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# The Canada Medical Record

VOL. XIX.

MONTREAL, NOVEMBER, 1890.

No. 2

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## Original Communications.

### A CASE OF TYPHOID FEVER OCCURRING IN AN INFANT 8 MONTHS OLD.\*

By Frank R. England, M. D. C. M., Professor of Diseases of Children in Bishop's College, Montreal.

Mr. President and Gentlemen. The case which I have ventured to bring before you to night is one of typhoid fever occurring in an infant 8 months old, and before reading a report of the case, I shall not attempt to make any other apology than acknowledge that there is nothing remarkable or peculiar about the case in any way. I have reported it simply because typhoid in very young children is an extremely rare disease, at least is a disease rarely recognized in infants.

A. L., an artificially fed babe, aged eight months, small thin and delicate looking, with a rather large and irregular shaped head (from lying a greater part of the time on the right side) covered well with long auburn hair. Family history good. In the month of June, which was the commencement of our infantile trouble in the city, he had some difficulty in digesting his food and had one or two attacks of vomiting and diarrhœa also an attack of bronchitis. The parents acting on my advice went away to the country for the hot months where they remained until Sept. 18. While they were in the country the mother said he got on well and gained in size and weight.

*Present attack.*—They had not been home more than ten days when his stomach and bowels again became deranged. There was some vomiting and a little diarrhœa. He was worrisome, restless and feverish. I was sent for on the morning of Oct. 2nd, the third day of illness. The pulse then was rapid 140 per minute, tem. 102½° F.; respirations not much accelerated. Examination of chest showed the heart and lungs to be normal. The abdomen was much distended and tympanitic. Remembering the old digestion trouble in the early part of the season and being suspicious as to the quality and freshness of the milk supply, I put down the disturbance as being probably due to an entero-colitis, and treated the case accordingly beginning with a small dose of castor oil. and carefully regulated the feeding. After watching the case for a week and doing all I could to relieve the symptoms I found my patient no better, the temperature still remaining high from 102½° F. in the morning to from 103° to 104° F. in the evening the remission usually beginning after midnight. The pulse too was small and rapid, varying from 140 to 160 per minute and the heart's action feeble; the abdominal distention not at all lessened; with these rather grave symptoms to persist so long in so young a child I began to look upon the case as being somewhat serious and was at a loss to explain to my satisfaction the real cause of all the trouble. About this time on examining the abdomen I found the spleen enlarged, so much so I was able by gentle pressure over the abdomen to

\* Read before the Medical Chirurgical Society of Montreal, 7th Nov. 1890.

feel its firm smooth surface beneath my fingers extending fully two inches below the ribs, the liver also could be felt about an inch below the costal cartilages and in a day or two I was greatly surprised to discover an eruption over the abdomen, chest and back, consisting of numerous small, isolated bright rose spots about the size of a pin's head or a little larger which if seen in the adult would at once be recognized as the typical typhoid eruption. The appearance of these spots, the persistent high temperature, the tympanitis with gastrointestinal derangement evidenced by vomiting, pain and looseness of the bowels, though at no time was there much diarrhoea, together with a decided enlargement of the spleen and liver compelled me to look upon the case as one of typhoid fever, though I had never before met with a case or remember of seeing one reported in so young a child. The temperature during the second week of fever remained high ranging from  $102^{\circ}$  to  $103\frac{1}{2}^{\circ}$  F. The tongue and buccal surface was red and dry, the gums swollen and hot. Slight bronchitis developed, causing a dry irritating cough. Headache seemed to be present for the hands were constantly kept to the head or the ears pulled. The eyes also were sensitive to light and were kept closed if the cradle happened to be turned towards the window. At the beginning of the third week the temperature at the evening exacerbation continued about the same but at the morning remission it was from  $1^{\circ}$  to  $2^{\circ}$  lower than it was during the second week; by the end of the third week the temperature had become intermittent in character, each exacerbation falling lower until the normal was reached on Oct. 17th, about twenty days after the onset of the fever. The tympanitis remained throughout but disappeared immediately on the temperature falling to normal. The nourishment relied upon was diluted cow's milk, rice water and raw meat juice or Bovinine as a substitute for it. The medical treatment was wholly symptomatic, twelve drops of brandy every two hours was given throughout, with, I believe much benefit in sustaining the heart's action. A full dose of quinine was given in the afternoon if the temperature was up to  $103$  and the same dose repeated in the evening if the fever remained high; tepid sponging of the body and

cold to the head was systematically carried out. Small linseed tea enemata with a little turpentine added were given occasionally and thought to relieve the distention by causing flatus to be passed per rectum. Notwithstanding the long and rather severe course of fever no complications or sequelæ followed, and the infant made a good and uninterrupted recovery.

In support of my diagnosis I may add that the father of my patient is principal of one of our boarding schools and during my attendance three of the pupils were taken ill and obliged to leave the school with symptoms of typhoid fever.

### WHY APOSTOLI'S METHOD SOMETIMES FAILS TO ARREST HEMORRHAGE.

By A. LAPHORN SMITH, B. A., M. D., M. R. C. S., England.  
Lecturer on Gynecology in Bishop's College, Montreal.

As Apostoli's method has now been applied about 40,000 times with varying success on over 2000 reported cases, 600 of these having been under the care of Apostoli himself and the remainder under some of the ablest men of nearly every country in the world, it is about time to inquire why the success has been varying or indeed why the method has ever failed at all to do what Apostoli has claimed that it would. One of the most decided claims which has been made for it was that it would arrest hemorrhage in every case; and as I firmly believe it will do this, in every case in which Apostoli's method is properly carried out, I think it may be of interest to demonstrate, if possible the causes of failure.

But first of all let us clearly understand what we mean by the term "Apostoli's method." By this we mean the scientific and systematic use of the positive pole of the galvanic current in graduated doses of sufficient strength and applied during a period of time long enough to cauterize the whole of the endometrium, or as Apostoli calls it "*galvano-caustic positive*." As I believe that failures have been due in every case to the lack of carrying out some or all

of these conditions, I had better review them one by one.

I. It must be scientifically applied. That is to say there must be no guesswork about it, no depending on the patient's impressions or the number of cells in the circuit. Some patients will make a great outcry, as if they were suffering, while no current at all is passing in the circuit, while other women will quietly endure a current of 150 milliamperes without a murmur. Then a battery which at one time will give out a current of 17 milliamperes per cell will at another time only give a current of two or three, so that applying 10 cells may mean all the way from 20 to 170 milliamperes. Therefore, unless a reliable and accurate instrument is employed to measure the current with, it cannot be said that it is applied scientifically. The strength of current necessary to cauterize varies in direct proportion to the amount of surface over which it is spread out. Martin, of Chicago, has ascertained by experiment that a current of 25 milliamperes traversing a positive platinum electrode of one square centimetre of surface, pressed firmly against the mucous membrane of an hypertrophied cervix, the circuit being completed by a large abdominal electrode, will produce a dry condensed condition of the tissue beneath the surface of the plate on the membrane in five minutes.

A catheter measuring one-third of a centimetre in diameter is consequently about a whole centimetre in circumference, and for every centimetre in length of such a sound at least 25 milliamperes of current are necessary for cauterization.

What are we to do in cases where for various reasons the patient can only bear 50 or 75 milliamperes? We must simply take the precaution to expose not more than two or three centimeters in length of such a sound. If the uterine cavity is longer than that, then it must be treated in successive sections on the same or on different days. By using carbon electrodes of de-

finite surface, we can regulate the strength of current necessary for cauterization, or by using flexible bougies covered with platinum, gold or aluminium wire over a certain extent, of which more will be said later, the same object may be still better attained. As the higher the current which may be borne, the larger the extent of intra uterine mucous membrane which can be dried up at a single sitting, it is very important to leave nothing undone that will render strong currents more bearable; this requires attention to three details:

1st. To have the cutaneous electrode as large and moist as possible. Thus a clay or bladder electrode measuring 6 by 9 inches will enable the patient to bear on the skin twice as much current strength as one measuring only 3 by 9, and a 9 by 9 will enable her to bear three times as much as a 3 by 9, and so on.

2nd. As the pain at the intra uterine electrode must be concentrated to a definite strength, namely 25 milliamperes per square centimetre of surface, in order to be effective, it is obvious that we cannot diminish the intensity and consequent pain without at the same time lessening the efficiency. In other words, pain at the cutaneous electrode is avoidable no matter how large the dose, while it will be present at the active or internal electrode whenever the intensity passes a certain point. This point varies, however, very much in different women in direct proportion to the degree of development of the nervous system. Some women will endure without complaining 150 milliamperes while others more highly nervous will hardly endure 25. In these latter women the best thing to do is to give them a small sprinkler bottle of the A. C. E. mixture in one hand, and tell them to smell it from their handkerchief doubled up in the other hand. You begin at zero and increase the dose gradually until she has become slightly under the influence of the anæsthetic but not unconscious, when she will easily bear the desired strength of cur-

rent. As long as she is able to feel very much she is able to help herself to the mixture, but when her sensibility has been sufficiently dulled she will cease to put any more on her handkerchief. I feel perfectly safe in doing this even without an assistant. As soon as the maximum has been reached the anæsthetic may be removed. I have made a great many applications in this way, and have never had the slightest accident. The only inconvenience is that the patient may want to sleep on my chair for five or ten minutes afterwards. In employing this treatment on highly educated and nervous women I feel satisfied that a little anæsthesia enables us to employ much more effective doses without any pain whatever.

3rd. Fortunately women become accustomed to the passage of the current. Besides, their sense of modesty and their sense of fear must be overcome, especially as this latter is often mistaken for pain, so that it is very important to begin this treatment with great gentleness, not exposing the patient needlessly, and proceeding very slowly until she becomes accustomed to it. I generally expect to devote two or three sittings to overcoming their fears.

II. The treatment must be carried out systematically, that is at regular intervals until the bleeding has been stopped. Some patients will come once, and then not return for a couple of weeks. One of the usual excuses is that they did not like to come while they were unwell; but as some of them are unwell for 25 days out of 30 it is necessary to explain to them that the treatment must not be delayed for that. I generally allow them to loose for two or three days, but if the flow is very severe I stop it at once. In fact in a case of bleeding fibroid I go on with the treatment three times a week quite irrespective of menstruation until towards the end of the treatment, when I allow the patient to have a period without interference, in order to test my work. If we could give enough current at the first application to completely

destroy the whole of the endometrium, and if that spongy diseased lining membrane did not return again, then one application would invariably cure the patient. But such, unfortunately, is not the case. It requires several preliminary applications in order to test the patient's endurance or tolerance. Then it takes two or three more to reach a point where it becomes effective. Then we may not be able to turn on enough current to cauterize more than a quarter of the entire surface if we do it in sections, or to cauterize through more than a quarter of the thickness of the vascular membrane if we try to do all the surface at once.

