distilled water.....℥xivss.
Glycerin.....℥xvj.

M.—*Universal Medical Journal.*

CHRONIC CHANCROID.—Dr. George J. Munroe, of Louisville, Ky., writes to the *Medical Summary* that he met with excellent success in a case by dusting with:

℞ Camphor-gum powd.....℥j.
Acetate of lead.....℥j.
Starch.....℥j.

M. Sig.: Three times a day; over this use a pad of borated cotton, saturated with castor oil. Keep on with a bandage.—*Medical Bulletin.*

A GARGLE FOR SIMPLE TONSILLITIS:

℞ Sodii biboratis.....℥iss.
Tincturæ benzoini.....℥iiss.
Aquæ rosæ, q. s.....ad ℥viii.
Fiat gargarisma.

To be used frequently.—*Practitioner.*

FOR ALOPECIA:

℞ Quininæ sulphatis.....gr. xl.
Tinct. cantharidis.....℥i.
Sp. ammon. aromatici.....℥i.
Ol. ricini.....℥iss.
Ol. rosmarini.....℥vii.
Sp. vini rect.....℥v.

Shake well before applying once a day—*Med. Press and Cir.*

FOR ECZEMA.—

℞ Acid salicylic.....℥j.
Zinci oxid.....℥iij.
Pulv. amyl.....℥iv.
Adipis lanæ hydrosi.....℥j.

M. Ft. ung. S.—Apply topically.

—*Practitioner.*

Suppositories for Hemorrhoids:

℞ Aristol ..... ʒi.
Extract of opium ..... gr. ii.
Extract of belladonna. ..... gr. ii.
Muriate of quinine ..... gr. xv.
Cacao butter,
White wax, of each, a sufficiency to make six suppositories. —*Prov. Med. Journal.*

For the Green Diarrhœa of Infants:

℞ Acidi lactici diluti ..... ♏iv.
Tincturæ limonis ..... ♏i.
Syrupi simplicis,
Aquæ, of each ..... ʒii.

M. A teaspoonful thrice daily after suckling.—*Practitioner.*

Psoriasis of the Scalp.—Dr. Bulkley often orders, for local use:

℞ White precipit.,
Bismuth sub. carb. ..... āā ʒss.
Acid. carbolic ..... gtt. x.
Unguent. ammon. roset. ..... ʒij.

M. ft. unguent.—*Jour. Amer. Med. Asso.*

Painful and Ulcerative Sore-Throat.—Ben. H. Brodnax, M.D., Brodnax, La., recommends in the *Journal of Materia Medica:*

℞ Chloral hydrate ..... gr. xx.
Aquæ ..... ʒiij.
Syr. simp ..... ʒj.

M. Sig.: Teaspoonful every hour or two as required to relieve pain, induce sleep, and render the swallowing easy.—*Med. Bulletin.*

Neuralgia.—For stubborn neuralgia try the following:

℞ Antipyrin ..... ʒiss.
Caffeine ..... ʒss.
Ext. cannabis Ind.,
Ext. aconite ..... āā gr. iiss.
Hyoscyami hydrobromat. ..... gr. ½.

M. et ft. caps. no. xxx.

Sig.: One every two or three hours. —*Prescription.*