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THE CANADA MEDICAL RECORD.

VOL. XVI.

MONREAL, JULY, 1888.

No. 10.

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Original Communications.

GYNECOLOGY AND OBSTETRICS.

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

As leucorrhœa is sometimes a disease which is very uncomfortable for the patient and tedious for the physician to cure, it may be of interest to draw the attention of the profession to the good results to be obtained by the use of Boracic Acid. Its remarkable powers have been observed over and over again by me when used in purulent otorrhœa, in which the odor is the most disagreeable symptom of the disease. Dr. N. F. Schwartz has reported a number of successful cases in leucorrhœa. (*Archives of Gynecology*, July 1888.) The method recommended is the same as that employed in otorrhœa, and is as follows: First irrigate the vagina with water as hot as can be borne; then a speculum is introduced, and the vaginal walls are carefully dried with absorbent cotton pledgets; sufficient boracic acid is poured through a cylindrical glass speculum to completely distend the vaginal vault, and surround the vaginal portion of the cervix. The powder is held firmly in place by small absorbent cotton tampons, supported by a large aseptic wool tampon. It is odorless, antiseptic, and healing.

Dr. M. H. Lackersteen (in the *Medical Standard*, August, 1886), gives an important communication on the value of Nitro-glycerine in collapse. He cites three cases in which recovery took place after the patient was apparently dead, by means of hypodermic injections of one to ten minims of

the one per cent. solution. In one case, a young married lady who was suffering from the slow passage of a gall stone suddenly collapsed, and brandy, ether and ammonia failed to revive her. Neither respiration nor the heart sounds were detectable. She had been in this condition for nearly half an hour when the attending physician thought of nitro-glycerine, and gave her an injection of ten drops of the one per cent. solution. In a minute there was a gasp but no pulse; the second minute showed irregular respiration, and the heart began to quiver. An injection of one-tenth of a grain of Atropine was then given, and soon after the pulsè became perceptible, the blood began to circulate, and other signs of returning life appeared. The next morning she passed twenty-eight gall stones and a large slough. The second case was that of a young lady who fell into a lake and was submerged for three minutes, and who, after some hours exertion on the part of attending physicians, was given up for dead. Electricity had been applied without value. Four minims of one per cent. nitro-glycerine were injected over the pit of the stomach. Within three minutes evidences of life were manifest.

In the the third case a still-born child was resuscitated by the hypodermic injection of two minims of one per cent. nitro-glycerine, diluted with a hundred drops of hot water, and a proportionate quantity of atropine which was injected into the cord. In a minute the child's heart began to beat, and it is now living.

Would this treatment not be worth a trial in failure of the heart's action during and after labour? I can speak from experience, for having paid a visit

to the nitro-glycerine factory at Belœil near Montreal, I was promptly affected, as were the other members of the party, with a rush of blood to the head and palpitation of the heart.

In the *New York Medical Journal*, Dr. A. H. Goelet maintains that the use of a dilator and intra-uterine stem, by which dilatation is maintained, is a safe, satisfactory and reliable substitute for all the cutting operations upon the cervix heretofore used to overcome stenosis, obstruction, and flexions of the cervical canal. He insists upon using a moderate amount of dilatation, after which he employs the intra-uterine stem, which should be two inches long, that is half an inch shorter than the virgin uterus, and which is perforated through its centre with a considerable sized channel, which allows free drainage from the uterine cavity while it is in position. It terminates in a cup-shaped shoulder which prevents further entrance. This pessary is introduced after the dilatation is completed and retained in position by a cotton tampon, and is kept in usually about a week, the patient being confined to bed. There are three sizes, ten, twelve, and fourteen, the first being used for the first twenty-four hours, the second, the next two days, and after that the third size. To those who object to the stem as dangerous, he says that at one time they did not hesitate to use a sponge or laminaria tent, which blocks the canal, prevents drainage, and provokes constant irritation by its expansive power as long as it is retained. The stem is absolutely clean, allows free drainage, and provokes no irritation if the patient is kept quiet. In an experience of over three hundred cases he has not yet seen an objectionable symptom follow its use. Although this is a very good method I think the treatment of dysmenorrhœa from stenosis of the internal os by means of the negative continuous current through an olive-shaped electrode is a better method. As an instance of the good result following the treatment of dysmenorrhœa by means of the negative continuous current, I might mention the following case: Mrs. M., aged 26, came to me on the 23rd of May; had been attended by me six years ago for a miscarriage, or rather for the hemorrhage, which had lasted seven eight weeks when I saw her. After appropriate treatment she became regular although the flow was scanty, only lasting a day and a half, and there was a good deal of pain on the first day; the uterus was hard and immovable, and the sound went in with the greatest difficulty three and a half

inches. I gave her forty Milliampères, negative five minutes, when the sound came out with the greatest ease.

On the first of June I gave her fifty M, neg. five minutes; the sound entered quite freely, although a similar one had entered with difficulty the week before. She says she feels much better since.

On the seventh of June she informed me that she had menstruated since, and that it lasted three days instead of a day and a half, and that she did not suffer at all. I gave her 75 M., neg. five minutes.

July 7th she called to say that she had passed through a second menstrual period without any pain whatever; it lasted from Wednesday to Saturday morning, and was more profuse than it had been for two years, but not more than normal. Her bowels were regular every day, and she passed water without any discomfort.

August 2nd, she has now passed through three menstrual periods free from pain. She has had altogether three applications of the——current, gradually increasing in strength from forty to seventy-five M.

I have many similar cases recorded, but their history is pretty much the same as this, and the result has been generally quite as satisfactory, although in one case there was a slight return of the pain, requiring a few more applications of the current. I am not the only one who can speak thus well of this method of treating dysmenorrhœa. It might be well for me to remark, however, that it is only or at any rate especially useful in those cases of stenosis, in which the contraction of the canal is due to an inflammatory condition of the endometrium, or of the fibrous tissue in the uterine wall surrounding the internal os. I have no doubt whatever that the benefit which I have invariably found to follow its use is due to the resorption of this fibrous thickening. I do not think that this form of the current would be suitable for spasmodic cases, as there is generally a little hyperæmia of the mucous membrane following the application of the —— pole. I also think that I perhaps used a stronger current than was necessary, as in strictures of the urethra, I have dilated up to twenty-eight French with a current not exceeding five M., for 10 or 15 minutes.

Doleris, one of the leading gynecologists of Paris, occupying a position similar to that of Munde in New York, says in the *Annales de Gynecologie*, that since 1885 he has adopted in the treatment of uterine displacements the combination of

plastic operations, colporrhaphy, perineorrhaphy and trachelorrhaphy with shortening of the round ligaments, for experience has shown, he says, that isolated operations are quickly followed by a return of the displacement. In thirty cases thus treated he has had twenty-seven cures and three partial failures. In a private letter which I have lately received from Dr. Kellog, of Battle Creek, Mich., he writes: "I have been doing a considerable work with Alexander's operation, and performed my fifty-fourth case the other day. I have got the operation down to a pretty fine point, so that I now do it without ether. I usually find the ligament in from six to seven minutes, so I make short work of it."

Although I have seen pretty good results in suitable cases from this method alone or combined with colporrhaphy, I have been investigating in another direction, namely, to ascertain whether tone may not be restored to the relaxed muscular fibres of the uterine ligaments, by means of the interrupted faradic current. My paper on this subject may be seen in the *American Journal of Obstetrics* for June, 1888. I am inclined to think that we have in this means a resource which may prove of the greatest possible advantage. Speaking of fibroids, my friend, Dr. Kellog, writes that he is obtaining cheering success with Apostoli's method; although he says he does not succeed in getting the patient to bear as large a current as I frequently do, namely, 200 to 250 milliamperes. This is probably owing to difference in size of the electrodes; the larger the electrode the less the friction and the greater the current that may be borne. He says he has discharged several patients cured, and has several more progressing rapidly in that direction. My own success with Apostoli's method in treating fibroids has gratified me more than anything I have ever done; I have at present eight cases under treatment in various stages of recovery.

I intend to give a full report of every case I have treated, but in the meantime I can say that its use has always been followed by great relief or more often complete cure of the pain.

Secondly: that menstruation has been rendered normal both as to time and to quantity.

Thirdly: That the flow has been increased when it was scanty, and diminished to normal when it was profuse.

Fourthly: That the size of the abdomen has invariably diminished, although in some cases it

was not striking, and in other cases the decrease in the size of the tumor has been counterbalanced by a large deposit of fat in the abdominal wall. Fifthly: The obstinate constipation and the distension of the colon with gas has invariably been removed;

And Sixthly: The canal which sometimes resists the introduction of the sound during 5 or 6 s \acute{e} ances has become in every case a matter of the greatest facility to enter.

I frankly admit it is tedious, requires untiring attention to details, and is only absolutely safe on the condition that the latter are never for one moment neglected.

As several cases of acute poisoning with Bichloride of mercury have been lately reported in medical journals of different countries, and as I have had one case which I have already reported, in which diarrh \acute{o} ea and collapse occurred after an intra-uterine injection of a one in three thousand solution, it would be well to warn obstetric practitioners of the danger of using Bi-chloride for those purposes. Although I was at the time under the impression that the accident was due to my having neglected to thoroughly empty the vagina of the surplus liquid retained there, the writers who have reported the cases I now refer to seem to be of the opinion that the absorption took place through the placental site of the uterus, and this opinion would seem to be borne out by the fact that I have given several thousand vaginal douches of the one in five thousand bi-chloride solution, without a single bad effect. In any case, I think it would be better to discard the corrosive sublimate altogether in obstetric practice, as we possess in the permanganate of potash a means totally devoid of danger, yet probably quite as effective. I have been for many years in the habit of using it after delivery in the strength of one in forty of the Liquor Pot. Permanganatis, and invariably with the result of speedily reducing the temperature when above normal. In fact, with a thermometer carefully used to detect the disease at the beginning, and a return flow Fritz-Bozeman's intra-uterine catheter, and plenty of permanganate solution, I almost feel that I might bid defiance to puerperal fever, as out of 367 cases I have not lost one from this dread disease, the only death which I have ever had being a case of heart failure in a woman, whom I saw for a confr \acute{e} re, and who was delivered prematurely and incidentally. In every case of abnormal

temperature the fever has been immediately brought down by the removal of the septic material by the permanganate or carbolic acid solution, which I sometimes use when the permanganate is not at hand. There is still a growing feeling that the less the parturient woman is examined the better, even by the doctor, still more is it absolutely necessary that the patient be warned not to allow herself to be examined by the mid-wife or nurse, who has no idea of the germ theory and the value of nail-brushes.

From inquiries which I have been making among my confrères, both in town and country, I have reason to believe that the death rate in mid-wifery in private practice has very greatly decreased during the last year or two, although in lying in hospitals it is still much larger than it should be, owing, no doubt, to the difficulty in making student nurses or pupils believe in the existence of disease germs. Many of the best teachers on the continent are beginning to employ external palpation alone for diagnosing the position of the fetus.

I had the pleasure a few weeks ago of assisting Dr. Gardner at a Tait operation for laceration of the perineum. Until I had seen it I could not have believed that it could have been so simple, and that the result could be so satisfactory. It consists simply in splitting up the rectal and vaginal flaps of the recto vaginal septum to a depth of half an inch or so, and extending upwards to the last myriform caruncle on either side. The two sides are then brought together with three or four silk worm gut sutures, which are left in for ten or eleven days. By introducing them a line inside the edge of the skin, the patient is saved the pain which would be caused by the traction on the skin. She should especially abstain from drinking any milk for two weeks after the operation, because it always causes large, solid stools. Her principal nourishment should be thin gruel and beef tea, which leave almost no residue.

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF
MONTREAL.

Stated Meeting, May 4th, 1888.

JAMES PERRIGO, M.D., PRESIDENT, IN THE
CHAIR.

Dr. W. G. Stewart was elected a member of the Society.

Hemiglossitis.—Dr. SHEPHERD described a case of hemiglossitis which had recently been under his care in the General Hospital. The patient was a young man, 30 years of age, and the glossitis was limited to the right half of the tongue. The attack was ushered in by fever and malaise, and the case rapidly recovered. Dr. Shepherd remarked that this was a very rare affection, and much less severe than ordinary glossitis. It usually occurs in the left half of the tongue.