Then we know the tumor came there by reason of bad circulation (at least such is my belief), and even if we do destroy the bleeding endometrium we cannot prevent it from being reproduced one or more times or as long as the circulation remains bad. That such is the case is proved by the return of the bleeding after the whole of the diseased surface has been removed by the curette. But we can also be sure that after each destruction of engorged tissue a healthier skin will be produced. This is proved by the result in every one of the cases which have passed through my hands during the last two years, in not one of whom has the hemorrhage from mucous membrane ever returned. Moreover, I could see, as it were, the mucous membrane, becoming healthier by the gradual lessening of the flow at each period. Thus a mucous membrane which was so diseased before treatment as to allow the blood to escape during 14 days out of 30, would after ten treatments only bleed seven days out of 30, and after 20 treatments only bleed four days, and after 30 treatments only bleed three days. In most of the bleeders who have come under my care, the mucous membrane was in such a friable condition that merely passing the sound with the utmost gentleness would cause a red stream to pour forth. I will illustrate this by a case:

Mrs. P., aged 33, came under my care on

the 6th of August, 1889. Dr. H. O. Marcy, of Boston, happened to be spending a few hours with me on that day, and I invited him to examine the patient for me. It was impossible to pass a uterine sound, but on introducing a flexible bougie, which he did with the utmost gentleness, the blood flowed out and ran on the floor of the office before I could catch it. She gave the following history: Five years before, she began to suffer from painful and excessive menstruation. In spite of all her physician could do for her she was never longer than one or two days a month free from hemorrhage. After several months' treatment she consulted a specialist, who was unable even by packing her in ice to arrest the flow. In March, 1887, she consulted two other gynecologists, who decided that nothing short of total extirpation would afford her any chance of life. She declined the operation and plugging of the vagina was resorted to for the next two years, frequently necessitating the calling in of a physician in the middle of the night. By this time she was so weak that she could not walk up or down stairs without assistance, but after four months' treatment with galvanization, extending from August to November, she was able to do all her own housework, including washing and scrubbing, while her periods returned regularly every four weeks and lasted less than four days. At no time during the five years previously did she ever go longer than two weeks without a period, and for the last six months before commencing the electrical treatment was she ever more than two days per month free from hemorrhage.

One of the commonest causes of failure, I believe, will be found in the neglect to apply this coagulating surface of the positive pole to the whole of the bleeding surface, and, to tell the truth, with Apostoli's solid platinum sound this is in some cases not only difficult but sometimes impossible.

The uterine canal in some cases is so deformed in direction by the projection of the

tumors into it that a sound must describe many curves before it can reach the fundus. Over and over again I have failed to introduce a uterine sound, or even a small probe, farther than two and a-half inches, and yet the canal was found to extend to over five inches by passing a flexible bougie, so that such cases when treated by Apostoli's method with the solid platinum sound are bound to be failures, simply because the bleeding surface of the cavity of the uterus is never reached at all. I can illustrate this point by some of my most successful cases in which the attending physicians as well as myself had tried many times to introduce a solid sound and failed, and yet I have been able to introduce a flexible bougie, and then after perhaps a dozen applications have been able to get the solid electrode in, the full distance.—*Canadian Practitioner.*

#### INTRA-UTERINE TREATMENT OF FIBROIDS.

Dr. Geo. Gautier made a communication before the Academy of Medicine, Paris, on the 8th of April, 1890, in which he said the electrical therapeutics of fibroids was, from the first attempts by Brachet, A. Martin, Onimus, Chéron, extra-uterine or vaginal, and made use of interruptions or reversals of the continuous current. This same method of treatment is being revived under a new name, by Championniere, Dannon, etc., who claim that it is the best.

Since the year 1882, Dr. Gautier has applied Apostoli's method, which consists in the intra-uterine monopolar galvano cauterization of the uterus. He had made 1329 applications on 67 patients with uterine fibroids, 18 of whom were sent to him by other doctors who verified the results obtained; 63 of the 67 have been seen since, and have remained cured, while four failed and one died from some undiagnosed condition of the appendages.

The first effects of the treatment were

manifest in a reduction of pain and hemorrhage.

In bleeding fibroids, the kind of current is of importance, the positive pole being the hemostatic and relieving congestion. There are neither low, medium nor high intensities. The method requires the highest possible dose, according to the case, always taking care to stop on the appearance of pain. The stronger the current the shorter the time necessary to cure the fibroids; although weak currents relieve pain, they are generally ineffectual for arresting hemorrhage. He used intensities varying from 30 to 250 milliamperes, averaging 120 to 140 in most cases.

This method is neither powerless nor dangerous; and in the face of the death rate of 42.85 per cent. in hysterectomy, and of 13.3 per cent. in removal of the appendages, according to Championniere, it is the treatment *par excellence* for all fibroid tumors of the uterus. The 106 observations of Keith, 79 of Slavienski, 200 cases of Sneguireff, added to the 600 cases of Apostoli and 67 of my own, and those which have been treated in Europe and in America, make a total of more than 2,000 cases which plead in favor of the value and harmlessness of intra-uterine treatment; and what are, moreover, strong and irrefutable proofs of its value are the facts that eminent surgeons are laying aside their knives in the presence of Apostoli's method, considering it as the most efficient medical treatment of fibroids of the uterus.

## PROGRESS

ON

## DERMATOLOGY AND SYPHILIDOLOGY

BY JAMES M. JACK, M. D.,

Lecturer on Skin Diseases, Bishop's College. Dermatologist to the Montreal Dispensary, MONTREAL.

### ERYSIPELAS—*New Method of Treatment.*

—Rosenbach's Method—Wash affected and surrounding portions of skin with soap, then apply 5 per cent. solution of phenic acid in absolute alcohol.

Nolte's Method—Mucilage of acacia con-

taining 3 per cent. to 5 per cent. solution of phenic acid and applied to affected and surrounding parts twice daily.

Dr. Ebstein dissolves the phenic acid in vaseline.

Koch's Method.—With a soft camel's hair pencil apply a thin layer of the following ointment: Creoline, 1 part; idoform, 4 parts; lanoline, 10 parts. Mix. Cover with rubber tissue.

Nussbaum and Brunn's Method.—Ichthylol with or without collodion.

Hallopean's Method.—Solution of sodium salicylate (5 per cent.) applied on compresses covered with tissue to prevent evaporation.

Hueter's Method.—Carbolic injections in surrounding healthy skin, 1 to 2 centimetres ( $\frac{1}{2}$  to  $\frac{3}{4}$  inches) from edge of affected portion with following solution: Acid phenic pure, alcohol absol., of each 3 parts; distilled water, 94 parts. Mix. (Very painful; only applicable in grave facial erysipelas and erysipelas of the hairy scalp.)

Kraske's Method.—Scarification of the borders of the affected portion before applying antiseptic substances.

Dr. Lauenstein uses incisions in the healthy skin, and uses cloths wet with solution of phenic acid or sublimate.

Wolfer's Method.—Mechanical compression with strips of adhesive plaster applied at borders of the affected skin, on the healthy surface, completely circumscribing it.

Dr. Koll suggests the employment of rubber tubes or bands, to take the place of the adhesive plaster.

Dr. George C. Kingsbury uses ergotin applied with a camel's hair brush to and around the affected area, and he has found it a painless, rapid and almost certain cure; in fact, he cannot recall a single case in which it has failed. It is best used in the form of a fifty per cent. solution in distilled water, painted on frequently. Generally one or two applications suffice to diminish all feelings of tension, and it is rare that the pain is not quite conquered in twenty-four hours, leaving the patient compara-

tively well. In many cases he has relied solely on the ergotin, not prescribing any internal medicine. Dr. Kingsbury does not attempt to explain the action of the ergotin, but the effective way in which it cuts off the excessive blood supply to an over vascular area naturally suggests its trial in other passive congestions, and in these he has also found it to be very useful. Dr. Neskrovsky (Novosti Peradu., Nov., 1888), describes two cases in which he used a mixture of "extractum secalis cornuti" and glycerin with success, the temperature becoming normal in six or seven days. This encourages Dr. Kingsbury to ask for further trials of ergotin, which he has found in no fewer than thirty cases to practically cure in one day.—*British Med. J.*, 15, 3, '90.

\* \*

**HYDROXYLAMINE.**—The suggestion of Professor Binz to introduce hydroxylamine as a substitute for pyrogallic and chrysophanic acids has been practically taken up by Dr. Eichhoff, who reports enthusiastically on this new drug. He used the following formula:—

℞ Hydroxylam hydrochlor, gr ii  
 Spirit vini  
 Glycerin,                   ā ā ʒ ii  
 Sig. For external use.

The affected parts of the skin after being first washed with soft soap, are painted with this solution four to five times a day. The alcoholic solution has the advantage of penetrating the skin much more rapidly than if ointments were used as a vehicle. Application of stronger solutions than one per cent. require caution. Hydroxylamine has been used by Dr. Eichhoff for ringworm, and for the disease in close relation to ringworm, called sycosis parasitaria, and also in cases of lupus vulgaris. Especially with the latter his success was remarkable. He also recommends the drug for treating psoriasis and parasitic eczema.

\* \*

**ACNE ROSACEA.**—Unna (Lyon Medical, June 1st, 1890), recommends the internal

use of three-quarters of a grain of ichthyol, and at the same time prescribes lotions of the same substance dissolved in water. At night he recommends the application of an ointment composed of zinc ointment twenty parts; rice powder, five parts; sulphur, two parts. Where vascular dilatation is a prominent element of the affection, Unna advises puncture of the venous trunks with Hebra's instrument, the procedure to be repeated two or three times a week. In light cases, and as a supplementary treatment in severe cases, he advises the use of ichthyol soap, while warm water should invariably be used for washing.

\* \*

Ointment treatment for Epithelioma and other growths of like natures a good paste to use is as follows (Dr. Bougard, of Brussels, was the first to bring it before the profession):—

℞ Wheat flour,	60 parts.
Starch,	60 "
Arsenic,	1 "
Cinnabar,	5 "
Ammonium chloride,	5 "
Mercuric chloride,	0.5 "
Saturated sol. of zinc chlor,	245 "

The first six ingredients are separately ground to a fine powder and mixed in a mortar. The zinc chloride solution is then slowly added, while the contents are rapidly stirred. The soft mass is then poured into an earthen pot, and, if covered, will keep for months. In the treatment you first remove the horny covering, as you have in epithelioma, with liquor potassæ; the paste is then applied and allowed to remain for thirty hours, after which poultices are applied for three days. At the end of this time a slough will come away, leaving a healthy granulating surface.

\* \*

**BALSAM OF PERU IN LUPUS.**—Dr. W. Beck presented a patient before the Nurnburg Medical Society who had Lupus over a great part of the lower extremities. The patient had been to Vienna in 1887, where



he attended hospital for several years, during which time he was vesicated, cauterized and scraped with a dermic gouge, but with little benefit. In November, 1889, the patient came to him, whereupon he removed all the new growth with a dermic shovel and Paquelin and dressed the fresh wound with Peru balsam, which he applied on boracic lint with antiseptic bandages. It was dressed every second day; later every fourth day. He had left the hospital perfectly cured. Tubercular bacilli could not be found in any of the new growth removed from the wounds, nor could they be found in the sputa.

#### TREATMENT OF CARBUNCLE.

Dr. J. L. Napier, of Blenheim, S.C., uses pure carbolic acid locally in the treatment of carbuncles. He paints the whole carbuncular mass with pure carbolic acid three times a day, until the mass begins to lessen and the slough is detached. If the carbuncle is seen before suppuration has begun, in three or four days it will abort. If suppuration has started, in seven to ten days the whole carbuncular mass can be removed with the forceps, leaving a healthy, granulating ulcer.

The treatment, as above detailed, reduces the time of treatment from weeks to days; and besides that, the acid being a local anæsthetic, adds very much to the comfort of the patient by relieving the pain,—so much so that, after the first application, very little anodyne is needed.—*North Carolina Medical Journal*, August 1890, p. 540.

#### DRY SEBORRHEA OF THE SCALP.

Dr. L. A. Duhring, of Philadelphia, states that in mild cases, such as are usually met with, the diagnosis is easy; but in severe cases the affection may resemble squamous eczema or psoriasis. The treatment is generally followed by satisfactory results. An ointment of precipitated sulphur (1 part to 8 or 1 part to 4), which is the simplest and at the same time one of the most efficacious remedies, will be prescribed. Resorcin, as an ointment or as a lotion, is also useful, and may be ordered in the strength of 1 part to 48, or 1 part to 24. Lotions are often more convenient to apply than pomades, and a formula like this may be employed:—

R—Resorcini,	1.00 gramme (gr. xv).
Glycerini,	0.64 gramme (ʒ. x).
Alcoholis,	1.00 gramme (ʒ. xv).
Aquæ,	30.00 grammes (ʒj).—M.

