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Original Communications.

HIP JOINT DISEASE.*

BY J. FERGUSON, B.A., M.B., L.R.C.P.

The form of the disease that I purpose bringing before your notice to-day is that occurring in the young, and in boys rather more frequently than in girls. Many opinions have been expressed as to the real cause of this serious affection, and if my remarks to-day should call the attention of this learned assembly of those who practice the healing art, to what I really believe is an important cause of this malady, and that it may lead to improved views in treatment, I shall be amply rewarded.

Now, I do not mean that the cause I intend bringing before you is the only cause. That some cases arise, as is now held, in disease of the os innominatum or femur, or in the synovial membrane is, I think, true. The head of the femur, the synovial membrane, the round ligament, struma, and tuberculosis have been claimed by different authors. Barwell, in his work on the diseases of joints, says that no one ever heard of knee-joint disease arising out of the crucial ligaments, and why in the round ligament? He must be very ignorant of the true anatomy of the ligamentum teres if he compares it with the crucial ligaments in the knee joint.

The real truth is that the ligamentum teres carries the weight of the body sus-

ended on the head of the femur. This is a well-known fact in anatomy, first brought out, and impressed on the minds of his students, by that brilliant anatomist, Dr. Richardson. But it has never been made any use of in explaining the cause of hip joint disease. Now it occurred to me that, if this ligament should be lengthened from any cause, it would permit the head of the femur to press hard against the upper part of the acetabulum; and, as a result of this pressure, and the consequent friction, active inflammation would ensue. It is well known to anatomists that the ligamentum teres is sometimes very small, and imperfectly developed. Further, it is known that in cases where it is so the hip is a weak joint in consequence of a lengthened ligamentum teres as has been shown by some careful dissections of this joint in persons who died of some other trouble, and who were known to complain of many of the symptoms of hip disease.

This ligament may be congenitally somewhat longer than it normally is; and during early life when those great changes are taking place in the development of the bones that enter into the formation of the hip-joint, the head of the femur and the acetabulum are brought into contact, and disease lighted up by very trifling causes, as cold, slight injury, and such like. Again, the ligaments of any joint may become relaxed, from a relaxed and weakened condition of the body generally. Now in no ligament, would we expect to find this

* Read before the Ontario Medical Association, June, 1883.

relaxed condition more likely than in the round, from the simple fact that it has to carry the whole weight of the body. In a condition of general want of tone this structure lengthens, and the bones come into contact, new elements spring up at once, for if the round ligament is relaxed from general causes, so are all the tissues of the body, and the synovial membrane, cartilages and bones of the hip, sharing in this debility yield to the 'unnatural pressure they have to endure, and inflammation sets in. If this condition may arise out of a congenitally lengthened or imperfectly developed round ligament, or from one lengthened later in life from general debility, so may it occur suddenly, as the result of direct violence to the structure under our consideration.

It has been shown by anatomists, that the round ligament is less firmly attached to the depression in the acetabulum, and the head of the femur in the young than in after years. I have made direct experiment on this point, and find that proportionate to the weight, it requires only about one third the force to detach it from either of these bones, that is required in the adult. Children run and jump a good deal, and in this way the weight of the body coming down upon the round ligament, it may be partially or completely detached at one or both ends, sowing the seed for future mischief.

In this article I have tried to show on theoretical and anatomical grounds that hip joint disease may be purely mechanical in its cause, and not dependent upon any pathological changes in the structures of the joint in the first place.

I shall now record a case in point: I saw a lad of eleven years, in the month of March, 1883; he was then suffering with severe pneumonia, of which he died. I was told that for some time he had been complaining of his hip, and his mother thought he was limping a little; but paid no attention to the matter, as she thought

he would grow out of it. I was fortunate in this case in securing the privilege of examining the hip. There was nothing as yet wrong with the bones, but the synovial membrane, and the cartilages were somewhat spongy and fringy. In this case, however, I found the end of the round ligament attached to the femur, slightly separated, and the whole ligament lengthened. The head of the femur was permitted under these conditions to come into close contact with the upper part of the acetabulum. Here we have a case of incipient hip joint disease; and, I think, from the cause I have pointed out, had this boy lived a little longer, the symptoms would have been fully developed; but I would have lost a practical verification of what, on theoretical grounds, I held to be true.

We often hear of strumous knee-joint disease, and I fear the term is used in a very loose manner. The comparison is made between the knee and the hip, as to the tissues in which the diseased action begins. No comparison can be made between the knee and hip joint when the person stands upon the foot, the bones in the knee are brought into firm contact, and the greater the weight the firmer this contact. In the healthy condition of the hip, this is not the case at all. The head of the femur does not come into apposition with the bones forming the acetabulum. The pelvis is suspended from the two femurs by the round ligaments, somewhat in the manner of a swing. From this it follows that in the erect position the bones entering into the formation of the hip do not touch each other, and especially at the upper part. Indeed the fact of carrying a heavy weight upon the shoulder has no effect in bringing these bones together unless there be a lengthening or a rupturing of the round ligament. I do not mean to say that hip joint disease may not arise from the many causes already assigned to it by able and careful observers, but I do claim that this action of the round ligament has been overlooked entirely in a

pathological point of view, and almost entirely in an anatomical one. Suppose the boy has a strumous constitution; and that the round ligament does its work properly, he may escape completely; but grant that by any cause, either of debility or accident, the round ligament becomes lengthened, torn, or detached, you have then all that is requisite for the production of severe trouble—unnatural friction in a large joint in one of a weak and strumous disposition.

It has been shown by Owen, Flower, Gegenbauer, Rolleston, Morris, and Mivart that the ligamentum teres is not indispensable to the integrity of the joint; yet as far as can be gathered from the records of human anatomy it is wanting in about one in one thousand, a very small proportion indeed. In those cases where it is wanting an accommodating condition of the cotyloid ligament has been formed so as to prevent the bones coming into contact. The most important point, however, is that the joint from infancy gradually becomes accustomed to the want of the round ligament, and can bear a pressure, which coming on when the joint is fully formed, proves disastrous to it. From this we conclude that the round ligament, being absent from birth, may cause no trouble; but should it become deficient later in life, either by rupture or lengthening, then most grave results are liable to follow.

Anatomists have clearly shown that an important function of the round ligament is to prevent undue rotation outwards. Now should the ligament be long, then this outward rotation takes place, the effect of which is to cause the head of the femur to play in the acetabulum with a peculiar sweep, and great friction is the result.

When coxalgia arises from such a condition as that just described, it will be of the arthritic variety. As to the tissues in which the inflammatory changes begin, no rule can be given; for, the pressure occurring, any of the softer tissues in the joint may take on diseased action, probably, as Erich-

sen remarks, in the cartilage of the femur or acetabulum as these are subjected to the greatest amount of friction and pressure.

REMOVAL OF A FIRMLY ADHERENT, SOLID TUMOUR OF THE OVARY.*

A. GROVES, FERGUS, ONT.

It is not my intention to give the diagnosis, and describe in detail the ovarian operation, nor shall I discuss the question of the primary origin of solid tumors involving both the uterus and ovary. Whether such growths have their origin in a sub-peritoneal uterine fibroid which secondarily involves the ovary, or whether the ovary first becomes diseased, and by continual growth becomes adherent to the uterus as well as to other organs are questions which do not come within the scope of the present paper. My intention is to describe briefly the method adopted for the removal of a large, solid tumor which was diagnosed as ovarian. The abdominal cavity was opened in the usual manner, but it was found necessary to extend the incision almost to the ensiform cartilage. The growth was found to be globular in form, entirely solid, firmly adherent to the intestines, omentum, uterus, and abdominal and pelvic walls. The tumour was afterward found to measure thirty-one inches in circumference, and to have a weight of something over twenty-one pounds. As the separation of the adhesions over such large surfaces would appear to be fraught with the greatest subsequent danger, I adopted a different and I believe much safer method of overcoming the difficulty.

Having made an incision through the peritoneum, covering the anterior surface of the tumour, I separated the whole peritoneal envelope from the growth without difficulty, and with it of course all the adhesions, except that to the uterus, which was broken down with great difficulty.

*Read at the meeting of the Ontario Medical Association, June 6, 1883.

Having completed the removal of the mass, the flap of peritoneum, which had been formed by enucleating the tumour, was raised up and spread out, the edges of its peritoneal surface being brought into apposition with the edges of the peritoneum in the abdominal incision and retained by sutures.

There was thus an apron of peritoneum closing in the peritoneal cavity, and converting it again into a shut sac. All cut surfaces, bleeding points, ligatures, etc., were now extra-peritoneal. The abdominal wound was closed in the ordinary manner, except that the needles were not passed through the peritoneum. With the usual, after treatment, the patient progressed to perfect recovery.

Selections : Medicine.

UNDUE ARTERIAL TENSION.

High arterial tension is not to be measured by a certain number of grammes or ounces of pressure employed to elicit a characteristic sphygmographic trace ; it is a relative, not an absolute term. Ultimately, the measure of the tension in the arteries is the force of the systole of the heart, but modifying influences of extreme importance are introduced by the peripheral circulation. Under normal conditions, the relation between the force of the heart and the outflow by the capillaries is such, that the artery gradually subsides under the pressure of the fingers in the intervals of the pulse ; and the chief characteristic of unduly high tension is, that the vessel remains full between the beats. For our present purpose, then, it may be taken that high tension exists whenever the artery is full between the beats, so that it can be rolled under the fingers like a tendon in the wrist. To appreciate this condition, three fingers should be placed on the vessel, when it will be found to stand out, not only during the wave of the pulse, but in the intervals ; and, as has just been said, it can be rolled transversely under the fingers, and can also frequently be followed for some distance up the forearm, feeling almost like the vas deferens. This having been recognised, other points must then be ascertained. The force of the

pulse-beat and the degree of actual pressure in the blood-column may vary. This will be approximately estimated by the pressure of the fingers required to flatten the artery and arrest the wave—onc, two, and all three fingers being employed, and the pressure being varied several times. Very frequently, the force needed is unexpectedly great, and a pulse which at first seems to be weak may really be extremely powerful. Again, the artery may be either large or small ; sometimes, it is distended and dilated to its full capacity ; at others, it is firmly contracted upon the contained blood. It is in these last cases that the pulse is apparently weak, its force only being appreciated as the attempt is made to extinguish it. Finally, the pulse-wave may be long or short ; usually it is long, and dies away gradually under the finger ; but not uncommonly, all other characters of tension being present, it is short, a change of very great importance, as it usually indicates dilatation of the left ventricle and incipient failure of the heart.

I have said nothing about the sphygmograph, because, were I to enter upon a description of the sphygmographic trace, I should have to devote much time to qualification and discussion, which would only be appreciated by the few who work much with this instrument ; and, after all, the educated finger can tell us everything revealed by the sphygmograph, and more. When, after the general neglect of the indications furnished by the pulse, terms were required to describe the different conditions again brought out by the sphygmograph, all these terms were found ready-made in the writings of Galen. Fortunately, there is nothing of real importance in the pulse which cannot be readily distinguished by the busy medical man in his daily work.

* * * * *

Conditions of Arterial Tension.—We may proceed now to the enumeration of the conditions under which arterial tension arises, most of them being such as are attended with accumulation in the blood of imperfectly oxidised nitrogenized waste.

1. Renal disease of whatever kind, except acute suppurative pyelitis, and nephritis, and perhaps tuberculosis and amyloid degeneration is attended with high arterial tension, due to the imperfect elimination of urinary constituents. So characteristic of disease of the kidney is the pulse of high

tension, that it has been named the renal pulse; but the term is extremely objectionable, for, although such a pulse is often at once suggestive of disease of the kidneys, and may facilitate the diagnosis, it is very common when there is no renal change; and, on the other hand, it may be absent temporarily or permanently when advanced disease of the kidneys exists. If tension be permanently wanting, however, it may be a prognostic sign of the worst augury.

2. Gout, again, is so constantly accompanied by high pulse-tension, that the term gouty pulse has passed into currency. It is, of course, open to the same objections as the name renal pulse. Arterial tension is present in both acute and in chronic gout; and the name suppressed gout, so conveniently vague, and open as it is to abuse, might perhaps serve some useful purpose if it were employed simply to designate such states of impaired health in middle and advanced life, as are characterised by the presence of unduly high arterial tension.

The class would correspond very closely with the conditions described by the late Dr. Murchison, in his work on *Functional Derangements of the Liver*, the symptoms being attributed to lithæmia. In gout, the form of nitrogenised waste is uric acid; of some of the states comprehended under the head of suppressed gout, the oxidation in nitrogenised matter has probably stopped short of the stage at which uric acid is formed, and the compounds are even more injurious in their effects on the system. It is not necessary to describe in detail the modes of life which conduce to the accumulation in the blood of this imperfectly organized nitrogenised waste—they are excessive consumption of animal food and alcoholic drinking, sedentary habits, and the like.

I have been greatly struck with the frequency and degree of high arterial tension met with in Englishmen returning from India and other hot climates. My preconceived idea was that the external heat and free perspiration would produce general vascular relaxation, but observation has shown the exact contrary of this to be the usual result. The explanation, no doubt, is that the Englishman carries his meat-eating habits with him to hot climates, and there being here comparatively little need for combustion in order to maintain the temperature of the body, the nitrogenised

food is imperfectly burnt off and eliminated.

3. Lead-poisoning is another cause of high arterial tension, and it is noteworthy that it frequently gives rise to gout and kidney disease, the conditions already spoken of, attended with excessive intra-arterial pressure. Probably the formation of compounds of organic matter with lead salts, albuminates of lead too stable to undergo readily dissociation and oxidation, is the cause of accumulation of imperfectly oxidised products in the blood.

