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CANADA MEDICAL RECORD

AUGUST, 1897.

Original Communications.

CONVENIENT LOCAL ANÆSTHETICS IN MINOR SURGERY.

A REVIEW OF A FEW PRACTICAL POINTS.

By GEORGE FISK, M.D.

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In this age of heroic surgical treatment we are apt to under-estimate the pain suffered in many minor surgical ailments, and to banish the little precautions which are so essential to the comfort of the sufferer.

In the hurry of many visits one is apt to forget that simple anæsthetic cold, in the form of cracked ice or snow, mixed with a little salt, will deaden pain when using the lance or needle. When some local affection only is being treated, the nervous system, and consequently the sensibility to pain, is not depressed as it is in many graver conditions, and one should not gauge the actual suffering by the extent of the lesion. A few minutes spent in the application of cold is amply rewarded by the increased comfort of the patient. Cold as produced by the evaporation of chloride of ethyl acts more superficially, and is sometimes so rapid in its action as to cause pain. If applied longer the tissues are frozen to such an extent as to interfere with a plastic operation of any great extent.

Subcutaneous injections of various drugs in fluid form have proved the most successful and lasting of local anæsthetics. Many drugs have been recommended from time to

time as being admirably adapted for this purpose, but one by one they have been laid aside for something more reliable: Cocaine mur. has probably stood the test of time better than any other single drug, and with proper precautions it is invaluable. Lately, a sister drug to cocaine has been introduced by some German chemists and called eucaïne. The desired object in producing this new drug was to obtain the anæsthetic properties of cocaine without its heart-depressing element. The result on the whole has been very successful, as eucaïne gives very satisfactory results in minor surgery. One drawback, however, soon developed, which limited its use in minor surgery and almost prohibited it in ophthalmic work, viz., its irritative and congestive qualities. To overcome this a eucaïne has been produced synthetically, which is much less irritating, although not nearly so soluble. The new preparation is styled Eucaïne "B," to distinguish from the older form Eucaïne "A."

The great advantages claimed over cocaine are that a much larger quantity can be used without danger, and thus complete and extensive anæsthesia is always obtainable, and that the solution is easily sterilized by boiling, without injury. On the other hand, cocaine is more rapid in its action, less irritating, and causes anæmia of the part, but is a powerful cardiac depressant and is unstable in solution.

Many drugs have been tried as antidotes to this depressing action, especially those having an opposite physiological action, as nitrite of amyl, but without marked success. Dr. G. Lenox Curtis, oral surgeon, of New York, has been experimenting for two years past with a compound called "Volasem," which he finds answers admirably. By its use he is enabled to use cocaine in sufficient quantities to anæsthetize any desired area without bad results. A report of his observations may be seen in a current number of the "Items of Interest." Stimulants are always in order in using cocaine, the best being tr. digitalis 5-10 m. or strychn. sulph. gr. 1/30—1/15 and spts. frumenti. These given hypodermically together with hot nourishing drinks enable the patient to withstand any depressing effects of the anæsthetic or subsequent shock with much greater ease.

Dr. Schleich, a German surgeon, has introduced a me-

thod of local anæsthesia which depends largely for its action on the pressure exerted on the nerve tissue.

Dr. Schleich has carried his method beyond the usually selected cases in minor surgery, and has used it in all major and minor operations, placing on record some 3,000 cases in which he reports good results. In employing this method a small area of skin or mucous membrane is anæsthetized with ether spray or carbolic acid (10 p.c.), and the hypodermic needle is inserted parallel with and just beneath the surface. The fluid when forced in rapidly forms a wheal or bubble, and this bubble represents to us the whole thing in a nutshell, for this bubble or wheal may be punctured or incised within certain limits without causing pain. It is made anæsthetic by infiltration œdema, and, whether the fluid is pure water merely or the solution of Schleich, the result is nearly the same; but Schleich found that the effect is considerably heightened for surgical operations by adding minute quantities of cocaine, morphine sulphate, and sodium chloride. The amounts of these ingredients are so small—about one to 500, or one-fifth of one per cent. in the strongest solution—that one can scarcely credit the fact that they are effective.

The formulæ for the solutions are :—To 1 litre or quart of sterilized water, to which has been added 20 drops of a 5 p.c. sol. carbolic acid, add :

No. 1, or strongest, sol.

Cocaine mur.....	2.0	g.m.
Morph. sulph.....	0.25	g.m.
Sod. chlor. (sterilized).....	2.0	g.m.

No. 2, or medium, sol.

To the litre as above,

Cocaine mur.....	1.0	g.m.
Morph. sulph.....	0.25	g.m.
Sod. chlor. (sterilized).....	2.0	g.m.

No. 3, or weakest, sol.

To the litre as above,

Cocaine mur.....	0.1	g.m.
Morph. sulph.....	0.05	g.m.
Soda chlor. (sterilized).....	2.0	g.m.

As much as 25 c.c. (6 dr.) of No. 1, 100 c.c. (3 oz.) of No. 2, and 500 c.c. (15 oz.) of No. 3, may be considered the maximum of these fluids to be used on the average adult. No. 2 solution is used in 95 per cent. of the cases, while No. 1 is used in highly inflamed and tender parts, and No. 3 only when in some large operation the limit of No. 2 is approached.

To proceed: after the first wheal is formed the needle point is again inserted near the edge and within the first bubble, and another formed, and so on in any direction desired until a chain of bubbles extends in the line of proposed incision which can then be made with absolutely no pain. This "œdematous infiltration" is applied to all operations, and, if the incision is very extensive, an application to the deeper tissues is necessary after the primary incision. The puffing and swelling of the parts resulting from the injections speedily subsides and does not interfere with primary union.

The anæsthesia lasts for twenty minutes, and, should the operation take longer than this, re-infiltration is necessary. Where infiltration is systematic and thorough it is a very satisfactory method for selected cases in minor surgery; but for major operations of longer duration, where more serious conditions demanding immediate attention may supervene, and in operations in cavities, especially about the head, other forms of anæsthesia are desirable.

Whatever local anæsthetic may be chosen, it is always well to look to the condition of the patient as the first precaution. The gradual reduction of the mortality in general anæsthesia is due, in a large measure, to the careful preparatory treatment of the patient, and, to reduce the risk in local anæsthesia to a minimum, certain precautions should be taken as a matter of routine.

The question of operating under local anæsthesia is influenced largely by the "grit" of the patient, but it is manifestly unfair to subject a patient, suffering from some organic circulatory trouble, to the depressing effect of a local anæsthetic, the pain and the mental shock without some supporting treatment. In all cases, and especially where the effects of shock are to be dreaded, all possible precautions should be taken to limit the depressing effects as much as possible.

Give hot stimulating drinks, as strong coffee, egg-nog, malted milk or beef-tea, before commencing the operation, and again after finishing if necessary. If there are any satisfactory antidotes to the local anæsthetic used, see that they are administered. Strive to eliminate all exciting elements and to reassure the patient. Do not allow any undue exposure of parts to chill the patient, and loosen any constricting bands of clothing. Place the patient in the prone position if possible.

The syringe for hypodermic work should be of considerable capacity and power, and armed with a fine pointed needle. After suitable antiseptic measures, it is well to insert the needle point well into the skin—not through it—for the first injection of a few minims. This will instantly anæsthetize the spot, and future injections should radiate from this. To anæsthetize a furuncle pass the needle not only around the tender part but beneath it. An abscess cavity will not absorb injected fluid, and care should be taken to inject directly into the abscess walls. After injecting the part carefully apply some of the many methods of limiting circulation, as by rubber bands, metallic rings, arterial pressure, etc., if it is possible. If it is impossible to retard absorption, use a weaker solution of the anæsthetic if cocaine or eucaine is employed, and the effect will not be so effervescent.

Inject sufficient fluid at the first introduction of the needle to completely anæsthetize the part, and thus gain the confidence of the patient. Too frequently, a desire to "go easy" results in an insufficient quantity being injected, and consequently an increase of pain to the patient. Plan carefully the intended line of incision and anæsthetize it thoroughly. With a long needle lateral injections to the main line may be made through the same puncture by partially withdrawing the needle and changing its direction. It is to be remembered that all local anæsthetics act much better when cold, especially the solutions prepared by Dr. Schleich.

It is to be regretted that cataphoresis of local anæsthetics has not proved speedy and extensive enough for minor surgical work, as it is an ideal antiseptic method. Undoubtedly, electricity holds some valuable secrets in this department which will be revealed in their own good time.

SERUM THERAPY RESULTS.

By J. BRADFORD McCONNELL, M.D., Montreal.

The two following cases represent strikingly the advantages of this method of treatment, and the vast gain to the physicians' means of controlling disease which these remedies afford.

Mrs. M. H., aged twenty-three, was delivered by a midwife of her second child on June 12th, 1897. Labor was normal, and the patient appeared to progress favorably until the third day, when she had rigors, headache and fever, and there was a marked cessation of the lochia. Her condition did not improve. I saw her on the 18th, the temperature was 102.25° ; there was headache, anorexia, no tenderness on pressure over the uterus, but some in the left iliac region. The uterus was enlarged, and the discharge was slightly offensive. Permanganate of potash intra-uterine douches were given twice daily, strength 1 to 3,000. As there was no change in the symptoms, on the twenty-first, a thorough curetting of the endometrium was performed and the uterus loosely packed with iodoform gauze, and at the end of twenty-four hours this was removed and the douching continued, but the symptoms improved for a day or two only and again became worse, the temperature on the 26th being 103.25° , although the pain in the side was not appreciable. On the 26th 10 cc. Marmorek's antistreptococcic serum was given. In twelve hours the temperature was 101.25° , and in eight hours after was normal. It remained so until the 29th, when the patient having got out of bed for awhile she had a chill, and at 11 a.m. temperature was 104° and in the evening 104.15° . On the 30th a.m. temperature was 104 , pulse 120, no pain complained of, and but little tenderness on pressure. Another vial of the serum was administered at 1.30 p.m., the douching having been in the meantime steadily continued; at 10 p.m. temperature was 100° . The next day a.m. the temperature was normal and remained so.