—*The Medical News*, August 30, 1890, p. 202.

## Society Proceedings

### MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

*Regular Fortnightly Meeting, October 3rd, 1890.*

DR. ARMSTRONG, PRESIDENT, IN THE CHAIR.

Present:—Doctors Laphorn Smith, R. L. McDonnell, Birkett, Bell, Shepherd, J. A. McDonald, Roddick, Perrigo, Spendlove, Mills, Wyatt Johnson, Kinloch, F. W. Campbell, Smith, Hutchison, Allan, R. Campbell, F. R. England, T. D. Reed, Ruttan, J. M. Jack, W. Gardner, J. J. Gardner, Alex. Gardner, Brown, Leslie Foley, Alloway, Sterling, Stewart, A. D. Blackader, Buller, Edward Blackader, J. C. Cameron, Gurd, J. Evans, McGannon, Vidal, La Fleur, McCarthy, Proudfoot.

Dr. R. McDonnell exhibited a case, the history of which he read, of Hodgkin's disease, in which the nervous symptoms were very marked, there being unilateral sweating, cough and fainting attacks, as well as dilatation of the pupil. Dr. Mills wanted to know whether the dilatation or the cardiac troubles were subsequent to the glandular disease, or had preceded it. Dr. McDonnell was unable to answer. Dr. Mills referred to the experimental production of unilateral sweat and dilatation of the pupil by cutting the vagus and stimulating the peripheral end, also in the leg by cutting the sciatic. The question which he asked himself, was, was this glandular disease the result of some disorder of the nervous system, which we know is sometimes capable of affecting nutrition, for instance, when profound anæmia is caused by grief; he thought that it was. With regard to the pulse which was always 100 or more, Dr. Mills thought that this was due to the pressure of the enlarged glands on the middle cervical ganglia. Dr. Birkett reported that he had examined this case and thought at first it was a case of laryngeal phthisis, as the vocal chords were ulcerated. He had treated this with lactic acid, under which it healed. The lungs were subsequently thoroughly examined, when no evidence of phthisis could be found. This was worthy of notice, because many cures of laryngeal phthisis with lactic acid had been reported, probably incorrectly. Dr. Shepherd stated that he had removed a chain of glands from this patient, extending so far down that he could feel the arch of the aorta when he did not venture to go any further, preferring to leave a part of the last gland undisturbed. The appearance of this patient's neck led him to think that these glands were strumous; as in Hodgkin's disease the shape was different. Dr. Roddick was opposed to the removal of diseased glands in Hodgkin's disease, and he referred to

the case of a well-known young gentleman in this city in whom every gland of the body was affected, and who rapidly grew worse after having been operated upon. He had been treated with arsenic without benefit.

Dr. Roddick showed a case of fragilitas ossium, with non-inflammatory softening of the bones of the legs. This child broke his right thigh when one and a half years old. At three years of age he broke his other thigh, and now at the age of thirteen he had twenty-seven fractures, limited, however, to the lower extremities. After each fracture great bowing of the bones had followed. The speaker intended to amputate one leg immediately, and another shortly after. Dr. Hutchison who attended this boy, said that the fractures were quite painless, and that he generally set them himself. Dr. Mills thought that the fractures being limited to the lower extremities, pointed to some disorder of the trophic nerves. Dr. Shepherd referred to a case in which the bones of the lower extremities have become greatly atrophied simply through want of use. Dr. Laphorn Smith thought that the disease was due to gross errors in infant feeding. During the 12 years he had been in practice in Montreal, he had only seen two or three cases of bow-leg and knock-knee, while during six months at the East London Children's Hospital, he had seen at least two or three hundred cases, about forty-five of which were operated on. The disease was exceedingly common in the east end of London, where it was the exception rather than the rule for children to be fed on milk.

Dr. Bell showed two children on whom he had operated for genu valgum and bow-legs. From the photograph taken before the operation, a great improvement was evident.

Dr. Gardner exhibited a myoma and a myo-sarcoma which he had removed from two patients nine days ago. Although in one of them the adhesions were very general and the operation was very serious, a piece having been taken out of the intestine, still both patients had made good recoveries so far. He had used Koeberle's serre-noeud in both cases. In one of them the stump was very large and began to bleed the day after the operation, as also on the second day after, but each time it was arrested by screwing up the clamp. In the other case, the tumor was cystic, owing to the presence of the lymph spaces. Dr. Alloway assisted at the operation and made some remarks on Howard Kelly's method of treating the pedicle. Dr. Laphorn Smith called attention to the immense advantage of the management of the pedicle with Koeberle's serre-noeud over any other method. If this case, in which there was secondary hemorrhage, had been treated by dropping the stump into the abdominal cavity, she would either have bled to death, or she would have had to be re-opened.

Dr. Shepherd showed a tumor which he had removed from the broad ligament of a young girl. Owing to the dense adhesions the patient was pulseless when the operation was concluded, having bled very profusely and the peritoneum having been peeled off the intestines in several places. She, however, rallied afterwards and made a good recovery. He was obliged to keep in the drainage tube for five days after, on account of the oozing. Dr. Johnson was not sure whether this tumor was a papilloma or whether it was not rather a sub-peritoneal fibroid which had been expelled from the uterine wall in the fold of the broad ligament.

Dr. Thos. Burgess, now superintendent of the Protestant Insane Asylum, was proposed for membership.

Dr. McGannon, of Brockville, reported a case of sudden death in a girl who he had supposed was suffering from typhoid fever. No post mortem was allowed, so that he was unable to say whether it was from hemorrhage or heart failure. Dr. Mills thought that it was probably due to heart failure, as fatty degeneration of the heart was a common condition in typhoid. Dr. R. McDonnell had had a similar case in which the patient had died in his presence in the same manner. Dr. Laphorn Smith thought that in view of the liability to death from heart failure in typhoid fever, it was of great importance to strengthen the heart with digitalis and alcohol early in the disease. He had never lost any case from heart failure, the only deaths being from perforation and hemorrhage.

#### ANNUAL MEETING FOR ELECTION OF OFFICERS, OCTOBER 10.

PRESIDENT, DR. ARMSTRONG, IN THE CHAIR.

Present:—Doctors Stewart, Mills, Laphorn Smith, England, Springle, Jas. Stewart, Williams, Allan, G. Brown, Alloway, James Guerin, McConnell, Jack, J. A. McDonnell, J. J. Gardner, Alex. Gardner, W. Gardner, Proudfoot, Foley, Burkett, Carson, Roddick, Telfer, Rodger, Finley, G. Ross, F. W. Campbell, Buller, J. C. Cameron, Stirling, Wyatt Johnston, Ruttan, Henshall.

After reading the minutes of the last annual meeting, Dr. Burgess was ballotted for and elected. The treasurer's report was then read, audited, received and adopted. The secretary also reported the progress of the society, which was very satisfactory, there being a steady increase in the number of members and in the number in attendance. The society then proceeded to the election of officers for the ensuing year, which resulted as follows:—President, Dr. Shepherd; First Vice-President, Dr. Proudfoot; Second Vice-President, Dr. McDonnell; Secretary, Dr. McCarthy; Treasurer, Dr. J. A. MacDonald; Librarian, Dr. J. N. Jack; Council, Drs. Armstrong, Bell and Stewart.

## Progress of Science.

### POINTS FROM THE ADDRESS IN SURGERY BEFORE THE BRITISH MEDICAL ASSOCIATION.

By Lawson Tait, F. R. C. S.

*Medical Errors.*—That we have made mistakes, that we have had to confess that our favorite theories and some of our best established practices in one generation have become the flogging posts of the next, is but to confess that we are human. Nothing is human if it can have no progress, and progress is impossible in all human affairs without error. Even the most perfect of human sciences—mathematics—has had, is having, and probably will have in time to come, its evolutionary stages. Even the apparently finite doctrine accepted unquestioningly for nearly two thousand years, that two lines which are parallel can never meet in space, is being shaken to its foundation, and those who can approach space from the aspect of its fourth dimension are staggered to find that the shortest road between any two fixed points may not necessarily be in straight line. With such awful examples before us; with the fear that even the treasured first book of *Euclid's* propositions may prove to be a fraud, we who practice a mere handicraft, but one of the utmost importance to humanity, have need to walk carefully. It is not necessary that I speak for the importance and dignity of our work, for that is admitted on all hands, even with full knowledge of our shortcomings. Admitted it is to the full, for there is none unwise enough to avoid the counsel and help we can give him when the inevitable hour of trouble comes for his turn. The scoffer may be what he likes when he is well, but when the abscess pains or the tumor threatens, his tastes speedily become monastic. Humanity has on the whole a complete confidence in us, not that we are perfect, but as far as we are so approached we honestly do the best we can. It behooves us, however, from time to time to search out the innermost corners of our chambers, to rid them of all uncleanness, and then to garnish them and to set them in order, hiding no blemish, concealing from ourselves even no defect, but striving in all ways to the perfection of that noble work to which we have set our hands.

*Preliminary Education.*—A surgical craftsman must be a trained gentleman, accustomed by a classical education to use his native tongue with ease and fluency and without confusion. He must have the fundamental principles of reasoning and of business habits instilled into him by such mathematical training as will be involved in his being able to pass some of the ordinary

examinations now insisted upon by all the licensing bodies. If he can spare the time and money to become a graduate in arts so much the better. Up to this point we are all agreed. Our apprentice surgeon has now to enter upon his purely professional training, and to learn the constituent parts of the body and their functions; and here comes in our first difficulty. I, for one, desire to raise my voice in protest against the absurd attention to detail and the enormous waste of time involved in the present biological training of the surgeon student. Let him be grounded in every fact of anatomy which may, under the rarest and most unlikely conditions, aid him to appreciate the results of any injury, or a displacement, or of a new growth; let him be grounded in all such items of information concerning the ultimate structure of organs and their mediate and immediate functions, and the changes to which disease subjects them.

Let him be placed so constantly alongside somatic sections that he will not only learn his anatomy, but that he will never forget it. Let him see things and think of them so often that he will, as it were, see through his patient. But I plead most earnestly that your successors shall be spared that senseless grind at useless details of anatomy with which our own young memories were burdened—details which he can remember only by a demoralising system of catch words—details which he prepares himself to forget the moment the necessity of examinations is over.

*Biology.*—Still more strenuously I appeal that our student be altogether relieved from that senseless system of biological training which has set in as a fashion at Cambridge, at Oxford, and at Edinburgh. Not many years ago I attended a lecture on physiology given to medical students, which consisted in an explanation of a brass instrument resembling a model of Clapham Junction, intended to explain something about muscular fibre. I could not understand it of course, I was too much of an old fogey, but I had this consolation that when talking over it with my young friends who had attended the lecture with me, they could make nothing of it either, and it worried them as much as it had worried me. But there was a difference between us—it was demoralising to them, for it discouraged them, and small wonder! And how angry they must feel when they come to deal with human patients and human disease, that all these nonsensical details are of no use to them—not even for the purpose of general training—when they find, in truth that the time occupied in mastering such subjects has been absolutely thrown away. For students who are disposed to appear for a science tripos, or who have such a line of life open for them or the tendency towards it, who are possible professors of anatomy or biology, this kind of work is of course admirable; but of our

medical students, nine hundred and ninety-nine out of every thousand will have to find their positions at the bedsides of their fellow countrymen in times of accident and sickness, and there such knowledge is useless.