4. Pregnancy is invariably accompanied by increase of tension in the arteries. Whether this arises from a general augmentation of the volume of the blood, or from the presence in the blood of effete matters derived from the fœtus, is, perhaps, not altogether settled. Drs. Mahomed and Galabin have carefully investigated the rise of pulse-tension in pregnancy. It is worthy of note that Bright's disease may be established by pregnancy as well as by lead poisoning.

5. Anæmia, and especially chlorotic anæmia, is accompanied by high arterial tension. This, as I have before said, is an unexpected fact, but it is in my experience constant. Probably the explanation is similar to the explanation of the breathlessness attending this condition—the red corpuscles, the carriers of oxygen, are deficient, and just as they are insufficient to convey to the nervous system the increased amount of oxygen required in exertion, so they do not supply sufficient oxygen for the oxidation of the effete matters in the blood and tissues. The occurrence of dilatation of the left ventricle and mitral regurgitation, as an effect of anæmia, is at once understood when the resistance in the peripheral circulation is taken into account. It is not merely the innutrition of the walls of the heart, due to anæmia, which causes them to give way, but the increased pressure thrown upon the left ventricle by this resistance.

6. In cases of emphysema and chronic bronchitis, and sometimes even in phthisis, the systemic arteries present the signs of increased tension; in emphysema they are specially marked. This might be attributed to general fibrotic change in the tissues as well as in the lungs, but this is not the whole explanation; imperfect aëration of the blood has a share in provoking the

resistance, as is shown by its varying degree in the early stages of the affection of the lungs. Mitral stenosis may here be mentioned as associated with arterial tension, without discussing the relation between the two. With scarcely an exception, the radial artery is full between the beats in mitral stenosis.

7. Inherited tendency must, in some cases, be assumed to exist as the only explanation of undue tension in the arterial system. I have frequently found it in young students, and sometimes in schoolboys and children of ten or eleven, quite independent of overt gout or gouty family history, and not traceable to habit, climate, or mode of life. Again, I have seen several examples of this kind. All the males of a family die about or before the age of sixty, from consequences of high arterial tension of one kind or another, while the females, or most of them, survive, presenting, however, the signs of extreme pressure within the arterial system. Women, it need scarcely be said, are not exposed in the same way as men to the influences, dietetic and others, which intensify arterial tension, and precipitate its fatal effects.

8. Finally, constipation must be mentioned as a cause of temporary increase of tension, which very frequently proves to be the last straw in bringing on an attack of apoplexy or syncope.—W. H. Broadbent, M.D., F.R.C.P., in *Brit. Med. Jnl.*

NURSING.—In the first place, I desire to bear testimony to the fact that nursing is not only an extremely useful, but a highly honourable pursuit worthy of the ambition of any respectable person, whether man or woman. Trained nursing is rapidly assuming the form of a dignified profession. It is no longer a menial occupation, but an art and a science. A well-educated nurse must necessarily be a person of refinement and of more or less culture. Such a nurse commands high wages, or, to put it in a more proper way, high fees, is much sought after, and, like the medical attendant, is entitled to the respect and confidence of the family in which he or she renders the service. A nurse often becomes the life-long friend of a patient, and cases have repeatedly occurred in which large legacies have been left for important services rendered in severe and protracted sickness. These remarks are more especially applicable to female

nurses, who everywhere constitute the great majority of this class of persons; and in the succeeding discussion I shall, in order to avoid useless repetition, confine myself to that sex.

The chief qualities of a nurse are perfect health, refinement, neatness of person, correct habits, kindness of heart, patience, power of endurance, a good temper, a discreet tongue, good judgment, and alertness of mind. Such a combination of qualities is rare, but where it is present, and has been improved by a rigid course of training, it fulfils the very highest requirements of the sick room. Endowed with such an array of gifts, a nurse is capable of doing an amount of good in combatting disease in a degree hardly inferior to that of the medical attendant himself. She diffuses light and courage and sympathy in all her acts and movements, and thus robs disease of half its fears and pangs. An indifferent, poor, or untrained nurse, on the other hand, is too often a source of positive mischief; her want of knowledge is incessantly at fault; she worries and frets not only the patient, but every one around her; everything is out of joint, and, instead of being a blessing, she is too frequently only a nuisance. "For the want of timely care," says Armstrong, the poet doctor, "millions have died of medicable wounds;" and millions, I am sure, die every year from a want of proper nursing. A good nurse is the right hand of the physician. If his injunctions, in the way of medicine, food, drink, and other necessaries, are not faithfully carried out during the intervals of his visits, how will it be possible for him to combat disease successfully? In many cases the recovery of the patient is due more to good nursing than to the skill of the physician. When I come to die, let me have plenty of light and pure air in my room, and at my bedside a kind and accomplished nurse, a member, if possible, of that noble sisterhood, the Sisters of Charity, who are doing everywhere such noble work in the interests of the sick and the dying.

The requirements of the sick-room are numerous and diversified, and embrace a knowledge of everything that can conduce to the comfort and recovery of the patient. The first duty of the nurse is to carry out with unwavering fidelity and punctuality the instructions of the medical attendant; this is a sacred duty, and should on no ac-

count be departed from, unless unexpected intercurrent circumstances render it imperatively necessary. The relations between the nurse and the patient should be of the most friendly nature. She should move about the chamber, not on tiptoe, but as noiselessly as possible; wear a cheerful countenance, even in impending danger; express herself gently in a few, well-chosen words, and perform every needful duty, however menial or distasteful, with promptness and alacrity. She must not lose her temper or show feeling, even if the patient be unreasonable, fault-finding, or over-exacting, always bearing in mind that these are common effects of disease, and that she must make the best of them. She must not indulge in gossip or tattle, but know and feel that the secrets of the sick-room are sacred.

I would lay great stress upon what I regard as the æsthetics of the sick-room—a word which to me has a very high significance. The dictionary defines æsthetics as the science of the beautiful—the beautiful in nature and in art. The sick man's chamber has rarely about or in it anything of the æsthetic; on the contrary, it is generally disgracefully unæsthetic, in a state of confusion worse confounded—one thing here and another there, where they have no business to be, if they be not indeed a source of positive annoyance. Nothing can be more disgusting than to see half a dozen vials and pill-boxes piled upon the table or bureau directly under the patient's eye; a plate, cup, knife, or spoon here or there; a soiled napkin on the bed, or on the wash-stand; a slipper out on the floor, or a chair, stand, or some other piece of furniture out of place. Such disorder cannot fail to make a disagreeable impression upon the patient, and is a disgrace alike to the nurse and to the medical attendant. Each should aim to produce the most agreeable impression upon the poor sufferer. It is bad enough to be sick, but to be shut up, perhaps in a small, ill-ventilated room, filled with unpleasant odours and distasteful surroundings, is unbearable, and little short of a crime.

The educated nurse must have a competent knowledge, 1st, of the general principles of hygiene; 2ndly, of the effects, doses, and modes of administration of the medicines in most common use; 3rdly, of the nature of food and drink, and the proper

methods of preparing them for the sick; 4thly, of the different poisons and their antidotes; 5thly, of local remedies, as leeching, cupping, blistering, bandaging, poultices, lotions, antiseptics, and ointments; and, 6thly, of the manner of handling the patient, of making up his bed, and of changing his body-clothes. If, superadded to this knowledge, a nurse can have some idea of the nature and treatment of the more common diseases, very well, but such knowledge is by no means indispensable. A little knowledge is here, as everywhere else, often a dangerous thing. Dr. Rush used to tell his students that no physician should be permitted to engage in practice unless he had served six months in the kitchen, so important did he consider a knowledge of the art of cooking.—*Med. News.*

DR. OLIVER WENDELL HOLMES ON THE TEACHING OF ANATOMY.—Extract from address at Centennial Celebration of Harvard Medical School: "Among the various apartments destined to special uses one will be sure to rivet your attention, namely, the anthropotomic laboratory, known to plainer speech as the dissecting room. The most difficult work of a medical school is the proper teaching of practical anatomy. The pursuit of that vitally essential branch of professional knowledge has always been in the face of numerous obstacles. Superstition has arrayed all her hobgoblins against it. Popular prejudice has made the study embarrassing and even dangerous to those engaged in it. The surgical student was prohibited from obtaining the knowledge required in his profession, and the surgeon was visited with crushing penalties for want of that necessary knowledge. Nothing is easier than to excite the odium of the ignorant against this branch of instruction and those who are engaged in it. It is the duty and interest of all intelligent members of the community to defend the anatomist and his place of labour against such appeals to ignorant passion as will interfere with this part of medical education; above all, against such inflammatory representations as may be expected to lead to midday mobs or midnight incendiarism.

The enlightened legislation of Massachusetts has long sanctioned the practice of dissection, and provided means for supplying the needs of anatomical instruction, which, managed with decent privacy and discretion,

have served the beneficent purpose intended by the wise and humane lawgivers, without doing wrong to those natural sensibilities which are always to be respected.

During the long period in which I have been a professor of anatomy in this medical school I have had abundant opportunities of knowing the zeal, the industry, the intelligence, the good order and propriety with which this practical department has been carried on. The labours superintended by the demonstrator and his assistants are in their nature repulsive, and not free from risk of disease, though in both these respects modern chemistry has introduced great ameliorations. The student is breathing an air which unused senses would find insufferable. He has tasks to perform which the chambermaid and the stable-boy would shrink from undertaking. We cannot wonder that the sensitive Rousseau could not endure the atmosphere of the room in which he had begun a course of anatomical study. But we know that the great painters, Michael Angelo, Leonardo, Raphael, must have witnessed many careful dissections; and what they endured for art, our students can endure for science and humanity.

Among the large number of students who have worked in the department of which I am speaking during my long term of service,—nearly 2,000 are on the catalogue as graduates,—there must have been some who were thoughtless, careless, unmindful of the proprieties. Something must be pardoned to the hardening effect of habit. Something must be forgiven to the light-heartedness of youth, which shows itself in scenes that would sadden and solemnize the unseasoned visitor. Even youthful womanhood has been known to forget itself in the midst of solemn surroundings. I well remember the complaint of Willis, a lover of the gentle sex, and not likely to have told a lie against a charming young person,—I quote from my rusty memory, but I believe correctly:—

She trifled! ay, that angel-maid,—
She trifled where the dead was laid.

Nor are older persons always so thoughtful and serious in the presence of mortality as it might be supposed they would show themselves. Some of us have encountered congressional committees attending the remains of distinguished functionaries to their distant place of burial. They generally

bore up well under their bereavement. One might have expected to find them gathered in silent groups in the parlors of the Continental Hotel or the Brevoort House; to meet the grief-stricken members of the party smileless and sobbing as they sadly paced the corridors of Parker's, before they set off in a mournful and weeping procession. It was not so; candour would have to confess that it was far otherwise; charity would suggest that curiosity should withdraw her eye from the key-hole; humanity would try to excuse what she could not help witnessing; and a tear would fall from the blind eye of oblivion and blot out their hotel bills forever.

You need not be surprised, then, if among this large number of young men there should have been now and then something to find fault with. Twice in the course of 35 years I have had occasion to rebuke the acts of individual students, once in the presence of the whole class, on the humane and manly sympathy of which I could always safely rely. I have been in the habit of considering myself at liberty to visit the department I am speaking of, though it had its own officers; I took a part in drawing up the original regulations which governed the methods of work; I have often found fault with individuals or small classes for a want of method and neatness which is too common in all such places. But in the face of all peccadilloes and of the idle and baseless stories which have been circulated, I will say, as if from the chair which I no longer occupy, that the management of the difficult, delicate and all-important branch committed to the care of a succession of laborious and conscientious demonstrators, as I have known it through more than the third of a century, has been discreet, humane, faithful, and that the record of that department is most honourable to them and to the classes they have instructed."—*Boston Med. and Surg. Jnl.*

POST-MORTEM DIFFUSION OF ARSENIC.—
Victor C. Vaughan, M.D., and James H. Dawson, Ph. C., in the *Journal of the Am. Med. Ass.*, Aug. 4, taking as a text the following case, made some conclusive experiments. M. M., accused of poisoning his wife with arsenic. The lady was taken sick about April 18th, 1882; during her illness she vomited frequently; was seen often by her physician, who, on more than one

occasion had counsel. On the 7th May the woman died. After death the husband and his brother injected arsenic suspended in water into the rectum and mouth, to embalm it. 105 days after death the body was exhumed, the stomach and rectum placed in one jar, and a portion of the liver and one kidney in another for analysis. Arsenious oxide in large quantity was found in the stomach and rectum, and calculated from the results of the analysis, the entire liver contained from 6 to 15 grains. Later the body was again exhumed and the brain and a part of the muscles from the calf of the leg were sent for examination, but no arsenic was found in them. The question was, granting that arsenic was injected into the mouth and rectum in the manner claimed, could it reach the liver and other organs outside the alimentary canal.

Experiment 1.—A large muskrat was killed. Arsenious oxide suspended in cold water was injected into the mouth and rectum. The rat placed in a pine box and buried. Twenty-five days afterwards it was disinterred and analysed. Arsenious oxide in appreciable amounts was found in the liver, kidneys and heart. The lungs contained more than the stomach, probably from the injection having passed down the trachea instead of the œsophagus.

Experiment 2.—A cadaver. Two or three days after death arsenious oxide suspended in cold water was injected into the mouth and rectum, and the body laid away in a dry cellar for twenty-five days. On examination the internal organs were in a fair state of preservation. Arsenious oxide was found to an appreciable amount in the left kidney, liver, lung, heart, and spleen.