Such results are exceedingly gratifying, and demonstrate the potency of this serum as an antidote to streptococcus and doubtless staphylococcic poisoning. When, after a thorough douching and curetting, the symptoms of puerperal septic in-

fection do not disappear, we have undoubtedly a resource in antistreptococcus serum of the nature of a real antidote.

On April 18th, 1897, H. C., aged 3 years, complained of sore throat and headache, was feverish, slightly hoarse, croupy cough, vomited several times. I saw him on the morning of the 19th; he was suffering from laryngeal stenosis pale, slightly cyanotic with a croupy cough; a grayish white patch covered the left tonsil; P. 164, R. 32, T. 101°; he was sluggish and drowsy. He was given internally tr. ferri mur. acid borici with glycerine and water every half hour, and the throat painted every hour with hydrozone, and (11 a.m.) one bottle 5 c.c. of Schering's diphtheritic antitoxin was given (with our present knowledge, three or four times this amount should have been the dose administered).

At 5 p.m. child was cyanotic with stridulous respiration, comatose, and in a moribund condition. I intubated at 5.30 p.m.; in an hour he had returned to consciousness; at 9 p.m., although breathing somewhat heavily, the cyanosis had disappeared and water was swallowed with the head lowered; had perspired considerably.

20th a.m., P. 140, R. 32, T. 99 2-5°. He had slept off and on during the night, and looked in his normal condition, sitting up in bed, playing with some toys.

21st, P. 140, R. 30, T. 97 4-5°. During a spell of coughing about 1.30 a.m. the tube was coughed out, and portions of membrane also came up after; he slept well; aphonia was present, and there was occasional flushing of the face, but an uninterrupted recovery ensued. Not being able to have the membrane examined bacteriologically at the Board of Health laboratory, one has here to depend on the clinical evidence of true diphtheria to establish the diagnosis, but they are sufficiently marked to remove any doubt; and the interest of the case lies in the fact that, with antitoxin and intubation, one can, as it were, snatch a victim from imminent death in cases which but a short time ago we could only have helplessly watched through the rapid stages of life extinction which characterizes them.

Progress of Medical Science.

MEDICINE AND NEUROLOGY.

IN CHARGE OF

J. BRADFORD McCONNELL, M.D.

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THE CURE OF OBESITY.

Dr. Wm. T. Cathell in the *Maryland Medical Journal*, June, 1897, gives his five years experience with a reliable and harmless method. His method is the drinking of a large glass of Kissingen water, kept at drug stores and other soda water fountains, twenty or thirty minutes after each of the three daily meals, one day, and a similar glass of artificial Vichy water after each of the three daily meals the next day, and persistently continue this treatment week after week until reduced to a medium weight. At the same time the treatment is aided by exercise and suitable diet, avoiding the fat-producing foods. In regard to the mode of action he states: Now, while it is extremely difficult to search out the ultimate of anything in physiology, for instance, why opium relieves pain and colchicum benefits gout, yet, after studying the subject thoughtfully, I am quite sure there exists either a specific physiological action, or some definite chemical affinity, between artificial Kissingen and Vichy waters, taken by this rule, and abnormally-fat human tissues, that results in a lessening of the fat, with neither purging nor sweating, or injury to brain, blood, muscle or general health; but how, or why, is still debatable.

They may reduce adipose, and prevent further infiltration or storage, in either of several ways: One is, by merely inhibiting or controlling the disproportionate activity of fat-cell nutrition; thus placing less fatty pabulum, and more blood, brain, muscle, nerve and gland elements, at the disposal of the absorbents, while the simple fatty tissue and oily material of the body, being the most lowly organized, are naturally the first to be removed by the corrected physiological processes.

Or, it may be that they act as alteratives, and restore equilibrium to the nutritive processes, by destroying or neutralizing some morbid fat-forming agency, occult derangement of digestion, or perversion of assimilation, that have been causing diminished oxidation, and a consequent accumulation of fat.

Again, when we study their analyses, and consider the complexity of the potent medicinal ingredients that lie hidden in each glass of these waters, another rational hypothesis arises: artificial Kissingen being an acidulous saline, and Vichy an alkaline, and both containing salts of calcium, magnesium, potassium, sodium and other minerals, in decided and definite quantities, united with carbonic acid and other gases, it seems logical to suppose, that when alternately mingled with the food-pulp or chyme in the stomach and intestines, day after day, their special combination of ingredients bring about reduction by some chemico-physiological readjustment of the alkalinity and acidity of the blood and the visceral fluids, or possibly of both humors and solids; and that this readjustment makes the fat-yielding pabulum less plentiful and less rich, therefore less favorable for fat creation, and explains why increase of fat ceases, and why reabsorption of the surplus contents of the fat-cells begins, and also why physiological reduction and reconstruction both result; all uniting to prove that Kissingen and Vichy, taken by this plan, are a reliable combination for preventing increase, and reducing surplus, to the normal proportion of one to fifteen or twenty.

A number of cases are reported in which the desired reduction was accomplished with an improved condition of health generally.

THE SKIN AS A DIAGNOSTIC FACTOR IN DISEASE.

Dr. H. A. Hare, of Philadelphia, contributes a paper on this subject to the *Medical Record*, June 9, 1897. The paper deals more especially with the conditions in which the state of the skin is liable to mislead the physician as to the cause of the illness of the patient. In regard to the underlying predisposing agents he quotes Stephen Mackenzie:

The seven stages of man could be well illustrated by diseases of the skin, though we lack a Shakespeare to do justice to the theme. In the "mewling and puking" infant we meet with sclerema and oedema neonatorum, the "red gum" or strophulus of the older writers, intertrigo, eczema, urticaria papillosa (lichen urticatus), urticaria pigmentosa, xeroderma pigmentosum, and impetigo; the "schoolboy," with his chilblains and ringworm; alopecia areata, pityriasis rosea, ecthyma, and "football disease;" and then the "lover," with his acne and sycosis; and, as a result of irregular sexual excursions, his syphilides; "and then the justice, in fair round belly," with acne rosacea, diabetic boils, and pruritus ani; the sixth age shifts into the "lean and

slipped pantaloons," with rodent ulcer and "gouty" eczema; "last scene of all, sans teeth, sans eyes, sans taste, sans everything"—except an incessant and intolerable itching of the skin which we call senile prurigo.

Lesions of the skin following drugs are referred to. Iodoform is credited with producing in a case of symphysectomy a sudden elevation of temperature, with a week later red lines reaching downward from the nose, and in other places crescent in shape, painless, no itching, becoming reddish violet. Eruptions disappeared in three and a half hours with desquamation afterwards.

Usually eruptions after operations resemble scarlatina; and similar ones are sometimes seen after labor without any fever. Iodoform produces sometimes an erythematous rash, appearing a few hours after until as late as the twelfth day; it reaches its acme in from one to a few days, and lasts about a week, followed by furfuraceous desquamation.

Quinine produces in some cases of cinchonism a roseola, simple erythema, or a marked scarlatinal eruption, sometimes an acute eczema or urticaria, usually widely diffused if limited. It is usually found about the sternum or groin. If on the face, it is a tumefaction or œdema, and lasts seven or eight days after drug is stopped. Desquamation occurs, and if after its disappearance quinine is given again it reappears. Opium eruptions are usually limited to the face, sometimes general. They are more commonly erythemata or scarlatinal, desquamation is furfuraceous, or in plaques. A point of diagnosis is the reappearance of the rash after subsequent doses.

Turpentine may cause from local or internal use an erythematous rash, vesicles or papules.

The conclusions of Guirard, from whose paper in the *Archives Clinique de Bordeaux*, January, 1897, much of this paper was taken, are as follows:

1st. That medicinal eruptions are commonly limited to the face, afterward extending to the trunk symmetrically, and usually developing suddenly, as does erysipelas.

2nd. Unless they arise from very large doses they generally develop without being associated with general systemic symptoms. He thinks that the absence of these symptoms aids us in separating these cases from the infectious diseases.

3rd. The eruptions due to drugs often change from one type to another, particularly those due to the balsams.

4th. The eruptions are usually sudden in onset and develop rapidly.

ON THE MODERN NEGLECT OF LEECHING IN PRACTICE.

SIR DYCE DUCKWORTH, well known for his able "Treatise on Gout," writes in the *Liverpool Medico-Chirurgical Journal* for January, 1897 (*Therapeutic Gazette*, June) under this title. He believes that medicine is now suffering bitterly from a neglect of bedside study as compared to laboratory instruction. Bacteriology is now uppermost, and dominates everything. We gladly welcome all that comes to us in this channel, and should duly apportion it its place in the great domain of pathology. If we lose our heads we may begin to think just now that all pathology is bacteriology, and that bacteriology covers the whole field of pathology. This, of course, is nonsense. Twenty years ago the danger was that we were becoming stereotyped in the belief that pathology was entirely displayed for us by high powers of the microscope. We now see that that was but a part of pathology, and have relegated the results of such investigations to their proper place in that science. In due time bacteriology will find its appropriate place, and we shall be in face of some further development which may again dominate the views of our successors. These ideas ought to be fairly regarded by us as each new discovery comes up to engross us. We must hold firmly by what we have each acquired, and build up a solid basis on which to rear cautiously worthy and dependable superstructures.