*Anatomy.*—I remember that we had to learn that the direction of the anterior cornu of the fourth ventricle of the brain ran a course which was backwards, outwards, downwards, forwards, and inwards, and we were enabled in the most improper way to remember these important facts by the word "bodfi." Has "bodfi" ever served any of you at the bedside? Is there any conceivable condition of human accident or ailment in which "bodfi" could assist you to relieve your patient? The students who continue to learn such matters will find, as I have done, that they will be of no assistance to them to estimate the character of a delirium, and no amount of knowledge of the arrangements of the electrical current in muscular fibre will help them to determine the proper relations of a splint. What I wish for our students is that they should go back to the institutes of medicine and leave comparative biology to those who may be able to benefit by it.

Again let me remind you of the terrible task that we had to fulfil in committing to memory the names and relation, the ligatures and points of contact, of the bones of the wrist and of the ankle-joints. To me this task has never served in the faintest instance. If unfortunately I had ever to submit one of my limbs to a joint amputation, I should most hesitatingly insist upon the selection of that devised by Mr. Syme. The other more fanciful methods of amputation I believe are constantly condemned for very many reasons. Still it may be that occasionally—perhaps ten times a year in the whole population of England—they are performed. For some specific reason they are not performed by surgeons in the country, distant from reference libraries and anatomical museums, and men who elect to perform such operations can in the course of twenty minutes, or half an hour master the relations of these bones sufficiently to enable them to carry out the particular object they have in view. The question which occurs to my mind with great force is, can the occasional performance of these somewhat eccentric proceedings justify the infliction of the senseless labour of committing all these special peculiarities of these bones upon every medical student who has to appear for examination? I cannot imagine that the committal to memory of these peculiarities can in itself constitute any kind of mental training, and I think the present system of anatomical education involves a gigantic waste of time and much frittering away of serious mental effort.

*Apprenticeship.*—What the boy wants after his general education has been fully developed, and his fundamental knowledge of useful

anatomical facts and physiological principles has been made perfect to the utmost of their extent for usefulness and not one scrap beyond that, is that he should be put at once into contact with his material. I therefore vote cordially with those who demand the restoration of the apprenticeship system in such fashion as modern requirements indicate. It is of course no longer to be a seven years' slavery in mixing pills and spreading plasters, for the modern manufacturing chemist does all that for us now, but it should be a period of at least two years spent in learning how to deal with patients, how to divine their peculiarities, and in learning how to avoid making an ass of himself in the sick room as the modern, newly-fledged, qualified assistant is certain to do for the first few years of his second pupilage, in spite of his biological lore.

*Manual Training.*—While the student is attending to this most important part of his training, he ought at the same time—and now I am speaking for those who have to follow the craft of surgery—to be taught how to use his hands. I should set him so many hours in the week into the shop of the village carpenter; and I should have him trained to use a saw, a chisel, a plane, and a skew, so that he should be able to make a long splint, if need be, as well as to put it on. And into the blacksmith's shop he should also go, till he knew how to strike properly with a hammer. Some of you may think this may be unnecessary; but if you could look with a workman's eye (as I can do, as I served my time at the lathe, the bench, and the forge) at a Fellow of the College of Surgeons—I won't give his name, but you will find him in almost every large hospital in the kingdom—who used a saw for the first time in his life in the amputation of a human leg, and see, as I can see, what a horrible mess he makes of his work, you will agree with me that a training in practical mechanics is just as necessary (I say it is far more necessary) for a man who has to operate upon his fellow human beings as is a training in anatomy.

The great difference between the man who starts his saw cutting from the point of the saw and the man who starts from the hilt is just as great, I think it must be much greater than the difference between the man who amputates a leg without any kind of knowledge of anatomy and the one who has such knowledge fairly perfect. During the two years that our student spends in this practical training for his after life, he would unconsciously imbibe the fundamental principles of the scientific training which he would afterwards have to undergo; he would see for himself day by day the characteristics of wounds healing healthily, and how different they are from those of a wound indicating action the result of constitutional poisoning. The meaning of these differences

he would learn afterwards at his clinical school. At present he can babble about the theoretical causes of the changes, but of the real facts and phrases of them he knows nothing. After his apprenticeship, as he heard in the academical rooms the explanation of the process of the healing of a bone, he could recall to his mind illustrations in the practice which he had already gone through, and the combination of the facts as he knew them, with their explanation, would impress the whole thing on his mind in a way to which at present it is a complete blank. As a matter of fact at present in medical education, the cart is being uniformly put before the horse. Impressions in youth are far better and more lastingly conveyed by the eye than by any other sense. Words referring to clinical symptoms and to physical diagnosis, which are now a mere shibboleth to the student, who under better arrangement possesses a living interest, and what is used merely as a dead rote for the purpose of passing examinations, would survive for his lifetime as the guiding principles of his practice.

*Anesthesia.*—Anesthesia has been to surgery what the motive power of steam has been for the arts, manufactures, and for commerce: it has revolutionised everything in connection with our art. And yet we are so accustomed now to take the advantage as a matter of course that we have almost forgotten its history. We are apt to ignore the fact that all our brilliant advancements of to-day could never have been arrived at but for chloroform—we could not have developed the splendid work of the modern ophthalmic surgeon, and the modern development of abdominal surgery would never have been dreamed of but for the genius and indomitable fighting qualities of James Young Simpson, who thrashed out the victory of anesthesia and gave us the anesthetic which for more than half a century has held its own against all comers.

In abdominal surgery nothing was really done, if we except the truly brilliant achievement of Ephraim McDowell, before the days of anesthetics. It is true that in this country a few parovarian cysts were removed and a still smaller number of very simple operations for ovarian tumors were completed; but there is little doubt that whenever any serious complication was met with, the abdomen was promptly closed. No solid tumor was completely and successfully removed till that now before us fell to the hands of my valued old friend, John Day of Walsall, who was gathered to the majority only a few months ago. The greatest advance of all—the intra-peritoneal treatment of the pedicle by means of the cautery in the hands of Baker Brown, giving a mortality of ten per cent.,—was the real starting-point of all our progress, and that proceeding would have been an absolute impossibility without the aid of an anesthetic.

*Listerism.*—In the result of our work we have much cause for congratulation, but I would rather look on the other side of the fence and wonder if they could not be improved, even with the methods we have now at work. For the last twenty years we have first been opposing a great theory, then we have been accepting facts on which it was based, then we have been rushing into violent and illogical enthusiasm about it, only at the end of all to throw doubt and dispute on the whole field. I confess I always doubt surgical theories, just as I doubt all theories of art. The greatest painters have been the least trenchant about theories. Turner never had a theory of any kind, and always used bad pigments; and John Brown tells us that Guido mixed his colors with brains, and could get no further explanation of his results. No school of art which started on a theory has ever made a lasting impression. The modern school of the pre-Raphaelites gathered adherents, it is true, but they have nearly all deserted their theories on finding that the Dutch school knew far more than they did; the Flemings had all their excellencies without falling into their errors. The Impressionists were similarly a failure. Our surgical theories never lead to anything; not even the great antiseptic theory has led to any tangible result beyond what every housewife knew before its day, namely, that dead moist organic matter will decompose if some agent or other gets to it. We know now the exact nature of this agent, but this is a new fact, not a new theory. The theorists forget that living tissue will not decompose under the access of the same influences—influences, indeed, which surround us at every moment of life, and pass by harmlessly. Now the theorists take a lingering farewell of their lost darling by saying, "Well, at any rate, it taught us cleanliness." As a matter of fact, the very reverse of this is true, for it was the arguments of those who opposed the antiseptic theory which demonstrated the successful cleanliness. The last phase of this discussion—I sincerely hope the very last—is the antiseptic accoucheur, who pleasingly fancies that both his theory and his practice are new, whereas, in matter of fact, Semelweiss literally died for them nearly thirty years ago. No more instructive reading can be indulged in than a brief monograph which has recently been issued concerning the history of this truly great man—a man so great that I think he deserves to have erected to his memory a statue in every civilized country. Semelweiss had no theory, he simply stated the fact that puerperal women in Vienna were poisoned by dirt. "Wash your hands," he cried, "and the women will not die," and his colleagues ruined him for his frankness. But he persuaded the world he was right. Simpson took up the fight with his accustomed vigor, and carried it through, and now, forsooth, we hear of the antiseptic

theory, as applied to midwifery, as a new thing.

What is wanted for the improvement of our surgical results is not any more theories, but better work and better systems of training. An art like surgery cannot be acquired by passing examinations.

*Surgical Results.*—To Sir Spencer Wells is, most undoubtedly, due the credit of putting the publication of surgical results on a business-like basis, and the extension of this ought to be encouraged in every possible way. When the results in abdominal surgery, which began to be obtained about twelve years ago, were first published, they were so amazing that the favorite criticism of them was, that they must be lies—a complimentary method of criticism which, it may be mentioned, was meted out to Ephraim McDowell. This sort of thing at first was very irritating and used to make me very angry; but for many years past I have ceased to trouble about it and the incredible things of eight or ten years ago are now matters of every-day experience. My present desire is to urge in every possible direction a careful classification and publication of surgical results as one of the best methods of improving them, for it is clearly necessary, first of all, that we should know what our results really are before we can see the necessity for their improvement; and, secondly, it is only by the comparison of the results from different hospitals and different surgeons that it is likely that we shall start rivalry and inquiry as to the causes of the better results.

*Surgical Investigations.*—Another great advance required is the devising of logical plans in recording and classifying the results and also the adoption of reasonable methods of conducting the investigation. For example, no one would now, in making a research on the mortality of amputations, arrange his figures without a careful separation of amputations for accident and those for disease, and a perfect arrangement of the cases according to the limb affected and the point of amputation. But until Simpson pointed out the necessity for such divisions, the importance of them was not clearly understood, certainly was not fully admitted. Arising out of a matter so simple as this, there are scores of points which require settlement, yet no serious attempt has been made even to indicate what such points may be. It may be, for instance, that one particular method of flap making will suit primary amputations better than another, and a point so important could be settled in twelve months by a simple agreement amongst a group of hospitals and their surgeons. Let one set of men work steadily at one method for one class of cases, and another set at another method, and the statistical laws will be found faithful to the truth, as they ever are when the figures are large enough. Instead of adopting a method

like this, our present method is that when such a point is raised for discussion, surgeon after surgeon rises and gives vent to vague impressions which he is pleased to elevate by the name of opinions. The fact is, that every one has been trying all the plans evolved. One of the many things I admired about Tom Keith was the religious way he stuck to the cautery in treating the ovarian pedicle. Nothing could shake him. I was equally obstinate in my adhesion to the silk ligature. The result was, that when we came to compare notes after many hundreds of ovariectomies, we found that so long as the bleeding from the pedicle is effectually stopped, and the pedicle carefully dropped back into the peritoneal cavity, it does not matter a pin how it has been treated; and that, I venture to say, is a surgical conclusion not only of the utmost importance, but one which never can be contravened. The so-called discussion on special subjects which are now fashionable at our annual gatherings illustrate well how utterly futile our present method of research is. Take the case of the kidney. We have a half dozen men discussing such a question as that of removing a suppurating kidney as a primary operation, or subjecting it to a preliminary drainage, and when you have heard all that they have to say, you are no wiser on the subject. But if four men would subject all their cases to one method, and four others would confine all their work to the second method, within five or six years the question would be definitely and finally settled, and the probability is that we should have determined as a definite conclusion that in all certain well-defined cases the best treatment was the first method, whilst in another class we should probably discover that the alternative was the better choice. The last instance of this kind is the question of lumbar *versus* inguinal colotomy, concerning which I am certain that the shield has a silver as well as a golden side, and that our present method will never enable us to differentiate the two methods.