Experiment 3.—By Prof. Kedzie, Mich. Agricultural College. A cat dead a few hours. The stomach and rectum injected with arsenious oxide suspended in water, and the cat buried for thirty-one days. The liver contained arsenic, as also the heart, spleen, and kidneys.

These experiments go to show that the diffusion of arsenic through the body is no proof that it was administered during life, nor that it had been the cause of death.

DISAPPEARANCE OF CARDIAC MURMURS.—Mr. Greves gives the details of four cases in which murmurs had disappeared, and draws the following résumé:

Although murmurs are among the most

constant of the physical signs of heart disease, still their presence does not necessarily indicate the existence of incurable lesions, nor their absence that such lesions are not present. In forming a correct diagnosis and prognosis of any case, therefore, too much reliance must not be placed on the presence or absence of murmurs, as is too frequently the case, but other signs and symptoms must receive careful examination and consideration, for often on them alone is it possible to found a correct diagnosis.

The presystolic murmur of mitral stenosis, the most typical of all murmurs, occasionally disappears, the lesion still remaining. Mitral regurgitant murmurs, when due to simple relaxation of the heart's muscle, and dilatation of its cavities and orifices, as in chlorosis and general febrile conditions, in most cases completely disappear under appropriate treatment.

Tricuspid regurgitation is occasionally a temporary condition, due to bronchitis, etc., and when the cause is removed, this condition is recovered from, as is indicated by the disappearance of the murmurs.

Aortic systolic murmurs, due to a permanent lesion at the aortic orifice, may undergo changes in their intensity, but never completely disappear.

Aortic diastolic murmurs in certain extremely rare cases have been known to disappear. In these cases a systolic aortic bruit is always present, which remains persistent, and thus indicates the existence of the lesion.

Pulmonary systolic murmurs are persistent when due to an organic lesion; but if non-organic, may disappear temporarily or permanently.—*Med. News.*

FREE HYDROCHLORIC ACID IN GASTRIC DIGESTION.—Dr. Von den Velden, with Kussmaul's pump obtained matter in the course of digestion from the stomach. He experimented with these matters, to find free hydrochloric acid. The re-agent used was *tropéoline*, a yellow substance turning red in the presence of mineral acids, not affected by organic acids. In a typhoid patient, he observed the disappearance of free hydrochloric acid during the whole course of the fever, the acid re-appearing with convalescence. In a case of simple dilatation of the stomach, the acid was never wanting, in carcinoma it could never be found. The

The following is a summary of Mr. Greves' article
on the above subject.

cause of this phenomenon cannot be attributed to weakness, nor cachexia, for the absence of acid persists even when the patient is relieved, and on the other hand, patients in the last stages of marasmus preserve their free acid, if there is no carcinoma. It is not due to the chemical action of the cancer juice, for the eight cases observed were of non-ulcerated scirrhus. By means of this re-action Von den Velden, in one case diagnosed cancer though every other symptom of carcinoma was wanting, and the autopsy confirmed his diagnosis. In another case, he denied the existence of cancer in a case when all the symptoms of a neoplasm were united and again his opinion was confirmed by the autopsy. In a case in which the liver was affected and the stomach free, the acid did not disappear.

Dr. Edinger, obtained gastric juice by an ingenious method: he enclosed a bit of sponge in a gelatine capsule, attached a piece of string to it, and made his patient swallow it, the string being allowed to hang out of the mouth. In about 30 minutes the sponge was withdrawn, the capsule having been dissolved and the contents of the sponge squeezed into a proper receptacle may be submitted to examination.—*Le Prog Méd.*

RHUS TOXICODENDRON IN RHEUMATIC INFLAMMATION OF THE SHEATHS OF NERVES AND TENDONS.—Dr. Gifford recommends *Rhus* in some forms of chronic rheumatic affections of fibrous tissues. Sciatica may be a pure neuralgia of the sciatic nerve or a rheumatic inflammation of its sheath. In the neuralgic form *Rhus* is not the remedy; in the rheumatic form, it is of marked efficacy. In the last week in May or the first week in June, he gathers the leaves of *Rhus toxicodendron*, grown in a shady place, and gathered after sunset on a damp, sultry day. They are cut fine and macerated two weeks in 95 per cent. alcohol, in the proportion of one part of leaves to two of alcohol. The filtered liquid is kept in coloured well stopped bottles. This is diluted with pure deodorized alcohol on the decimal scale. Two drops of the third dilution taken night and morning will act beneficially within forty-eight hours on the rheumatic form of the disease. When the pains have abated somewhat, one dose at evening is to be taken till the cure is com-

plete. Dr. Gifford has found one case in which this dose was too large, none where it was too small. *Rhus* poisoning may be promptly and certainly controlled by freely applying *Lobelia inflata* externally, and by small doses of aconite and belladonna internally, given every two hours alternately.—*N. Y. Med. Journal.*

DIRECT COMMUNICATION IN THE LIVER BETWEEN THE BRANCHES OF THE PORTAL AND HEPATIC VEINS.—Sabourin finds in the substance of the liver, along the course of the larger divisions of the portal vein, some branches of the hepatic vein which lie in the periportal connective tissue, and, although direct communication between the portal and hepatic veins has not been actually demonstrated by microscopical sections, he is convinced that such actually exists, an opinion to which he was first led by his pathological studies. Claude Bernard also held this view, upon the physiological postulate that the capillaries are not competent to conduct the large amount of fluid carried to the liver during digestion, the greater proportion of which then would flow directly through these large communicating branches from the portal vein into the hepatic. In the intervals of digestion, the blood is prevented from passing through these vessels by a sphincter-like arrangement of muscular fibres and connective tissue, the exact character of which further experiments will be needed to determine.—*Progrès Médical*, No. 8.—*Phil. Med. Times.*

THERAPEUTICS OF THE NICKEL SALTS.—Prof. J. M. Dacosta, in the *Med. News* has been making some observations upon the effects of salts of nickel in various diseases. He uses principally the sulphate and the bromide, although preparations of the chloride and phosphate have also been tried. The sulphate a greenish coloured deliquescent salt is given in solution in doses of one to three grains, or even five grains frequently repeated. In cases of obstinate diarrhoea it was of apparent benefit, and in one case allayed the pains of sub-acute rheumatism. Its action was generally disappointing. The bromide appears to have the effect of the bromides in general, the dose however, requiring to be much smaller than that of the other bromide compounds. In several epileptics, it secured a diminution of the

fits, but like the other bromides, after a time lost its power. Prof. Da. Costa thinks it worthy of more extended investigation.

Dr. Wolpert (*Monatssch. f. Med. Polytechni*, July 1, 1883,) has invented a simple apparatus for the purpose of testing the purity of the air, and the same is placed the first time for public inspection in the Berlin Hygienic Exposition of this year. The apparatus consists of a gum ball, a small glass tube fitting into the same, and a common reaction glass, which has a mark ground into it to show how far it should be filled, and the bottom of which consists of milk glass (or glass otherwise clouded) with a bright test-mark, which in this case is the year 1883, *i. e.*, the whole glass and these numbers are clear glass, only the glass surrounding the figures at the bottom is clouded. The test depends upon the well-known effect of carbonic acid upon lime-water. If the test is to be made in a certain room, the reaction glass is filled up to the mark with lime-water; the compressed gum ball is permitted to fill itself with the air of the room through the glass tube inserted, then the latter is placed into the fluid in the test tube, and the air of the ball expelled into the fluid. While in any good air it is necessary to expel the air from the always refilled gum ball into the fluid of the test-tube twenty to thirty times, two to three times are sufficient if the air is bad to make the lime-water so cloudy that the test-sign cannot be read any more. A tabular statement accompanies the whole, from which, according to the number of times the air of the gum ball had to be expelled into the fluid ere the latter became sufficiently cloudy to obscure the test sign, the percentage of carbonic acid the air contains can be determined. For practical purposes, it is sufficient to remember that if the lime-water becomes turbid after ten fillings the air is too impure to be breathed without detriment. If from ten to twenty fillings are needed, the air may be inhaled for a short time; if more than twenty, it is a sign that the air may be considered good.—*Northwestern Lancet*.

RATTLESNAKE POISON IN TETANUS.—A. O. Ameden, M.D., reports in the *Med. News*, a case of traumatic tetanus cured by the hypodermic injection of rattlesnake

poison. The tip of the hypodermic needle was dipped into some 'crotaline' and the needle inserted under the skin in the dorsal region. The tetanic spasms and rigidity rapidly lessened and entirely ceased in ten hours. The patient then sleeping quietly for six hours. Thirty hours after the insertion of the poison, rigidity and slight spasms recurred, and a second injection gave rise to alarming prostration and other symptoms of rattlesnake poisoning, but the man recovered and was troubled no more with tetanus.

COUGH MIXTURE.—Now, the effects of opium are both local and general; and if in mucilage of acacia, or tragacanth, or in glycerine, or with a thick solution of confectio rosæ caninæ, or honey, you give frequently from the one-fortieth to the one-twentieth of a grain of morphia, you not only give a marvellous amount of peace and comfort to your patient, but, where it is remediable, you tend also to cure the disease. A favourite formula of mine, varied according to circumstances is:—

R Liq. morph. acetatis ̄ ij
Acidi nitrici dil ̄ iss
Oxymellis scillæ..... ̄ vj
Mucil. acaciæ..... ̄ iiss
Glycerini..... ̄ ij
Syr. rhœados ̄ ij
Aq. cinnam. (vel. rosæ) ad... ̄ vj

M. To take one or two teaspoonfuls, five, six, or seven times in the twenty-four hours. The coughing in pertussis may be be similarly relieved.—*Med. Age*.

BEEF-TEA made red-hot with red pepper is the very best treatment for delirium tremens. A patient to whom I once administered such a dose, made so strong that I would not have dared to taste it myself, afterwards told me that it was the most refreshing and cooling drink he had ever taken. A London surgeon to the police told me that he had treated a hundred and fifty cases of delirium tremens with this remedy alone, and had not lost one. The use of chloral in these cases is criminal, and many a death-certificate of "delirium tremens" ought to be "heart-failure from chloral-poisoning."—*Phil. Med. Times*.

IN the science and art of preparing sick diet there is a most lamentable lack of knowledge, especially among physicians.

They know the preparations by name, but not by nature, and the only way to learn the latter is to don the apron and take a practical course from a practical and scientific cook. Such a course was inaugurated last winter in this city and in Boston with a very satisfactory result. The prospect for this season in this city is, that the course will be very well attended. It is the only way to learn. I could read you receipts by the score, but it would be as useless as reading off that many medical formulæ.—*Ibid.*

Dr. I. E. Atkinson (*Med. Med. Journal*) was much pleased with the results obtained when first using picric acid as a test for albumen in the urine. Later, he was surprised to find the reaction for albumen present in the urine of malarious patients, even when heat and nitric acid failed to show it. Following up a hint that this was caused by the presence of the cinchona salts, Drs. Cook and Watkins have embodied the results of their researches in a paper, in which they report that there is no question that patients taking cinchonidia give the same reaction with picric acid as if they had albuminuria.

ETHEROMANIA.—M. Sedan relates, in *Gaz. des Hôp.*, the case of a young boy, ten years of age, quick and brilliant intellectually; hard working and persevering, always at the head of his class, who attributed his intellectual success to the habit of drinking ether. He consumed from 20 to 30 up to 1,000 grammes of ether per diem—by the mouth as well as by inhalation. He used to rise from his ethereal drunkenness to solve the most difficult questions of higher mathematics.

THE injection of ergotin into the tissue over the spleen does not often give rise to abscess, and the liability to abscess may, I think, be in great measure avoided by painting the part where the injection is made, immediately afterwards, with tincture of iodine.—J. H. Hutchinson in *Phil. Med. Times*.

Dr. W. H. HENDERSON, of Kingston, has been elected a life member of the Ophthalmological Society of Great Britain and Ireland.

Surgery:

IMMEDIATE TREATMENT OF FRACTURES BY PLASTER-OF-PARIS BANDAGE.

By CHRISTOPHER DEATH, F.R.C.S.

The object of my paper is to point out that many other fractures besides those of the leg may be most conveniently and satisfactorily treated by plaster-of-Paris bandages or splints, though I prefer the former.

A late American surgeon and friend of mine, Dr. Cowling, of Louisville, published, shortly before his death, three years since, a little book entitled *Aphorisms on Fracture*, of great value from its shrewd common-sense, from which I will venture to make a few brief quotations.

"Aphorism 38.—Carved and manufactured splints generally fit nobody, and are to be rejected, as not only expensive, but damaging."

"Aphorism 41.—The application of the roller bandage immediately to the skin, whether as a protective or to prevent muscular spasm, has resulted in such disaster, that it is one of the curiosities of surgery how it could be repeated at this day. When cotton is placed over such a bandage, it forms an absurdity scarcely credible in a man of ordinary sense."

"Aphorism 44.—Continued extension and counter-extension are, as a rule, not necessary to prevent shortening in fractures. This is best done by removing the causes which lead to muscular spasm; first by early and as complete reposition of the fragments as possible; second, by the smooth application of cotton batting to the limb; third, by the equal pressure of a bandage extending from the distal end of the limb to a point beyond the joint above the fracture; fourth, by the accurate fitting of the splints or plastic material for support; fifth, by as little interference afterward as possible."

Mr. Gamgee has for so long advocated in this country the advantages of fixation and compression in the treatment of fractures, that it may appear superfluous to go at all over the same ground again; but my object is to induce surgeons to have more faith in the early treatment of fractures by plaster-of-Paris than appears as yet at all general, and thus to save their patients and themselves an infinity of trouble.