Duckworth is led to make these remarks by finding that the good, old-fashioned employment of leeches has been allowed to drop out of our therapeutic armamentarium. So much is this the case that few practitioners are now aware of the value of the practice of leeching, and the pharmacists hardly think it worth while to keep leeches. Not many young practitioners could state correctly the amount of blood withdrawn by an ordinary leech, and a common view is that local bloodletting is generally unnecessary, and can be dispensed with in favor of some analgesic or antipyretic tabloid form of drug; further, that bleeding is a lowering and devitalizing process, and has no power in modifying the inflammatory conditions as now explained by the modern laboratory pathologist. Familiarity with local blood-letting enables the author to deny these assertions, and an ounce of practice is worth a pound of theory. He often teaches that when common sense and practice of medicine do not agree, he is sorry for the principles that determine the latter. He believes that ophthalmic surgeons still testify to the beneficial use of leeching in early inflammatory conditions. General physicians and gynecologists have lost this part of their art,

and their patients are the sufferers in consequence. For acute pain such as ushers in acute pleurisy, pericarditis, and peritonitis, from any cause, there is no remedy so certain to afford prompt relief as local leeching. We may thus often withhold opium, and leave other symptoms to declare themselves without the masking effects of this drug. Two or three leeches will often accomplish this result, and the blood lost hardly exceeds one ounce. In early typhlitis we may resort to this practice, and in many local forms of painful pelvic peritonitis. Much mischief in the future may thus be averted.

In cases of cardiac dilatation in an advanced stage, with hepatic and general venous engorgement, leading to respiratory distress, gastro-enteric symptoms—a veritable “agony”—the application of half a dozen leeches to the epigastrium is often of singular benefit, and brings prompt relief sooner than any other remedies he is acquainted with. In the face of facts such as these, to be certified in daily clinical practice, we may well ask why such a valuable method has been allowed to pass into desuetude. The answer is that other methods have come into vogue, all inferior really, but founded on more modern views of pathology. These methods do not stand the test of actual practice when duly compared with the older—call it “rule of thumb” or “routine” practice of our forefathers; but they have not been carefully compared, but allowed to drop out in the belief, perhaps honestly maintained, that a “more excellent way” had really been revealed to us in accordance with modern light.

With this plea in favor of this much-neglected method he closes his remarks, and hopes that he has done some good by expressing them. It is too often forgotten that our duty as physicians is to heal our patient if we can; and, if we cannot bring back health, at least to alleviate to the utmost all suffering and discomfort as readily and certainly as we can.

In adopting any new method of treatment we have to keep our heads, to weigh most carefully the merits of such practice, and compare it honestly with the ripe experience and wise teaching that have come down to us from those who have preceded us, remembering that “our forefathers were not all fools,” and that the full light of midday is not perhaps yet shining upon us, even at the close of the nineteenth century.

DIABETES MELLITUS.

Dr. ORD in the *London Practitioner* for February, 1897 (*Therapeutic Gazette*, June), in giving a course of lectures on renal diseases, also speaks of diabetes and directs as to its treatment. As he states the treatment of diabetes of the

typical kind is generally laid down as follows: That you cut the patient off from every kind of aliment which may be broken down to form sugar; you take away, of course, sugar itself—cane sugar; you take away all starches as starches, and you take away sweet vegetables, potates, everything that contains the carbohydrates; and you put the patient on a diet which is mainly one of proteids and fat, including plenty of meat and green vegetables which contain no starch. You replace bread by gluten in some forms, or by almonds variously prepared. These contain cellulose, and not starch, and do not yield sugar. In bad cases you are supposed not to give him milk, because of the sugar of milk. The diet thus instituted when carried out with completeness certainly becomes after a time excessively wearisome to the patient, for the craving after carbohydrates, always considerable, grows with the prolonged deprivation. It is an exaggeration of the diet which the late Mr. Banting used for taking down that fat which he called his parasite. Well, if you do your duty according to the usually received instruction, you will take care to carry this out. When you have done it is not certain that you have done altogether the wisest thing, for, supposing you put a diabetic patient upon such a diet, you do not stop sugar in the urine; it still comes, although in diminished quantity, and it comes either from the breaking down of animal foods into sugar or from the breaking down of the constituents of the body itself. And it appears to be also a very serious thing that we should be introducing into the system in such large proportion the nitrogenous foods which may become themselves sources of irritation of the liver itself and very often of the kidneys. It has long been for the writer a matter for very grave consideration whether we are not in the habit of carrying this restricted diet too far. You will remember that, after all, the presence of sugar is in one sense a very undesirable thing; in another sense a symptom of something which you cannot reach, a symptom possibly of some condition of the central organs which may be actually in itself injuriously affected by such diet. It must be admitted that the sugar is not altogether a symptom; it is no doubt an irritant, but still one cannot help keeping the other possibility in mind.

A few words may be said next regarding the treatment of diabetes by drugs. So far as is known the more marked cases are not curable in spite of many assertions of cure. But something can be done to reduce the excretion of sugar and to help the sufferer. We owe to Dr. Pavy the important help afforded by codeia. Experience has taught us that opium has a power of diminishing glycosuria and of controlling many of the accompanying distresses. Opium, however,

has the drawback of exerting a constipating influence, while regular action of the bowels is desirable. Codeia possesses the moderating power, and is less prone to produce constipation. It may be given with advantage in doses of one half of a grain twice or three times a day. Arsenic, perchloride of iron, the mineral acids and mercury have their supporters, but are mainly applicable to the relief of particular accessory symptoms—*e.g.*, of skin and nerve troubles, of anemia, and of disorders of digestion.

TUBERCULOSIS AND CLIMATE.

E. T. Campbell, M. D., Tabor, Iowa, contributes a paper on this subject in *Medical Record*, June 12, 1897.

Nothing within the whole range of medicine has given the physician more discouragement and heartache than tuberculosis; and nothing does he hail with more joy than a treatment which gives promise of better things—that gives promise that that dreaded disease may be stayed or modified if not cured. Not a drug listed in our pharmacopœia but has had its brief day as a champion for first place in the cure of this disease, only to be retired after a short time to the place it formerly occupied; some to appear for a second trial, with like results. All the solids, all the liquids, and all the gases have in turn been “weighed in the balances and found wanting.” Many, it is true, have won permanent places as aids to alleviate certain conditions or symptoms, but one and all have been denied first place.

The discoveries of Koch mark the beginning of a new era in the battle with this prince of destroyers. Founded on this established truth, investigation and experimentation have established a more rational line of treatment. In place of the empirical administration of medicines, we now have a definite object in view, *viz.*, the destruction of the bacilli and the repair of the damage done.

Until recently the disease-resisting power of the system has not been sufficiently considered, the germicidal properties of the white blood corpuscles have been overlooked; but now the plan of treatment is to assist nature in her battle with the countless millions of enemies which are besieging the portals of our being, and the question now is: “In what way can we most quickly and safely help nature to shake off her enemy and repair the breach?”

Our most efficient means at present are climate, hygiene and diet. We find that in low, moist localities, with great extremes and sudden changes of temperature, great humidity and dearth of bright sunshiny days, this disease works deadly havoc; whereas in localities of higher altitude, more sun-

shine, lower humidity, less variation and fewer degrees of temperature, and better drainage, the disease is arrested and often cured.

Too great an altitude is not to be advised, as it is dangerous save in incipient cases in which there is no associated heart trouble, an altitude of from fifteen hundred to two thousand feet above sea level being better in a vast majority of cases than much higher altitudes.

A uniform temperature also is to be sought for, not too cold in winter or too hot in summer, and freedom from sudden changes and a large proportion of bright sunny days.

Above all, climate must not be taken in given doses, like medicine, but continuously, *ad infinitum*. Those affected should seek a desirable climate to live in, not to get cured in, for innumerable subjects apparently cured have returned to their former homes only to have the disease return.

One essential factor in the climatic cure of tuberculosis has been touched on only slightly, and that is the presence of ozone in the atmosphere of those elevated regions. Ozone we know to be a powerful disinfectant and respiratory stimulant. In a recent paper read before the Iowa State Medical Society, Dr. Braunworth spoke of the purifying effect of the electric arc light, attributing this effect to the light itself, whereas the purification was due undoubtedly to the ozone produced by the electric current.

Colorado and parts of California are perhaps most noted as resorts for tuberculous patients, but other parts of our country are claiming attention as possessing the necessary qualities to recommend them. The vicinity of Asheville, N. C., is becoming very well known, and not without cause. And again, on the southern slope of the Ozark Mountains in southern Missouri, we find all the advantages of elevation, large number of sunny days, freedom from extremes of temperature, the thermometer seldom registering more than 90° F. in summer, or below 15° F. in winter, with always cool nights in summer, freedom from sudden changes such as occur in higher altitudes, large proportion of ozone, plenty of pure water, and good drainage. Many have come to this region while in the first and second stages of consumption, and found complete restoration.

One point in favor of this country, perhaps above all others, is that, it being a comparatively new country, lands are cheap, thus giving the man of limited means a chance to come and buy a home. It being in the lumber region also, lumber is cheap.

It is a most important factor in the treatment of any disease, and especially tuberculosis, that the patient's mind be as free as possible from all worry; and patients with limited

means cannot gain the advantages of curative climates when the expense thereof is beyond their means, or so great as to be a source of worry and anxiety to them.