Some such plan of research as I have described would very clearly indicate in which set of conditions which proceeding ought to be adopted. It may be urged against my proposal that such a plan of research would hamper liberty of action, but I answer that our present liberty of action is not wise; indeed, it is not liberty at all, but license.

*Apostoli's Method.*—Let me take a personal case. It is well known that I adopt a special method of treating uterine myoma, and that there is a rival in the field in the shape of the electrolytic method. It is a charge also against me that I will not try the electrolytic method—a charge to which I readily plead guilty—and for this conduct my defense is simple. I say that no logical and complete conclusion can be arrived at by everybody treating everything in every kind of way. Having opened out a

continent I want to know all about it. I pursue, therefore, all the windings of its rivers, and I measure the heights of all its mountains, and I give you the results of my ten years' wanderings. Let the electrolycians do the same, and then you shall be the judges, not upon men, but upon principles. If the primary results of the removal of the uterine appendages are satisfactory enough to justify the experience being continued over an area of about 400 cases, the judgment will rest upon the ultimate and permanent results. If the results of electrolysis are given with the same fullness and with equal authentication and are found to be better than those of surgery, I have no more to say on the subject, and shall take a back seat. But meanwhile I am sure, in the interests of our art, that it is better that I should continue my research in a logical fashion, unhampered by qualifications which would make a just conclusion on your part an absolute impossibility, and which would lead to nothing in my own mind but confusion.

*New Drugs.*—On the other side of this most important question lies another grave source of error, which is too true of our research into surgical results, though it is far more extensive in its results in general therapeutics in the practice of medicine. No sooner is a new drug placed on the market than everybody rushes to try it. At first all is well, and "rubbishin" is good for everything. Then come a few isolated hints about the "toxic effects of 'rubbishin,'" and finally "rubbishin" gets dropped altogether, and we hear no more about it. It is positively awful to think of what some of these new drugs—say chloral, for instance—may have done before they got settled. For the mischief that is done in this way the public is largely to blame, if, indeed, it is not wholly to blame; they like the idea of a new discovery, especially the upper classes, and I am told by men practising near the dwellings of the princes of the land and at fashionable watering places that the great burden of their lives is to keep up with the new drugs and the new dodges. People who live in such houses and such places always have a smattering of such things, and they judge a man harshly who is ignorant of them. For my part, I instinctively distrust men who are always going in for new drugs, and, for myself, I will have none of them.

*New Operations.*—In our surgical results there is too much of the same thing. Take the case of Dieffenbach's operation for squint, a most useful proceeding judiciously applied over a limited area. But I remember the time when every urchin with a squint was collared in the street and walked into the operating room to have one rectus divided in order that its opponent should have full power to swivel the eye out in the opposite direction. Everybody was "doing squints." Similarly when removal of

the uterine appendages was proposed, but long before the just and true principles on which it is now based could be formulated, everybody rushes into the trial of it, and the result was a disastrous epidemic, the chief burden and discredit of which fell upon me.

I was more horrified than I can tell, and much of my time was taken up in disclaiming the doubtful honor of what was called "Tait's operation," in the performance of which every principle advocated by Tait was neglected or deliberately outraged. If the man who engaged in this work had waited for a reasonable trial, a fair discussion, and a just verdict, much discredit for our art would have been spared us. The just verdict has now been arrived at, and the misrepresentation of which this operation was the centre has now ended. But the example is a very telling one in illustrating the want of logical application in our present method of research upon surgical results.

This vast and powerful Association could accomplish almost anything it wished after determining that it was for the good of the world, and after a reasonable method was pointed out for its accomplishment. We tried an expensive experiment in the way of a collective investigation, but from intrinsic reasons it was a failure. The fact is, that its plan was lost in diffuseness and defeated by the machinery involving a vast number of contributors.—in fact, to increase the means of success involved the very essence of increase of risk of failure.

If you want a thing done well, you must either do it yourself or trust it to a very small number of workers. I do not think it would be too much to ask our Association to do, to place every new drug and every proposal for a new surgical proceeding under the observation of a small responsible committee, whose judgment should precede anything like a wholesale experiment by the professional public at large. This step would certainly clear away a vast amount of rubbish, would direct more extended research into definite lines, instead of the indefinite and haphazard roads it now runs upon in almost every instance. And I cannot help feeling it would prevent us doing the great deal of harm which is now done in the early stages of even our best proposals.

My proposal may be crude and impracticable. It may be easily perhaps displaced by some other and better. But if I have only imbued you with necessity for reform I have gained my end and shall have accomplished the object of this Address in Surgery.

#### TREATMENT OF PEDICULI PUBIS.

R.—Vinegar, 5000 parts.  
Corrosive sublimate, 1 part.—M.

This is said to be recommended by Brocq.—*Revue Thérapeutique Médico-Chirurgicale.*

## THE TREATMENT OF MIGRAINE.

By Wharton Sinkler, M. D., of Philadelphia, Pa.

The drugs which have attracted the most attention of late are, undoubtedly, antipyrine, phenacetin, and the host of antipyretic and analgesic coal-tar derivatives, which have been introduced in the past few years. White claims to have first used antipyrine in headache. At all events, it has been very universally employed in every variety of head-pain since its analgesic properties became known. T. S. Robertson has used it in 88 cases of migraine; in 54 the action was satisfactory in the course of from thirty minutes to two hours, and in 15 cases the administration of other drugs was rendered more effective by the use of the antipyrine. A negative result was obtained in the remaining 8 cases. He recommends that 22 grains be taken at the onset, and in case the headache continues an additional dose of the same size. Bokenham has used the remedy in 26 cases with entire success, but instead of using the large doses usually recommended, he gives only 3 or 4 grains, repeating the dose in an hour, if necessary.

Miller has given phenacetin in migraine and various other forms of headache, but has found that large doses, as much as from 2 to 3 drachms, have been needed to produce good results.

Pesce has used antifibrin with advantage in migraine. P. Guttman uses phenacetin in small doses, and gets as good results as from the use of antipyrine. The great advantage that phenacetin has over antipyrine is that it is much safer, as it does not depress the heart. During the recent epidemic of "grip" phenacetin proved efficacious in relieving the violent headache associated with that disease.

Rabuske, after trying quinine, arsenic, caffeine, antipyrine, electricity, change of climate, etc., was successful in the treatment of a very bad case of long-standing hemicrania by the administration of 8 grains of phenacetin night and morning. The cure was effected after the sixth dose.

Antifebrin has been used quite largely of late. Faust has found this remedy, in doses of  $\frac{1}{2}$  to 1 drachms, of great use, the headache being relieved.

A. L. Clark, has found that 8 to 10 grains of antifibrin will relieve pain in the head in twenty to thirty minutes. S. Merkel, from an experience of 49 cases of migraine and headaches of like nature, considers this a valuable drug. James Little recommends, in the treatment of migraine, that during the intervals between the attacks the following pill be given twice a day:—

Arsenate of sodium,	gr. 1-12
Extract of cannabis indica,	gr. 1-6
Extract of belladonna,	gr. 1-3

He gives in addition to this two grains of valerianate of zinc twice daily. To cut short a paroxysm he gives 20 grains of the salicylate of

sodium in a wineglassfull of water made effervescent by the addition of a dessert-spoonful of the granular citrate of caffeine, a second or third dose to be taken after an interval of two hours.

Nitrate of cytisine (a poisonous alkaloid extracted from the seeds of the *Cytissus laburnum*) has been given by Kräpelin in the angio-parietic form with excellent results in two cases. He gives it hypodermically and was led to use it on account of its power of causing contraction of the blood vessels. In two cases of the spastic form of migraine in which he used it the symptoms were aggravated.

De Schweinitz and Lewis had a certain amount of success in the treatment of hemicrania with the oil of eucalyptus, and I myself had two or three patients in whom this drug was of marked utility. These authors have lately told me that further investigation has proved that its value is by no means general, although certain cases are relieved by its use. In cases where migraine is associated with the gouty diathesis, treatment of the latter is attended with success as far as relief of the headache is concerned. Haig states that he has relieved many attacks in this form of the disease by giving 20 to 30 drops of dilute nitro-muriatic acid in water, repeated once or twice at intervals of half an hour.

*Cannabis indica*, which has been given in migraine for many years, still holds a prominent place among the medicinal agents used in its treatment. For myself I may say that I consider it of more value in the majority of cases of migrainous headache. It must be given for some length of time and the dose should be increased until slight toxic symptoms are felt. We must remember the great variability in the strength of the drug, and be careful to begin with a minimum dose. I have but recently seen a patient who had marked toxic effects from  $\frac{1}{2}$  of a grain of the extract. Seguin several years ago pointed out the benefit of *cannabis indica* in the form of headache and insisted on its long-continued use.

Dr. Richard Green, who first recommended Indian hemp in migraine, has continued to use it with success. He maintains that its effect is not simply palliative, but curative, and that in nearly all cases it gives permanent relief. E. J. Overend believes caffeine to be as complete a specific in migraine as quinine is in malarial fevers. He is himself a victim to the affection. He advises the administration of nitrate of caffeine in doses of from 3 to 5 grains as soon as the first indication of an attack is felt, and its hourly repetition until relief is experienced. Electricity is of more or less value and many cases have been greatly helped by galvanism. I have found this means of marked benefit, but have not depended upon it alone in any case. Labbe has cured a severe case of eight years' standing by thirty-four applications of static



electricity. A number of other new remedies have been used to a limited extent in this affection. Among them is exalgine, which I found of use in shortening an attack. Ringer has successfully used tincture of nux vomica in drop doses repeated every half hour.

Among the latest remedial agents proposed for the cure of migrainous attacks is hypnotism. In a work on the subject by Albert Moll he expresses his belief that either post-hypnotic or auto-hypnotic suggestion may be used to cure this disease.

Most authors now agree as to the prime importance of hygienic measures in connection with any remedy used for the relief of this disease. Removal from care and work, with fresh air, good food, and change of climate will do more to relieve the frequency of the attacks than any drug. In connection with this the rest-treatment of S. Weir Mitchel is of the greatest value, and I have seen many cases of chronic migraine relieved by this means.—*Coll. & Clin. Record.*

### THE NECESSARY PEROXIDE OF HYDROGEN.

By Robt. T. Morris, M. D., of New York.

Stop suppuration! That is the duty that is upon us when we fail to prevent suppuration.

As the ferret hunts the rat, so does peroxide of hydrogen follow pus to its narrowest hiding place, and the pyogenic and other microorganisms are as dead as the rat that the ferret catches, when the peroxide is through with them. Peroxide of hydrogen  $H_2 O_2$  in the strong 15-volume solution is almost as harmless as water, and yet, according to the testimony of Gifford, it kills anthrax spores in a few minutes.

For preventing suppuration we have bichloride of mercury, hydronaphthol, carbolic acid, and many other antiseptics, but for stopping it abruptly and for sterilizing a suppurating wound we have only one antiseptic that is generally efficient so far as I know, and that is the strong-peroxide of hydrogen. Therefore I have qualified it, not as "good," not as "useful," but as "necessary."

In abscess of the brain, where we could not thoroughly wash the pus out of tortuous canals without injuring the tissues, the  $H_2 O_2$ , injected at a superficial point, will follow the pus, and throw it out, too, in a foaming mixture. It is best to inject a small quantity, wait until foaming ceases, and repeat injections until the last one fails to bubble. Then we know that the pus cavity is chemically clean, as far as live microbes are concerned.

In appendicitis, we can open the abscess, inject peroxide of hydrogen, and so thoroughly sterilize the pus cavity that we need not fear infection of the general peritoneal cavity if we

wish to separate intestinal adhesions and remove the appendix vermiformis. Many a patient, who is now dead, could have been saved if peroxide of hydrogen had been thus used when he had appendicitis.