Let me take, as a good example of the treatment, an ordinary case of fractured patella. Every one knows that the joint soon fills up with blood and synovia, which take many days for their absorption, but every one apparently does not know that, if the case be seen before effusion has occurred, it may be entirely prevented by wrapping the knee-joint up in cotton-wadding, and applying a plaster-of-Paris bandage firmly over all. I have treated many cases in this way with only a couple of days' confinement, and believe that I have in some cases got osseous union between the fragments, so firmly are they knit together.

But, if effusion have already taken place, it is easy to get rid of it, if coagulation of the blood have not already occurred, by the use of the aspirator; and, the wadding and plaster being at once applied, no further effusion takes place, and the patient begins to walk about with a stiff knee as soon as the plaster is dry.

Unless a fractured tibia be very much comminuted and bruised, I look upon plaster-of-Paris, applied as soon as possible, as the ordinary treatment to be adopted; and certainly, in Pott's fracture of the fibula, with or without fracture of the internal malleolus, nothing is so comfortable to the patient, or of so little trouble to the surgeon, as a boot of plaster properly applied, with the foot carefully held at a right angle to the leg.

In the fractured thighs of children, I believe better results can be got by the immediate application of plaster-of-Paris over cotton-wadding than by any other method—even than by Hamilton's double thigh-splint with cross-bar, which is very convenient. And here let me venture to controvert a part of one of Dr. Cowling's aphorisms: and the routine teaching of most surgical works, viz., that the joints above and below a fractured bone should be included in any apparatus and kept quiet so long as the fracture is under treatment. If a fracture be close to a joint, and *a fortiori* if it involve the articulation, then of course its fixation is essential; but why, with a fracture in the middle of a long bone, we should insist upon crippling a patient by doing our best to give him two stiff joints, I fail to see. With imperfectly fitting splints, it may no doubt be desirable to fix approximately the neighbouring articula-

tions in order to obviate movements which would disarrange the fracture; but how incomplete the fixation is, any one may see who will watch a case of fractured thigh treated with the long splint. To enclose joints unnecessarily with plaster-of-Paris, is to provide cases for the "bone setter;" and I should never include the knee or hip-joints in any ordinary case of fractured shaft of the tibia or femur. Many surgeons have exaggerated ideas of the tendency of muscles to produce displacement. They have some tendency to contract spasmodically immediately after an accident; but this soon passes off, particularly when they are firmly and equally compressed.

The apparatus for the treatment of fractured clavicle are too numerous to mention, and perhaps the simplest and best is Sayre's method with three strips of plaster. But I will venture to say that better results will be got by encasing the patient, with his ordinary jersey on, thoroughly in a plaster-of-Paris bandage, than by any other method. The clavicle being a short bone, it is of course necessary to fix the shoulder-joint by encasing the humerus and fixing it to the side; but it is quite unnecessary to fix the elbow-joint, which should be left exposed, the fore-arm being carried in a sling and used with moderation.

Fractures of the neck of the humerus may be similarly treated, if the axilla be thoroughly padded with cotton-wadding, and without a shoulder-cap, which latter is always cumbersome and very apt to gall the patient.

Fractures of the shaft of the humerus may be treated with plaster from the first, alone or combined with three splints; but fractures low down, and separation of the lower epiphysis in young children, I find best treated by thoroughly flexing the fore-arm upon the chest and maintaining it there with ordinary bandaging.

Fractures of the fore-arm are the only ones which seem to me unsuited for treatment with plaster-of-Paris, and for the obvious reason that there would be great danger of drawing the two bones together. Two simple splints, not too wide, should be applied while the fore-arm is supinated, and then brought by the surgeon into the position between supination and pronation: these answer every purpose, while for Colles' fracture Carr's splint is the best. In fracture of the olecranon,

I am heterodox enough to flex the arm to a right angle and let the patient wear it in a sling, and the result is as satisfactory as if a front straight splint were applied for a month.—*Brit. Med. Journal.*

OBTURATOR HERNIA.—Very interesting statistics on this rare affection are to be found in a pamphlet on "Hernia" by Dr. B. Schmidt, published in 1882 as part of Pitha and Billroth's well-known series. The cases where obturator hernia has been diagnosed during life are reduced to twenty-five; of these, seventeen were subjected to operation, eight were relieved by taxis, but only five altogether were saved by the two methods of treatment. Dr. Hasselwander of Hausham, in Bavaria, records in the *Aerztliches Intelligenzblatt* a successful case of operation for strangulated obturator hernia. The patient, a country-woman, aged 65, had suffered for three days from colicky pains, constipation, and flatulence. On two occasions, she had been seized with vomiting. Her appetite was bad, and she felt pain in the left foot.

When first examined, her face showed an anxious expression, her tongue was furred, her body emaciated, and her urine was highly albuminous. The abdomen was distended with flatus. No hernia could at first be detected. There were itching sensations in the left thigh, and numbness in the entire extremity. On closer examination, the depression, plainly marked on the right side, over the adductor longus in Scarpa's triangle, was almost effaced on the left, where the same region was painful on pressure. On deep palpation, an indistinctly circumscribed hard smooth swelling was found on the inner side of the femoral vessels, over the adductor longus. On vaginal examination, fulness could be detected within the left side of the pelvis. Partial reduction was effected; but the symptoms became very serious a few days later, so that an operation at length had to be performed. The adductor longus was laid bare by an incision extending from below the pubes for three inches along the line of its outer border. That muscle was then cleared of the cellular tissue lying in its anterior aspect, and drawn inwards. The fibres of the middle part of the pectineus were divided, and a well-circumscribed swelling was in this manner exposed. The existence of hernia being now certain, the entire incision was enlarged, upon which very troublesome venous

hæmorrhage occurred, and it proved difficult to control throughout the remainder of the operation. The external pubic arteries were drawn aside. The swelling was about the size of a pigeon's egg, and very tense; but it fluctuated slightly on pressure. Its surface was of a purple colour. Some strong adhesions were separated by the fingers. By the aid of blunt instruments used with great precaution, the sac of the hernia was opened; its outer layer was aponeurotic; its inner coat consisted of a thick œdematous tissue, easily lacerated. There was no fluid in the sac, and the intestine lay immediately against its inner wall. On widening the incision in the sac by laceration till it became of a sufficient width, the intestine was found to be deeply congested and very tense. The finger was then passed into the neck of the sac, very sharply constricted by the border of the obturator foramen and the ligamentous tissue in the neighbourhood of that region. Incisions were made in the inner and lower borders of the neck of the sac, by means of a straight probe-pointed bistoury. The intestine was then carefully replaced. Only the end of the little finger could be passed into the foramen. The venous hæmorrhage, the depth of the incision, and the lateness of the hour at which the operation was performed, apparently without the aid of any artificial illumination, made the operation very difficult. The wound was covered with an antiseptic plug. The patient passed a motion in the night, and was henceforth relieved from all intestinal troubles, though convalescence was prolonged through suppuration of the wound, the result of the damage done to the cellular tissue in Scarpa's triangle, and its extensive infiltration with venous blood. The patient at the end of six weeks was completely restored to health.—*Brit. Med. Jnl.*

BILLROTH'S IODOFORM DRESSINGS.—Iodoform is employed:

(a) As a powder sprinkled over wounds, as upon the perineum, by means of Dr. Wölfler's iodoform duster.

(b) As gauze, which may be either (a') dry, "hydrophile," or (b') adhesive. For the preparation of hydrophile iodoform gauze (a'), a coarse, unbleached muslin, which has been deprived of its fatty particles, is placed in a basin, washed with carbolic acid, and is sprinkled with iodoform in form of powder

until the cloth assumes a yellow colour, according to the thoroughness of this operation, the gauze contains from ten to twenty per cent. of iodoform. Fifty grammes of iodoform are sufficient to impregnate six and a half metres of muslin. Hydrophile gauze costs in Vienna about eight cents per metre.

For the preparation of the adhesive iodoform gauze (*b'*), the muslin, deprived of its fatty particles, is saturated with a mixture of alcoholic solution of colophonium and glycerin. The gauze is dried carefully and impregnated with iodoform in the same manner as the hydrophile. For six metres of gauze it requires two hundred and thirty grammes of iodoform and one hundred grammes of colophonium, which is dissolved in twelve hundred grammes of ninety-five per cent. alcohol, to which fifty grammes of glycerin are added. This adhesive iodoform gauze costs in Vienna about thirty-two cents per metre.

The chief function of adhesive iodoform gauze is the arrest of hæmorrhage in cases of parenchymatous hæmorrhage.

(*c*) As iodoform-glycerin. This preparation consists of ten to twenty parts of iodoform to one hundred parts of glycerin, and is employed for injection into cold abscesses after the evacuation of pus by puncture or incision.

(*d*) As iodoform-collodium. This preparation is composed of iodoform one part to collodium ten parts, and is used in enormous quantities in the ambulatorium. It is a sovereign remedy for cuts and slight bruises. An ethereal solution of iodoform (one part iodoform, seven parts ether) forms a very convenient covering for syphilitic scleroses, and for mucous patches in the buccal cavity.

(*e*) As iodoform bacilli. The formula for this preparation, as it is found in the pharmacy of the General Hospital, is.

Iodoform. pulv., 20.0;
Gummi arabici,
Glycerini,
Amyli,
Fiant bacilli diversi magnitud.

The value of these bacilli cannot be over-estimated when fistulous tracts or inaccessible wound-surfaces are to be medicated. In endometritis, cystitis, pyothorax and certain urethral affections, the iodoform-bacilli are evidently of great worth.

(*f*) As iodoform vaseline. This salve varies in the amount of the drug contained from twenty to fifty per cent., and is used as an application to venereal ulcers.—*Phil. Med. Times.*

NUSSBAUM'S TREATMENT OF CANCER.—Prof. Nussbaum noticed, several years ago, that indolent ulcers of the leg rapidly improved when an incision was made around them, at about a finger's width from their margin, and down to the fascia, the incision being prevented from healing. Not long ago he treated a case of cancer of the mamma, with so strong a tendency to hæmorrhage, that each dressing of the ulcer threatened her life. As the patient was nearly moribund from the frequent loss of blood, Nussbaum surrounded the tumour with a strong subcutaneous ligature, which he drew together with all his strength, and then tied. The patient rallied completely. Not only was the hæmorrhage arrested, but the tumor decreased to one-quarter its size, and the ulcer began to cicatrize. The patient's strength rapidly increased. Nussbaum, therefore, now proposes completely to prevent the feeding of these tumours by their peripheral nutrient vessels. The blood which supplies the tumour through its base is sufficient to keep it stationary, whilst it does not absolutely starve it. In order to accomplish the desired interruption of the supply from the periphery, Nussbaum urges the formation of a furrow around the tumor, down to the fascia, about one centimetre wide, not with the knife, however, but with the thermo-cautery. In the above-named case a tubercle had not been included in the ligature. Nine months after the application of the latter, this tubercle had grown, and had thus reached the tumor of the mamma, which tumour had meanwhile become quite solid. The tumour now began to grow again, and even to bleed. Nussbaum, therefore, surrounded all the isolated tubercles with a deep furrow, and their growth evidently stopped. Six weeks later they were still shrinking. Nussbaum thinks that the thermo-cautery or the actual cautery is much more useful than is generally believed. The subjective condition of the patients, their strength and appetite, are much better after an operation with the cautery than with the knife; the wound heals quicker, except in cases where approximation by sutures can be employed

after knife operations; and relapses are much delayed. Nussbaum ascribes these advantages partly to the absence of loss of blood, and partly because the nerves and blood vessels, being covered with cicatrix, are protected from the influence of the air.—*Physician and Surgeon*, July, 1883. *Phil. Med. News*.

ANATOMY, SURGERY AND HYGIENE OF THE RECTUM.—In an article with the above title published in the *American Practitioner*, July 1883, the author, Dr. Joseph Eastman, concludes with the following advice:

1. That the rectal anatomist dispense with his drawings exhibiting the rectum distended, or borrow the contracting powers of Thomas and add one with it closed.

2. I would urge the rectal surgeon (for purposes of diagnosis and operation) to utilize the expansive genius of Sims in throwing the rectum open.

3. I would urge humanitarians to insist that at least one-third as much time be given to unloading the alimentary canal that they take in filling the same.

4. I believe it is the duty of philanthropists and sanitarians, especially such as are so anxious to serve on boards of health, to see that water-closets invite, not repel. Health boards should inspect every store, factory, and place of business, to see that clerks and employees, male and female, have such privacy and privileges of access to closet accommodations as the importance of the case demands.

5. I would beseech of doctors, philanthropists, sanitarians, and all others interested in humanity, to teach on all proper occasions the pernicious consequences of carrying a load of feces in the bowel until it is absorbed, and its odor escapes from the emunctories of the skin, or adds to the not infrequent unpleasant aroma of the human breath.—*Med. Med. Jnl.*

SAWDUST DRESSINGS.—H. P. Symonds, in the *Lond. Lancet*, uses coarse sawdust as a surgical dressing. The sawdust is soaked in a 1 in 10 solution of absolute phenol and spirits of wine, and then allowed to dry slightly. When used it is enclosed in a bag made of several layers of gauze, and applied outside the deep dressing—the usual external dressings being placed over it. The sawdust then takes the place of the padding of loose gauze. Its absorbent

power is very great, and it keeps up equable pressure. The three great points in its favour are—its powerful antiseptic property when saturated with carbolic acid, its great absorbent power, and its adaptability to any surface. The sawdust should be coarse, as, if fine, it may pass through the gauze and irritate the parts.