In a meeting of the New York State Medical Society, one member suggested that in the place of consumptive hospitals we have consumptive farms; and this will surely prove the keynote to success in the treatment of this disease. To live continuously in the pure ozone-permeated air, with good wholesome food, water, and plenty of exercise, cannot but work wonders.

And the exercise should be of a constant, not periodical character. If possible, the patient should be continuously in the fresh air, attending to work about a farm if possible; if not, then wandering at will over the hills, botanizing or geologizing, or bent upon some object. Above all, let the mind be constantly diverted from himself toward some interesting occupation.

Hygiene in conjunction with a favorable climate is essential. Frequent bathing and well-ventilated rooms both day and night, good wholesome food, pure water and good drainage, combined with a suitable climate, will prove our most efficient means of combating this most dreaded disease.

THE PATHOLOGY OF THE DIARRHŒAL DISORDERS OF CHILDHOOD.

From an extended clinical and pathological study at the Kaiser and Kaiserin Friedrich Kinderkrankenhaus in Berlin, Baginsky (*Archiv. für Kinderheilkunde*, Bd. xxii., H. 3-6, *Medical Record*, July 10th, 1897) concludes that the diarrhœal disorders of childhood arising under the influence of high summer temperature are at first only functional in character, consisting in changes in the motor and secretory functions of the gastro-intestinal tract, with abnormal digestive chemism. In their further course profound anatomical alterations take place in the walls of the stomach and bowels, which may range between catarrh and necrosis of the mucous membrane. The follicular changes are processes of peculiar character and independent of the catarrhal, with which they may in the course of time be associated. They lead sometimes, in addition to superficial changes, also to ulceration. These changes are attributable not to specific bacteria but to the ordinary aphytic micro-organisms of the intestinal tract that assume especial virulence. Under peculiar circumstances other bacteria, not ordinarily found in the intestinal tract, may act as causes of diarrhœal disorders. These also induce profound anatomical changes in the walls of the bowel. The invasion of other organs by these bacteria is not unusual, but is rather relatively common with regard to the kidneys. Under these

circumstances the bacteria may cause profound anatomical lesions, even to the extent of suppuration. The transmission does not usually take place through the blood stream, the bacteria being but rarely found in the blood, and then only in small numbers. The most profound disturbances are occasioned by the fermentative products of bacterial activity, toxic or non-toxic. These are either of the nature of acids or products of albuminous degeneration, down to ammonia and its combinations, which behave as active irritants, and thus cause injury to the walls of the bowel. Further, through the blood current and the lymph stream they exert a degenerative influence upon other organs, especially those possessed of excretory functions, such as the liver, the kidneys, etc. Under the influence of this intoxication from the intestinal tract, the resistance of the whole organism to the invasion of other pathogenic micro-organisms is diminished, as is manifested by numerous complications.

APPLICATION OF THE FLUOROSCOPE TO THE DIAGNOSIS OF DISEASES OF THE THORAX.

(*Revue de la Tuberculose*, December, 1896.) By Professor Bouchard. *Int. Med. Magazine*, June.

Normally the thorax of men shows, when viewed with the fluoroscope, the bones of the skeleton, and particularly, the shadow of the heart, which may be observed to pulsate. The region of the lungs should be clear, and the mediastinum hidden by the spinal column and sternum. If, however, pleurisy exists on one side, it casts a shadow, deepest at the base and growing lighter towards the apex, and moreover causes displacement of the mediastinum towards the opposite side. If an old pleurisy with retraction exists, the mediastinum may be drawn toward the side diseased. Regarding the course of the disease, it is very easy by this method to watch the rapid absorption of the exudate, indicated by a clearing up of the upper portion. In case of pulmonary consolidation, due to tuberculosis, it is possible to recognize the region affected by the very deep shadow that it casts. If cavities are present they may also be easily perceived. It can nearly always be demonstrated that the area of dulness corresponds exactly with the area of shadow. Ordinarily, of course, in cases of pulmonary tuberculosis this shadow is found at the apex. Pulmonary consolidation may be further distinguished from pleurisy by the fact that it does not cause dislocation of the heart or mediastinum. In regard to other thoracic diseases, Bouchard has been able to recognize aneurism, enlargement of the aorta, mediastinal tumors, and even hypertrophy of the heart.

ON URIC-ACID EXCRETION IN CROUPOUS PNEUMONIA.

(*Zeitsch. f. klin. Med.*, Vol. XXXIII., Nos. 1 and 2. *International Medical Magazine*, June). By Dunin and St. Nowazek.

Pneumonia offers the best field for the study of the relation between leucocytosis and uric acid excretion, since the leucocytosis must here be general, while in some experimental forms it may be local only, and because the sudden crisis, with absorption of the exudate and disappearance of the leucocytosis, would lead one to expect an increase in excretion of uric acid in the latter days of the fever, which increase should become most marked soon after the crisis, and sink to normal after five to seven days. All this, if Horbaczewski be correct in saying that the excretion of uric acid, arising from the body nuclein, is in direct proportion to the leucocytosis or to the destruction of leucocytes. The authors have examined systematically the uric acid secretion in five cases of croupous pneumonia (by Haycraft's method), and found in all cases a moderate increase in the last few days before the crisis. After the crisis came a pronounced increase, sometimes to triple the amount excreted during the febrile stage. This "uric-acid crisis" continued two to four days, then excretion lessened, to reach the normal point after seven to eight days. This uric acid crisis had nothing to do with the urinary crisis (polyuria), and was often over entirely before the latter set in. These results are in accord with those of Ranke and Gerdes, and to a great extent with the more recent and extensive of Kuhnau. That some of Kuhnau's cases lend less complete support to Horbaczewski's views than do their own, the authors explain by the occurrence of complications during convalescence. Their own results could not have been due to change of diet, since the patients were put upon freer diet only after the highest point in excretion was reached.

DOES ANTITOXIN ACT AS AN IMMUNIZING AGENT IN MAN?

M. KASOWITZ (*Wiener Medic. Wochenschr.*, 1896, *xlvi.*, 1020; *Pediatrics*, June) critically studied the literature bearing on this subject. The result was an overwhelming judgment against this method of immunization by serum, and is contained in the following resumé:

(1) An immunity against diphtheritic infection cannot be produced in the human subject either by a severe attack of diphtheria, or by the injection under the skin of a large quantity of "units of immunization."

(2) After small or large doses of immunizing serum, diphtheria is just as frequently contracted as without it.

(3) The illness of the "immunized" individual may occur at any time, from a few days after to a few weeks or months after treatment.

(4) The illness from diphtheria, in individuals who have been immunized, is frequently very severe, and has resulted in death in many cases in spite of repeated injections of large doses of the serum.

(5) The attempt to produce immunity to diphtheria in the human subject by serum injections must, for the present at least, be considered a failure.

He believed that every conscientious physician should hesitate and consider whether he had the right to subject a healthy child, on account of a theoretical belief which in no wise had been confirmed by facts, to those disturbances which every one acknowledged frequently occur after serum injections. Again, the possibility of causing death, which is asserted by many observers, should not be overlooked.

THE VALUE OF THE RÖNTGEN RAYS IN CARDIAC DIAGNOSIS.

Albert Abrams, A.M., M.D., Professor of Pathology Cooper Medical College, San Francisco, writes in the *New York Medical Journal*, June 12, 1897, on this subject. The estimation of the area of cardiac dullness, whether determined by light, strong, or palpatory percussion of the heart's resistance by the method of Ebstein, is an indefinite procedure too frequently influenced by the prejudiced wish of the observer. It is usually the skilled diagnostician who seeks to eliminate by other physical signs the errors of cardiac percussion. The estimation of the size and shape of the heart by the Röntgen rays affords a trustworthy guide by direct vision. This method is especially applicable in adults and children with thoraces scantily furnished with musculature and panniculus, although obese individuals are not always exempt from this method of examination. Before appreciating departures from the normal it is absolutely necessary for the observer to acquaint himself with the appearances of the heart in the normal condition. It is also necessary to employ the requisite apparatus. Without the latter, skill and experience count for naught. In my work I employ an eight-plate static machine, made by Van Houten & Ten Broeck, of New York city. The latter have thoroughly mastered and brought to a high state of perfection the practical details of the construction of their static machines. I also employ a Newton fluorescent screen, which yields excep-

tionally good results. If an individual is so placed before a vacuum tube that the rays pass through the chest, the heart may be seen by the aid of the screen as a definite shadow, surrounded by a light area, occupied by the lungs. The movements of the heart can also be detected, particularly so when the patient is instructed to take a deep inspiration. The latter manœuvre also aids in defining more clearly the boundaries of the heart. The Röntgen-ray illumination demonstrates that the apex approaches the base of the heart during systole, so that there is no apex impulse, in the sense of Skoda, but merely a lateral systolic apical stroke. It is also shown by direct vision that the ventricles do not completely empty themselves at each systole. When the patient takes a deep inspiration the diaphragm descends, and the lower margin of the heart can be separated from the liver, as manifested by a bright line between the two organs. The latter phenomenon is of exceptional value in diagnosis, for by the conventional methods of percussion the separation of the lower margin of the heart from the liver is impossible. With a little practice an outline of the heart can be traced on the chest wall. A dermatograph in a metallic casing should be employed for tracing purposes. It is difficult, without considerable practice, to accurately define the position of the dermatograph through the screen, and each observer will be compelled to improvise some specially constructed marker for tracing purposes. Another simpler, though less practical, method is to attach a sheet of white paper to the back of the fluorescent screen. The screen is next placed in position to obtain a clear outline of the heart, and this outline is traced on paper with a suitable pencil. The method which I usually employ to the best advantage is to trace directly on the glass covering my screen the outline of the heart with a pencil for writing on glass. This necessitates working in a dark room. The figure on the glass is then transferred to tracing paper, and the latter properly filed for future reference. The best position of the patient in relation to the focus tube for cardiographic purposes can only be determined by experience.