The single means at our disposal allows us to open the most extensive psoas abscess without dread of septic infection following.

In some cases of purulent conjunctivitis, we can build a little cell of wax about the eye, destroy all pus with peroxide of hydrogen and cut the suppuration short. Give the patient ether if the  $H_2 O_2$  causes too much smarting. It is only in the eye, in the nose and in the urethra that peroxide of hydrogen will need to be preceded by cocaine (or ether) for the purpose of quieting the smarting, for it is elsewhere almost as bland as water.

It is possible to open a large abscess of the breast, wash it out with  $H_2 O_2$ , and have recovery ensue under one antiseptic dressing, without the formation of another drop of pus.

Where cellular tissue are breaking down, and in old sinuses, we are obliged to make repeated applications of the  $H_2 O_2$  for many days, and in such cases I usually follow it with balsam of Peru, for balsam of Peru, either in fluid form or used with sterilized oakum, is a most prompt encourager of granulation.

If we apply  $H_2 O_2$  on a probang to diphtheritic membranes at intervals of a few moments, they swell up like whipped cream and come away easily, leaving a clean surface. The fluid can be snuffed up into the nose and will render a foetid ozæna odorless.

It is unnecessary for me to speak of further indications for its use, because wherever there is pus we should use peroxide of hydrogen. We are all familiar with the old law, "*Ubi pus, ibi evacua*," and I would change it to read, "*Ubi pus, ibi evacua, ibi hydrogenum peroxidum infunde*." That is the rule. The exceptions which prove the rule are easily appreciated when we have them to deal with.

Peroxide of hydrogen is an unstable compound, and becomes weaker as oxygen is given off, but Marchand's 15-volume solution will retain active germicidal powers for many months, if kept tightly corked in a cold place. The price of this manufacturer's preparation is about 75 cents per lb., and it can be obtained from any large drug house in this country. When using the  $H_2 O_2$  it should not be allowed to come into contact with metals if we wish to preserve its strength, as oxygen is then given off too rapidly.

$H_2 O_2$  must be used with caution about the hair if the color of the hair is a matter of importance to the patient, for his drug, under an alias, is the golden hair bleach of the *nymph's* *dispare*, and a dark-haired man with a canary-colored moustache is a stirring object.—*Journal of American Medical Association, August 9, 1901.*

### THE LOCAL TREATMENT OF DIPH- THERIA AND SCARLET-FEVER THROAT.

I have lately had much experience with the treatment of these affections, and have found that hydrogen peroxide, fifteen volumes strength, alone or combined with bichloride of mercury, gr. j. to ʒ j, gives no better satisfaction than any other kind of remedy. Hydrogen peroxide is a thorough antiseptic, besides acting mechanically in getting rid of the membrane; it does the latter in the later or more dangerous stage, for it is at this time that septic infection is more liable to occur. When the membrane begins to slough, the peroxide will, when applied with a mop or in spray or as a gargle, get behind it, and by its action on the pus, free oxygen and carbonic acid gas, thus displacing it; the membrane appears under its action to lose all its toughness and crumble. If used in the nose—and it is here where we get wonderful effects—the peroxide had better be made of about ten volumes strength, and if the bichloride is combined with it, make it only gr. ½ to ʒ j. or in very young children still weaker. Before closing, I must add that but a small quantity of the medicine should be bought at a time, as it degenerates rapidly unless kept on ice in a dark place, and not agitated. The hydrogen peroxide losing strength so rapidly makes it very difficult to get it pure, so any one who should be disappointed in its action should not give up the use of it until he has surely tried the pure article. It will not, of course, cure all cases. Another point in its favor is, that when used in the throat it causes no pain. The action of the hydrogen peroxide, its thorough antiseptics, and the beautiful, mechanical action in forcing pus from cavities, is well known. It should never be used in a cavity unless there is free vent, and especially when this cavity is about the neck; as such a volume of gas is liberated. Such an accident as I came very near having is quite possible. An abscess of the parotid gland following scarlet fever had been opened by a small incision. I thought I would wash it out with a little hydrogen peroxide, which I proceeded to do. As a result, I had a tremendously distended sac, the child blue in the face, and nearly suffocated. A large, free incision set matters right in a moment. As an application, and, when the patient is old enough, as a gargle, pure or half and half with listerine, it is the best application in scarlet fever and follicular anginalitis I know of.—*Prof. W. Cheatham, M. D., of Louisville, Ky. in N. Y. Medical Journal.*

### A SIMPLE OINTMENT FOR PRURITUS.

Balfour reports that he has almost never failed to obtain prompt relief, in cases of pruritus of the anus and vulva, from an ointment containing eighty grains of calomel to the ounce of vaseline or other unguent.

### PRESCRIPTION FOR PSORIASIS.

The favorite prescription of Mr. Jonathan Hutchinson for psoriasis is:

R Acid chrysophanic,	gr x
Liq carbonis deterg.,	ʒ x
Hydr. amm. chlorid.,	gr x
Adip. benzoat.,	ʒ i
M. fiat ungt.	

At night the patient should wash the diseased surfaces free from all scales; then, standing before a fire, rub on the ointment, devoting, if possible, half an hour to the operation. This proportion of chrysophanic acid is not irritating, and stains the linen but slightly. With some cases even a weaker chrysophanic ointment is entirely sufficient. Internally, Mr. Hutchinson prescribes arsenic, though he is not convinced that it is an important adjunct.—*Archives of Surgery.*

### DISEASES OF THE EYE AND EAR.

I am prompted to make these suggestions by a knowledge of the fact that by far the greater number of patients with eye or ear disease, fall under the care of the general practitioner who, in student days, found these subjects not only dull and uninteresting, but complicated—hence he has simply attempted to get the general principles, without a thought of obtaining a thorough mastery of the subject—a thing difficult of accomplishment, when professor and text-book both dwell so much upon details. I felt this keenly myself when in general practice, and have heard frequent reference to, and seen many illustrations of it, since I devoted special study to these diseases. I shall, in a general way, and briefly, attempt to give simply the treatment of those diseases most frequently seen, by suggesting the use of a few remedies which will be useful to the greatest variety, and hurtful to but few, or none of those diseases liable to be mistaken for one another.

The most frequently observed disease of the eye is *catarrhal conjunctivitis*, or ordinary "cold" of the eyes, which with simple cleanliness is, in many instances, a self-limited disease. A cure can be hastened, however, by local applications; and in the choice of these, preference should be given to the milder forms of eye-washes, for they are in nine cases out of ten equally as efficacious as the stronger applications. They are not unpleasant to the eye, and can do no harm. If inflammation of the eye (conjunctiva) assumes an active type, there is apt to be hyperæmia of the iris, which readily passes into inflammation of that structure, under the influence of strong applications to the lid or globe; and the same may be said of the cornea—hence the safety of mild remedies, and the danger of strong ones.

Either of the following prescriptions will meet the indications of a mild eye-wash :

1. A solution of common salt (grs. x ad  $\bar{3}$  j).
2. A saturated solution of boracic acid (grs. xv ad  $\bar{3}$  j).
3. R. Sodii biberatis  $\bar{9}$  iv, aquæ camphoræ, aa  $\bar{3}$  ij. M.
4. R. Zinci sulphatis gr. j, acidi boracici  $\bar{3}$  3, aquæ  $\bar{3}$  iv. M.

These may be freely applied to the eye, without fear of harm. As examples of what I consider the stronger eye-washes, I may cite solutions of copper, of zinc, of alum, of nitrate of silver, of acetate of lead, as strong as five or ten grains to the ounce.

The next disease of the eye in order of frequency is inflammation of the cornea, or *keratitis*, which is sometimes associated with catarrhal ophthalmia just considered, and in many instances the casual observer will place the two diseases in the same category. And yet, the strong applications, which the inflamed conjunctiva would stand, not only with impunity, but with marked benefit, might seriously endanger an eye afflicted with keratitis. Here treatment *must be mild*, if safety of the eye is consulted. Any one of the prescriptions which I have suggested can be used with benefit and without danger, and it is well to use in addition some soothing application as R. Atropiæ sulphatis, cocain. murat. aa gr. ij, aquæ  $\bar{3}$  j. M. Sig.—Put two drops in the eye three times a day.

Another disease of the eye—inflammation of the iris, or *iritis*—is often seen, and it, too, has so many symptoms in common with the diseases already considered that it is liable to be mistaken for either. Here all the usual eye-washes are objectionable—their danger increasing with their astringency. The prescriptions which I have given are at least open to this objection—and while they can do no good, they can hardly be considered as dangerous. The sheet-anchor here is atropia, which can be advantageously combined with cocaine, four grains each of cocaine and atropine to the ounce of water. This should be used sufficiently often to keep the pupil dilated, and until the eye is free from redness. Attention of course should be given to the general health in every instance. Either the syphilitic taint or the rheumatic habit will usually be found with iritis. Whenever the eyeball is red and inflamed, with dread of light, or haziness of the cornea, or a contracted or sluggish pupil, rely upon atropine and cocaine, and use no stronger application than a solution of boracic acid. When an absence of these symptoms shows that the trouble is in the lids, stronger applications are admissible.

A few points about the diseases of the ear, and I shall cease.

Ordinary *ear-ache* is an inflammation of the middle ear, and when the process goes on to pus-formation, an abscess on the inner side of

the drum membrane is the result. The pressure from the pent-up pus causes a rupture of the drum, through which the matter escapes. This is often an end to the trouble, but frequently the inflammation continues—the opening in the drum remains—disease of the bones of the ear develops, and a more or less continuous discharge, an otorrhœa, is the result. If hot water be liberally and frequently injected into the ear through a douche, the inflammation will usually be stopped and a cure effected. Two or three drops of hot laudanum dropped into the ear will often accomplish the same purpose. After the discharge appears it can ordinarily be checked by syringing the ear often enough to keep it clean with warm water containing boracic acid in the proportion of fifteen grains to the ounce; and if, in addition to the syringing, a little pulverized boracic is blown into the ear through a quill or tube, after the ear is cleansed, this treatment will usually suffice to cure an otorrhœa.

In removing plugs of wax, or foreign bodies which have gained access to the ear, it is better to rely upon some warm water and a syringe, than resort to instruments. It is not only easier but more efficacious and safer. With the most delicate touch, it is as difficult to handle an instrument with precision in the deep and small cavity of the ear, as it is to avoid inflicting injury to those delicate parts which may be more serious than the trouble for which it was undertaken.—Dr. James L. Minor, in *Memphis Jour. of Med. Science. Med. Summary.*

#### THE PROPER TIME TO ADMINISTER QUININE.

In the *Annales de Thérapeutique Médico-Chirurgicales*, July, 1890, Charpentier gives the following directions as to the administration of quinine:

1. The action of quinine is chiefly felt about six hours after its ingestion, and for this reason it should be given, not at the time of an expected malarial paroxysm, but six hours before.

2. In the case of quotidian fever the quinine should not be given six hours before the chill, but eight hours before, so that the full effect may be present two hours before the chill, for though the chill is the apparent onset, the real onset is still earlier.

3. When the fever is tertian, Charpentier thinks that the quinine should be used twelve hours before, and where it is quartan, eighteen hours before the attack is expected.

The drug should be given in massive doses, not in fractional doses, for the reason that it is rapidly eliminated by the urine, and in small amounts would have no effect; although when the stomach is too irritable to stand heroic amounts, fractional doses should be given every three-quarters of an hour.