Severe Burns treated by Skin-grafting.—Dr. BELL exhibited a case of severe burn of the forearm treated by skin-grafting. Patient, aged 24, had both forearms severely burnt with boiling beer. After a couple of weeks' treatment both forearms and arms from the wrists to two inches above the elbow joints were found to be deprived of skin and covered with granulations, with the exception of a narrow, irregular patch on the posterior surface of each forearm where vesication only had occurred. On the 6th of January, 1888, the granulating surfaces were scraped with Volkman's spoons, thoroughly cleansed with sublimate solution, and covered with skin transplanted from the thighs by Thiersch's method. The dressings were removed at the end of three weeks, when it was found that the skin had taken everywhere with the exception of a few small isolated spots. These were afterwards transplanted in the same manner, and the skin completely reproduced. The patient has now been at work for over a month, and his arms remain perfectly well, the skin remaining unbroken and free from contraction.

PATHOLOGICAL SPECIMENS.

Parenchymatous Nephritis.—Dr. H. A. LAFLEUR exhibited for Dr. R. L. MacDonnell specimens from a case of chronic parenchymatous nephritis. Both kidneys were enlarged, soft, and of a mottled, reddish-yellow color. The capsules were non-adherent. The cortex was thickened and its striation indistinct. Under the microscope some of the tubules were found denuded of epithelium, while in others the lumen was occupied by a fatty granular detritus. The glomeruli showed commencing amyloid change.

Epithelioma of Inferior Maxilla.—Dr. LAFLEUR exhibited for Dr. Shepherd half of the inferior maxilla, removed for epithelioma, secondary to disease of the lower lip. The mass of new growth was situated at angle of the jaw, and contained in its central portion a yellowish grumous

material and a thin mucoid fluid. Numerous epithelial cell-nests were seen with the microscope.

Dr. SHEPHERD stated that the disease had recurred after removal of the lower lip, eighteen months before. The patient was a man aged 50, and in good health. There was some enlargement of the cervical glands. The jaw was removed without much difficulty and with little hemorrhage, but in dissecting out the infiltrated glands in the neck which were behind the vessels the jugular vein was torn and had to be ligated. The patient made a good recovery, the temperature never rising above 100°. Dr. Shepherd mentioned that this was the fourth time he had tied the internal jugular vein in the course of operations on the neck, and had never seen any bad results follow.

Exostosis Bursata.—Dr. BELL exhibited an exostosis which he had removed from the inner border of the lower end of the right femur in a boy 10 years of age. The bony growth, which was about the size of a flemish apple, appeared to spring from the linea aspera below the epiphysal line. It had a bony pedicle about three-quarters of an inch long and about half an inch in diameter, and grew upwards and inwards at an angle of about 45° with the line of the shaft of the femur. Its surface was rough and covered with cartilage in small isolated pieces, which were closely placed, and formed a continuous layer over its surface, and the whole was enclosed in a perfectly formed synovial membrane, which became continuous with the periosteum of the pedicle at the cartilaginous border of the tumor, and contained about half an ounce of clear, amber-colored, viscid synovial-like secretion, in which floated loosely fifty-four small cartilaginous bodies exactly corresponding to the "floating cartilages" occasionally found in joints, especially the knee and elbow. The tumor was said to have been noticed nine years ago as a small *soft and movable* growth, about as large as a marble. It grew steadily, but only four years ago it became fixed and felt hard. It never gave any pain or other symptom except inconvenience and fatigue of the muscles in walking, and especially in going up-stairs. The only record of any similar cases which Dr. Bell has been able to find was in a paper read by Dr. Fehleisen at the fourteenth Congress of the "Deutschen Gesellschaft für Chirurgie" in Berlin in 1885. In his paper entitled "*Zur Casuistik der Exostosis Bursata*," Dr. Fehleisen reports a case which had occurred in Prof. Bergmann's Klinik, and refers to another

which had occurred in Billroth's klinik in 1863, and which he believes to be the only one on record at this time (April, 1885). These two cases corresponded with the case related by Dr. Bell in every particular. In Bergmann's case the synovial membrane contained about 500 loose cartilaginous bodies (486 were collected) and in Billroth's case 35 were found.

The latter case was carefully investigated by Rindfleisch, who came to the conclusion that it had originated, not as an ordinary exostosis from the intermediary epiphysal cartilage, but as an echondrosis of the cartilage of the joint, which had pushed out a portion of the synovial membrane, which in time had become cut off from the joint, and formed a separate sac over the tumor. Fehleisen, however, attributes these tumors to a developmental error by which a group of cells, separated from the joint and lying dormant as an indifferent cell mass for a variable period, springs into active growth, and produces this special form of exostosis. He also points out that, although the ordinary exostosis which frequently grow from the epiphysal line at the ends of the long bones, especially the femur and humerus, are often covered or partially enclosed in *bursæ mucosæ*, these cavities never contain free cartilaginous bodies. Moreover, he ascribes the origin of the free "floating cartilages" to tufts of the synovial membrane, in which are found minute islands of hyaline cartilage, which develop and are set free into the cavity of the synovial sac, both in the larger joints and in the exostosis *bursata*.

Discussion.—Dr. SHEPHERD said the case was a most interesting one from the light it threw on the formation of floating cartilage in joints. He was convinced that the little buds of cartilage growing from the inside of the synovial membranes were the origin of the free cartilaginous bodies. They no doubt grew till they fell off from their own weight. This form of exostosis he had never seen before; the ordinary exostosis is comparatively common, and grows from the epiphysal cartilage, and stops growing with the maturity of the individual. He had seen two well-marked cases within the last few weeks; one was in a boy of 16, which had reached a considerable size and was continually growing. Billroth, in his *Clinical Surgery*, mentions a case of exostosis *bursata olecrani*.

Dr. FENWICK said that this case was a unique one, so far as his experience went. He had in his possession a large exostosis of the lower end of

the femur. It had firm compact tissue on the outside, but inside it was made up of loose cancellous tissue with a number of free pieces of bone. He had obtained this from the dissecting-room, and he was unable to say whether or not there was a bursa in connection with it, but it was covered with cartilage.

Patent Foramen Ovale.—DR. RICHARD MACDONNELL exhibited a heart showing a patent foramen ovale. The heart had been found in the dissecting-room last winter. The body from which it was taken was that of a young woman, age 25, who had died in the Montreal General Hospital of phthisis with empyema. Dr. MacDonnell first saw the case in 1883, when she came to the out-door department, suffering from primary syphilis. She was very thin and delicate, but there was no evidence in life that she suffered from any vascular derangement. Her mental faculties were defective. During that year she was a constant attendant at the clinic, presenting many well-marked symptoms of secondary syphilis, notably alopecia, sore throat, and iritis. In 1884 and 1885 she was admitted to the wards on several occasions, and her chest was frequently examined, but no evidence of cardiac disease was ever found. The last admission was on May 8th, when distinct evidences of phthisis were seen. She died June 7th, 1887, with extensive softening of right lung and a thickened pleura containing pus. Dr. MacDonnell thus had the case under observation for four years, without having noticed any cardiac symptoms or physical signs of defective heart action. The opening in the fossa ovalis was of large size.

Suprapubic Cystotomy.—DR. RODDICK exhibited a calculus weighing 15 drachms, which he had removed from a man, aged 52, by the suprapubic operation. Twelve years ago he had removed a stone from the same man, by the lateral operation. He remained well up to eighteen months ago, when symptoms of stone reappeared. He preferred the suprapubic operation on this occasion, because of the large size of the stone, and because he had formerly performed the lateral operation. He did not suture the bladder.

Discussion.—DR. FENWICK was present at the operation, and congratulated Dr. Roddick on the success of his operation. He, however, saw no reason why a previous operation should contraindicate a second one. He had several times operated a se-

cond time with success; on one patient he had operated four times successfully. He thought that entering the bladder by the perineum is the most natural way, and there is no danger of hemorrhage and infiltration of urine as in the suprapubic. He had removed very large stones by the lateral method by cutting both sides of the prostate.

DR. SHEPHERD could not agree with Dr. Fenwick that lateral lithotomy was the most natural and easiest operation. In cases of suprapubic lithotomy he preferred to introduce a drain in the abdominal wound and to saturate the bladder, so that if the bladder did not unite by first intention there would be an outlet for the urine. The bladder should be drained by a catheter in the urethra.

DR. BELL said the bladder could not be thoroughly drained through the penis. He believed the operation of the future will be suprapubic lithotomy with drainage through the perineum.

DR. RODDICK, in reply, said that the chief reason why he had made use of the high operation was on account of the large size of the stone. With regard to suturing the bladder, recent disastrous results had been reported by Thompson and others.

Poisoning by Bichromate of Potash.—DR. RUTTAN read for Dr. Lafleur and himself a paper on bichromate poisoning.

DR. STEWART asked Dr. Ruttan if the ordinary symptoms produced by nitrites could be explained by the formation of hæmoglobin.

DR. REED referred to a case of bichromate poisoning reported in the London *Lancet* in which death occurred in 55 minutes. The man had taken four drachms of salt. Cases of recovery after taking 10 to 15 grains had been reported. Symptoms were vomiting, pain and hemorrhage.

DR. RUTTAN, in reply to Dr. Stewart, said that while the toxic symptoms of nitrites were, in his opinion, undoubtedly due to methæmoglobin, the ordinary nervous symptoms produced by nitrites could not be so easily accounted for. The methæmoglobin in the blood, by preventing the proper oxidation of cerebral centres, must impair their functional activity. The lowered temperature after the administration of nitrite of amyl and potassium nitrite is more easily explained by deficient oxidation produced by this blood change than any other way.

Stated Meeting, May 18th, 1888.

DR. TRENHOLME IN THE CHAIR.

New Members.—Drs. J. H. Bell, R. C. Kirkpatrick, J. A. Springle and J. E. Orr were elected members of the Society.

Malignant Tumor of the Spine.—DR. LAFLEUR exhibited specimens and sections from a case of alveolar sarcoma of the vertebræ. At the autopsy performed by Dr. Bell, a tumor was found involving the posterior part of the bodies and the laminae of the 9th and 10th dorsal vertebræ and the inter-vertebral cartilage. There was in this situation unusual mobility of the vertebral column and slight prominence of the spinous processes. The new growth could also be felt anteriorly at the base of the pleural sac as a convex bony ring half an inch in thickness, which was found to be the expanded and ossified edge of the 9th inter-vertebral disk. There was no involvement of the prevertebral structures, but the spinal muscles on both sides of the affected vertebræ were infiltrated. A longitudinal section of the vertebræ showed that the cord was affected only from pressure by the new growth, which completely surrounded it. Below the point of pressure the cord was softened. The ninth inter-vertebral disk was destroyed, all that remained being a thin calcareous plate between the vertebræ and the ossified edge of the cartilage before mentioned. On the under surface of the left lobe of the liver there was a secondary nodule as large as a small hazel-nut, and of a pinkish-white color. This was the only metastatic growth in the body. Microscopically the growth was found to be an alveolar sarcoma, consisting of somewhat large oval cells, with large nuclei in an alveolated fibrous stroma. The cells did not lie free in the alveolus, but were held together by a network of fine fibres derived from the alveolar wall. In the secondary nodule from the liver the alveolar structure was more obscure. Patient suffered from chronic cystitis and bed-sores, and the immediate cause of death was a double basic pneumonia.

Dr. BELL gave the following history of the case;—The patient was a man, age 60 years, who had long been a hard drinker, but who had never had venereal disease of any kind. He began to complain of "lumbago" in November, 1887, which grew worse until, in the early part of March, his legs grew so weak that he could not get about.

Complete paraplegia soon followed, incontinence of urine, loss of sensation around the abdomen. A painful prominence was noticed over the fourth and fifth dorsal vertebræ, and he experienced great pain in this region when being moved. He sank rapidly, and died from a hypostatic pneumonia.

Dr. STEWART said that he saw the patient, and found loss of motor power and partial loss of sensation, which were strong indication of pressure. The systemic disturbance was too great to be accounted for except by the presence of malignant disease.

Some Clinical Observations on Syphilis.—Dr. RODDICK read a paper on the above subject.