The entire outline of the heart can be determined with a front view. From the posterior surface of the chest wall only a portion of the organ is seen, owing to a part of the heart being obscured by its position in front of the vertebral column and the oblique situs of the organ in the thorax.

The shadow to the left of the vertebral column corresponds to the left ventricle, and the shadow to the right of the column corresponds to the right auricle. Radiography applied to the chest enables one to diagnosticate aneurysm of the aorta, cardiac aneurysm and dilatation of the heart. As an instance of the value of the Röntgen rays in diagnosis the following case

may be cited: An individual was referred to me for diagnosis. Several physicians had examined him, and they had all concurred in the opinion that there was a pericardial effusion. The physical signs were undoubtedly those of fluid effused into the pericardium, but there was some evidence suggesting cardiac dilatation as a possible condition. The diagnostic verdict was in favor of the latter, as determined by the Röntgen rays. It was possible, in this case, by means of the fluorescent screen to accurately define the borders of the heart, and to note that the apical stroke corresponded exactly with the extreme left border of the shadow outline of the heart. The apical movements were more clearly defined on the posterior surface of the chest wall. It is apparent that if an effusion were present, and the movements of the apex could be discerned, they would be within the shadow of the heart and not confined to the extreme left border of that organ. In carrying out the Schott treatment, the Röntgen-rays, in controlling the progress of my cases, have furnished me definite and invaluable assistance. After faithfully mapping out the outlines of the heart, tracings can be taken directly from the chest and preserved for future reference. The examination of the heart by direct vision enables us further to determine with certainty the influence of posture and respiration on the position of the heart, the presence or absence of pleuro-pericardial synechiæ, and the extent of the apical stroke, which is invaluable in the diagnosis of hypertrophy or dilatation of the left ventricle. Never before did I appreciate so keenly the influence of the stomach on the heart's action as I did a few days ago in the case of a student who was examined with the Röntgen rays. In his case there was a congenital absence of the spleen, and the outline of the stomach was clearly discernible. The phenomena furnished by insufflation of the stomach explained many conditions which were to me heretofore inexplicable.

COMPARATIVE DIAGNOSIS IN PULMONARY TUBERCULOSIS BY THE ROENTGEN RAYS. A SERIES OF SEVENTY-THREE CASES.

J. Edward Stubbert, M. D., Liberty, New York, in the *Medical Record*, May 22, 1897, writes:

The following cases are presented for the purpose of demonstrating that in the Roentgen rays and fluoroscope we possess accurate agents for diagnosing tuberculous changes of lung tissue in its various stages, using them not only as corroborative factors of results arrived at by auscultation and percussion, but in some instances discovering isolated foci of infection not recognizable by ordinary methods.

In addition these cases prove that the fluoroscope enables us to recognize more fully and accurately the degree, position, and relation of areas of infiltration and consolidation, and also delineates plainly the limits of these areas. It is unfortunate that as yet no satisfactory photographs have been taken of the images cast upon the fluoroscope plates.

In order that these observations might be of more value the examinations have been made by different physicians and written notes thereof taken by different nurses, it having been my desire to obviate all danger of bias due to familiarity with the results of examination by the ordinary method before using the fluoroscope and *vice versa*. In addition, after fluoroscopic examinations have been made and notes taken in numerous cases, laymen have been requested to look into the fluoroscope and report the relative intensity of the transmitted light in different regions. Blue pencil marks were made by their direction, and they have invariably coincided with the professional examinations. In some cases there is simply haziness of the infiltrated areas, and in some incipient trouble, at the apex. The first thing that is noticed may be a comparative haziness or indistinctness of outline of the clavicle on the affected side.

In cases of slight infiltration of one or two apices there is a haziness or fog between the light and the observer, the clavicle in other instances appearing to have a gauzy veil thrown over it. When there is marked consolidation the transmitted light is relatively less, the edges of the clavicle are indistinct, or the bone may be invisible. When there is present the same pathological condition at both apices it is an easy matter, by comparing the two sides, at once to decide upon which the disease has made the most progress. Comparative shadows at the apices are generally seen more distinctly from behind than in front, by directing the patient to bring his shoulders forward so as to separate as widely as possible the scapulæ and then placing the fluoroscope directly over the spinal column.

Ordinarily a practised eye can by these methods alone clearly distinguish areas of the most incipient infiltration, but if it is desired to be more accurate in defining their limits, a metal rod may be placed evenly against the chest walls in front or behind and moved up and down with the fluoroscope until its outline becomes more distinct, which will indicate that the upper and lower borders of the consolidation have been reached. If a pencil mark now be made along the edge of the rod and subsequently percussion practised, the area of dulness will be found between the lines.

In cases of complete dulness, say, to the second interspace, with relatively less dulness for one or two interspaces below,

a dark shadow will be seen over the first-named region, which will gradually shade off consecutively into haziness and normal reflex of light below, the area of haziness corresponding to the limits of relative dulness. In one or two instances slight haziness has been observed in spots which at the time showed no other physical signs of disease, but where they subsequently developed.

In cases in which the cavity is single, it appears as a bright reflex amidst an area of consolidation or shadow. This bright spot assumes the shape of the cavity. At times the observer can plainly discern a decidedly dark ring surrounding the dark spot.

In a case where there were multiple cavities, the dense intervening tissue was shown in the form of dark streaks winding between the spots of bright reflex.

In another case, the fluoroscope demonstrated a cavity which had presented no signs by percussion or auscultation, probably owing to obstruction at its outlet.

In other cases, old pleuritic adhesions were seen as areas of absolute darkness, even more dense than the normal shadow over the cardiac region. In another case, displacement of the heart downward and to the right was easily marked out, also an old pleuritic thickening. Cardiac dilatation was discovered in one case. When I state that the exact areas in these last two cases were marked out by my house physician, William M. Bryan, without any knowledge of my previous diagnosis, the value and exactness of the fluoroscope as a diagnostic agent is well authenticated.

At different times we have outlined the convexity of the arch of the liver, which can be seen to rise and fall with expiration and inspiration. The cardiac pulsations are easily discernible.

A series of fifteen healthy cases was examined in order to familiarize the observer with normal reflexes and shadows.

A summary of the result of our investigations at the sanitarium shows:

1. Slight haziness indicates the beginning of tuberculous infiltration, and may or may not be accompanied by dulness.

2. Decided shadows indicate consolidation, the extent of which is in direct relation to the comparative density of the shadow thrown on the fluoroscope.

3. Circumscribed spots of bright reflex, surrounded by narrow dark shadow rings or located in the midst of an area of dense shadow, indicate cavities.

4. Intense darkness, especially at the lower portion of the lung, indicates old pleuritic thickenings over consolidated lung tissue.

A great deal depends upon the intensity and steadiness of the light, and for this reason a motor generator is better than a vibrator, as the latter gives a flickering light. An eight-inch-spark coil was used. Considerable practice is necessary before the eye can appreciate perfectly the finer differences of shades and outlines.

At the Loomis Sanitarium the examination of patients by the x -ray is now as much a matter of routine as that by auscultation and percussion.

SURGERY.

IN CHARGE OF

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AND

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THE TREATMENT OF GENERAL SEPTIC PERITONITIS.

A. J. McCosh (in *Annals of Surgery*, June, 1897) gives his experience in the technique of operative treatment. In addition to the usual incision and irrigation, he has employed intractant intestinal injection of sulphate of magnesia and other cathartics, and to this detail he attributes much of his late success. He says:—

While the details of the operation must vary somewhat according to the condition found in each case, the plan of treatment employed was as follows:—

(1) Chloroform is employed as the anæsthetic.

(2) A free incision is made generally five or six inches in length. Its situation varies according to the organ which has excited the peritonitis. The purulent fluid is allowed to flow out, its escape being often aided by turning the patient on the side.

(3) As a rule, the intestines are allowed to escape from the abdominal cavity into hot towels held in the hands of assistants (the patients generally being turned on the side).

In certain cases, where the distention is enormous, and where the heart's action is very weak, any considerable escape of the intestinal coils is prevented. Where possible, however, even at a great risk, the intestines are removed, and, if well protected by hot towels, I have not found that this evisceration increases to any great extent the shock of the operation. If the distention is such that their return is impossible, I do not hesitate to open the ilium and allow gas and fæces to

escape. These openings are closed by Lembert sutures. I have never seen any reason for establishing a temporary artificial anus by suturing the gut to the abdominal wall as has been recommended.

(4) The cause of the peritonitis is removed. If it be an appendix or tumor, it is extirpated; if it be a perforation, it is sutured.