## Correspondence.

### LETTER FROM PARIS.

*The Apostoli Clinic—Electro-therapy applied to the Treatment of Diseases of Women—A Buffalo Doctor's Opinion of the famous Electrologist and his Work—He is pleased—The "Yarns" heard in America are all Bosh as to the Suffering the Treatment causes—Apostoli is enthusiastically defended.*

First of all, I may say that Paris is not a good place to do post-graduate work. The hospitals are widely separated from one another, and the hours of service are in the morning. Moreover, there are but few special hospitals; in fact, the abdominal and gynecological surgery is done by the general surgeons connected with the various large institutions.

Fortunately for the medical man who is visiting Paris and anxious to do some good general work, the Rue de Jour, or Apostoli clinic, takes place in the afternoons of Tuesday, Thursday, and Saturday. So, in this respect, it does not interfere with his work in the general hospitals. Like other dispensaries and private clinics, it is decidedly more attractive inside than out. In fact, one's first impression of this somewhat noted institution is an experience similar to Lawson Tait's. At first one shrinks back, and wonders whether women are compelled to walk through that gloomy court and ascend two staircases to get their medical treatment. The hospital consists of five rooms, plainly furnished, but very clean and nicely cared for, with an average attendance of from thirty to thirty-five patients daily.

Besides Dr. Apostoli, there are two assistants, and one of these, his *chef*, treats the patients. The histories of the cases are taken very carefully, and daily records kept. When a patient is seen for the first time, the history is read, an examination made, and the course of treatment outlined and begun at the next visit. The diagnosis is made, and several medical men (and often one sees visitors of national reputation present) are invited to corroborate it, if possible, and give reasons for their opinions. I must say I have been particularly pleased with Apostoli, and can, in all fairness, say that he is a brilliant diagnostician, and what work he does is done with an earnestness and honesty which are truly commendable. What his earlier utterances and claims may have been, I know not, but the position which he now takes in reference to electro-therapy, as applied to diseases of women, is not as extravagant as we in America have supposed. He is a man of great individuality and force of character, and thoroughly

sincere in his work. His attention to strangers, his courtesy and politeness, and his desire to have the details of treatment thoroughly understood by them, is very gratifying indeed. Like other men who have worked in special lines, he has formed opinions which he, by his argument and experience, is prepared to substantiate. Much that he says I cannot say that we all agree with him in, yet I am often struck with the probable truth of his utterances. He believes but little in pessaries and supports of any kind, and but very exceptionally employs them. Moreover, he takes the position that most lacerated cervixes and misplaced wombs are the cause of little trouble in themselves, and only give rise to symptoms when some periuterine inflammation is also present.

One sees a great many fibroids of all sizes and in various locations. Some are extremely large and have been under observation for many years. There is no doubt that the distressing symptoms that these women complained of have been relieved, and they have been enabled to work with comfort and satisfaction. By careful measurement with the tape externally, from various prominent points, and with a small instrument which is used to measure the thickness of the skin and superficial fat in the abdominal walls, one can easily see that, in some cases, a diminution in the size of the tumor has taken place; and in exceptional cases the tumor has disappeared. I sometimes feel that upon the grounds of cosmetic surgery, even although no active symptoms are present, some of these very large tumors ought to be removed, and particularly when seen in young women. I have visited the clinic regularly, and can say that the work done is good. The strictest antiseptic precautions are observed. All patients have an injection before and after a treatment, and all electrodes are placed in boiling water, and afterward in a saturated solution of iodoform.

I have been most interested in the use of the faradic current, and in galvano-puncture. I have seen many women extremely sensitive to pain—indeed in whom the lightest pressure over the womb and ovaries caused agonizing suffering—relieved of all their pain after a fifteen minutes' seance with the faradic current of tension. In exceptional cases one or two treatments has cured the subjective evidences of their trouble, while upon examination the pathological condition was the same as upon the first application, showing us that what Apostoli claims is evident, viz: that, although the gross manifestations of the disease are not overcome, the symptoms are relieved and the flow permanently so.

I have also seen much good from galvano-puncture. After having treated a woman suffering with a mass of cellulitis for six weeks with positive galvanism—which by the way is nearly always employed, as most patients suffer from

pain or hemorrhage—with little benefit, Dr. Apostoli punctured the spot with his usual precautions, with much satisfaction to himself and gratification to his patient. The punctures are never deeper than one-eighth of an inch, and the needle employed has a small point, protected by a sheath up to the spot desired to enter the tissues. The strength of current is twenty-five to thirty ma. galvanis. Resolution took place and no bad symptoms developed. The yarns, that we have heard in America of the agony these women are made to suffer is all bosh, because one of the first rules of all electro-therapy is to stop the current if not well borne by the patients. Some patients take with ease, and without flinching, 130 to 150 ma. of current. Much care is taken to see that the skin is in no place abraded, and also that the clay-pad is thick over all sensitive areas.

At present there is quite a revolution of feeling in Paris among the profession, as to the claims of Apostoli. The operating surgeons say electricity is no good, and will do nothing for the diseases said to be benefited and cured by Apostoli and his followers. At a meeting of the Society of Practical Medicine of Paris, of which Apostoli is a member, a commission was appointed to investigate his work at his request. Consequently, every day a number of old patients treated years ago are examined by one of this commission, and their present condition noted and compared with that previous to treatment. The new patients are carefully examined, and a diagnosis made and compared with that of Apostoli, and the treatment is begun. This naturally makes the work very interesting to us all, and each one of us visiting the clinic are delighted to see how frank and honest Apostoli is in all of his work. To say that he is unscientific and uneducated is unfair, and to accuse him of quackery and dishonesty is an infernal libel. Enthusiastic? Yes; one capable of working with indefatigable energy, true; and, at the same time, full of a desire to do what is best for those women who place themselves under his care. In this impression I am sure I am borne out by every man who is to-day visiting the Rue du Jour.

I have attended Terrier and Champonnier, and other solid abdominal surgeons in Paris, and I believe the best work is done by Terrier. His hospital—Hôpital Bechat—is a modern institution, and thoroughly equipped for all kinds of scientific work. Here asepsis is arrived at. He has a splendid operating room, with glazed walls and ceilings, and the floor of cement. It is divided into two portions, separated by iron doors. The one room is for old suppurative cases, and the other for non-septic ones. The instruments are sterilized by heat, and put into sterilized hot water. The napkins and towels are also treated by a special process, and made sterile. No antiseptics are

used, excepting to wash the body of the patient and the operator's hands, and salve or iodoform is applied on the wound, with antiseptic gauze over it.

I saw him perform an abdominal hysterectomy last week, for a very large uterine fibroid. An incision was made about two inches above the umbilicus, extending to the pubes. There were no adhesions; consequently, when the peritoneal cavity was fully opened, the great mass could be rolled out of the abdomen. The interesting feature was the treatment of the pedicle. A long steel bodkin was pushed through the mass as near the vaginal vault as possible. A piece of rubber tubing—solid—was firmly drawn and fully stretched under this steel pin, and tied with silk. The tumor was amputated, and the pedicle was left about an inch in length. The center was dissected out and seared over with the thermo cautery, then the edges were brought together like the flaps of a stump and sewed firmly and finely with silk sutures. The steel wire was removed and the stump was returned into the abdominal cavity and the rubber ligature left in situ. (?) It was a very brilliant operation, and made one feel proud of the triumphs of surgery. I have also seen him perform many other tube and ovary operations, and a few days ago a hysteropexie or ventrofixation, which also pleased me very much. The woman was fifty years of age, and suffered from extreme proclentia uteri, complicated with pyosalpingitis. An abdominal incision was made of good length—in fact, these men always make large openings—and the tubes and ovaries carefully removed. Both tubes (?) were cystic and filled with pus. The abscess was then pulled up and four silk sutures were passed through its anterior surface, leaving about one inch of uterine tissue within their grasp. Each suture was carried into the peritoneum of the corresponding side, and then firmly drawn together; holding, therefore, in their grasp, the uterine wall and the peritoneum of the incision. The rest of the peritoneum was picked up and sewed, then the fascia, and finally the skin. A drainage-tube was left in the abdominal cavity.

Dr. Terrier told me he knows of a woman in whom a hysteropexie was performed—the tubes and ovaries being left in—who conceived and carried her ovum to term. Unfortunately one does not see only brilliant, good, and justifiable surgery; but, on the contrary, the most wholesale mutilation of women. It is only a few days ago when one of the first men in Paris diagnosed an enlarged and painful ovary, on the right side. Immediately the young woman was placed on the table and an abdominal section made. When the abdomen was opened, the ovary in question was found to be normal, but the opposite tube was slightly bound down so, in order to take advantage of the incision, this tube and ovary were gouged out. Another

similar case was the ovaries for a small bleeding fibroid, the operator having no faith in other so-called *unscientific procedures*. If Apostoli has done nothing more than demonstrate the possibility of relieving the pain and hemorrhage in these cases, surgery should welcome his work, in the interests of humanity.

And now let me say a word about hemorrhage. I believe we have made mistakes in our technique, when we don't succeed in controlling the bleeding. I have seen cases come to the clinic who bled profusely after an examination. Indeed, I am sure one woman lost at least six ounces of blood. In these cases Apostoli uses the largest carbon electrode that is possible to be introduced into the uterine cavity, and endeavors to touch the whole internal surface of the womb. This treatment lasted about ten minutes, with the effect of completely arresting all hemorrhage for several days. About sixty mA. positive galvanism was given.

I have also attended Guignon at the Hôpital Neckar, but I am not pleased with the French methods of operating for stricture of the urethra. Seldom do they perform a primary urethrotomy, and are satisfied with the use of much smaller sounds than we in America; in fact, the French urethral surgeon practically disregards Otis's ideas of the normal caliber of the urethra.

H. E. HAYD.

PARIS, June 24, 1890.

—*Buffalo Med. and Surg. Journal.*

#### ANTISEPTIC TREATMENT OF WOUNDS.

Sir Joseph Lister, at the International Medical Congress in Berlin, gave an address on the present position of antiseptic surgery. In the beginning of his speech he alluded to the scavenger-cells or phagocytes discovered by Metschikoff, the white blood-corpuscles which envelope parasitic intruders and render them harmless. He then spoke of the antiseptic treatment of wounds, declared his preference for sublimate over other disinfectants, especially cyanide of mercury, and drew attention to the degrees of dilution of sublimate which he had found advisable. The purpose was to avoid irritating the wound-surfaces as much as possible, for which reason one must use weaker solutions for the more sensitive tissues. In operations in the pleural cavity drainage was necessary, as well as the antiseptic bandage. He had given up the use of the spray some years ago; it could be of value at most only for the continuous disinfection of the operator's hands. It might easily do harm, because the motion of the air produced by it might carry off germs with it and convey them to the wound, not to mention that the use of spray sometimes led to the neglect of other antiseptic precautions. He advised the leaving of complicated contusion wounds open at first.—*The Lancet*, August 16, 1890;

## THE CANADA MEDICAL RECORD,

PUBLISHED MONTHLY.

Subscription Price, \$2.00 per annum in advance. Single Copies, 20 cts.

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All letters on professional subjects, books for review and exchanges should be addressed to the Editor, P.O. Drawer 1933 Montreal.

Writers of original communications desiring reprints can have them at a trifling cost, by notifying THE HERALD Co. immediately on the acceptance of their article by the Editor.

MONTREAL, NOVEMBER, 1890.