BLEACHING SPONGES.—The following process was, says *New Remedies*, devised by Mr. John Borham, and has been in use in Bellevue Hospital for a considerable time:

Soak the sponges, previously deprived of sand and dirt by beating and washing, in a one per cent. solution of permanganate of potassium. Then remove them, wash them thoroughly with water, and press out the water. Next put them into a solution of one-half pound of hyposulphite of sodium in one gallon of water, to which one ounce of oxalic acid has been added, and leave them in the solution for fifteen minutes. Finally, take them out and wash them thoroughly. By this treatment the sponges are rendered perfectly white. Many sponges contain a more or less dark-colored, brownish core. If treated only with permanganate and acid, the core is either not bleached at all or if it has been somewhat bleached, the tint is apt to grow again darker. By the above modification, every portion of the sponge is rendered white, and remains so.—*South. Clinic*.

OCCUSIVE MIXTURE:—

Camphor	3 ss
Mastic resin.....	3 i
Balsam of Peru	3 ss
Sandarac resin	3 xx
Sulphuric ether	3 x
Alcohol.....	3 x

Dissolve the resins in the mixture of alcohol and ether, shake frequently, let it settle and decant. Wet a bit of cotton in this solution, introduce it into the cavity of the carious tooth, and press it in.—*L'Union Med.*

BLEEDING BY ASPIRATOR.—Charles Copinger, F.R.C.S.E., writes to the *Brit. Med. Journal* as follows:—In a case where venesection was indicated, and where the friends of the patient objected and were horrified at the operation, I introduced the needle of the aspirator under the skin of her neck

into her left external jugular vein, which was much distended, and four ounces of blood were withdrawn without difficulty. In half-an-hour I repeated the puncture, and drew off in the same fashion the full six ounces which the aspirator was capable of holding. The patient recovered, and neither she nor her nervous lady friends in the room had any idea she was bled until the matter was subsequently explained to them.—*Med. Med. Journal.*

At the French Association for the Advancement of Science, M.M. Mallez and Napoli presented an instrument designed to graphically record upon paper, the exact size and contour of a body in the depth of a cavity which can be reached by the finger only.

THE Canadian Practitioner,

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

TO CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, NOVEMBER, 1883.

THE MEDICAL SCHOOLS OF CANADA.

The number of medical students in Canada is evidently larger than ever before. We hear the same story of increased numbers from all sections blessed with Medical Schools. The schools in Toronto are perhaps increasing faster than those of any city in the Dominion. The Toronto School has probably the largest class of freshmen ever known in a Canadian School. Trinity has also received a large accession, and the consequence is that the buildings of both institutions are rather crowded. The General Hospital also feels the pressure, there being over three hundred already registered.

As usual there was a regular opening lecture delivered in all the schools.

TORONTO SCHOOL OF MEDICINE.

The opening lecture was delivered by Dr. J. H. Richardson, on Monday, October 1st. There was a very large assemblage composed of medical students, physicians of the city, including the staff of the Toronto School and several members of the Trinity staff, a number of clergymen of all denominations, and many ladies.

The learned Doctor was received with unbounded enthusiasm by the students. After making some remarks upon the subject of Evolution, he spoke more particularly to the students. As compared with the past, he thought the students of the present were a better class in many respects. He referred to the importance of the purely scientific branches, but thought more attention should be paid to them before commencing the study of medicine proper.

TRINITY SCHOOL OF MEDICINE.

The large lecture room of this school was well filled with an appreciative audience, on Tuesday, October 2nd, when Dr. Sheard delivered the introductory lecture for his school. Although the Doctor was already feeling to some extent the effects of the blood poisoning, from which he was afterwards prostrated, he certainly showed no signs of weakness. His excellent address was well received by all present.

M'GILL MEDICAL COLLEGE.

The McGill opening took place October 2nd, but instead of choosing a member of the Faculty, the Faculty invited one of their most distinguished alumni, Dr. Workman, of Toronto to deliver the opening lecture. The Doctor complied, and gave an address worthy of himself in the lecture hall of the Redpath Museum.

The Bishop's College, Montreal, School of Medicine, and the Montreal branch of the Medical Department of Laval University, commenced the regular work of the session, October 2nd.

Dr. Lavelle, the Dean of the Kingston Medical School, delivered the opening lec-

ture, October 2nd. This school has a larger class of freshmen than usual.

MEDICAL DEPARTMENT, WESTERN UNIVERSITY,
LONDON.

A very able introductory lecture was delivered in this school, which is now entering its second year, by Dr. Buck, Superintendent of the London Asylum.

THE WOMAN'S MEDICAL COLLEGE, OF TORONTO.

This Institution was opened October, 1st. when its President, Dr. Barrett, delivered the inaugural address of its first session. A very suitable building has been purchased, convenient to the hospital, which will accommodate about twenty-five or thirty students, which will amply suffice for the present. There are five students in attendance. A number of those who expected to attend this year have delayed for the purpose of preparing for matriculation.

THE WOMEN'S MEDICAL COLLEGE, OF KINGSTON.

This College commenced its regular work in the second week of October. The citizens of Kingston have been very generous in their offers of assistance, and one lady of Toronto is giving substantial aid. There are about ten students, including the Kingston students of last year.

HARVARD MEDICAL CENTENARY.

On the 17th October last the Medical Department of Harvard University celebrated the 100th anniversary of its foundation and at the same time dedicated its new building on the corner of Boylston and Exeter Streets. The building is a plain solid brick structure, four stories in height, with a frontage on Boylston Street of 122 feet, by 90 feet on Exeter Street, and cost \$300,000, the gift of numerous friends. The past century has given the school an association with great names, and an honourable history. The future, opening under favourable auspices, with excellent teachers, commodious and well fitted laboratories, improved methods and increasing skill and knowledge, presents a vista of boundless

possibilities. The centennial celebration took place in Huntingdon Hall in the Institute of Technology, above Boylston Street, a short distance from the new school building. An immense concourse of lay and professional friends was present. On the platform were seated President Eliot, Prof. O. W. Holmes, Prof. Bigelow, Mayor Palmer, ex-Mayor Green, President F. A. Walker of the School of Technology, the Faculty of the School and many invited guests, amongst them were Sir Wm. McCormac and Dr. Lyon Playfair, of London, Drs. Barker, Marion Sims, Agnew, Dalton, Draper, Shradly, F. R. Sturgis, of New York; Dr. Mullin, of Hamilton; Dr. Aikins, of Toronto; Drs. Howard, Osler, and F. W. Campbell, and Prof. T. Sterry Hunt, of Montreal; and Dr. Atherton, of Fredericton. President Eliot delivered an address of welcome, and was followed in a sparkling and brilliant oration by Prof. Oliver Wendell Holmes in which he dealt with his usual felicity with the history, the utility and the prospects of the school at three dates chiefly: 1783, 1833, and 1853. At the conclusion of this oration a presentation was made to the college of a portrait of Prof. Holmes and a bust of Prof. Bigelow on behalf of the Alumni. The ceremony of dedication of the new building was then proceeded with, after which lunch was served and the building inspected. In the evening a reception was given by the faculty to the guests of the day at Young's Hotel.

PRIVATE ASYLUM FOR ONTARIO.

The Homewood Retreat Association for Insane Persons and Inebriates, is to open its asylum in the City of Guelph some time this month. The design is to afford accommodation for such unfortunates amongst the upper and wealthier classes. The special comforts and advantages of such an institution it has hitherto been necessary to seek elsewhere. The Retreat is situated in the outskirts of the City of Guelph upon twenty acres of land suitably located and

in every respect well adapted for the purpose. The primary arrangements have been made for the accommodation of fifty cases, twenty-five of each sex, who will be under the immediate care and supervision of Dr. Stephen Lett, presently of the Toronto, and formerly of the London Asylum for the Insane, with Dr. Joseph Workman as consulting physician. This statement is sufficient recommendation to the Profession of the Province. The Board of Directors has at its head J. W. Langmuir, Esq., the well-known late Inspector of Asylums for Ontario. The managers have sought for and obtained an excellent Board of Statutory Visitors and Inspectors, composed of the Provincial Inspector of Asylums, the Judge of the County Court of Wellington, the County Warden, and the Clerk of the Peace, and a local physician nominated by the government.

Under these auspices we bespeak a prosperous and useful career for this Institution, and hope to see the inebriate department in time develop into an agency of great and lasting good to this Province.

AMERICAN PUBLIC HEALTH ASSOCIATION.

The American Public Health Association will hold its Eleventh Annual Session at Detroit, Michigan, commencing Tuesday, November 13th, 1883, and ending Friday, November 16th.

The subjects which have been chosen for special consideration at that time are:—

1. Malaria.—Its etiology and the methods for its prevention in localities or in persons, its American history, its specific particles, its origin, the conditions of its pervasion, its laws of extension, etc.

2. Foods.—Their adulterations; healthy or deleterious modes of preservation and the function of legislation in regard to them. Ascertained facts as to adulterations in this country. Facts as to canned goods, condensed milk, artificial butter and cheese, prepared meats, etc.

3. Vital Statistics. Methods and results; defects apparent. How far foreign modes of tabulation are to be followed. Systems of collection and classification. Race vitality and the care of population as indicated by statistics.

4. The Control and Removal of all Decomposable Material from Households.—The mechanical laws, constructions, and appliances relative thereto. The construction of all inside pipes and their connections, their traps, and syphonage, flushing, ventilation. How they shall be connected with out-door receptacles, and yet be free from ill effect.

Methods and systems of Physical Education, drill, etc., feasible in the school-room, will be discussed. While papers of merit on other topics are by no means excluded, it is believed wise to concentrate the preparation of papers and discussion upon these topics.

The Executive Committee insists that a synopsis of the papers to be offered, and statement of the time required for reading, be sent to the secretary by Oct. 15th, and that the paper complete be in the hands of the secretary at least three days before the meeting, having been sent by mail or express either to his office at Boston, or care of Dr. Wm. Brodie, Detroit, Mich., after Nov. 9th.

The Executive Committee feels warranted in saying that the meeting promises to be one eminently inviting and profitable, and urges the attendance and co-operation of physicians, engineers, architects, teachers, and all those interested in the advancement of public health and physical well being.

An eminent professor of mathematics of Glasgow University, recently proved (to his own satisfaction) the existence of a seventh sense, the magnetic sense. The other six being sight, hearing, taste, smell, heat and force. If there is not a magnetic sense it is a very great wonder that there is not.

THE TORONTO SCHOOL OF MEDICINE MEDICAL SOCIETY.

THE first meeting of this society for the present session was held in the lecture-room of the school building, on Friday evening, October 19th. There was a good attendance of the members and friends of the society, including members of the Faculty, graduates of the school and a number of ladies.

Dr. J. E. Graham, President of the society, opened the meeting, and Dr. Adam Wright, was elected Chairman for the evening. Dr. Graham then read his inaugural address in which he gave a very interesting account of the history of medical education in Toronto.

After the thanks of the society had been given to the President, short addresses were delivered by Drs. Richardson, Workman, Sheard, H. H. Wright, U. Ogden and George Wright. Dr. Reeve intimated that he would give two prizes of ten dollars each, one for the best dissection of the lymphatic system, and one for the best essay on diseases of the lymphatic system. Several college songs were sung by the students during the evening.

Additions will be made to the library, and for that purpose, the president commences the list with a subscription of twenty-five dollars.

MEDICAL SCHOOL DINNERS.

The students of the two schools in Toronto are now making arrangements for their annual dinners. The Toronto School dinner will be given in the Queen's Hotel, on Tuesday evening, November 13th. The officers elected by the students are:—Chairman, Mr. J. W. Patterson, M.A.; 1st Vice-Chairman, Mr. H. Bascom; 2nd Vice-Chairman, Mr. Charles Hodgetts.

These dinners appear to be growing more popular every year, and the students feel quite confident that the gathering will be larger this year than ever before. It is hoped that a large number of the graduates

will be present. Nothing pleases the members of the faculty more than to see a large number of the faces of former students.

The Trinity students expect to have their dinner, November 20th. Mr. Bingham will be Chairman; Mr. Hoople, 1st Vice-Chairman; Mr. Roberts, 2nd Vice-Chairman.

PERCENTAGE ON PRESCRIPTIONS.

The Toronto *Telegram* has again referred to this subject, and says, "It is a common practice in Toronto—so common that the exception would be noteworthy." We think that our contemporary, which is generally very fair towards the Medical Profession, goes too far in fastening this charge upon such a large portion of the physicians of this city; and yet we have to acknowledge with regret that many, from whom we have a right to expect better things, take a commission from their druggists. We have expressed our views on this subject before, and have to repeat now that there is nothing to be said in defence of the pernicious custom; and we, therefore, endorse all the strictures of the *Telegram* on the practice. The bonus given varies from 20 to 35 per cent., 25 and 30 per cent. being very common, and some practitioners are so anxious to make what they can out of it that they actually order their patients to go miles in some cases to the "proper" drug store because "no reliable druggists live in the neighbourhood." The conduct of both doctors and druggists is quite indefensible, but, considering all the circumstances, infinitely worse for the former who, for the sake of the few cents they gain, compel the latter to act as they do.