Discussion.—Dr. BELL said that Dr. Roddick's interesting series of cases suggested several cases in his experience in which the disease had been contracted in an unusual way. One case was that of a young lady who had a doubtful-looking sore on her lip which was followed by secondary symptoms. The cause of the primary sore was traced to her having been kissed by a man who at the time was under treatment for secondary syphilis. Later the patient showed many symptoms of secondary syphilis. In his experience, cases treated with potassium iodide are not relieved so rapidly and certainly as when treated by mercury, except in the tertiary stage of the disease. He had met cases supposed to be receiving treatment without mercury which were really undergoing mercuria treatment.

Dr. MACDONNELL said that the peculiar liability of glass blowers to take syphilis is mentioned by very old writers on this subject. It is strange there is not more extragenital syphilis contracted than there is. The habit of using public combs and brushes in hotels and in barber shops is very dangerous, yet he had never heard of a case where the disease was contracted in this way. With regard to treatment, he believes in the use of mercury from the very first. Cases where treatment is delayed are apt to be more violent. Dr. MACDONNELL asked Dr. RODDICK in what cases of chancre he would recommend the use of mercury at once.

Dr. SHEPHERD had seen secondary symptoms follow in the case of a girl bitten by another girl on the lower lip. A small indolent but well-defined sore marked the spot where the wound was made. Dr. Shepherd also referred to the case of a medical man, who would not be likely to overlook a specific sore on himself, that came to him with marked

secondary symptoms, but could give no idea of how he had contracted the disease beyond the fact that he was exposed to it in the course of his practice. He had never had anything resembling a primary sore. With regard to treatment, he did not believe it was always, not even generally, possible to abort the secondary symptoms by immediate treatment. The Germans are divided between the value of baths and of mercury. He believed that mercury at least had the power of postponing the secondary rash. He was in the habit of waiting until the early secondary symptoms appeared before beginning specific treatment. He had lately seen several cases of multiple chancre where, after a week or ten days, one or more would take on the appearance of a hard chancre, and then only yield to mercurial treatment. Hutchinson thinks that cases can be cured from the beginning, but this has been disputed. A class of patients that are difficult to treat are those in which severe salivation follows very small doses of mercury. He always uses mercury in the primary and secondary stages, but prefers potassium iodide in the tertiary. Where potassium iodide disagrees with the patient, the ammonium salt is often found serviceable. Some recent observations and comparisons go to show that, in Portugal, at any rate, syphilis is not of so virulent a type as formerly.

Dr. J. C. CAMERON held Hutchinson's opinion as to the curability of the disease. He finds in many cases small doses of grey powder a very efficient way of introducing mercury. He had seen cases of soft external sores that subsequently took on a specific appearance from contamination, owing to the presence of an unsuspected hard sore in the urethra. He did not think medical men, as a rule, expressed themselves strongly enough regarding the best means of prophylactic treatment. This is a matter that should be taken up and dealt with by every Board of Health. He advocated a rigid system of inspection. In cities in Europe where this has been done the frequency of the disease has rapidly decreased. He was lately informed by a surgeon of a case where one hundred men had been infected from one source. At a recent meeting of the Academy of Physicians in Paris, several sessions were devoted to the discussion of this important subject.

Dr. RODDICK, in reply, said he quite agreed with the last speaker, that something should be done to protect innocent persons from this disease. In answer to Dr. MacDonnell, he said that the history

of a sore was the best guide to the treatment. He finds that if the sore comes on over ten days after exposure, in at least 85 per cent. it is hard chancre. In doubtful cases he waits for the appearance of enlarged glands in the groin. It is not to be forgotten that soft sores sometimes take on a specific character after a few days. He had given grey powder in one-grain doses, but not habitually. He usually administers mercury in the form of $\frac{1}{4}$ grain protiodide pills. He has found that where potassium iodide disagreed with a patient, sodium iodide could be substituted with advantage. In conclusion, Dr. Roddick said he was satisfied that syphilis was less virulent now than formerly. The aggravated rupial syphilis of the older writers is now very rare; doubtless the poison is becoming attenuated.

Stated Meeting, June 1st, 1888.

JAS. PERRIGO, M.D., PRESIDENT, IN THE CHAIR.

Dr. C. W. Haentschel was elected a member.

Fibrous Tumor of the Thigh.—Dr. LAFLEUR exhibited the specimen for Dr. Fenwick, and said that the tumor, a fibro-sarcoma, was oval in shape, 7 in. long, 4 in. wide and 3 in. thick, very firm and hard, and invested in a fibrous capsule. On section the central part was found to be ossified, and of a greyish white colour, while the outer portions were soft and of a pinkish-white colour. The latter showed under the microscope interlacing bundles of spindle cells, with oval nuclei, while the former consisted of an irregular alveolar structure simulating bone, with very few spindle cells.

Dr. FENWICK said that the tumor was removed from a woman aged 45. The patient had no constitutional symptoms of cancer, and there was no enlargement of the inguinal glands. The tumor felt quite movable, but was bound down by fascia. It was eight years in growing, and its appearance as a flat, firm swelling could be traced to a strain caused by lifting a sewing machine. The patient said that she remembered feeling something give way at the time. It was for most of the time quite painless, but latterly, on exertion, sharp paroxysmal pain was produced. There was no tenderness on pressure, and no spots of softening could be felt. The operation was difficult, as the growth was deeply seated on the anterior surface of the right thigh, beneath the muscles, and was firmly attached to the deep fascia. The patient was now convalescent.

Enlarged Testicle.—DR. LAFLEUR exhibited an enlarged testis recently removed by Dr. Roddick. Testicle was the size of a turkey's egg, uniformly enlarged, and very firm and elastic to the feel. On section the epididymis was found to be entirely converted into a somewhat firm caseous mass of a dull yellow colour. The body of the testis, which was of a greyish color, was studded with gelatinous-looking nodules, having the size and appearance of boiled tapioca grains, and in the centre of each of these was a minute caseating point. Towards the epididymis these caseating points coalesced, forming bands from the Body of Highmore to the circumference of the testicle. Microscopic examination showed that each caseating point corresponded to a seminal duct, the lumen of which was filled with a granular detritus, while the caseating process extended to some distance around each tubule. The intercellular tissue was greatly increased, and consisted of a coarse reticulum, in the meshes of which were small lymphoid cells and several multinucleated giant cells. The spermatic cord was thickened and hard, and showed a small-celled infiltration around its lumen which was filled with a granular debris. The case appeared to be a somewhat anomalous one of tubercular testis, the change affecting the body of the testis generally as well as the epididymis; the rapidity of the process was remarkable, and might, perhaps, account for the absence of a usual soft semi-fluid caseous matter generally found in such cases.

The following history was furnished by Dr. Roddick: The patient, a thin, anæmic-looking man about 46 years of age, good family history, had had two attacks of gonorrhœal orchitis several years before, from which he apparently perfectly recovered. The present trouble began suddenly in October last without apparent cause, the testicle becoming hard and enlarged after an emission. The pain was never great, although the swelling gradually increased until it reached the size of a large turkey's egg. It was dense in feel, with the exception of a spot on the anterior aspect which fluctuated, and from which about a drachm of straw-colored fluid was withdrawn with the hypodermic needle. Dr. Wilkins, who first saw the case, strapped the testicle, and thus gave great relief from the dragging sensation experienced. He handed the case over to Dr. Roddick, who applied counter-irritation in various forms, but with very indifferent results. Latterly the cord became firm-

er and more thickened than normal, and on the 20th of June the testicle was excised. The case was looked upon as a very obscure, and no diagnosis was made.

Tumor of the Spinal Cord.—DR. LAFLEUR exhibited for Dr. R.L. MacDonnell a small, oval tumor removed from the spinal cord at an autopsy. The tumor, which was somewhat bean-shaped, being 2.5 centimetres in length, 1.00 cm. in breadth, and 1.00 cm. in thickness, was situated in the anterior and right surface of the cord, at the level of the sixth pair of dorsal nerves, 17.50 cm. from the cauda equina. It lay between the layers of the arachnoid and was freely movable, being nowhere attached either to the cord or to the dura mater. Two small nerve filaments from the cord passed behind it, but were only superficially attached to it. The tumor was moderately firm and elastic, and was invested by a distinct, thin, fibrous capsule. On section, it was of uniform consistency, and of a yellowish-grey color. Under the microscope, it was found to consist entirely of irregularly distributed bands of nucleated fibrous tissue. No nerve elements and few blood vessels were found in it. The cord below the tumor was very soft and shrunken.

DR. MACDONNELL said that the patient was a man about 50 years of age and of large frame. Three years ago he began to have difficulty in walking, and complained of severe pains in limbs. The gait at this time was spastic, the reflexes were increased, and there was marked ankle clonus. The paresis in lower extremities increased gradually, the patient becoming finally completely paraplegic, with loss of reflexes and sensation, and loss of power in the anal and vesical sphincters. He remained in this condition for eighteen months, during which time he had complete use of his upper extremities and trunk muscles. The cause of death was a double basic broncho-pneumonia. The diagnosis of spinal tumor was not made, the patient being supposed to suffer from sclerosis of the lateral columns of the cord.

DR. SPENDLOVE then read the following paper, entitled

Some Observations upon Tapeworms.

Having met with a number of cases of tapeworm during the past four years, I propose to make some remarks upon what I have observed in connection with them, and the treatment which I have found the most successful in their removal:

Of the several species of tapeworm, two only are

common to America—the *Tænia solium*, or pork tapeworm, and the *Tænia medio-canellata*, or beef tapeworm. The pork tapeworm is most frequently met with in the Southern States; the beef tapeworm in the Northern States and Canada. The origin of both species in man is from eating raw or underdone measley pork or fish, in the case of the pork tapeworm; and raw or underdone measley beef, in the case of the beef tapeworm. The measle is seen as a round or oval, hard and whitish body, from the size of a mustard seed to that of a pea; it contains a sac of connective tissue enclosing the solex or larvæ tapeworm. When the measle is swallowed by man, the covering of connective tissue is digested in the stomach, the solex is released, passes into the small intestines, becomes attached to the mucous membrane by its head, develops and grows into the adult worm. The time usually taken for the growth of an adult worm is from three to four months.

The principal differences between the two species of adult tapeworms are the greater length of the *Tænia medio-canellata*, the larger size of the head, the absence of hooks, the greater length, breadth and thickness of the individual joints, and the more fully developed sexual organs.

Regarding the symptoms, there are none which are diagnostic of tapeworm; it is only when some of the joints have been passed that we can arrive at a positive diagnosis. Yet there are certain groups of symptoms, principally of a reflex nature that should make us suspicious of its presence. For example, when we meet with certain cases, where several well-marked nervous symptoms are present, without reference to any special lesion of the nervous system,—if there are periods of perfect or nearly perfect freedom, and especially if to these are added various ill-defined symptoms of digestive disturbance, if we do not in these cases have tapeworm in the mind's eye, we often do an injustice to our patient, an injury to our professional reputation, besides helping to feather the nest of the quacks.

Treatment.—It is the treatment with pumpkin-seeds, *Cucurbita pepo*, that I wish to direct your attention, and particularly the manner of giving them, which I have found the most successful, and which is as follows: First allow the patient to take a good dinner in the middle of the day; to eat nothing at night; before going to bed take a dose of sulphate of magnesia (Epsom salts) sufficient to cause a free movement of the bowels; after this has

taken place, give half to two-thirds of a teacupful of pumpkin seeds free from the shell, direct them to be eaten slowly, to be well chewed, and to be taken dry. About three hours after give the second dose of sulphate of magnesia; after that the patient can take his regular meals. In the majority of cases the worm appears from 5 to 9 p.m.

I would particularly call your attention to the manner of giving the seeds dry, to be well chewed, and not made into an infusion or emulsion, as generally directed.

Regarding the *modus operandi* of the seeds upon tapeworm, from the fact that they act best given dry and well chewed (which is the best method for the absorption of their active principle, a fixed oil), and from the fact that in every case the tapeworms have come away unbroken, and in many cases alive, including the head, I am of the opinion that it acts through the circulation upon the head, and not as an irritant to the body of the worm. I will cite a few of the more important cases only, to show the action of the medicine.