(5) The intestines and the cavity of the peritoneum are thoroughly irrigated with hot, normal salt solution. If the intestines have been removed, they are thoroughly but gently washed with the contents of several two-litre flasks, as is also the abdominal cavity; at the same time a stream from a three-gallon irrigating jar is steadily flowing into every corner and crevice of the cavity through the soft rubber tube which is moved about in different directions. The temperature of the solution is 110° to 112° F. If the removal of the intestines has been considered unwise the edges of the incision in the abdominal wall are grasped by the assistant, held well up and separated to their full extent, and the cavity flooded by flaskful after flaskful of the solution at the same time that the irrigating tube is pouring a steady stream into all pouches and recesses opened up by the hands of the operator, which are gently moved about among the intestinal coils. I have not found that much shock is caused by irrigation carried out in this manner, indeed, on the contrary, the heart's action will often be stimulated by the hot water. It is of the utmost importance that the temperature of the water should not be below 110° F., indeed 112° F. or even 114° F. is probably safer. Irrigation is preferred to the swabbing of the intestines and peritoneum by means of gauze pads or sponges. I doubt if the cleansing by this latter method is as effectual, and it seems reasonable to suppose that the mechanical friction must damage to a certain extent the peritoneal endothelium, and so diminish the vitality of this serous coat and its power of resistance against infection. Of course I do not mean to claim that perfect cleansing can be accomplished by any method. A considerable amount of the salt solution is allowed to remain in the abdominal cavity for the purpose both of stimulating the heart and of favoring intestinal drainage.

(6) Sulphate of magnesia is injected, through a hollow needle attached to a large aspirating syringe, into the small intestine, a point in the jejunum or in the ilium, as high up as possible being selected.

A saturated solution containing between one and two ounces of salt is used. The needle puncture is closed by a Lembert suture.

(7) The peritoneal cavity is drained generally by four or more strips of sterile gauze thrust in different directions

among the intestines. At times a large glass tube is also inserted into the pelvis. In other cases strips of rubber tissue are used, and recently I have employed strips of pure silk sponges instead of gauze. These appear to drain well and are easily removed, but are not so well suited for walling off septic areas from the general peritoneal cavity. The strips of rubber tissue are most easily removed of all, but I do not feel sure that their drainage is as efficient. Each gauze strip is often surrounded for two or three inches at its point of exit by a cuff of rubber tissue which facilitates its removal.

(8) The abdominal wound is but partially closed by sutures. The edges are not closely approximated but are generally partially drawn together by two or three silkworm gut sutures, between which and the intestines is placed a compress of gauze. A wound which gaps somewhat affords freer exit for the escape of the peritoneal secretions.

(9) After the return of the patient to bed, if the condition of the stomach will permit, a ten-grain dose of calomel is given. If chloroform has been used this will generally be retained.

Rectal stimulation is employed during the first twenty-four or thirty-six hours. If there be persistent vomiting lavage is sometimes useful.

In conclusion, I will again express the conviction that success in the treatment of septic peritonitis depends largely on thorough irrigation and restoration of intestinal peristalsis.

TRANSPLANTATION OF THE SPINE OF THE SCAPULA FOR ABSENCE OF THE UPPER HALF OF THE HUMERUS.

By DR. BARDENHEUER (Cologne).

This procedure was employed in two cases. The upper part of the shaft of the humerus had become necrosed as a result of osteomyelitis, and had been removed. The spine was exposed by an incision from its base to the acromion, and the trapezius and the acromial and spinal portion of the deltoid stripped off. A second incision was made at right angles to the first along the posterior border of the deltoid to its insertion. The infra- and supra-spinati having been stripped off, the spine was chiselled out of the body of the scapula with a portion of the glenoid fossa and the whole of the acromion. By dissection of the external rotators, the periosteum was made available and the bony flap introduced into it. Both ends of the bones were united with silver wire. Bony union not having been obtained at the end of six weeks, the sutures were replaced, and in four weeks more a satisfactory result was obtained. Case reported while still under treatment.

The operation was repeated in a lady after removal of the glenoid fossa and seven centimetres of the shaft of the humerus.

The spine was divided in its middle, and together with the acromion and a portion of the neck and the articular surface of the scapula implanted in the deficiency. The wound was completely healed at the end of four weeks.—*Verhandlungen der deutschen Gesellschaft für Chirurgie*, XXV Congress, 1896; *Annals of Surgery*, June, 1867.

BOWEL OBSTRUCTION BY A GALL-STONE SIMULATING APPENDICITIS.

Hurdcastle (*Maryland Medical Journal*, November 28, 1896; *University Medical Magazine*, March, 1897) reports the case of a man, aged 56, weight 210 pounds, who had at times, for the past three or four years, suffered with slight pains in the region of the transverse colon and both iliac fossæ. A peculiar, striking sound, as if water, drop by drop, was falling into a bottle, and again like a little stream passing with a gurgling sound, was noticed by the patient.

On the night of July 1 he was seized with sudden pain, accompanied with vomiting of a green, sweetish fluid, which soon changed to a brown color; there were also two or three small semi-solid evacuations of the bowels; then there was a cessation of the pain and vomiting for several hours, when it returned with increasing severity.

Stercoraceous vomiting occurred on the fourth and fifth days, with great prostration. On the fifth day appendicitis was diagnosed, and an operation suggested, but the pain and vomiting suddenly ceased, and the patient made an uninterrupted recovery.

On the fifteenth day a large gall-stone was passed per rectum, and for several days later a number of smaller stones passed.

THE NATURE OF GONORRHŒAL INFLAMMATION.

The character of the inflammation set up by the gonococcus was discussed at length in the Congress recently held in Frankfort. In the *Centralbl. f. Gynaek.* the results of the discussion are given in an article by Wertheim.

Bumm took the stand that in the vast majority of cases of gonorrhœa the affection was one of the mucous membrane; that the gonococcus is purely a parasite of the mucous membrane, and, except under certain conditions, which seldom arise, it does not extend into the other tissues; and that, especially in chronic inflammation, it exists in the superficial epithelium.

Neisser expressed the opinion that a gonorrhœal inflammation is essentially an epithelial affection, and it is at least questionable whether gonococci are able to penetrate into healthy connective tissue. Wertheim claimed that numerous investigators have proved the ability of gonococci to exist in the cutaneous tissues, and that in every case of gonorrhœa in a mucus membrane a sufficiently careful investigation will demonstrate their presence in the subepithelial tissue. This fact is so important for the correct understanding of gonorrhœal inflammation that it ought never to be lost sight of. It explains the frequent obstinate course of gonorrhœa and the frequent failure of treatment. In order to overcome the gonococci, means must be employed whose effects extend to the superficial portion of the subepithelial layer of connective tissue. To do this thoroughly would be to destroy in toto the epithelial layer, and hence the failure of remedies in so many cases.

Certain other ideas formerly held in connection with gonorrhœa are now known to be false. We know to-day, for example, that a gonorrhœal infection of pavement epithelium is by no means an impossibility. This has been demonstrated to be true of the vagina as well as of the bladder. We know, further, that gonococci can multiply in the endothelium of the peritoneum as well as in the subendothelial connective tissues. We know that the changes which are so often found in gonorrhœa of the tubes or ovaries—the adhesions, the infiltrations of the pelvic organs and cellular tissue, the collections of pus in the tubes and ovaries, etc.—are purely of a gonorrhœal nature. We know, further, that there is a gonorrhœal metritis. Finally, we recognize that there are undoubted gonorrhœal metastases; that the gonococci can penetrate into the capillary vessels at the seat of the primary lesions and set up an arthritis or an endocarditis, or even a myocarditis.

The knowledge of these facts rests on demonstrations of the gonococci, and must be regarded as scientifically exact. There is no reason to suppose that these distant lesions, except in isolated cases, are due to a mixed infection. This supposition rests on the exploded theory that gonococci can neither penetrate into pavement epithelium nor into the peritoneum nor into the deeper layers of the connective tissue.

However, in spite of all these changes in our views of the nature of the gonococcus, Bumm's statement remains true that gonorrhœa in the vast majority of cases is an affection of the mucous membrane. It always was that, and that it will always remain; but it is quite another thing to say that the gonococcus is purely a parasite of mucous membrane, and, even if favorable influences are necessary to permit its spread to other tissues, such influences are encountered not so very seldom.—*American Medico-Surgical Bulletin*, July 25, 1897.

MYXŒDEMA CURED BY THE USE OF IODOTHYRIN.

MM. M. P. Marié and M. Jolly (*La Sem. Méd.*, No. 61, p. 489) cite a case of myxœdema of several years' duration in a woman 54 years old, treated with iodothyryn, giving each day from three to four papers containing 30 ctg. each, corresponding to .001 milligramme of iodine in organic combination, or to 30 ctg. of fresh thyroid gland.

Though the patient presented a marked cardiac dyspnœa and a little albuminuria, recovery was complete in six weeks.

In a case of goitre with phenomena of dyspnœa and tachycardia, MM. Marié and Jolly obtained likewise with iodothyryn a notable amelioration.—*American Medico-Surgical Bulletin*, July 25, 1897.

OBSTETRICS.

IN CHARGE OF

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Professor of Obstetrics, University of Bishop's College; Physician Accoucheur Women's Hospital; Physician to the Western Hospital.

THE USE OF THE CURETTE IN PUERPERAL AND CHRONIC ENDOMETRITIS.