THE Bordeaux courts gave judgment in a curious case recently. A Dr. Lajartre sued a woman for 1,500 francs, fees for an operation for artificial fecundation performed upon her. The woman put in a counter-claim for damages for an ulterior uterine disease caused by the operation, to which Lajartre replied by accusing her of produc-

ing an abortion after the operation. The court in its judgment commented strongly upon the iniquity of the operation and on the grounds that the operation was not successful, was not conducted with proper scientific precautions, and was subversive of the dignity of marriage, and liable to become in case of abuse, a social danger, disallowed Lajartre's claim, at the same time censuring him severely for revealing professional secrets even beyond what the law demands. In the case of the damages claimed by the woman, and the counter charge of Lajartre of abortion, the court thought it very unlikely that a woman, who was so desirous of becoming a mother as to submit to such an operation, would immediately afterwards attempt to procure an abortion, and therefore rejected the counter charge, but as by submitting to such practices she exposed herself to the situation in which she was placed the court decreed that it would be sufficient reparation for her to have the costs of the trial paid by Lajartre.

The *Journal de Médecine de Paris* coincides with the judgment of the court in disallowing Lajartre's claim and in severely censuring him for revealing professional secrets. But thinks it has destroyed the import of its judgment by surrounding it with commentaries which exceeded its competence and which could not bear scientific examination. The *Journal* thinks the operation of artificial fecundation an operation infinitely more practical and less dangerous than most of the surgical methods proposed by American surgeons.

WHILE in the main agreeing with the observations of the *Journal de Médecine*—that the decision rendered by the tribunal was just, and that it went beyond its jurisdiction in making commentaries upon the operation—we think the *Journal* went out of its way to cast an unmerited slur upon American surgery.

THERE are at present registered at the Toronto General Hospital 325 Medical Students.

At various times we have taken occasion to remark upon the growth of Physiological Science, and to advance the opinion that the Physiology of the present day cannot be properly taught without a competent teacher, and that a teacher to be competent will require to devote his whole time, and whatever of energy he may have, to the task of keeping abreast of the progress of that branch of study. Professor Huxley in his address at the London Hospital Medical College, so exactly falls in with our way of thinking that we cannot refrain from transcribing the following from a report of his address in the *British Medical Journal*: "I will undertake to say it is hopelessly impossible for any man at the present time to keep abreast of the progress of physiology, unless he gives his whole mind to it, and the bigger the mind is, the more scope he will find for it; and, if he is to teach, then, inasmuch as the study has now become practical—and very properly so—this also will involve a large expenditure of time. Now the fact is, you cannot support people in frittering their power away among ten or a dozen places. If students in their first year were taught in two or three central institutions the "Institutes of Medicine," it would be perfectly easy to have those subjects taught thoroughly and effectually by persons who gave their whole mind and their whole attention to them; while, at the same time, the Medical Schools and hospitals would remain what they ought to be, great institutions in which the largest possible opportunities are laid open for practical acquaintance with the phenomena of disease. So that the earlier half of the medical education would take place in the central institution, and the final half be devoted altogether to practical studies in the hospitals. I happen to know that this conception has been entertained not only by myself, but by a great number of persons who are most interested in the improvement of medical study, for a considerable number of years; but I do not

know whether anything will come of it this half century or not; but the thing has to be done. It is not a speculative notion; it lies patent to everybody who is accustomed to teach, and who knows what the necessities of teaching are; and I should very much like to see, as a first step, people making up their minds that it has to be done somehow or other."

BRIGADIER-GENERAL CHARLES H. CRANE, late Surgeon-General of the United States Army, died in Washington, on October 10th. The cause of death is stated to have been hæmorrhage from the base of the tongue, supposed to have been due to rupture of the lingual artery. He was fifty-eight years of age. He was a native of Rhode Island, and entered the army in February, 1848. He rose rapidly through the various grades, until in March, 1865, he was made Brevet Brigadier-General for meritorious services during the war, and finally on the retirement of the late Surgeon-General Barnes, was made Surgeon-General, with the rank of Brigadier-General. He was honoured and esteemed socially and officially. Regret at his loss is general and unalloyed. The question of his successor has already been discussed, and various names have been mentioned as likely to receive the appointment. Amongst a number is that of Colonel Baxter, Chief Medical Purveyor at Washington, a man of high social position. He was brought prominently before the public at the time of President Garfield's death. Another name mentioned is that of Dr. J. S. Billings, of world-wide reputation.

THE Legislature of the State of Connecticut, (*New England Medical Monthly*), has passed a bill regarding coroners similar to that in force in Massachusetts. By it, the coroner, who must be an attorney-at-law, appoints in each town of his county a medical examiner, to whom all cases of sudden death are reported. On investiga-

tion, if the death appears due to natural causes, he makes the usual return to the Registrar of the County, receiving therefor a fee of five dollars. Every case is reported to the coroner, who if necessary orders an inquest, the autopsy, for which the fee is fixed at twenty dollars, being performed by the medical examiner; if further chemical, or microscopical examination is required, the coroner may order it, the fee being paid by the State. By the new act the duties of the coroner are simplified, and the ends of justice expedited.

THE *British Medical Journal* supports the popular side of a discussion which has lately been freely carried on in Great Britain, respecting the short-comings of certain railway companies. The *Journal* says:—"If all railway trains kept time, the death rate of the country would fall to a perceptible extent, and if the comfort of travellers was adequately provided for, we should have much less sickness and disability than we have at present. There is no more common cause of colds, bronchitis, and pleurisy in this country, than exposure to the weather in ill-constructed stations, while waiting for unpunctual trains or to draughts in ill-constructed railway carriages." The *British Medical Journal* would doubtless marvel at the tenacity of life exhibited by Canadians, could it wait for a few hours in one of our stations for an "unpunctual train."

THE *Columbus Med. Jour.*: is not very charitably disposed towards the good people of Cincinnati, if we may form an opinion from the following:—"Cincinnati seems to be in a bad way. Her new Board of Health consists, according to the *Lancet and Clinic*, of five saloon keepers and a quack doctor—the latter having, as one of his advertised specialties, a peculiar operation for the restoration of lost virginity. The doctor may be a thoroughly efficient sanitarian—we never heard of him before—but his operation so

manifestly supplies a long felt want, in Cincinnati, that we fear he can hardly find time for the proper discharge of his official duties."

THE city of Bunzlau, in Silesia, in the 16th century, had an abundant and continuous water supply, the water being obtained from large springs near the city, and led in pipes to many of the houses. The waste, containing refuse and sewage matter, was conveyed towards the river in drains, "hidden passage-ways under the earth." After leaving the city these were continued as open ditches, and the farmers proceeded to irrigate their meadow lands with the sewage. The *Sanitary Engineer* contains a very interesting account of this ancient city and its modern system of water supply and sewage irrigation.

ON Saturday evening October, 27th, a meeting of the professors and students of Trinity Medical School was held in their commodious theatre for the purpose of organizing a Literary and Scientific Society. The officers elected were as follows: President, Dr. Charles Sheard; Vice-President, E. H. Williams; Secretary and Treasurer, F. H. Brennan; Committee, Dr. Teskey, J. S. McCullough, G. A. Bingham, J. McClung, — Dickinson. It was determined that during the winter session the meetings of the society should be held fortnightly in the Lecture Hall at 8 p.m., on Saturdays. At the first regular meeting of the society on Saturday next, the President, Dr. Sheard, if his health permits, will deliver an introductory address.

At a meeting of the New York County Medical Society, on October 22nd, Dr. H. H. Kane was expelled from the society by a unanimous vote.

At the same meeting the new Code was upheld by the election of D. S. Oakley Vander Poel, President; Dr. Andrew H. Smith, Vice-President; Wesley M. Carpen-

ter, Secretary; Charles H. Amy, Assistant-Secretary; O. B. Douglas, Treasurer; and a board of censors, of Drs. Sturgis, Webster, Lewis, Drake, and Joseph W. Howe. There were 599 votes cast. Dr. T. G. Thomas was the unsuccessful candidate of the old code party for president.

A club and refreshment room for the accommodation and convenience of the students has been instituted at Guy's Hospital. The industrious student can there obtain a mid-day meal without going out to the neighbouring coffee houses or taverns. The entrance fee is nominal, and the food cheaper and better served than can be obtained elsewhere. The club was opened as an experiment last winter, its popularity has greatly increased and a large number of the students avail themselves of its advantages.

THE *Philadelphia Med. Times*, after fourteen years of successful existence, has passed under the sole editorial control of Dr. Frank Woodbury. New departures in the way of quarterly summaries of the Progress of Science will add to our semi-monthly pleasure in receiving this most excellent periodical.

It is expected that a Medical College will before long be established in Winnipeg. An Act of Incorporation will be applied for at the next meeting of the Manitoba Legislature.

WILLIAM SAUNDERS, of London, Ont., has been made the recipient of a gold medal for his distinguished researches in entomology. The donor was the Prince of Mantua and Montjerra, Italy.

At the New York Academy of Medicine the new code was sustained by a vote of 121 to 92.

"*Tempora mutantur NEC nos mutantur in illis.*"

DR. JAMES A. SEWELL, of Quebec, Dean of the Medical Faculty of Laval University, died on October 2nd, at the age of 73.

DR. THEOPHILUS PARVIN delivered the inaugural address at the Jefferson Medical College, Philadelphia, at the opening of the fifty-ninth annual course of lectures. He chose as the subject of his theme, "The Genius of Medicine." In a most scholarly production he analyzes his subject, finding the Genius of Medicine to be Scientific, Progressive, Catholic, in principle and practice, Beneficent in the cure and in the prevention of disease, Heroic and finally Reverent, as Morgagni said, "The more I study anatomy, physiology, pathology and pathological anatomy, the better I know God, the soul, and its immortality."

It is not generally known, according to the *Maryland Med. Jnl.*, that M. Ernest Hart is Editor of the *London Medical Record* as well as of the *British Medical Journal*.

Personal.

DR. AND MRS. BEATTY, of Cobourg, celebrated their golden wedding on Saturday, October 6th.

DR. WORKMAN, of Toronto, spent two or three days in Montreal at the time of the opening of McGill.

ONE of Dr. K. & K.'s Physicians, a licensed practitioner, was chastised in Kincardine by an enraged husband whose wife had been insulted by the worthy *cure-all*.

DR. OLIVER, formerly Brigade Surgeon in the Regular Service, and resident of Halifax for some years, has commenced practice in Toronto.

DR. W. H. AIKINS, son of His Honour the Lieut.-Governor of Manitoba, has decided to leave Winnipeg, and has joined the noble army in Toronto.

DR. S. STEWART has resigned his position as First Vice-President of the Toronto School of Medicine Medical Society, because his appointment as Surgeon on the Canada Pacific Railway will prevent his presence in Toronto during the early part of the winter.

DR. CHAS. SHEARD, Professor of Physiology, at Trinity Medical School, who has been suffering from the effects of a wound received while conducting a post-mortem examination, after a period of considerable

suffering, is, we are glad to learn, on the high-road to recovery.

DR. J. LAWRENCE SMITH, of Louisville, Kentucky, died on October 12th, in the sixty-fifth year of his age. He was a most distinguished scientist. He was elected to the membership of the Academy of Sciences of France, an honour bestowed, says the *Louisville Medical News*, on no other American. He was a member of numerous scientific societies, American and European.

Meetings of Medical Societies.

TORONTO MEDICAL SOCIETY.

Regular meeting, September 27th, 1883.

After the reading of the minutes, Dr. Carson, of Gerrard street east, was proposed for membership.

Dr. Riddel, then presented notes of a very interesting case, with the specimen.

The patient, Miss C, æt 40, fell and injured her spine in 1875, but recovered without apparent bad effects. In 1877, she began to have difficulty in passing her urine, when examination revealed a tumour at the left side of the uterus, which, by pushing the bladder over to the right, partially occluded the urethra. Treatment for the relief of the unpleasant symptoms caused by the tumour being of little use, an exploring needle was used to determine the nature of the enlargement. As it seemed to be fibroid in character, anæsthesia was produced, an incision made just above the pubes, between the recti muscles, and the growth incised in several directions. Little blood was lost. The tumour gradually disappeared as a consequence of the operation, the pains ceased, and the urine was passed naturally.

Five years afterwards, viz. in 1882, Dr. R. was again called, and found a large hernia at the site of the wound made at the former operation. A truss was applied with only partial benefit; a few months later she complained much of what appeared to be sciatica, and

At the end of 1882, a tumour appeared in the right iliac region, and, a short time

afterwards, one below Poupart's ligament, on the same side. January 1st, 1883, Dr. Aikins, saw her in consultation with Dr. Riddel, and considered the tumours to be malignant in character.

In August last, the distension of the abdomen having become extreme, the trocar was used, very much venous blood escaping. As a consequence, the enlargement disappeared to a great extent, but the patient gradually sank, the tumour became gangrenous, and death took place about seven days after the operation.

The autopsy revealed the tumour occupying the right half of the abdominal cavity, the intestines being displaced to the left. It consisted of a sac filled with decomposed blood, the walls containing several spiculae of bone. The right half of most of the lumbar vertebrae were necrosed, also the entire sacrum, the right ilium, and a portion of the right pubis, neither bladder nor uterus was seen.

In the discussion which followed the reading of the paper, the President remarked upon the close resemblance of the tumour described to an hæmatocele.

Dr. Reeve then presented a polypus removed from the posterior nares, together with a modification of Jarvis' snare devised by himself for such operations. In removing the growth both anterior and posterior illumination were used, by this means the wire could be placed on the pedicle with certainty. The snare should always be used in ordinary nasal polypi in preference to the forceps. After treatment it is of importance in preventing recurrence, the best method being cauterization by nitric acid. These points had been exemplified by Dr. Reeve in a paper read by him at the Medical Association in 1876.

Dr. Ferguson showed a specimen from a case of necrosis of the femur.