Case 1.—Painter by trade; brought me some joints of a beef tapeworm he had passed. The only symptoms were slight abdominal uneasiness, if he did not have his meals at regular intervals. Gave sulphate of magnesia and pumpkin seeds in the form of an emulsion; no effect. A few days after gave magnesia and the seeds dry; *Tænia medio-canellata*, twenty-five feet. Three months after, more joints passed; gave magnesia and seeds as directed; *Tænia medio-canellata* twenty feet. I subsequently obtained some smaller worms of the same species from this patient. I then gave him a mixture of potassic bromide and infusion of gentian. There has been no return in three years. I have found this mixture very efficacious in removing the abnormal condition of the bowels which is so frequently met with in these cases.

Case 2.—Middle-aged gentleman, born in Malta; uses tobacco and liquors in moderate quantities, but habitually and for a long time; brought me several joints of a *Tænia solium* that he had passed. Gave magnesia and seeds as directed. *Tænia solium* of seventy feet. No return in three years.

Case 3.—Mechanic, born in the Southern States; had tape-worm for twelve years; repeated attempts at removal during this time, but never successful in getting the head, and it rapidly grew again. Two years previous to his consulting me he contracted syphilis; secondary symptoms severe and obstinate; had taken mercury for nearly two years,

consulted me for the syphilitic lesions and not for the tapeworm; said he had given up all hopes of having it entirely removed, and it gave him no inconvenience beyond the disagreeable sensations produced by its coming down when he was walking, sometimes as far as the knees, returning again to its former abode. Gave magnesia and seeds; *Tænia solium* twenty feet; no return in four years.

Case No. 1 shows the rapidity with which the tapeworm grows; the whole number being removed within eight months, the second one of twenty feet, three months after the first one.

Cases No. 2 and 3 show that the habitual use of tobacco and liquors, that syphilis and the prolonged use of mercury, have no effect upon tapeworm.

Progress of Science.

HOSPITAL NOTES.

QUINSY.—Pancoast showed a case of acute tonsillitis, for which he applied the antiphlogistic knife to the affected organs, and directed the patient to steam it well. Take an ounce of tinct. of myrrh, a pint each of water and of vinegar, boiling hot; throw a towel around the patient's head, and let him inhale the steam until he is in a profuse perspiration. This is very soothing to the inflamed mucous membrane.

NASAL CATARRH.—Pancoast advises the following as very useful in acute or chronic catarrh:

Borax	ss
Tincture of myrrh.....	ss
Honey.....	ij
Infusion of cinchona, q. s. ad f3 iv.	

M.S.—A little to be poured in a cup of cool water, and snuffed up the nose occasionally.

FOR ANEMIA WITH CONSTIPATION:

R. Elix. cinchonæ.....
Sp. aromatici aa part aq
M. S.—f3 j to f5 ss several times daily.

R. Ext. ignatiæ amaræ..... gr. ʒ/3
Quinina sulphat..... gr. ij
Capsici pulv..... r. ½

M. ft. pil. S—Thrice daily.

A little carbolic acid may be added if the stools be fetid.—PANCOAST.

UNIVERSITY HOSPITAL.—Pepper reports the expulsion of *tænia solium* with head. The following was the procedure: The patient fasted during the day, and took a saline purge in the evening; the next day f3 ij of oleo-resin of male fern was given, rubbed up with sugar, at 7 A. M., 8 A. M. and 10 A. M. With the last dose a saline purge was given. He says it is useless to trifle with smaller doses of male fern.

ACUPUNCTURE IN LUMBAGO AND SCIATICA.—Pepper strongly recommends this little operation, which savors so strongly of empiricism. It should be done aseptically, and the needles, or rather strong steel pins, rather less than half the diameter of steel knitting needles, should be thrust to the bone. His theory as to the relief often afforded is, that the inflammatory exudation confined by dense fibrous structures, and which causes the pain, is drained off by the punctures.

RHEUMATOID ARTHRITIS.—Osler recommends arsenic in the form of Fowler's solution. He begins with gr. iiii thrice daily, gradually increasing to the limit of tolerance, as shown by diarrhoea or slight ophthalmia. He has given 35 minims three times a day without bad results.

HEPATIC CHILLS.—Osler showed the liver and duodenum from a marked case of Charcot's hepatic intermittent fever. A gall stone about three-quarters of an inch in diameter was impacted at the mouth of the common duct. The patient had chills and a temperature of 104° F., at irregular intervals—followed by marked jaundice. Prof. Osler regards these attacks as analogous to those caused by the passage of an urethral instrument.

IRRITABLE BLADDER.—Goodell gives from 30–40 grs. of asafoetida per day. He has had incontinence after dilatation of the urethra by the finger in only one case. This patient loses two or three drops only, when she laughs or sneezes, but thinks nothing of this.

SCROFULOUS ABSCESSSES.—These Agnew evacuates, removes all broken down tissue with curette and scissors, ligates bleeding points, inserts a drainage tube. After sewing up the wound he applies the usual antiseptic dressing.

MEDICO-CHIRURGICAL HOSPITAL.—After an attack of syphilitic laryngitis, the vocal cords rarely regain either their normal color or smoothness; and if the patient has a singing voice, his voice will never again be as clear, or have as high a compass as before.

Iodide of potassium will seldom relieve superficial syphilitic laryngitis, but the iodides of mercury will remove the trouble, sometimes with almost startling rapidity.—*Stern.*

CHRONIC ECZEMA.—A case of general eczema shown, contracted during the war. From head to foot the man's skin is rough, scaly and indurated. For some time he has been treated by the mouth, but his alimentary canal is in so poor a condition that medicine by that route seems not to get into his system. This is the class of cases in which hypodermatic medication often succeeds where everything else fails. He was ordered nothing but hypodermatic injections, every other day of gr. ʒ/16 arsenite of sodium; the dose to be gradually increased to gr. j.

MILK DIET.—In prescribing a milk diet principally, the milk should be taken between meals, when regular meals are taken; and at any rate the

milk should be taken in small quantities at any time, in order to be the more easily and quickly taken up by the lacteals.

Quinine is a most valuable tonic for children, and is not prescribed enough. In this case he gave:

℞ Ferri et quiniæ citratis..... 3 j
Syrupi aurantii corticis..... ʒ iij M.
Sig.—Teaspoonful three times a day.

Predigested foods are also of much value in cases like this.

MAGNESIA DANGEROUS.—Stewart advises against the giving of dose upon dose of carbonate of magnesia, when it fails to purge.

It is likely to make a dangerous stone-like impaction in the intestine. He has known several cases of death from this cause.

"OBSTETRICAL APHORISMS."—Stewart.—In cases of post partum hemorrhage, where the patient is dangerously weak from loss of blood, do not neglect, along with other measures, to elevate the foot of the bed so that the brain may more easily receive blood.

Alum, ʒ j to the pint, is a cheap and good wash for excoriated nipples; so is tincture of catechu. If the excoriation is very bad, try arg. nit., gr. vj. to the ounce of rosewater. Have the nipples washed though, before the child is applied. Protect the nipples with a shield from being rubbed by the clothing; and if these measures are not sufficient, have the nipple covered by a shield while the child is sucking.

Within forty-eight, or the so-called "three days," you may have milk fever. The temperature may rise even as high as 103° or 104°. This fever can usually be avoided by keeping the mother on mild, unstimulating diet for the first three days after child birth.

In treating this fever, I have found that a continuation of saline purgatives will much decrease, or perhaps stop, the flow of milk.

Accordingly I use other preparations—compound licorice powder, a good ʒ to a dose; or, better still, castor-oil. When the milk is deficient, cocoa in some form is generally of good service to increase the flow.

UTERINE HEMORRHAGE IN PREGNANCY.—*Parish.*—Case of hemorrhage from the uterus in a woman eight months pregnant. Whether a case of placenta previa or not, Dr. Parish said that the proper treatment here was to put the woman to bed and keep her there, and not allow her to rise from it for any purpose whatever. He advises a physician who has a case of placenta previa or suspected placenta previa on hand, to provide himself with a Barnes' dilator. In a dangerous hemorrhage, this will not only dilate the os for delivery, but will act as a tampon.

It is not well to keep a dilator in the office as you keep other instruments, because the rubber loses its elasticity in about two months, and is then useless.

If you have no dilator, use the tampon; though of course only when absolutely necessary. He does not approve of absorbent-cotton for tamponing, as recommended by Parvin; for he says that the cotton, on account of its great attraction for fluids, is likely to favor the hemorrhage rather than to check it.

For his own part, he prefers a long strip of muslin or linen, such as an ordinary roller bandage, soaked in bi-chloride. Special care should be taken that the material is tightly packed around the os; then the vagina is to be filled; and finally external pressure kept up by a T-bandage.

If in delivery it be necessary to perform version, give an anæsthetic, in order to relax the uterus, and thus avoid the laceration of it, otherwise almost certain.

After delivery, hypodermic injections of ergot, injections into the uterus of hot water, or even a styptic applied to the internal surface of the uterus, will stop the bleeding if the inertia of the uterus is too great for proper contraction.

When a patient comes to you complaining of œdema of the prepuce, without local disease or injury, or œdema elsewhere, look for Bright's disease—the cirrhotic form.—*Wauagh.*

WILLS EYE HOSPITAL.—*Keyser.*—For a case of *phlyctenular conjunctivitis*, Keyser prescribed this ointment.

℞ Hydrargyri oxidi flavi.....gr. ¼
Adipis benzoati..... ʒ j

A case of *paralysis of the right external rectus* came before him a short time since. A specific origin was suspected, and the man was put on doses of gr. v. iodide of potash. In a week the justness of the treatment was proved by removal of the trouble.

A NEW ANTISEPTIC.—Keyser considers the new antiseptic, silico-fluoride of sodium as the best in treating the eye. He uses it in his cataract operations, and also in gonorrhœal ophthalmia, instead of boric acid; and finds it much more rapid and certain in its action. The solution used is a saturated one—gr. ½ to the fʒ.

FACIAL EPITHELIOMA.—Keyser has good success in treating epithelioma of the face with powdered chlorate of potash. It is kept constantly applied to the spongy growth, and the irritation thus set up effectually removes the growth. This is of use only where the growth is soft.

CALOMEL is good in all phlyctenular troubles; but do not use it in phlyctenular keratitis during the stage of severe inflammation. Dust the calomel in the eye, and with the finger gently roll the lids over the ball, till tears are started. If you stop short of this, the calomel will cake in the eye.

ABDOMINAL SURGERY.—In cases of removal of the ovaries, Montgomery prefers braided silk ligatures for ligating the pedicle, as he is then certain that the ligature will remain on long enough to avoid all danger of hemorrhage.

In the course of over forty operations of this character, he has had no untoward result from the presence of the ligature.

For sewing up the abdominal incision he uses silk gut. Two small needles are put on each suture, one at either end. Each needle in the passed from within out, care being taken that the peritoneum is included well within the suture.

As a dressing for the wound, he employs simply a few layers of surgeon's lint soaked in carbolic acid and glycerine, 1 to 12; and over this is placed a package of absorbent cotton; the whole held in place by strips of adhesive plaster.

The giving of ice and cold water tends rather to increase thirst, so he gives instead an enema of a pint of warm water. Thus not only is the thirst allayed, but the blood is also not materially increased, and consequently the danger of hemorrhage is lessened. He checks the vomiting usually following the administration of ether, by two-drop doses of a four per cent. solution of hydrochlorate of cocaine every fifteen minutes or half hour.

A tendency to tympanites may generally be overcome by placing layers of cotton on the abdomen, and then tightly passing around the body strips of adhesive plaster. This keeps up the intra-abdominal pressure.

INFANTILE COLIC.—When children complain of pain in the stomach, Dr. Atkinson says that a possible neuralgic character should be borne in mind. This is frequently not recognized. He advises an orange before breakfast for children, or for anyone suffering from loss of appetite. The acidity of the orange will often create a desire for more food.

ACID INDIGESTION.—With great acidity of the stomach, there is generally a burning pain along the line of the œsophagus. Patients frequently complain of "heartburn," too. For digestive trouble in a girl of ten, from acidity, he gave:

℞ Spiriti ammoniæ aromatici.....	3 ij
Sodii bicarbonatis.....	3 i
Syrupi.....	1 i
Aquæ.....	3 ij M

Sig.—A dessertspoonful every 3 hours.