## THE USE AND ABUSE OF PEPSIN.

One of the most prevalent diseases of our day is that aggregation of symptoms grouped together under the name of dyspepsia. In these days nearly everyone has it, from the little babe overfed every quarter of an hour, covered with scabs and scales and writhing with colic, to the elderly men and women who eat many times more than they require in a half or a quarter of the time that would be required for mastication. There is dyspepsia from eating too often; there is dyspepsia from eating too much. There is dyspepsia from mental worry and dyspepsia from physical fatigue. There is dyspepsia from the counter lunch and dyspepsia from the vile boarding house cuisine. And the worst of it all is that very few doctors know anything about it. So that if the patient is a workingman or woman he must stay at home and fight his trouble out without relief, while his wealthier brother in misery can be ordered away and take his trouble with him under the fashionable title of malaria. Why the disease is so little understood is easy to understand. Pathologists are too busy

studying up spinal sclerosis and giant-celled sarcomas, and clinical teachers have no room in their wards for such common every day diseases as dyspepsia. Many a young doctor could handle a case of endocarditis without hesitation who would be completely non-plussed by the appearance of a bad case of dyspepsia. What wonder then that in his dilemma he turns to the manufacturing pharmacist. Of course from the latter's point of view it might seem very hard that any one should do any digesting for himself when beautiful shiny scales or powder of pepsin can be procured for five dollars an ounce, and it is his business to sell his products by any fair means in his power. No better ally could he have than the young doctor who does not understand dyspepsia. And at first sight what more reasonable method of making *dyspepsia easy* pepsia than by ordering pepsin?

But unfortunately for the chronic dyspeptic there are certain physiological laws to be observed, and one of them is that whenever a natural function is performed artificially nature will cease to do it herself. Thus the wearing of spinal supports will increase lateral curvature, because the already weak muscles will become still weaker when their work is done for them. Riding in a carriage all day will cause atrophy of the muscles of the legs; eating food which does not require mastication will lead to atrophy of the teeth; and providing pepsin for the digestion of each meal will surely lead to atrophy of the stomach. Nevertheless there are times when pepsin is useful, and they are very clearly shown in a paper by Dr. Gustavus Elliott in the *N. Y. Medical Record*, the conclusions of which are as follows:—

1. Patients suffering temporarily from the ingestion of an excessive amount of nitrogenized food may obtain relief by taking pepsin, but it is very much more important that they should be warned of the evil consequences which will result from the repetition of such over-indulgence.

2. When annoying symptoms are the result of imperfect digestion of nitrogenized food, which has been taken in moderate amount, and when this is due to a deficiency in the quantity or quality of the gastric juice, it is more important to endeavor to increase the secretion of the gastric juice, than to try to supplement the deficiency by the administration of an artificial pepsin.

3. In acute or chronic indigestion, or dyspepsia, pepsin is sometimes of great value for the immediate and transient relief of distressing or debilitating symptoms, while other measures are being employed to restore the digestion to its normal activity.

4. During the course of, and during convalescence from, certain acute diseases, as well as in some chronic diseases, characterized by transient weakness of the digestion and defective assimilation, pepsin is of considerable value in assisting to increase the assimilation of food.

5. When used for the cure of chronic indigestion and dyspepsia, pepsin is a snare and a delusion, giving a transient feeling of comfort, without increasing the digestive power of the stomach.

We commend these remarks to the thoughtful consideration of our readers.

#### EDUCATION OF THE SENSE OF SMELL.

In these days when so much progress is being made all along the line in the art of making certain diagnoses, one cannot afford to despise any of the senses which may detect something that will increase our exact knowledge of the condition present.

A correspondent, signing himself "Schneider," in the *New York Medical Record*, October 18, very properly calls attention to the value of the sense of smell to the practising physician, and he thinks that more attention should be paid to the cultivation of this sense. Visual objects, he remarks, can be accurately described and recorded so as to be again recognized, but smells can only be vaguely described or compared with some other universally known odor. He

does not give us very much information, as to the significance of the different odors one meets while practising our profession, except the smell of pyæmia, and another smell which he does not quite understand, in the breath of persons who looked sick and anæmic. We can, we think, add a few points for the use of physicians, and which we would recommend especially the young members of the profession to carefully note.

First. There is the odor of tobacco which should be noticed especially on male patients, and which will put one on the track of palpitation of the heart, vertigo, constipation, torpidity of the liver, with one of its reflex consequences—asthma. Then there is the fæcal odor of the breath, which may be noticed in both males and females suffering from absolute or relative constipation; in other words, in whom there is a greater or less amount of decomposed material in the digestive tract, the gases from which are reabsorbed into the blood and eliminated by the breath. There is also the sour breath from the mouth of patients suffering from dyspepsia. Then there is the dead bone smell of decaying teeth, and there is the delicious odor of new milk which is characteristic of health in women. Then there is an odor perceived, alas, too often, of partially burned alcohol, which in the habitual user, acquires a horrible perfume of a mixture of coal oil, methylated spirits, fusil oil and turpentine. It is also not unlike the smell of naphtha. This is very different from the pleasant odor of alcohol before it is drunk. It seems to acquire by partial combustion, this totally different and disgusting odor. There is also an odor with which we are not very familiar, of diabetes, and the most horrible odor of all comes from gangrene of the lungs.

We often say to our students, let no patient pass them without at least feeling the pulse, looking at the tongue, and taking the temperature. If these three are all right, the patient will not be very sick; but we will add in future, the smelling of the breath, to the three other means of diagnosis.

## BOOK NOTICES.

ESSENTIALS OF ANATOMY AND MANUAL OF PRACTICAL DISSECTION. By C. B. Nancrede, M.D. Third edition, revised and enlarged. Colored plates and wood cuts: Philadelphia: W. B. Saunders, 1890. Price, Cloth or Oil Cloth, \$2.00.

The third edition of Nancrede's Anatomy which has just appeared, is a manual of usefulness and value. The publisher has greatly added to the book by the introduction of a large number of beautifully executed plates, which were selected by Dr. Edward Martin, owing to the author's absence from Philadelphia. We have never before seen a book which contained so much in a small space, and yet served as an atlas, quiz-compend, and text-book at one and the same time, which was not so far removed from the grasp of the ordinary student by its cost as to be useless as an aid to general anatomical study. Three editions in less than two years is a success to be envied, and we doubt not that the sales will be doubled during the next year for as a Dissector's manual we know of no superior.

A PRACTICAL TEXT-BOOK OF THE DISEASES OF WOMEN, by Arthur H. N. Lewers, M.D., Lond. M.R.C.P. Lond., Assistant Obstetric Physician to the London Hospital, &c., &c. Second edition, with 146 Illustrations. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street, 1890.

This book is the very ideal work for which the student often wishes, but seldom obtains. The arrangement of the little volume is systematic and concise, so that any subject can be found without trouble. All the articles are fully abreast of the many recent advances in Gynecology. The woodcuts are numerous, and the letter press excellent, being large, clear, and distinct, and printed on the best of paper. Its size is also extremely convenient, so that we can without hesitation recommend it to final year students.

ESSENTIALS OF GYNÆCOLOGY. Arranged in the form of Questions and Answers, prepared especially for Students of Medicine. By Edwin B. Cragin, M.D., Attending Gynecologist to the Roosevelt Hospital, Out-patient Department, Assistant Surgeon to the New York Cancer Hospital, &c. With 58 Illustrations. Philadelphia: W. B. Saunders, 913 Walnut Street. London: Henry Renshaw. Melbourne: George Robertson & Co., 1890.

After a careful perusal of this little work we can heartily endorse the following preface:

No one appreciates more fully than the Author



the inadequacy of this little work for a thorough study of Gynæcology. This has not been the aim. He only hopes that as a means of review and as a summary of the results of more extensive reading, the student may find the work of some value. The Author wishes also to state that in its compilation he has freely consulted, and made use of, the standard works of Hart and Barbour, Thomas, Schröder, The American System of Gynæcology, notes on the lectures of Prof. Geo. M. Tuttle at the College of Physicians and Surgeons, New York, and numerous journals.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS, Consisting of Original Treatises and Reproductions in English, of Books and Monographs selected from the latest literature of foreign countries, with all illustrations, etc. Contents: Suppuration and Septic Diseases, by W. Watson Cheyne, M.B.; Pharmacopœia for Diseases of the Skin, by James Startin; The Nasal Neuroses, by Granville Macdonald, M.D.; Artificial Respiration: The Theory and Practice by Benj. W. Richardson, M.D.; The Newborn Infant—Its Physiology, Hygiene, and Nourishment, by Dr. A. Auvard; The Urine in Neuritic Diseases, by Dr. Alexander Peyer. Published monthly. Price, \$10.00 a year, single copies, \$1.00. October, 1890. New York: William Wood and Company, 56 and 58 Lafayette Place, 1890.

The November number of the *Sanitarian*, forthcoming, will begin the publication of the Transactions of the American Climatological Association held at Denver, Col., September 2, 3 and 4, 1890. All new subscribers for the *Sanitarian* for 1891 sending their subscriptions before the 15th of November, will be supplied with the November and December number gratis. Subscription, \$4.00 a year, in advance. All correspondence should be addressed to the Editor—A. N. Bell, M.D., 113A Second Place, Brooklyn, N.Y.

### PERSONAL.

Dr. Francis W. Campbell, one of the RECORD staff of Editors, returned from England by the Allan Royal Mail SS. "Parisian" the end of September.

### NEWS ITEMS.

AMERICAN ACADEMY OF MEDICINE.—The next Annual Meeting will be held at Philadelphia, Pa., on Wednesday and Thursday, December 3rd and 4th, 1890. Any Fellow who may desire to present a paper will please forward its title,

as soon as possible, to the Secretary, that it may be entered on the programme. Any one not able to attend can forward his paper, to be read at the meeting. The Constitution was altered at the last Annual Meeting, so as to admit, in addition to those possessing the degrees of A. B. and A. M., those who can present evidences of preparatory liberal education equivalent to the same. The Secretary will forward blank forms of Application for Fellowship to any Fellow who may wish to propose new candidates. Dr. J. E. Emerson, Detroit, Michigan, Chairman of Committee on Eligible Fellows, will, in a few days, forward to every Fellow copies of the amended Constitution and By-Laws, List of Members, and other information as to the Academy. Richard J. Dunglison, Secretary, 814 N. 16th Street, Philadelphia, Pa.

Dr. Paul Gibier, Director of the New York Pasteur Institute, informs us of the results of the preventive inoculations against hydrophobia performed at this Institute since its opening (February 18th, 1890). To date 610 persons, having been bitten by dogs or cats, came to be treated. These patients may be divided in two categories:—1st. For 480 of these persons it was demonstrated that the animals which attacked them were not mad. Consequently the patients were sent back after having their wounds attended, during the proper length of time, when it was necessary. *Four hundred patients of this series were consulted or treated gratis.* 2nd. In 130 cases the antihydrophobic treatment was applied, hydrophobia having been demonstrated by veterinary examination of the animals which inflicted bites or by the inoculation in the laboratory, and in many cases by the death of some other persons or animals bitten by the same dogs. All these persons are, today, enjoying good health. *In 80 cases the patients received the treatment free of charge.* The persons treated were: 64 from New York, 12 from New Jersey, 12 from Massachusetts, 8 from Connecticut, 9 from Illinois, 3 from Missouri, 3 from North Carolina, 3 from Pennsylvania, 2 from New Hampshire, 2 from Georgia, 2 from Texas, 1 from Maryland, 1 from Maine, 1 from Kentucky, 1 from Ohio, 1 from Arizona, 1 from Iowa, 1 from Nebraska, 1 from Arkansas, 1 from Louisiana, 1 from Ontario (Can.).

### CEPHALALGIA.

Prof. Weir Mitchell has shown that tincture of eucalyptus given in doses of 5 drops, in gelatin capsules, four to six times daily, is very efficacious in headache. This treatment gives peculiarly satisfactory results in cases where there is cerebral congestion.—*L'Union Medicale*. Aug. 5, 1890, p. 176.