The following history was given.—Five years ago, a lad, at 9, was suddenly seized with severe pain on the inner and lower part of the right tibia. Abscesses formed,

and during the following two years many spiculae of bone were discharged; October, 1882, he was first seen by Dr. Ferguson. There was now pain and swelling of the lower end of the femur. The use of a probe revealed bare bone, expectant treatment was employed, and gradually a large piece of bone was detached. This was so loose in February, 1883, as to allow of removal. It proved to be the entire diameter of the femur, and about three inches in length. The newly-formed bone could be felt grooved like a trough. The boy can now walk, and there is no shortening.

Case II.—A lady, æt. 70, slipped and fell. The result appears to be some obscure injury. She can slowly elevate her head to an erect position; but if extension takes place beyond the perpendicular, control is lost; it drops suddenly backwards, intense pain being caused as far down as the sacrum.

A conversational discussion ensued on these two cases. In regard to the latter the President was inclined to consider the injury to have been cerebral.

The following gentlemen have promised to read papers before the Society:—

October 11th, Dr. Ryerson and Dr. Ferguson.

November 8th, Dr. Mackenzie and Dr. Nevitt.

December 6th, Dr. Graham.

Dr. Reeve and Dr. McPhedran will read papers after New Year.

Moved by Dr. Duncan, seconded by Dr. Reeve, "That Dr. Ferguson and Dr. McPhedran, be a committee to suggest books, which may be obtained by the Public Library." Carried.

The meeting then adjourned.

Regular meeting, October 11th, 1883.

In the absence of the President and Vice-President, Dr. Coyernton, was called to the chair.

Dr. Carson, was elected to membership.

Dr. Oliver, was proposed as a member.

Dr. Babington, of Halifax, N.S., being present, was invited to take part in the discussions.

Dr. Ferguson, was then called on to read his paper on "The Local Origin of Cancer." The object of the paper was to show that cancer arises as a local disease, and from some form of irritation or injury.

Dr. D. Clarke, in discussing this paper expressed the opinion that only the tendency to it, not cancer itself can be transmitted from parent to child. The same remark applies to all other diseases—no actual disease descends.

Dr. Cameron, asked if Dr. Clarke considered the statement just made correct in regard to syphilis.

Dr. Clarke replied in the affirmative.

Dr. Oldright, considered that the hereditary tendency to cancer and to syphilis could not be compared. While the essayist had held that cancer only comes by irritation, no one will pretend that syphilis is thus caused. He also referred to the fact that some authorities now hold peculiar ideas in regard to non-malignant tumors. Many now admit the possibility of secondary growths resulting from them. A case in point was given. If this view were admitted, one of the most important points of difference between malignant and non-malignant tumors was removed.

Dr. Cameron suggested that in a case such as mentioned, the tumor was sarcomatous.

Dr. McPhedran pointed out that the essayist had given the irritation of menstruation as a cause of uterine cancer. How did he account for cancer of the cervix, its mucous membrane not being shed at menstruation?

Dr. Ferguson considered that the irritation of engorgement was sufficient to account for it.

Dr. McPhedran could not agree with this explanation.

Dr. Cameron said that uterine cancers in virgins are found in the body, those of mar-

ried females in the cervix usually. In the main he agreed with the opinions expressed in the paper just read.

Dr. George Wright mentioned the case of an unmarried female, the hymen being perfect, in which the cancer was cervical. He could not agree with Dr. Ferguson's paper. He still holds the theory of a cancerous diathesis. How can the fact of a blow producing cancer in one and an equal injury resulting negatively in another, be accounted for, except by such a theory?

Dr. Ferguson.—Because there is greater power of resistance in one than in the other. But repeat the blow sufficiently often, and cancer will be the result.

Dr. Government could not agree with Dr. Ferguson's views.

Dr. Macfarlane remarked on the curious fact that a prominent citizen of Toronto had smoked for forty years without developing cancer, while that gentleman's father had never smoked, yet had been operated on for epithelioma.

Dr. Reeve held that sarcomata may be successfully removed. He would insist on the early removal of all doubtful growths. The notion held by some that the removal of a tumour causes secondary growths is entirely erroneous.

At the close of the discussion the chairman announced that next meeting would be devoted to cases in practice, pathological specimens, etc.—Adjourned.

Midwifery.

RUPTURE OF UTERUS.—While referring to the subject of obstetrics, it may be of interest to recall two cases of rupture of the uterus which have occurred in Braun's wards during the past three weeks. In both instances the patients were brought to the hospital in a state of collapse some time after the accident. In the first case (a neglected transverse presentation) the foetus had partially escaped into the abdominal cavity. Turning and extraction were promptly effected, and two large drainage tubes were introduced into the cavity.

through the rent in the posterior uterine wall, their ends being allowed to protrude from the vagina. No other treatment was employed except the use of morphine and ice-compresses (the latter being considered here the best prophylactic against peritonitis.) The patient has completed her third week without a bad symptom. The second patient was brought to the hospital yesterday in a moribund condition after ineffectual attempts had been made to deliver by the high-forceps operation. Turning and extraction were performed with difficulty, owing to a narrow anterior conjugate. The woman died a few minutes later, in spite of attempted restoration by transfusion. At the autopsy an extensive rupture of the left lateral wall of the uterus was found extending through the cervix and vagina.—*N. Y. Med. Jnl.*

FIRST COITUS ATTENDED BY EXTENSIVE LACERATION OF THE WALL OF THE VAGINA, AND FOLLOWED BY PROFUSE HÆMORRHAGE.—Dr. Mundé was called yesterday to see a girl, twenty-two years of age, whom he found pallid and anæmic from the loss of blood. She had been married the night before, and but a single connection had taken place. It was not attended by severe pain nor by immediate hæmorrhage, but some hours afterward she observed bleeding from the vagina, and sent for a physician, who gave ergot, but without benefit. He made no examination. Then another physician put ice into the vagina, but also without stopping the hæmorrhage. Dr. Mundé examined the hymen for the source of the bleeding, but found that it came from a point higher up. Introducing a Sim's speculum, the vagina was seen to be ruptured on the right side for a distance of about two inches and a half, extending from one inch above the entrance up into the right fornix. The uterus was retroverted. He assumed that there was a disproportion between the male and the female organ. The bleeding was checked by firm tamponade with cotton. Two years ago he had attended a case of profuse hæmorrhage from rupture of the hymen up into the vagina along the urethra during first coitus, in which tamponade also was required to check the bleeding.—*N. Y. Med. Jnl.*

MATERNAL IMPRESSIONS.—Dr. T. C. Poole, Mansfield, Texas (*Medical Brief*, June, 1883),

reports the following case: On April 17th his sow gave birth to eight fully developed pigs. Having by accident been present, noticed the ninth as it was expelled; from its peculiar shape and color, curiosity was aroused, and on examination it was found to have the appearance of an elephant. It was destitute of hair, having a proboscis, with dependent ears, two eyes behind, upper two thirds of proboscis closely approximated yet distinct, an abnormal superior maxillary with two or three large teeth, with a long, thin upper lip, with shape and color of an elephant. The sow's gestation lasts three months and twenty days. The impressions were made within five days after conception. On Christmas Day the male was with her; on the 29th of December a menagerie exhibited at our town, had an elephant staked about three hundred yards from lot where the sow was, and in full view. The case is, however, one of atavism, as the pig descended from the proboscidae, and this was a reversion to its early ancestors. While there is no essential improbability in the maternal impression theory, the explanation of the case as an atavism is much more probable.—*Gailard's Med. Jour.*

COUVREUSE OR GLASS MOTHER.—Dr. Tarnier in 1878, seeing in operation a mechanical apparatus for hatching and rearing chickens, applied the idea to the rearing of infants especially those of premature birth. In 1880 a *couvreuse* was made for the Maternité. It consisted of a box lined with sawdust and divided into two compartments, the lower one to contain water which was heated by a small boiler and lamp placed outside the box, the upper to contain a cradle for the reception of two infants. The top is covered with glass through which the infants and a thermometer placed between them can be constantly observed. The temperature is usually kept up to about 86° F. when the water is once warmed it is only necessary to light the lamp three or four times during the day. The box is preferably heated when the infants are being washed and dressed. The apparatus is suitably ventilated by orifices in the sides. The great difference in temperature ensures a considerable draught of cool outer air which is warmed before reaching the upper air chamber, the infants in their cradle and by their clothing are further protected from

draughts. The children are apparently not more subject to colds than those reared in the ordinary way. The success attending this method of nursing has been so great that it is proposed to provide a *couvreuse* for every Hospital in France. A portable apparatus capable of being conveyed by hand from house to house has also been made for private practice. The *Lancet* from which this account is taken suggests that perambulators with a nursing attachment will be the next in order.

THE TRIBULATIONS OF A COUNTRY OBSTETRICIAN.—“I was on duty at the Hospital Saint Antoine. One night, about one o'clock, I was awakened to receive a patient. She brought with her in her arms an infant that was nearly naked. I received her as an urgent case. The next day she gave me her history; but I will let her speak for herself: ‘I am a very gay person, sir. I love the ball. I have not absented myself during my pregnancy, which yesterday passed the seventh month. At ten o'clock last evening I was one of the first at the dance, near the Place du Trone. I did my best. After several country dances I felt pains. So much the worse, said I, if it is coming this evening, as I have not reached my full time. I will leave the ball as late as possible. But the pains continued. The more I suffered the more I danced. In the *cavalier seul*, which at our balls leaves the ladies to dance alone, seized with sharp pains, I made some astonishing contortions while dancing. I had a remarkable success. Then the *gallop* followed, in which I seized my partner with a vigour I did not know I was capable of, when suddenly the waters broke. The accident was observed, but was attributed to a different cause. The jokes rained on me. I tried to escape; they pursued me. I ran out; they followed me. I passed down the Boulevard Mazas; some thirty of them were at my heels. Where the Mede Charenton branches off I climbed over the board fence of a wood-yard. Fortunately, my pursuers had lost track of me. I sat on the ground; it was time; the child came five minutes afterwards. I have wrapped it up in my handkerchief; and small as it is, I think it will live.’ She was right; both mother and child did well, and she left the hospital ten days later without any disagreeable complication.”—*Gaz. Méd. de Picardie*.—*Am. Med. Ass. Jnl.*

MM. Mourou and Schlagdenhauffen have examined the amniotic fluid from some of the lower animals, and found in them in addition to the normal salts a *ptomaine* capable of producing symptoms of poisoning. They then turned their attention to the human amniotic fluid. Their search was successful, they found a *ptomaine*. Further researches will have to be made into the subject before any very practical results will be shown.—*Jour. de Méd.*

INSTRUMENT CASES.—“Formerly (and frequently to-day) instrument cases were generally of wood, covered with leather, and lined with velvet. We cannot deny that a box of that character, handsomely finished in Turkish morocco, ornamented with metallic corners and plates, lined with some rich material of bright color, with rows of glistening instruments arranged in close order, is a very pleasing sight (to the surgeon). But this bright picture has its shadows; the handsome velvet retains dirt too readily, and the luxurious interior of the box is absolutely opposed to a radical cleaning, and to an antiseptis in harmony with the doctrines of modern surgery. The simple box of wood has now come into vogue, and we have seen them of such handsome wood and superior workmanship as to rival their elders. A wooden box should be sufficiently well made to be plunged with impunity into an antiseptic solution, and to sustain thorough cleanings with brush and sponge.”—*Am. Med. Ass. Jnl.*

THE USE OF VASELINE TO PREVENT LOSS OF ALCOHOL FROM SPECIMEN JARS.—In a paper with this title, by Professor Burt G. Wilder and Dr. Simon H. Gage, of Ithaca, N. Y., attention was called to the fact that the petroleum preparation termed vaseline was known to be practically unaffected by ordinary temperatures and by most substances.

In the “*Journal of the Chemical Society*” for July, 1882, p. 785, it was said to be sparingly soluble in cold, strong alcohol, and completely in hot, but to separate out on cooling. After trying various substances—wax, paraffin oil, and glycerin—with but partial success, the use of vaseline was suggested by the two authors independently and nearly at the same time. The experiments tried last spring indicated that during three months, at ordinary spring and summer temperatures, there was no appreciable loss of 95-per-cent. alcohol from glass phials or

jars, whether upright or inverted or on the side, provided the corks were smeared on the bottom as well as on the side. Ground-glass stoppers were anointed and firmly inserted, and the rubber rings of fruit jars and the specimen jars made by Whitall, Tatum & Co., were coated on both sides and the covers well screwed down. The authors had also used the vaseline for preventing the loss of other liquids, including chloroform and oil of turpentine; as a lubricator of drawers, and to prevent the sticking of the covers or stoppers of cement phials; and for the prevention of rust upon steel instruments. *N. Y. Med. Jnl.*

Book Notices.

Diagnosis of Ovarian Tumours. By Edward Borck, A.M., M.D., St. Louis, Mo.

Registre Médical du Collège des Médecins et Chirurgiens de la Province de Québec. 1893.

Announcement of the College for Medical Practitioners, at St. Louis, Missouri, Session 1893-4.

The N. Y. Post-Graduate Medical School. Announcement of the Second Year. Session 1893-4.

Second Annual Announcement of Coll. of Physicians and Surgeons of Chicago, Session 1893-4.

Prospectus of the New Metropolitan Opera House, New York. Mr. Henry E. Abbey, Director.

Remarks on Hydrophobia. By Charles W. Dulles, M.D. (Reprint from *Phila. Med. Times.*)

Announcement for the College of Physicians and Surgeons of Ontario for the Academic year 1893-4.

Minutes of Quarterly Meeting of State Board of Health, at Lansing, Mich. Henry B. Baker, M.D., Sec.