If there should be much pain in the stomach, he advised the mother to apply flannel wrung out of hot water.

INDIGESTION.—Girl of five; has lost much flesh in the last six weeks; has cough and general malaise; is in the habit of eating an apple and a banana for breakfast. Dr. Atkinson is strongly opposed to the banana diet. He cited a case in which severe convulsions followed the eating of two bananas by a child. With great difficulty it was brought through the attack. The loving father then repeated the dose, contrary to the strictest orders; and this time nothing could save the victim.

Bananas for children should be few and far between.

INSOMNIA.

While insomnia or inability to sleep is not a distinct disease, it is at times productive of much distress, and interferes so seriously with the proper performance of the functions of the various organs of the body, that the best efforts of the physician are demanded for its relief. Insomnia is generally the result of prolonged mental study or intense excitement. At other times it is due to the action of malaria upon the nervous system. It not infrequently follows the excessive use of tea, tobacco, alcohol, etc., due to arterial and nervous excitement caused by these agents. Pathologically, all cases of insomnia can generally be divided into two classes, as that which results from nervous exhaustion, characterized by an increase in the force and frequency of the pulse, and that which results from nervous depression with a diminution in the volume of the pulse, often followed by an anæmic condition of the cerebral arterioles. The treatment, to be successful, must vary with the cause and pathological conditions present. Physicians are well aware that opium, chloral, etc., are often used, and sometimes give relief; but the patient becomes habituated to the drug, must have the dose increased, and thereby a habit is formed, for which the best efforts of the physician are called on to check a habit which is worse than the sleeplessness for which the patient was treated. Bromide of soda and also the potassium salt is often used, and great benefit has resulted. In the treatment of neurasthenia great benefit has resulted from the use of the bromides of soda and potash, especially when in combination with a salt that will counteract the depressing effects resulting from the use of bromide. Such preparations are the bromo-soda and bromo-potash, prepared by Wm. R. Warner & Co., and in the treatment of nervousness, debility and neurasthenia which can generally be ascribed to insomnia, they are especially efficient and agreeable. The bromo-soda preparation contains thirty grains of bromide of soda and one grain caffeine. The bromo-potash preparation contains twenty grains of bromide of potash and one grain of caffeine. Physicians will readily see that the merits of these two preparations need hardly be questioned, and they can not be disappointed in the therapeutic effects resulting from their use. They are put up in granular form, which makes a delightful effervescing draught, and gives the patient a desire to take these preparations, which are extremely palatable and beneficial. The preparation of bromo-soda was partly suggested by the late Dr. J. S. Jewell. Physicians have met with unflinching success in the use of bromo-soda in the treatment of nervous headache and the conditions resulting from an overworked and run-down system. The therapy of the preparation need hardly be questioned, as by its use the patient feels a relief not given by any other preparation given for the same symptoms.—*New England Medical Monthly.*

ANTIPYRIN IN HÆMOPTYSIS.

In the *Medizinskoit Obozrenie*, Dr. M. BYVALKEVITCH, at the Vilna Military Hospital, states that antipyrin is an excellent remedy for pulmonary hemorrhage of every kind. This statement is based on ten cases of hæmoptysis in patients suffering from phthisis, bronchiectasis, cardiac diseases, and traumatic injury of the chest. The following mixture was invariably employed by Dr. Byvalkevitch: R Antipyrini, 3 ss; aq. destil, f ʒ iv; essentia menthæ pip. gtt. xv. Mix. Dose, one tablespoonful every two or three hours. In none of these cases were more than two doses of the mixture required to completely arrest hæmoptysis, even when the daily loss of blood amounted to two fluid pounds. In some of the patients, ordinary hæmostatics, such as ergot, ergotin, digitalis, atropine, and Haller's elixir, had been previously tried without effect—*British Med. Journal*.

ELEGANT MOUTH-WASH.

Edina sends a sample of a mouth-wash, half a tea-spoonful of which in a wineglassful of water is used to refresh the mouth. It is a pale crimson and transparent solution, with the odor of oil of wintergreen. Its composition is fairly represented by the following formula: Oil of wintergreen, ʒ j; Oil of peppermint, mxv; rose-aniline hydrochlorate (or magenta), gr ss; water, ʒ ss; glycerine, ʒ iij; rectified spirit to Oj. Dissolve the oils in the spirit, and the rose-aniline in the water; mix the latter solution with the glycerine, and pour it into the perfumed spirit. Mix—*Chemist and Druggist*.

HUTCHINSON ON THE ABORTIVE TREATMENT OF SYPHILIS.

In a recent address on this subject, Dr. Jonathan Hutchinson (*The British Medical Journal*) informs us that for many years past he has been in the habit of assuring patients who came to him with indurated chancre, but without any other symptoms, that they would in all probability wholly escape the secondary stage. As the result of increasing experience, he now holds out this hope with more confidence than ever.

The best treatment of syphilis is of unquestioned importance, and so eminent an authority as Hutchinson is certainly entitled to a full hearing, even if his views are at variance with those held by others of equal prominence with himself. The author's doctrine is clearly opposed to the most recent teachings of the German and French schools.

This is what he says: "My treatment has been almost uniform, and has consisted in giving mercury in the form of gray powder in one grain doses three times a day, at least, and more frequently if the symptoms did not quickly yield. I have always told the patient that he must take these pills for six months at least. The results have

also been very uniform, or have varied chiefly according to the period of the disease at which the treatment was begun. The effect of the medicine in softening the induration is usually quite evident within a week, and may be expected to be complete in the course of a month or a little more. After this the patient remains without symptoms till the end of the course, except, perhaps, some slight persisting enlargement of the inguinal glands. At the end of the six months, if the treatment is left off, there not very infrequently follows in three weeks or a month an erythematous general eruption. This eruption is never severe, never becomes papular or scaly, and always vanishes in a few days if the mercury is resumed. It is never attended by failure of health, and but rarely by sore throat. On account of its frequency after six months' courses, I have lately been in the habit of continuing the treatment for nine or twelve months, and am willing to admit that it might be wise to continue it for still longer periods. As regards relapses at still longer periods, I must state that, in a certain proportion of cases, sores in the mouth or scaly patches in the palms, or liability to transitory erythemata on the skin have occurred, but they have generally been in connection with some special kind of irritation."

Hutchinson maintains that it is quite possible, by the early and continuous use of mercury, to suppress the secondary stage—in other words, to make it abortive. In exceedingly few cases, where it has been possible to use mercury without interruption in this way, has he known a well-characterized secondary eruption or a typical sore throat to occur. In cases where diarrhœa or sudden ptyalism has caused the course to be interrupted, the success has been less complete. But where the patient is careful, and can bear the drug, he believes that it is easily possible to prevent secondary symptoms. This assertion is not by any means the same as saying that it is possible to cure syphilis, for it does not concern itself with the tertiary stage.

In concluding his instructive remarks, Hutchinson emphasizes the points which he has made, as follows: "The early use of mercury does not only greatly shorten the duration of the primary phenomena, but it also much modifies, and in many instances entirely prevents, these of the secondary one. When circumstances favor the febrile stage of the exanthem, syphilis may be rendered wholly abortive. If we can accept this proposition, we shall have gained a step in the orderliness of our future work, and in reference to this the following problems seem to lie before us:

"What plan of treatment is most successful in suppressing the febrile or secondary stage?

"Does the suppressing of this stage tend to prevent what are called reminders, or those minor, and for the most part local, symptoms which often intervene between the febrile stage and tertiary phenomena?"

"Are those in whom the febrile stage has been aborted by artificial means more or less than others liable to tertiary phenomena?"

"Is it possible, by anticipatory treatment, to prevent or abort the phenomena of the primary stage; and, if this be done, what is the influence upon the further course of the disease?"

It will remain for the accumulating experience of the entire profession to give decisive answers to this series of suggestive questions.—*The Medical Record.*

THE VALUE OF THE NUTRITIVE BATH AND OF INUNCTION IN DISEASES OF CHILDREN.

BY GEORGE EDW. HOPKINS, M. D.

From The Medical Record.

In the more chronic bowel disorders, in which the child suffers through a period of several weeks, the whole alimentary tract being implicated, death finally takes place from exhaustion—essentially from starvation; for, no matter how carefully nursed and fed, the nourishment is not appropriated by the system. The blandest food acts rather as an irritant to the inflamed surfaces. The stomach itself, however, if there be no vomiting, is probably still capable of absorbing such material as requires no bowel-digestion. Here the most appropriate aliment is the whey of milk, and the white of an egg thoroughly beaten with water to considerable thinness, and lightly salted. These may be given alternately. Milk itself is of doubtful utility in these cases. If not digested, it becomes only a source of irritation. Gentle friction of the abdomen with some warm, bland oil is extremely useful. The absorbents of the skin are exceedingly active during such disease, and, if the friction be continued very gently for several minutes at different periods of the day, considerable nourishment may be thus obtained. Some oils are more appropriate than others, from being more easily absorbed.

Following each inunction, great relief is afforded by warm fomentations of camphor. Fold a light linen tissue (as a large handkerchief) three or four thicknesses, of a size to cover the whole abdomen; dip this in water warmer than the hand, ring out the drip, and sprinkle the warm surface lightly with spirits of camphor, apply it quickly to the abdomen. Then cover all with dry flannel under-clothing. The warm camphorized vapor has a most soothing effect.

There are cases of these disorders in children in which the stomach will retain nothing. Even a teaspoonful of cold water is often rejected. Here it is manifestly impossible to do anything in the way of the stomach-feeding, and we must resort to other means. It is in these cases that the "soup bath" becomes a boon beyond all price. It not only relieves the thirst) which may be accomplished also by prolonged immersion in tepid water), but it imparts sufficient nourishment to tide the

patient over the critical period. We have noticed a child's life most evidently saved by this simple means. Let some pieces of mutton or other meat, sufficient for making soup, be first simmered for an hour, and then boiled sufficiently long to thoroughly soften and extract the juices. In skimming do not take away all the fat. This latter may be skimmed off while cooling, and kept warm for inunction later. Pour the soup, when ready, into the little bath-tub, and, when sufficiently cool, immerse the child in it for a period of twenty minutes. It should, of course, have sufficient depth to cover the entire body, the head being supported by the nurse's hand. This should be repeated twice daily, the bath being rewarmed for second use, and a new soup made, if possible, each day. Let the bath be followed by inunction of the entire body with the fat that was set aside. After two or three days, if the case improve, the stomach will begin to retain light nourishment. In the meantime, the fomentations of camphor may be continued. Attempts at nourishment by the rectum are apt to be futile in these cases, as may be readily seen.

THE PREPARATION OF FOOD FOR THE SICK.

In making a beef tea the round of a good piece of beef should always be selected, and cut into small cubes not larger than half an inch in diameter. It should then be put to soak for two hours on the back of the range, in an earthen-ware pipkin, with one pint of cold water, and allowed to simmer for about fifteen minutes and boil for three minutes. After adding half a teaspoonful of salt and a little pepper, the tea is ready for use.

In the preparation of soups the first thing is the making of the so-called stock or basis for the soup. There are two distinct stocks: one which may be known as the brown stock, the other as clear or *consommé* stock. For the preparation of brown stock take four pounds of shin of beef, four quarts of cold water, ten whole cloves, four pepper corns, a bouquet of herbs (sweet marjoram, summer savory, thyme, and sage), one tablespoonful of salt, three small onions, one turnip, one carrot, two stalks of celery, two sprigs of parsley. Cut the meat from the bones, after which place the bones and half of the meat in a soup kettle and allow to stand for half an hour in cold water. Heat gradually and allow to simmer for six or seven hours. Brown the remainder of the meat in two tablespoonfuls of beef drippings and add with the other meat and with the vegetables chopped fine, when the kettle is put on the fire to simmer. After it has simmered the required time the stock is strained and set aside to cool, the fat being removed from the top. The stock is then ready for use.

Out of the brown stock may be made St. Julien soup by the following process:—In mak-

ing these soups, the stocks must never be allowed to boil, or at most must be brought only for a moment to the boiling point. For St. Julienne put one pint of the brown stock on the fire to heat, after which a pint of finely chopped vegetables (turnip, carrot, etc.), with half a teaspoonful of salt, should be put on with a little water to parboil. This being done, add the vegetables to the stock, season with half a saltspoonful of pepper. Vermicelli soup is made by adding half a cup of vermicelli to a pint of the brown stock. Cook the vermicelli for ten minutes in salted boiling water, season with a half-teaspoonful of salt and a half-saltspoonful of pepper, and add to the warm stock.