Dr. R. Peterson, in *American Journal of Obstetrics*, says that there is no one operation more often performed on the female generative organs than uterine curettage. The general practitioner who habitually avoids surgery, and turns over to the gynæcologist the simplest operations, will unhesitatingly curette the puerperal and non-puerperal uterus. To the trained hand curettage is a simple operation, the reverse is true of the untrained touch, and fatal sepsis is by no means an uncommon sequela. The studies of Bumm show two primary forms of puerperal endometritis, putrid and septic. In putrid endometritis the changes in the decidua are produced by saprophytic micro-organisms, but no development of septic germs occurs. This gives rise to fever and other symptoms of intoxication. There is found a zone of cellular infiltration beyond the necrosed decidua, which acts as a barrier to the entrance of germs. Septic endometritis is marked by the development of septic germs upon the decidua, of which the streptococci are the most frequent. This septic endometritis may be separated into two classes. First, localized septic endometritis,—here the streptococci are prevented from penetrating beyond the endometrium by a granular layer; second, septic endometritis followed by general infection. The reason why one is localized and the other becomes general depends

on the virulence of the septic germ present. The sharp curette is used for abortions occurring before the end of the third month; the reason for this is that the openings are smaller at this period, and hence less chance for absorption of septic germs. Uterus should be well washed with sterilized water after curettage. After the third month, remove necrotic tissue by the large dull curette, followed by copious intra-uterine injections of sterilized water. In the septic form of endometritis the curette is only of use where the disease is localized. The uterus may be packed after curettage with gauze, but not too tightly. Ergot should be given. It is well to remember that in the virulent cases of septic absorption the lochial discharge is rarely foul, and tenderness of the abdomen is met with late in the disease.

PUERPERAL INSANITY.

Dr. John B. Chapin, of the Pennsylvania Hospital for the Insane, states that during the past ten years the number of patients admitted with puerperal insanity slightly exceeds 30. During a period of ten years preceding 1896, the number of such cases exceeded 90. Dr. Chapin attributes the reduction of cases of this disease during the past ten years to the adoption of the stricter antiseptic measures in obstetrical practice which have been applied during recent days. The great reduction of cases of puerperal insanity in recent years, under the improved practice, is an additional evidence of the septic origin of this disease.

GUAIACOL IN PUERPERAL ECLAMPSIA.

The following report of cases by J. F. R. Appleby, M. D., of Washington, D. C., is from the *Boston Medical and Surgical Journal*:—

“When guaiacol is poured upon the abdomen it is rapidly absorbed. Its physiologic effect is to cause rapid and marked lessening of arterial blood-pressure, lowering of temperature and free diaphoresis. These physiologic effects first led me to use it in case of nephritis attended with slight convulsions and a full, hard pulse. This patient was an adult male. Twenty five drops were poured upon the abdomen, and rubbed in with the tips of the fingers. Relief was certainly marked.

“Next I used guaiacol in two cases of puerperal eclampsia, with surprising and happy results. They were primiparæ. In the first, labor was progressing favorably; dilatation had been accomplished, and the occiput had begun to descend when convulsions came on, becoming more profound with each recurring seizure. As soon as practicable, chloroform was

administered, and the child, a large male, was delivered with the forceps. On the effect of the anæsthetic wearing off, the convulsions returned; whereupon I poured forty or fifty drops of guaiacol (the case seemed too urgent to take time to count the drops) upon the abdomen, and gently rubbed them in, as in the preceding case. In a few minutes the pulse became soft, free diaphoresis set in, and the convulsions died away.

“The second patient had been delivered by a midwife. Both baby and placenta had come away when convulsions set in. On arriving at the bedside, I found that the patient was enormously swollen over the whole body, and the pulse was full, hard and tumultuous. The convulsions were almost continuous. They were as powerful as, if not more powerful than, any I have seen in a practice extending over nearly thirty years. It looked like a hopeless case. As with other patients, I used forty or fifty drops of guaiacol and gave a hypodermatic injection of one-fourth of a grain of sulphate of morphia. In less than an hour the patient was sleeping quietly, and no more convulsions followed.

“Both of the above cases had albuminuria, and were much swollen, which symptoms demanded treatment for a few days. Both made good recoveries, and are now enjoying ordinary health.

“For guaiacol there may be claimed certainty of action, speedy relief of urgent symptoms, and ease of application, which renders it, perhaps, more desirable and less objectionable than any of the remedies heretofore used in eclampsia. In neither case did I find it necessary to make a second application, but would certainly have done so had it been necessary.”

SYPHILIS AS A CAUSE OF ABORTION.

Dr. J. A. Ouimet, in an article on this subject (*La Clinique* III, No. 5., pp. 182-194), draws the following conclusions:

1. Syphilis is a powerful cause of abortion. The abortion is due to lesion of the fœtus itself or of its appendages.
2. It occurs usually toward the seventh month. The father alone, being syphilitic, can transmit the syphilis to the product of conception; the latter is more liable to occur the nearer the moment of conception is to the beginning of syphilis.
3. The mother may give birth to a syphilitic child while remaining free from syphilis.
4. When the father and mother are both syphilitic, the child rarely escapes infection.
5. The mother being syphilitic before pregnancy is the more liable to give birth to a healthy child the more ancient the syphilis.

6. The nearer the syphilis approaches the termination of pregnancy, the greater chance the child has to escape infection.

7. The child born of a syphilitic mother may come into the world presenting lesions manifestly syphilitic, or be born apparently healthy and only become syphilitic after some months or even years.

8. Syphilis imparts no particular characteristic to the course of confinement. Mercurial treatment instituted at the beginning of pregnancy in syphilitics permits the mother :

1. Often to carry gestation to term.

2. To give birth to a living, though sometimes syphilitic child.

3. In some cases to give birth to a living child and without lesions.

4. Sometimes the child, born healthy of syphilitic parents, remains free from syphilitic troubles, when the mother has been treated during pregnancy.

When, the father being syphilitic, the mother becomes pregnant and submits to mercurial treatment, there is much chance that gestation will terminate at term in the birth of a healthy child.

THE FORCEPS.

Dr. W. K. Evans, Pa. (*Med. and Surg. Rep.*) gives the following rules for the forceps. Indications for their use.

1. Deficient expulsive force as uterine or abdominal inertia or when acute or chronic diseases of the mother render the ordinary forces insufficient, as typhoid, heart disease, phthisis, etc.

2. Undue resistance as minor degrees of the contracted pelvis, abnormal rigidity, or large foetal head.

3. Maternal life endangered, as in rupture of the uterus, hemorrhage, eclampsia and heart clot.

4. Foetal life endangered, as sudden death of the mother, prolonged pressure on foetal head, prematurely detached placenta, compression or prolapse of the cord, foetal heart sounds less than 100 per minute.

5. When the head fails to recede after contraction of the uterus (in this condition undue pressure is being made on the soft parts of the pelvic canal).

6. As a general rule they should be applied when the head during the second stage of labour has been stationary for two hours (Hirst).

The contra-indications are :

1. Head not engaged in the superior strait.—Exception—to bring down the head as a tampon in marginal placenta prævia.

2. Undilated os.—Exception—when the foetal or maternal life is threatened, it is allowable to apply them to the partially dilated os.

3. Unruptured and unretracted membranes have not retracted, they may be grasped by the forceps and placental detachment occur.

4. Should not be employed unless the head is of average size. (If the head is too large as in hydrocephalus, or too small, they are apt to slip and lacerate the soft parts.

5. Should not be applied to a decomposing foetus or a perforated head. (The perforated head can be better handled with a cephalotribe.)

6. Should not be employed when the disproportion between the head and the canal is too great.

7. Should not be employed when there is any mechanical obstruction on the part of the pelvic canal, which will prevent delivery without unusual force being used.

8. Should not be employed in carcinoma of the cervix.

THE THERAPEUTIC APPLICATION OF CHLOROFORM IN LABOR.

John N. Apshur of Richmond (*Vir. Med.*: S. Monthly, March 12th, 1897) says that while the administration of chloroform in labor has become almost a matter of routine, and is generally considered safe, a careful observation for many years has tended to make him question its utility in many cases, and to convince him that in some cases it actually adds to the peril, and prolongs the suffering. It should be remembered that labor is a physiological function, becoming pathological only when abnormal conditions exist such as malformed pelves, bad positions, or deformities of the child, or when interference in behalf of the mother or child becomes necessary. Such cases belong to the domain of the surgeon, and the question of chloroform is simply the necessity for an anæsthetic. Or again, in cases where there is danger to the mother from convulsions, caused by systemic conditions. But the object of this article is not to concern itself with such cases, but with so-called normal labors. These questions naturally arise—in what cases should chloroform be administered? At what stage of labor? What dangers arise? And at what stage? What are the best means of combating them? and finally, *is it justifiable* to administer chloroform in natural labor progressing with satisfactory rapidity.

In order to answer these questions satisfactorily the nature and effect of all chloroform narcosis must be understood. Chloroform diminishes the excitability of the muscular system and its capacity for work. It interferes with

oxidation of the blood, and thus becomes toxic to the fœtus. In addition to the cases in which surgical interference is demanded, we may include cases in which the pains are nagging and exhausting, also cases of rigid os with great nervousness. As to the time of administration, it should never be given until the latter part of the second stage of labor, and should be discontinued as soon as the occiput has passed the ostium vagina. But the most serious question is the dangers arising from the use of chloroform. Diminution of muscular excitability renders the pains less potent, and there is greater danger of hemorrhage due to uterine inertia. Subinvolution with all the ills that follow in its train is almost inevitable. Not only so, but labor may be almost suspended, making an instrumental labor a necessity. The interference with the oxidation of the blood without doubt increases the number of still births. Nor are these the only dangers. Though few deaths are reported from chloroform in obstetric practice, yet undoubtedly many deaths occurring within forty-eight hours after delivery and reported as heart clot, etc., may be due to the depression following the administration of chloroform. In cases where the uterine contractions persist, and the woman holds her breath to more efficiently "bear down," she is in a favorable condition for the occurrences of the epileptiform syncope if chloroform is being administered. Without exception, whenever chloroform is used, a full dose of ergot should be given as soon as the head is delivered. It is also well to give ten grains of quinine at the beginning of the second stage of labor. Belladonna or nitro-glycerine may also be used. A hypodermic injection of atropine (gr. 1-120) or sulphate of strychnia (gr. 1-60) will add to the safety of the patient.