On the Pathology and Treatment of Certain Forms of Nerve Weakness. By C. L. Dana, A.M., M.D. (Reprint from *Medical Record.*)

Weekly Health Bulletin and Meteorological Reports for Ontario. By P. H. Bryce, M.A., M.D., Secretary Provincial Board of Health.

Report of Board of Health for State of Louisiana, from Jan. 1st, 1892, to July 1st, 1893. By Joseph Jones, M.D. Notice later.

A Tracheotomy Tube for Gradual Withdrawal and Report of a Case. By H. F. Hendricks, M.D., of St. Louis. (Reprint from *St. Louis Med. and Surgical Jnl.*)

Report on Diseases of Women from the First Congressional District. By R. J. Nunn, M.D., Savannah, Ga. (Reprint from *Trans. Med. Assoc. of Georgia.*)

Note on the Use of Hydrobromic Acid in Nervous Affections. By C. L. Dana, M.D. (Reprint from *Jnl of Nervous and Mental Diseases.*)

Weekly Bulletin of Health and Meteorological Reports published by the Ontario Board of Health. P. H. Bryce, M.A., M.D., Secretary.

The Work of Health Officers, and of Local Boards of Health, in Michigan, including duties under Laws Amended and Passed in 1893. By Henry B. Baker, M.D., Sec.

Manitoba Crop Bulletins, Nos. 4 and 5, from the Department of Agriculture, Statistics and Health, Winnipeg. September 24th, and October 4th, 1893.

Check List of Insects of the Dominion of Canada. Compiled by the Natural History Society of Toronto, July 1893: W. Brodie, L.D.S., and J. E. White, M.B.

Medical Education and the Regulation of the Practice of Medicine in the United States and Canada. Compiled by the Illinois State Board of Health, 1893.

Weekly Bulletins of Health in Michigan, with the Meteorological Reports, and Monthly Mortuary Statistics for the City of Lansing, issued by State Board of Health. Henry B. Baker, M.D., Secretary.

Weekly Health Bulletins and Meteorological Records State of Michigan and Monthly Mortuary Report for City of Lansing, September, 1893. By Henry B. Baker, M.D., Sec. State Board of Health.

Clinical Notes on The Curability of Neurotic Pyrexia, with special reference to, A Personal Narrative of, and the Treatment of Opium Addiction, Opium Addiction amongst Medical Men. By J. B. Mattison, M.D., Brooklyn, N.Y.

Transactions of the Michigan State Medical Society for the Year 1893, containing the Recording Secretary's Minutes, President's Address, several papers on various topics, and a sensible poem, by Dr. E. B. Ward, of Laingsborough, entitled Pro Bono Professionis.

Working Bulletins for Scientific Investigation of Kamala and Koosso as Anthelmintics, Euphorbia Pilulifera, Abrus Precatorius and Guarana, with notes on Burdock Seeds, Oleates, McDade's Formula for Syphilis and Liquid Ergot. Normal from the Scientific Department of Parke, Davis & Co., manufacturing Chemists, Detroit, Mich.

Report for 1882-3 of H. A. Newton, Director to Board of Managers of Observatory in Yale College; and Report of Astronomer in charge of the Horological and Thermometrical Bureaus.

From this report we gather that during the last year 5,140 clinical thermometers have been tested at the Observatory, as compared with 3,811 and 1,667 in the two preceding years: thus shewing a considerable increase in the good work done in behalf of clinical medicine by the Observatory. We make no reference to the other excellent work accomplished as beyond our sphere.

A Text Book of General Pathological Anatomy and Pathogenesis. By Ernest Ziegler, Professor of Pathological Anatomy, in the University of Tubingen. Translated and edited for English students by Donald Macalister, M. A., M. D., New York: Wm. Wood & Co., 1883.

This is the July number of Wood's Library Series for 1883. We have already favourably reviewed the English original of the work as published by McMillan & Co., and the mere statement of its inclusion in this series will, therefore, at the present time suffice.

Handbook of Electro-Therapeutics, by Dr. Wilhelm Erb, Professor in the University of Leipsig. New York: William Wood & Co. Toronto: Willing & Williamson.

This is the June number of Wood's Library of Standard Medical Authors. The name of Wilhelm Erb is a sufficient guarantee of the excellence of the book. Dr. L. Putzel, who translated the original work, has done full justice to the distinguished author. While there is much that is mysterious and unsatisfactory about Electro-Therapeutics, still we must recognize its great value in both diagnosis and prognosis, as well as in treatment; and to those who appreciate this fact, this treatise will be found one of the best available on the subject.

Directions for Preventing the Spread of Asiatic Cholera. Issued by the Provincial Board of Health of Ontario.

At the time when reports of the ravages of cholera in Egypt were appearing daily in the secular press, some members of the Board of Health for this Province prepared a pamphlet, and held it in readiness to be sent broadcast through the Province if cholera should appear on this continent. Happily, this contingency did not occur, and the pamphlet remained in reserve till the last regular meeting of the Board, when it was decided to print it, and along with it a "Description of Hospitals for the Isolation and Treatment of Contagious Diseases;" but only to strike off a small edition sufficient to supply the ordinary correspondents and recipients of the literature of the Board.

The combined pamphlet is about to be sent out to the members of the Medical Profession, Municipal Officers, and others. A few were distributed at the Isolation Hospital of the Board, at the Industrial Exhibition.

As regards the appearance of this pamphlet we may make the same remark as is made in it, when referring to the measures advised for preventing the appearance and spread of the disease: "It is well to remember that whatever steps may now be taken, they will be repaid tenfold in the lessening of the amount of disease in general, even if cholera should not visit us. But should it appear amongst us, it may be a life-long regret to many that such necessary means were not taken in time."

Anatomy, Descriptive and Surgical. By Henry Gray, F.R.S. With an Introduction on General Anatomy and Development, by T. Holmes, M.A., Cantab. The drawings by H. N. Carter, M.D., with additional drawings in later editions. Edited by T. Pickering Pick. A new American from the Tenth English Edition, to which is added, Landmarks, Medical and Surgical. By Luther Holden, F.R.C.S., with additions by Wm. W. Keen, M.D. Philadelphia: Henry C. Lea's Son & Co. Toronto: N. Ure & Co., 1883. Price (in cloth) \$6.

Gray's Anatomy is too well known where-
ever the English language is spoken to need
commendation to the medical public. In-
deed it is greatly to be feared that by far

Miscellaneous.

too large a proportion of American medical students have learned all they know of the anatomy of the human frame from this great work. We do not hereby mean to imply that we would discourage the use of Gray; but there is another book—the book of Nature—which should first be diligently studied, whereof Gray is a reflex and compendium to be used merely as a reminiscence and assistant. This last edition presents all the merits of its predecessors with some of its own in addition. Every one should have it, and value it by using it as not abusing it. The liability to abuse lies not so much in the book itself as in short-termed curricula and high pressure graduation. Holden's Landmarks are without a peer, and their embodiment in the volume was greatly in the student's interest.

A Pocket Book of Physical Diagnosis of the Diseases of the Heart and Lungs. For the Student and Practitioner. By Dr. Edward T. Bruen. Second edition. Revised, with additional illustrations. Price \$1.50. Phila. : P. Blakiston, Son & Co. 1012 Walnut Street.

The title page of this *multum in parvo*, takes cognizance of the fact that the physician needs brushing up on physical diagnosis and silently classes him with the student. This is no doubt a matter of common observation in the city of Brotherly Love, of Polyclinics, and Post-Graduates, —and here in Canada—here well—we, are no better off. Our magnificent schools also fail, sometimes, in turning out physicians *ad unguem*. Occasionally a student keeps his four terms, passes his examinations, takes his degree, and precipitates himself upon a too confiding public to find that he is lacking in just that amount of requisite polish which books of the nature of the one under consideration can give, and we are thankful to have it at hand.

Dr. Bruen divides his work into two parts, Of the Lungs, and Of the Heart and Pericardium, preceding the whole with a comprehensive introduction describing the thorax and its contained viscera and closing with tables of reference touching the dimensions of the healthy heart taken from Dr. Peacock's Croonian Lecture.

We can heartily commend the work to our readers, feeling sure that they will find in it information which they seek, facts which they have forgotten, and perhaps some things they have not known.

ANATOMY may be considered as a subject not lightly to be laid aside during the whole period of college life, and no man has yet acknowledged that he has dissected too much. The purely scientific studies being disposed of, the subjects which next most profitably engage attention may broadly be said to embrace the theories and principles upon which all but the most empirical medicine is based. Now is the time when the scientific physician takes shape: when a knowledge of organic function, whether physiological or pathological, is obtained; when the principles, apart from the practice, of medicine and surgery can be taught, and the foundations laid deep and strong for the gradual rearing of a goodly building, the stones for which will be picked up in the last or third stage of the course, when a practical acquaintance is made with disease. The sound physiologist readily profits by the teaching of the pathological laboratory, and, provided with such knowledge, passes easily into an acquaintance with the laws underlying all pure medicine and surgery, as well as the actions of drugs in health and disease. It is perhaps difficult for the student adequately to recognise the importance of teaching, which to his eyes seems but distantly connected with the cure of disease; but it is at the particular stage in his studies which we have now reached when general principles can be laid hold of, and the scientific method made applicable to the whole work of his future career both at college and in practice. The difference is here established between the class of men who subsequently become animated posological tables, backed by a set of "cures" for the various ailments, and the modern ideal physician in whose mind's eye is a picture of disease in which all details are found, and embracing the pathological state as well as suggesting the most rational treatment. With a mind trained to observation and reflection, and a thorough acquaintance with the general doctrines applicable in the healing art, the student will find the third, or directly practical, part of his course an easy matter. He must then devote himself to the steadfast observation of disease at the bedside and in the out-door department of his hospital; he will accustom himself to accuracy and speed in the use of his senses and the various

aids which science has placed in his hands ; his constant care must now be given to learning the methods by which disease is met, whether by the physician or the surgeon and, in short, "clinical" study must now have his chief attention. To a student who knows his anatomy dislocations and fractures are easily understood and remembered; the man who has an intelligent conception of brain function, even as now known, and has handled an atheromatous artery or a roughened valve in the deadhouse, is easily taught the leading features in a case of apoplexy, and a knowledge of therapeutics at once indicates the appropriate treatment. It is impossible to make an accurate division of the curriculum such as has here been sketched ; there must be considerable overlapping of subjects. But the spirit of the method should be conserved, and the result will be less of the perpetual cram and more of the genuine reflection which is characteristic of the cultured student.—*Lancet*.

The Polyclinic: Not the first time, by twenty centuries ! The following is in the *Medical Times and Gazette*, of April 7th, 1883, taken from the *Lyon Méd.* : "The little son of my porter having fallen ill, I enquired about him, and learned that he was being attended by a doctor living a long way off, although one resides on the premises. Expressing my surprise, the father said, 'Well, what is to be done. M—is, perhaps, a good doctor, but I have no confidence in him.' How so? 'Why, you see,' replied the porter lowering his voice, 'He gives advice gratis.'"

The following, from the Talmud, is more terse: 'Asya bim'gan bim'gan shaveh, 'which is Arabic, and being interpreted; meaneth 'The physician who cures for nothing is worth nothing. Similarly, in 'King Lear' we have:—

"'Kent. This is nothing, fool.'

"'Fool, Then 'tis like the voice of an unfee'd lawyer.'"

AUNT TOWZER is delighted to hear that the Princess Beatrice has got cured of her rheumatism by her visit to Aches les Pains. "Not as I can make it out," said the dear old lady reflectively, "seeing as them as goes to the bad generally goes to the *douche*."—*Funny Folks*.

ONE Dr. Basso, who had presented himself at Pensacola, for the purpose of curing yellow fever with a nostrum was attacked by the disease and died in two days.

A Boston clergyman, in his Fast Day sermon, made use of the following expression in the course of remarks on the arts of the demagogue: "But what cares the declaimer save to get the clap and persuade the ignorant who pin their faith on his sleeve." A contemporary suggests in such connection that rhetorical boldness in the use of figurative expressions should be chastened by a reasonable familiarity with technical or colloquial terms. According to Webster, clap signifies a striking together of the hands to signify approbation, but as a colloquialism it means something reference to which is not strictly proper in the pulpit.

A PROFESSOR was examining a medical student in physiology once upon a time, and the young man being nervous, failed utterly to answer the first question put to him, which was a very simple one. "Bring this gentleman a bundle of hay for his breakfast," remarked the disgusted professor to one of the attendants. "Bring two—the professor and I will breakfast together," added the student, who had suddenly regained and asserted his self-possession.—*New. Eng. Med. Monthly*.

THE *Indiana Medical Journal* relates the following compliment paid Dr. Ferry by an Irishman, who credited the doctor with saving his life: "You see, sur, I had a complication of diseases, an' two other doctors did be working on me for some time, an' I was in a mighty bad way, an' the two doctors they gave me up an' wint away, an' thin me friends they sint for Dr. Ferry, but he had another engagement an' didn't come."

A CERTAIN physician used to say in his lectures on croup: Gentlemen! if you have a case of true membranous croup—and it gets well—it's not croup.

Birth.

RYERSON.—On October 21st, the wife of G. S. Ryerson, M.D., of a son.

SUTHERLAND.—On October 9th, at Winnipeg Man., the wife of Dr. Sutherland, of a daughter.

Married.

BRYSON—LOGAN.—On Monday, October 1st, Port Hope, W. G. Bryson, M.D., of Port Arthur to Eliza Caroline, second daughter of the late John Logan, of Hamilton.

SPENCER—MICKLE.—On Wednesday, October 31st, Bertram Spencer, M.D., of Toronto, to Edith, fifth daughter of the late Chas. Mickie, of Guelph.