Consommé stock is to be made in exactly the same way as the brown stock, except that three pounds of the knuckle of veal are to be added to the meat, and all the meat is to be put in at once without browning. After the stock has been formed, in order to clear it, add the white and shell of one egg, the juice and rind of one lemon, beating them all up together; then put on the fire, bring to the boiling-point, strain through a sieve and again through a napkin, without pressure or squeezing, and serve.

For making chicken broth, take three pounds of chicken well cleaned, cover with cold water, boil from three to five hours (until the meat falls to pieces), strain, cool, and skim off the fat. To a pint of this add salt and pepper and two table-spoonfuls of soft rice, which has been previously thoroughly boiled in salt water; bring the broth to a boil. In preparing the rice half a cupful should be boiled for thirty minutes, with a teaspoonful of salt in a pint of water. To make mutton broth, take one pound of lean, juicy mutton, chopped fine. — *Therapeutic Gazette*.

RECTAL ALIMENTATION IN CHILDREN.

Jacobi, in the *Archives of Pediatrics*, advises as follows:

The rectum absorbs but it does not digest. Whatever, therefore, is to enter the circulation through the lower end of the alimentary canal must be dissolved before being injected. Suspension alone does not usually suffice. Water can be introduced in quantities of from twenty-five to one hundred grammes (one to three ounces), every one, two or three hours, and may thus save life by adding to the contents of the thirsty lymph ducts and empty blood vessels. Salts in a mild solution will thus be absorbed. Food must be more or less peptonized before being injected. The peptones mentioned above are readily absorbed when fairly diluted. When too thick they are not absorbed, become putrid, and a source of irritation. Milk ought to be peptonized. The white of eggs becomes absorbed through the addition of chloride of sodium. Kussmaul beats two or three eggs with water, keeps the mixture through twelve hours, and injects it with some starch decoction. The latter is partly changed into

dextrin. Fat, when mixed with alcohol, becomes apt to be partly absorbed. Andrew H. Smith recommends the injection of blood. Its soluble albumen, salts and water are readily absorbed, more we ought not to expect. Still, he has observed that the evacuations of the next day contained none of the injected blood. Whatever we do, however, not more than one-fourth part of the food required for sustaining life can be obtained by rectal injections, and inanition will follow, though it be greatly delayed. Finally, children are not so favorably situated in regard to nutritious enemata as adults. In these the lengthening of the nozzle of the syringe by means of an elastic catheter permits of the introduction of a large quantity of liquid; indeed, a pint can be injected, and will be retained. But the great normal length of the sigmoid flexure in the infant and child, which results in its being bent upon itself, prevents the introduction of an instrument to a considerable height. It will bend upon itself; besides, a large amount of contents will be expelled by the feeble or resisting young patient. When a solid instrument is used, it is apt to be felt high up in the abdomen. This is the result of a large portion of the intestine being pushed upward. — *Medical News*.

TREATMENT OF EPISTAXIS.

Dr. J. Robinson, of Kansas, speaking of the treatment of this affection in the *Therapeutic Gazette*, says:

It is a well known fact to anatomists and others, that the hemorrhage in the vast majority of cases proceeds from the septum-nares, and is supplied by a branch of the superior coronary, a branch of the facial, which ramifies in the septum-nares. It enters the opening of the nose just below the alae nasi, crossing the superior maxillary bone at that point.

Now, in a practice of nearly thirty years, I have had many cases of epistaxis, and have never in a single case failed to arrest the bleeding by compression of the aforesaid artery, with the finger applied over its track, making firm pressure against the bone. This will arrest the bleeding in nine hundred and ninety-nine cases in a thousand. I have been called to see cases when other physicians had plugged the nostrils, and injected solutions of ferri persulphas, ice water, etc., without benefit, and have at once arrested all hemorrhage instantly by the above simple means. Tell them to try it. — *South California Pract.*

BORIC ACID A REMEDY FOR STYE.

A simple and effective remedy for stye has been found by me to be a solution of fifteen grains of boric acid to an ounce of water. By applying this solution three times a day to the inflamed part of the eyelid, by means of a camel's hair brush, this painful and annoying affection will be conquered very rapidly. — *George Reuling, M.D., Baltimore, Md.*

FIFTY APHORISMS IN PREGNANCY.

Dr. E. J. Kempf (*American Practitioner and News*):

General Aphorisms.—1. The safest plan is to consider every woman, whether married or single, who comes to you for treatment, as pregnant until you have satisfied yourself to the contrary.

2. The physician or midwife should inform himself or herself all about the patient's former labors, general physical status, condition of lungs and heart, etc., the presentation and position and condition of the child, and the location of the placenta by external manipulation, several weeks before delivery.

3. To find day of confinement, take last day of menstruation, say February 10th, count backward three months to November 10th, and add seven days—November 17th. An exact reckoning of the date of confinement is impossible, errors of one or two weeks being sometimes made.

4. Direct the pregnant woman to: 1, keep the bowels regular; 2, that the diet be plain and nutritious; 3, to take frequent baths; 4, not to get cold or wet; 5, to take moderate exercise; 6, to do the usual light housework; 7, to be in the open air often; 8, not to worry or get excited; 9, that the dress should be warm, loose, and there should be no pressure on the breasts, waist or abdomen; 10 to wear an abdominal bandage; 11, to bathe the nipples in some astringent solution if they are sore; 12, to consult the family physician for any indisposition. (Munde.)

5. Moderate coition is allowable during the first seven months of pregnancy, and fondling of the breasts and nipples by the husband during the latter months is advisable. (Späth, *Geburtskunde*, 1857.)

6. *Signs and Symptoms of Pregnancy.*—Morning sickness occurs during the end of the first month, the second and third months, and some times during the fourth and fifth months. Occurring after that it is probably abnormal. (Munde.)

7. Menstrual suppression is the rule during all the months. The menses may occur during the first, second and third months, rarely afterward. Conception may occur when menstruation is normally absent, as in young girls before menstruation is established, and after the change of life and during lactation.

8. At the beginning of the third month mammary areolæ become turgid. This is not a reliable sign, as it may occur in uterine or ovarian disease. (Playfair.)

9. Abdomen begins to enlarge during the third month, and becomes marked during the fourth, when the uterus rises three fingers' breadth above the symphysis pubis; during the fifth it occupies the hypogastric region; during the sixth it rises to the umbilicus; during the seventh two inches upward; during the eighth and ninth months it gradually enlarges until it reaches the ensiform cartilage. For about a week before delivery the

uterus sinks somewhat into the pelvic cavity. (Playfair.)

10. Fetal movements start in at about the middle of the fifth month. These movements may be simulated by irregular contractions of abdominal muscles or flatus within the bowels. (Playfair.)

11. Ballotement will be of service at the end of the fourth month to the end of the sixth month. (Playfair.)

12. Uterine souffle can be heard at the end of the fourth month, and until the term ends. (Playfair.)

13. Fetal heart sound can be made out during the fifth, sixth, seventh, eighth and ninth months. The pulsation is likened to the tic-tac of a watch under a pillow. Steinbach makes the beat 131 for male children and 138 for females, but this is not practical. The beat is most easily heard when the back of the child lies to the abdomen of the mother. An accelerated or irregular beat, preceding or during labor, means danger to the child. There is no relation between the fetal and maternal pulse.

14. The most valuable signs of pregnancy are fetal heart pulsation, fetal movements, ballotement and intermittent contractions of the uterus.

15. Miscellaneous signs of pregnancy are dusky hue of the vagina, dentalgia, facial neuralgia, tendency to syncope, salivation, unusual gratification during some particular act of coitus. (Munde.)

16. The unimpregnated uterus measures two and one-half inches, and weighs one ounce, at term it measures six times as many inches and weighs twenty-four times as many ounces. The cervix uteri does not shorten during pregnancy except during the fortnight preceding delivery, which is due to incipient uterine contraction. The cervix begins to soften by the end of the fourth month; by the end of the sixth month one-half is thus altered; by the eighth, the whole of it. The os is generally patulous. (Playfair.)

17. *Diagnosis of Pregnancy by External Manipulation.*—By inspection we may learn the general contour of the abdominal enlargement, whether it be of the usual pear shape or broader, as is the case with shoulder presentations. Where there are twins, side by side, there is usually a depression or sulcus between them, and the uterus is broader transversely. If the twins be placed one in front of the other, no difference can be noted in the breadth of the uterus.

18. By percussion we make out the outlines of the uterus.

19. By palpation we feel the outlines of the uterine tumor, the prominent parts of the child, the round, hard, bony head, the soft breech, the knees, the feet, the elbows, the round arched back and the movements of the child.

20. By auscultation we may learn the condition the presentation, the position, and the sex of the fetus and the location of the placenta. (Wilson.)

21. The position of fetus is generally head

downward, and breech toward the fundus uteri. (Playfair.)

22. *Spurious Pregnancy*.—Pregnancy is simply by pelvic or abdominal tumors, obesity, ascites, tympanites, distension due to retained menstrual blood, amenorrhœa, etc. A careful physical examination is the only guard against a mistake. (Munde.)

23. *Abnormal Pregnancy*.—Extra-uterine gestation—early treatment, the faradic current, late treatment, laparotomy—is very dangerous. Molar pregnancy, be it hydatiform, carneous or spurious, calls for complete removal of the mass. Hydramnios may necessitate premature delivery. (Munde.)

24. *Disorders of Pregnancy*.—Vomiting of pregnancy, as a rule, needs no treatment, but, if excessive, it is relieved the quickest by the application of cocaine and vaseline (one in fifty) against the os uteri, and by one-sixteenth of a grain of cocaine, internally, frequently repeated. When vomiting of pregnancy becomes so persistent that it resists all treatment and threatens to destroy the pregnant female, abortion or premature labor may become necessary, but should never be undertaken without a consultation. (Munde.)

25. Anemia—the best treatment for this is good food, light air, exercise, iron and arsenic, and removal of the cause if possible.

26. Plethora may call for saline laxatives and restriction of albuminoid food.

27. In constipation direct a regular hour of the day for going to the closet, and give compound licorice powder, or cascara sagrada, or enemata.

28. Diarrhœa should never be neglected, as it may lead to abortion or premature labor. Give paregoric and tincture of catechu, or acetate of lead, opium and ipecac, and keep the patient quiet.

29. Leucorrhœa calls for vaginal washing with carbolized tepid water.

30. Pruritus, which may be general or local, treat with soda baths if the former, and, if the latter, treat with carbolic acid in glycerine, nitrate of silver in mild solution, cocaine in rose water, hydrate of chloral in water, etc.

31. Frequent micturition may often be relieved by an abdominal supporter. So also in incontinence of urine, Strychnia, belladonna, or cantharides may be tried in both troubles.

32. In varicose veins, besides applying a flannel bandage or a silk stocking, instruct the woman how to apply a compress and bandage in case of rupture of a vein, as the hemorrhage may be great.

33. Diabetes, albuminuria, jaundice, neuralgia, hemorrhoids, etc., during pregnancy, call for the same treatment as when occurring at other times.

34. Uterine displacements call for replacement, followed by the application of an appropriate pessary and supporter.

35. False pains may come on at any time dur-

ing pregnancy, and cannot be told from true pains, except that the former are relieved by opium.

36. High temperature in the mother is not necessarily incompatible with fetal life.

37. *Immature Delivery*.—Abortion is the expulsion of the ovum before the formation of the placenta (twelfth week); miscarriage, its expulsion before the period of viability (twenty-eighth week); premature delivery, its expulsion between the twenty-eighth and thirty-eighth week. (Munde.)

38. Causes of immature delivery are predisposing, dependent on constitutional affection, and exciting, dependent on mechanical or emotional violence. Symptoms are pain and hemorrhage and dilatation of the os uteri. Dangers to mother from sepsis, fatal hemorrhage, perimetric inflammation, carneous moles. Dangers to child—want of viability.

39. Treatment is prophylactic by fluid extract black haw and removal or avoidance of cause; preventive by rest, opium and black haw; and, in inevitable cases of abortion, empty the uterus and check the bleeding by rest and ergot, by tampon, and after dilatation of cervix by finger or dull curette. (Munde.)

40. Miscarriage should be treated like abortion, and premature labor like labor at full term.

41. Artificial abortion is best performed, up to the fifth month, by dilatation of the cervix with the steel branched dilator; it is done because, 1, persistent vomiting, 2, organic visceral lesion, 3, incarcerated uterus, 4, deformity of pelvis, 5, presence of large tumors. (Munde.)

42. Premature labor is best induced by catheterization of the uterus—not rupture of membranes, for 1, dyspnœa from enormous distention of the abdomen from any cause, 2, hemorrhage from placenta prævia, 3, uncontrollable vomiting, 4, organic heart trouble, 5, habitual death of the fetus, 6, pelvic contraction of moderate degree, 7, hopeless condition of the mother, 8, where in previous labors there have been unusually large children. (Munde.)

43. *Fetus*. Fetus at first month is rarely to be detected in abortions. At second month it weighs sixty grains, measures six to eight lines, head and extremities are visible, eyes are two black spots on side of head, umbilical cord is straight, the calvic and inferio rmaxillary bone begin to ossify. At third month the embryo weighs from seventy to three hundred grains, measures from two to three inches, forearm is formed, fingers can be traced, placenta is formed. At fourth month weight is from four to six ounces, length six inches, sex of the child can be made out. At fifth month weight ten ounces, length ten inches; hair and nails beginning. At six months weight one pound, length eleven to twelve inches; membrana pupillarlis; eyebrows. At seven months weight three or four pounds, length thirteen to fifteen inches; eyelids are open; testicles in scrotum; clitoris prominent. At eight months four to five

pounds, length sixteen to eighteen inches; nails; membrana pupillaris has disappeared. At nine months weight six to eight pounds, length nineteen to twenty inches; males somewhat heavier than females. (Playfair.)

44. *Signs of Death of Fetus.* Before labor the signs of death of the fetus are, 1, loss of fetal heart-beat, 2, loss of fetal motion, 3, sense of dull weight in the uterine region felt by mother, 4, sense of coldness in the womb, 5, putrescent fetor in the discharges, 6, discharge of flatus from the uterus.

45. *The Placenta Liquor Amnii, etc.* The placenta supplies nutriment to and aerates the blood of the fetus. It may be situated anywhere in the uterine cavity. The umbilical cord is the channel of communication between the fetus and placenta. The placenta at full term is a moist mass, containing a great deal of blood; spongy in texture; about seven inches in diameter, usually oval; one surface smooth, facing the cavity in which the fetus lies, the other surface rough, fastened to the walls of the uterus. The color is reddish, but varies in tint according to the condition of the blood.

46. Liquor amnii is secreted by the amnion and the allantois, it affords a fluid medium in which the fetus floats, and so is protected from shocks and jars, it saves the uterus from injury from the movements of the fetus, and in labor it lubricates the passages. It has nothing to do with the nourishment of the fetus.

47. The uterine and placental murmurs are not usually taken notice of in the diagnosis of pregnancy.

48. Knots in the umbilical cord are brought about by passage of the child through a loop in the cord, generally during labor.

49. In twins, triplets, etc., there may be one placenta or more than one. If two fetuses, they may be joined by two cords to one placenta. This cannot be made during pregnancy.

50. So-called material impressions, monstrosities, marks, etc., are the result of arrest of evolution due to pressure by amniotic bands, pressure by the umbilical cord, adhesions of the placenta, or to some pathological condition of the fetus or its membranes, or to heredity.

THE HOT BATH IN THE TREATMENT OF SLEEPLESSNESS.

MR. S. ECCLES, in the *Practitioner*, states that to secure sleep by means of the hot bath, the following precautions have to be attended to:—The bath-room must be heated to about 70° F., then the patient must be stripped in the bath-room, the head and face being rapidly doused with water at 100° F. By this means

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

"PYRIDINE TRYCARBOXYLIC ACID" AS A REMEDIAL AGENT.

BY DR. S. BRZOWSKI.

This compound has been lately introduced to the profession as an antipyretic and antizymotic. As the literature upon this medicine has been very meagre, I thought that probably my experience with this drug might be of some interest to the readers of your Journal as well as the profession at large.

IN TYPHOID FEVER.

In this disease I have given this drug a fair and impartial trial as an antipyretic. I always administer it in solution, and give ten grains every 3 hours, until the temperature is reduced from 103½ or 104½ to 101 or 101½, evening temperature.

Under this treatment the fever generally runs its course in twenty-one days; and leaves no bad sequels. I have never seen any unpleasant effects of this drug. It is agreeable to the taste,

the stomach retains it readily, it produces no cerebral disturbances; it is in fact all that can be desired in the treatment of this disease.

IN PNEUMONIA,

I also use this drug simply as an antipyretic, and since I have been using it I prefer it to verat virid, aconitum, tartar emetic, or any of the old remedies used for reducing the temperature. My reason of preference is that this drug will reduce the temperature, if given in large enough doses, and that it requires no watching, as it is perfectly harmless.

IN "BLOOD POISONING."

It frequently happens in practice that you are called to a case of 5 or 6 days after delivery; you find your patient suffering with pain in the abdomen, which is increased by pressure. By placing the thermometer in the axilla you find the temperature 104 or 104½. The countenance is indicative of great pain, the patient complains of great restlessness. Upon inquiry, you learn that the secundines have all been removed. Upon examination, you find nothing that is contrary to the statement of the midwife; but unquestionably some septic poisoning has taken place.

In these cases, you will find the pyridine tricarboxylic acid a great remedy, both as an antipyretic and antizymotic, if given in doses of ten grains every three hours. I treated cases like this where you would expect a puerperal fever, which got well in three or four days.

"PYRIDINE, AND PYRIDINE TRICARBOXYLIC ACID."

There seems to be some misunderstanding in regard to these two drugs.

Pyridine is not Pyridine Tricarboxylic Acid. Pyridine is a liquid alkaloid that is miscible with water, and is generally found in bone-oil. But Pyridine Tricarboxylic Acid is a crystalline body, and prepared from quinine, by oxidizing the alkaloid completely with permanganate of potash.

If any doubt exists in the mind of the profession in regard to my statement, all I ask of them is to try the drug, and if my statement is not borne out in full, I stand corrected.—*Med. Herald, Louisville, Kentucky, January, 1888.*

THE PHARMACEUTICS OF ANTIPYRIN.

Antipyrin, although a fairly stable chemical body, undergoes decomposition in contact with certain substances, occasionally with an undesirable result. One of the most noteworthy incompatibles is the spirit of nitrous ether. This mixture gives rise to a green color, and although the precise nature of the resulting compound is not known, a child suffering from a slight fever, to whom it was given, died shortly after with symptoms strongly pointing to poison. It is, therefore, highly desirable that this incompatibility should be made known as widely as possible.—*Medical Press.*

AN EXAMINATION FOR LICENSE TO PRACTICE.

The Board of Health of Dakota recently examined an applicant for a license to practice medicine. He had been practicing medicine for years in Dakota. Here are some questions and answers:

"What medical paper do you take, Doctor?"

"Well, I get along without them."

"What books have you in your library?"

"Gunn's Family Physician and Common-Sense Home Doctor."

"Name the three great cavities of the body."

"The head, the belly and the diaphragm."

"Name contents of abdominal cavity."

"Kidneys and the prostate gland."

"Have you treated any cases of enlarged prostate?"

"Lots of them."

"With what success?"

"Tiptop! never lost a case."

"Did you ever treat any female for enlarged prostate?"

"Oh, yes; numbers of them."

THE LAW OF THE DETERMINATION OF THE SEXES.

So many laws, founded upon insufficient data, have been advanced lately as determining the sex of the child, that we are led to give our own, which has been deducted after the compilation and careful examination of a vast quantity of statistics. If the mother, while pregnant, sees a bow-legged flea, with a wart on its left knee, the child will be a male. If the wart is on the right knee, a female. In case the flea is cross-eyed, and lacks its eye-teeth, these indications are reversed.—*St. Louis Weekly Medical Review.*

COCAINE IN ACUTE TONSILLITIS.

Recently I began to suffer from a very sharp attack of acute tonsillitis of the right side, with a considerable injection of the surrounding parts. Two days after I experienced the most excruciating pain in swallowing, also severe pain in the right ear, and I could only with great difficulty speak. In the afternoon of this day my friend Mr. Thomas swabbed out my throat three or four times with a four-per-cent. solution of cocaine, and poured a few drops of the same into my ear. The relief which I experienced was so great that I could soon after speak fairly easily, and swallow with very much less difficulty. I continued to apply the cocaine every two hours during the day with continued success for five days, then a day in the country, put me right.—*P. Rhys Griffiths, and British Med. Journal.*

THE TREATMENT OF BILIOUSNESS.

According to the *Boston Medical and Surgical Journal*, the treatment of biliousness is prophylactic, alimentary, and medicinal. Prophylaxis is concerned with avoidance of all the known causes, whether of a toxic, malarial, or alimentary character. A plain diet, of bread, milk, oatmeal, vegetables, and fruits, with lean meat or fresh fish in moderation, and abstinence from alcoholic stimulants, seem to be the ideal fare for the biliously predisposed. This kind of diet is especially applicable for hot weather, when albuminoids are apt to clog the portal system, and pastries are an abomination, and when a broiled schrode, a little chicken or a mutton broth, with bread and stewed fruit, will make a more healthful meal than the more sumptuous fare of a modern fashionable dining saloon. Exercise in the open air is of recognized utility in promoting oxidation and elimination, enhancing the digestive and assimilative processes, and lightening the burdens of the liver. Moreover, exercise (whether by rowing, horseback-riding, gardening, or walking) hinders absorption of bile by the hepatic venous radicals, and promotes the passage of that fluid into the duodenum, through the increased compression exerted on the liver by the diaphragm and abdominal muscles; this is in accordance with a recognized physiological law. The victim of an acute bilious attack will generally get righted in a few days by, first, abstinence from all food, then a diet of porridge and milk, or skimmed milk alone, and a very gradual return to solid food, which for several days should be restricted to toast, a little lean meat, or broiled fish, with some succulent vegetables or ripe fruit. As for medicines, saline aperients, such as sulphate of soda, Epsom or Rochelle salts in full doses in the morning, or the now fashionable tumblerful of Hunyadi Janos, will generally suffice to clear the *prima viæ*; the latter has especially a reputation for evacuating bile. The striking relief obtained by free bilious evacuations has often been remarked, and the veteran transgressor resorts to his blue pill or podophyllin with every recurrence of his malady. Of late enoïnin has come much into use as a cholagogue. Harley recommends to persons who seem to have a more than usual tendency to biliousness, traceable to sluggish biliary secretion, and where there seems also to be defective nerve action, small doses of nux vomica or strychnia after their meals. This may be combined with belladonna and aloes as in the aloin, strychnia, and belladonna pill. The bilious person is generally constipated, hence such a pill has a special utility. Fothergill's pill of ipecac, capsicum, and pil. aloes et myrrh, has done good service in such cases. Nitro-muriatic acid and taraxacum have a reputation which is probably not altogether built on imaginary results. But bilious dyspeptics, while they should be attentive to the functions of eliminations (and

doubtless the ancient predilection for purgatives has been justified by modern scientific research, which finds in intestinal septicæmias and alkaloids of putrefaction many of the evils formerly attributed to peccant humors and atrabiliary disorders) should aim especially to be good hygienists, and learn to live right; but this is counsel which everybody gives and nobody takes.

In obstinate hiccough, always suspect aneurism, and carefully examine for such.

Iodine is recommended by Professor Parvin as one of the best uterine hæmostatics and antiseptics.

Dr. Musser states that, after all operation on pelvic viscera, it is always well to make a routine practice of giving opium by suppository.

Uterine cancer, in the vast majority of cases, is of the cervix; sarcoma is of the body. One third of all cancers found in women are of the uterus.

For constipation in infants Professor Parvin recommends equal parts strained oatmeal gruel and milk. If this does not act efficiently he prescribes from 3 ss. ʒ j of sodii phosphas in twenty-four hours.

For irritable stomach of cholera infantum, Professor Parvin speaks highly of counter-irritation of epigastrium by means of mustard, and the internal administration of gr. v of bismuth with gtt. iij of aromatic spts. ammonia every hour.

For thread-worms, at night give gr. j of calomel and gr. ij-iv of santonin; the following morning inject a cleansing enema of water, and follow this by the infusion of quassia.

To properly examine a woman's breast, she should be lying on her back. If examined in any other position it can be so manipulated as to convert it into any tumour. When on her back, examine by pressing the tips of the fingers back through the breast against the chest walls, and not by pinching the structures up between the fingers.

Dr. Allis says the great secret of applying plaster-of-Paris bandages is to have all the sizing out of the material used, so when a piece of muslin to be used is thrown upon water it sinks readily; if it does this it will readily absorb water and plaster, and will set quickly; a little salt added to the water is an advantage; a roller made of lint is better than cotton to be applied next to the part.

THE TREATMENT OF TYPHOID FEVER.

Dr. J. C. Wilson, Physician to the Jefferson Medical College Hospital, treats his cases of enteric fever by the systematic use of laxative doses of calomel during the first ten days, and by carbolized iodine, as originally suggested by Professor Bartholow, throughout the course of the disease. The most careful attention is given to the details of nursing, dietetics, and hygiene, and symptoms are treated as they become prominent.

Due regard being had to the peculiarities of individual cases, the general plan is as follows :

Upon the evening of admission, the patient receives seven and a half to ten grains of calomel in combination with ten grains sodium bicarbonate, at a single dose. If the case be still in the first week, which is not usual with hospital patients, this dose is repeated every second night until its third administration; if already in the second week a single dose only is given. After the tenth day it is given cautiously, or omitted altogether. If there be constipation, the first dose of calomel is followed by two or three large stools, mostly of the consistency of mush, the latter dose by stools decidedly liquid. Diarrhoea is not regarded as a contra-indication. On the contrary, it almost always becomes less troublesome after the action of the mercurial. During the subsequent course of the disease, constipation is not allowed to continue at any time beyond the third day; but is relieved, as a rule, by eight-ounce enema of warm, thin gruel, slowly injected, or exceptionally by a five or seven and a half grain dose of calomel, the choice being influenced by the character and prominence of abdominal symptoms. Under this plan of treatment diarrhoea is not commonly excessive. When necessary, it is treated by one-grain suppositories of the aqueous extract of opium.

From the beginning the patient receives at intervals of two hours during the day, and three hours during the night, and immediately after the administration of nourishment, two or three drops of a mixture of two parts tincture of iodine and one part pure liquid carbolic acid. This dose is administered in an ounce of iced water.

Unless the temperature exceeds 104° F., the fever calls for no special treatment, beyond cold sponging, which is practiced in every case at least twice in the twenty-four hours. A higher temperature receives prompt attention.

After trial of the list of new antipyretics, the choice is antipyrin. It is used in single doses of ten to fifteen grains, and repeated when the temperature again rises beyond 104° F. If this remedy fails of its effect, large compresses of several thicknesses extending across the chest and abdomen from the neck to the pubes, and freely wet with iced water, are used. The gradually cooled bath is held in reserve.

Alcohol has no necessary part in the routine treatment of enteric fever. Many cases do not require it; some are unquestionably benefitted by it, while to a considerable proportion it is an absolute necessity. Dr. Wilson believes that the employment of alcohol in the treatment of fevers should be regarded, not as a dietetic, but invariably as a medicinal measure.

Space does not permit the discussion of the treatment of complications, nor of the management of convalescence. If perforation occurs during or after the period of defervescence, namely, in the fourth week or later, laparotomy should be performed.—*Medical News.*

THE CANADA MEDICAL RECORD

A Monthly Journal of Medicine and Surgery.

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LONDON.

SUBSCRIPTION TWO DOLLARS PER ANNUM.

All communications and Exchanges must be addressed to the Editors, Drawer 356, Post Office, Montreal.

MONTREAL, JULY, 1888 .

OVER CROWDING IN THE PROFESSION.

For several years past there have been appearing ominous warnings in the columns of the medical journals of Great Britain anent the crowded state of the profession there. Individual practitioners have been relating the indignities and hardships which they have had either to put up with or starve. Highly educated men with the very best diplomas and degrees have told how they were compelled to make visits, and even in some cases to provide the medicine as well, for the wretched remuneration of three pence. - It might be said that they should not make visits for so little; but if they did not there were plenty of others who were glad to make them for that rather than starve. When in England a year ago we took the trouble to make close inquiries into this question, and we were informed by many country practitioners and qualified assistants that they were treated by the public, their patients, in a manner in which they, the medical men, would not dare to treat the coachman. In fact, they said, the coachman was treated with a great deal of respect. We could easily understand the reason why. The coachman who was offended and left his situation was an employee who was very difficult to replace, while the highly qualified and educated assistant could be replaced a hundred times in a day without any trouble. The cash value of doctors, after all, just like gold, or silver or wheat, obeys the law of supply and demand. Just as the same wheat may be worth so much a bushel to-day and twice as much this day next year, so without any diminution in the intrinsic worth of the physician, his value as a necessity to the public may be very

much lowered or raised, by the mere fact that the supply of doctors is greater than the demand.

It is evident that such a state of things must lead to a terrible struggle for existence, and in that struggle the only wonder is that so few resort to disreputable practices. With hunger staring in the face himself and probably his wife,—for custom wisely exacts that the physician should be married—with very likely a large family to be provided for, for his knowledge of the results would prevent him from resorting to those means of limiting his offspring, which are unfortunately too frequently employed at the present day, it is not to be wondered at that he takes the three pence or sixpence when he can get it. Now, who is to blame for this state of affairs? Certainly not the man who has gone through a long and expensive course of training to fit him for a profession, in which he finds out only when it is too late that there are already too many. The ones who are to be blamed, we think, are the licensing corporations, which, for the sake of the money which it brings them in, are willing to sacrifice the welfare of the thousand by turning adrift every year several hundreds more practitioners than they well know there is room for. That they do so wilfully is evidenced by the fact that they have for so long been throwing every obstacle in the way of those schemes, which from time to time have been proposed for controlling and limiting the number of admissions to the profession.

In the United States the same difficulty seems to be arising, although, owing to the enormous expansion of the population, the evils of overcrowding will take longer to manifest themselves than in England. Happily in Canada we have as yet no cause to complain. So far, any one with average ability, who devotes himself heart and soul to his work, is pretty sure of obtaining a competence. But it is well that we should be prepared for the emergency when it arises. Let us therefore consider the means we have at our disposal for limiting the number of graduates. There are two ways of doing it. First, by raising the standard of admission to the study; and secondly, by making the pass examination more difficult. Of the two the former is, we think, much the better; for it is no hardship to turn a man back at the threshold from a life of hardship and toil, while he is yet young enough to direct his energies into some other channel; but after having devoted four of the best years of his life to the study of it, it is an acknow-

ledged hardship to tell him that he will not suit.

Let us insist upon our representatives on the licensing boards maintaining a high standard of preliminary education, so that when the student receives his diploma he may be a doctor in deed as well as in word.

GIRL DOCTORS.

On the much vexed question as to whether women should be allowed to compete with men for the practice of the medical profession, we have always held the opinion that no obstacle should be thrown in the way of their having a chance. If it is an easy way of making a handsome living, by all means we say women have as much right to it as men. At the same time on the question as to whether such women, whose mental endowments are such as to fit them for a physician's duties, are likely to have the necessary physical strength, is a question upon which we have always had our doubts. As the editor of the *Medical Times*, Philadelphia, says: "There are certain responsibilities which the physician,—man, or woman,—must assume. In no walk of life is a shirk more out of place. Office work and attendance on the wealthy make no serious calls upon one's strength, and as long as ladies' work is limited to these easy tasks, she may do very well." We commend the following case to which he refers to the attention of any lady who is thinking of entering our profession. A young girl of his acquaintance started out in her professional life, precisely as a young man must do. She had no means, and she began with the poor—"the alley folks." She took a poor district; turned out of her bed at night in all sorts of weather to visit the filthy denizens of the seventeen family house, and similar places; was cheated most unmercifully by those she served; and, in a word, did just what any young male physician in similar circumstances must do to get a start. He noticed her when she graduated as a bright, pretty girl, with so much intelligence that one could not help sympathizing with her desire to make of herself something more than ordinary. It was five years later when he saw her again. The struggle for existence had told heavily upon her; she had aged greatly, and her fresh, youthful beauty was gone, and hard lines on her face told of the severity of the struggle. She was disheartened and weary, and in less than six months more she was dead. He felt satisfied that she had died in the hopeless endeavor to show that women can fill men's place in the world.

ASEXUALIZATION AS A REMEDY FOR CRIME.

It is generally admitted that in our present methods of dealing with crime and criminals by imprisonment, we not only utterly fail to remedy the tendency to evil doing among the criminal classes, but by keeping people of varying degrees of badness closely associated together, we bring them all down to the level of the worst. So that, as a rule, the criminal comes out of prison very much worse than when he went in. It is also well known that the criminal tendencies of the father are transmitted to the offspring to a greater or less extent; and as there is nothing to limit the number of children a hardened criminal may leave behind him, the country is being burdened every year more and more with the support of these parasites on society. Although the honest citizen is protected for the period of the criminal's incarceration from the latter's depredation, still the former is punished as well as the criminal, for he has to work, not only for the support of himself and his own family, but he has to contribute largely toward the feeding and clothing of the burglar and his numerous progeny.

Moreover, under our present system, the cost of supporting the criminal class may be considered a fixed charge on the community. There is no hope of it ever being any less, but on the contrary it may be taken for granted that it will continually increase, and the worst of it is the honest and industrious have to bear the expense of raising a great generation of criminals who will in due time prey upon them. Another injury which the habitual criminal inflicts upon the working class is the competition of convict labor with free labor.

And yet a remedy for all these defects is easily found: Dr. Orpheus Everts, in an able article in the *Cincinnati Lancet Clinic*, recommends asexualization as a penalty for crime and the reformation of criminals. He formulates his propositions thus: "Surgical asexualization of all criminals convicted of offences that, circumstantially considered, indicate constitutional deformities that are recognized as transferable by heredity, is not only practicable but expedient for the protection of society against the ever impending danger of invasion by the savages of civilization, known as the vicious, criminal, or defective classes,—and would, properly enforced by law, eventuate in an effectual diminution of crime and the reformation of criminals."

There was a well known case recorded of one prostitute or female tramp, having left a progeny of over 150 criminals, including perpetrators of nearly every kind of crime in the calendar. Had she been spayed on her second or third conviction,—she was convicted a great number of times,—the country would have been saved the care of this small army of outlaws.

The writer terminates his article as follows: "Imprisonment alone for short terms at labor or in solitude, however cruelly or humanely practised with usual instruction or without, protects society but partially and for short intervals, and fails signally to reform the imprisoned or diminish the number of the classes to which they belong. Were each man or woman returned to society from penitentiaries deprived of reproductive capabilities, how different would be the story. Public sentiment might not now sustain such an innovation. The public sentiment of the future is destined to be more improved by science, and will eventually adopt its suggestions in matters of state craft and social economics, including criminal jurisprudence, as well as in other affairs of life."

THE CODE OF ETHICS OF THE AMERICAN MEDICAL ASSOCIATION.

ART. III.—*Of the duties of physicians as respects vicarious offices.*

I. The affairs of life, the pursuit of health, and the various accidents and contingencies to which a medical man is peculiarly exposed sometimes require him temporarily to withdraw from his duties to his patients, and to request some of his professional brethren to officiate for him. Compliance with this request is an act of courtesy, which should always be performed with the utmost consideration for the interest and character of the family physician; and when exercised for a short period, all the pecuniary obligations for such service should be awarded to him. But if a member of the profession neglect his business in quest of pleasure and amusement, he cannot be considered as entitled to the advantages of the frequent and long-continued exercise to this fraternal courtesy, without awarding to the physician who officiates the fees arising from the discharge of his professional duties.

In obstetrical and important surgical cases, which give rise to unusual fatigue, anxiety and responsibility, it is just that the fees accruing therefrom should be awarded to the physician who officiates.