In view of the dangers above mentioned it is urged that chloroform should be placed upon the same platform as other drugs never to be given as a routine practice, or in response to the pleadings of the patient, and simply to diminish pain, but only when the indication in the case imperatively demands it.

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Editorial.

BRITISH MEDICAL ASSOCIATION.

65TH ANNUAL MEETING, MONTREAL, AUGUST 31 TO
SEPTEMBER 4, 1897.

By the time this number reaches our readers all arrangements will have been completed for this meeting. Already the advance guard of the British members have arrived, and most of those coming will have started on their journey. A number of eminent members have at the last moment decided to come, making the Atlantic contingent larger than it was at one time anticipated it would be.

The list of papers and of those who will take part in the discussion has been considerably enlarged, and will appear in detail in the local guide and daily journal programme.

ANNUAL PATHOLOGICAL AND PHYSIOLOGICAL MUSEUM.—It is hoped that as many as possible will, without delay, indicate their intention of contributing specimens (Anatomical, Physiological and Pathological), apparatus, photographs of rare or well-marked conditions of disease, teaching models, etc., to the Annual Pathological Museum. These exhibits will be collected together in the large and well-lighted Pathological Laboratory at McGill College. It is

especially intended to make an extensive exhibition of photographs and micro-photographs. Those prepared to contribute to this department of the Annual Museum are requested to notify Dr. C. F. Martin, McGill College, giving the names and a short description of the specimens they exhibit for insertion in the Museum Catalogue.

The British Medical Association, which will meet in Montreal, August 31st, Sept. 1st, 2nd and 3rd, unfortunately comes at a time when the hotels, lodging-houses, restaurants, etc., in Montreal are taxed to their fullest capacity, owing to American tourists who select this particular season of the year for the St. Lawrence route.

The Reception Sub-Committee, of which Professor Ruttan, McGill College, is secretary, will be very glad to arrange for the accommodation of any Canadian members who will communicate with him, stating the kind of accommodation required. He writes us strongly to advise every one who purposes attending to secure rooms in advance. In addition to the hotels, lodgings have been arranged for in the neighborhood of McGill University, where rooms and breakfast may be obtained at moderate rates.

We are requested by the Honorary Secretary, Dr. J. A. Springle, to draw the attention of the Profession in Canada to the fact that all those who intend attending the Meeting of the British Medical Association here on the 31st of August next must be members of the Association. And, moreover, it is compulsory in all meetings, excursions, entertainments of any kind, that members must show their ticket of membership to entitle them to any of the foregoing privileges.

The half year of subscription to membership began on July 1st, from which date also the second volume of the Journal for the current year is issued.

It is particularly advisable that all those who intend to join should do so now, and not wait till the time of the Meeting, when in all probability their election to membership would be delayed and place an extra amount of work upon the officials who, at that time, will probably have more than they can comfortably accomplish.


REDUCTION IN FARE ON CERTIFICATE PLAN.

INSTRUCTIONS TO THOSE ATTENDING THE MEETING.

1. The reduction is granted to all guests attending the meeting from New England and from the territory covered by the Trunk Line Association, *i.e.*, from all points east of Chicago and the Mississippi.
2. The reduction is fare and a third on Association's certificate, conditional on there being an attendance at the meeting of not less than 100 persons holding certificates.
3. Each person availing himself of this reduction will pay full first-class fare going to the meeting and get a certificate filled in on one side by the agent of whom the ticket is purchased. Agents at important stations and coupon ticket offices are supplied with certificates.
4. CERTIFICATES ARE NOT KEPT AT ALL STATIONS. If, however, the ticket agent at a local station is not supplied with certificates and through tickets to place of meeting, he can inform the delegate of the nearest important station where they can be obtained. In such a case the delegate should purchase a local ticket to such station, and there take up his certificate and through ticket to place of meeting.
5. Tickets for going passage may be sold only within three days (not counting Sunday) prior to the agreed opening date of the meeting, or three days after (including) such opening date; except that, when meetings are held at distant points to which the authorized limit is greater than three days, tickets may be sold before the meeting in accordance with the limits shown in regular tariffs.
6. Deposit the certificate with the secretary or other proper officer of the organization at the meeting at the earliest opportunity for endorsement and visé of special agent.
7. Certificates are NOT TRANSFERABLE, and return tickets secured upon certificate are NOT TRANSFERABLE.
8. On presentation of the certificate, duly filled in on both sides, within three days (Sunday excepted) after the adjournment of the meeting, the ticket agent at the place of meeting will return the holder to starting-point, by the route over which the going journey was made, at

one-third the highest limited fare by such route. The return tickets will in all cases be closely limited to continuous passage to destination.

9. No refund of fare will be made on account of any person failing to obtain a certificate.

 Delegates and others availing themselves of this reduction in fare must present themselves at the Ticket offices for certificates and tickets at least 30 minutes before departure of trains.

POSTAL AND PARCEL FACILITIES.

Members and guests can have their letters addressed to "British Medical Association, Montreal." These (upon application) will be delivered at the Post Office in the Reception Rooms.

Telegrams addressed to "British Medical Association, Montreal," or to "Britmed, Montreal," will be similarly delivered.

Baggage may be left and stored, and parcels directed to the Cloak Room, Reception Room, McGill University.

The following memoranda, being a resumé of much that has already appeared in the local journals, is being distributed in pamphlet form by the local Committee, and contains all necessary information required by those attending the Meeting.

MEMORANDA FOR MEMBERS AND GUESTS.

ATTENDANCE AT THE MEETING.

All those intending to be present at the meeting of the British Medical Association upon August 31st and the following days must be members of the Association or invited guests of the same.

MEMBERSHIP.

Membership in the Association is to be obtained upon terms which can be obtained from the Secretaries of the Branches throughout Canada.

All British subjects, members of the medical profession, are eligible for membership if duly nominated and approved by the local branches.

These applications can be made to Dr. J. A. Springle, Montreal; Dr. G. C. Jones, Halifax; Dr. W. B. Thistle, Toronto; Dr. E. Compton, Victoria; Dr. J. R. Jones, Winnipeg; Dr. C. P. Dewar, Ottawa; and Dr. A. Marois, Quebec; who are Secretaries of the various Canadian Branches.

The subscription to the Association is \$5.00 per annum, together with an additional small sum for membership of the Branch, varying in the different Branches.

It is open to Members of the Profession to join on or after July 1st, and to pay the half subscription for the half year. Members receive a copy of the British Medical Journal weekly.

While it is possible for Members of the Profession who are British subjects to be elected Members of the Association at the time of the Meeting, it is most desirable that as few as possible seek election by this means. Election in Montreal will be by the General Council of the Association. At least twenty-four hours must elapse between arrival in Montreal and election, during which period the intending member will have no privileges, while in addition each application will place an extra amount of work upon officials who will at that time probably have more than they can comfortably accomplish.

So as to add to the success of the Meeting and to the proper entertainment of each individual Member, the Local Executive begs that all those who propose attending will immediately forward their names to the Hon. Secretaries (at 2204 St. Catherine St., Montreal).

TRANSPORT.

Canadian Members.

Members and their wives and children are given the privilege of travelling to Montreal for one half of one single first-class fare, or one first-class fare for the round trip. This advantage may be secured by the following methods:—

1. By buying a single first-class ticket to Montreal for each traveller and obtaining a certificate from the ticket agent, at the point of departure, stating that such purchase has been made. Any ticket agent will furnish such certificate on request. On presentation of this certificate at the Reception

Rooms in Montreal a free pass will be given for the return journey over the same line.

2. By obtaining a certificate from the Secretary of the Excursion Committee (Dr. H. S. Birkett, 2204 St. Catherine St., Montreal), and upon presentation of the same at any ticket office of any Canadian Railway the agent will sell bearer a ticket at the above reduced rates. In writing for the above certificate Members are requested to give name in full, as also the full name of wife and child. Each individual requires a special certificate.

Children from five to twelve years of age will be charged adult rates.

These privileges apply to Canadian Railways only, and are good from July 1st to Sept. 30th, 1897.

GUESTS OF THE ASSOCIATION.

The same privileges as are accorded to Members in the matter of Transport and Excursion in Canada will also be afforded to the invited guests of the Association.

Guests of the Association from points in the United States, east of the Mississippi River, can secure round trip tickets to Montreal for one single first-class fare and one-third.

To obtain this rate it is necessary to purchase at point of departure a single first-class ticket to Montreal, at the same time securing from ticket agent a certificate stating that said purchase has been made; then upon presentation of such certificate to the Secretary of the Association in Montreal, a return ticket will be issued over the same line at one-third first-class fare from August 27th to Sept. 7th, inclusive.

This arrangement holds good only for those arriving in Montreal on or after August 28th, and leaving Montreal not later than September 7th.

DELEGATES TO THE MEETING.

The National and State Medical Societies of the United States have been invited to be represented, each by one delegate.

These delegates are requested to be present at the opening meeting, at which special seats will be reserved for them, in order that they be personally introduced to the President and to the Association.

EXCURSIONS.

These same privileges, namely, of obtaining a ticket for a single journey at one half a first-class fare and a return journey at a single fare applies equally to excursions taken by Members and their families up to Sept. 30th, 1897.

It is to be noted that what is here stated concerning the railways on the St. Lawrence River applies also to many of the steamboat lines.—Niagara Falls Line, SS. Empress of India, Muskoka & G. B. Nav. Co., Bay of Quinte Ry. & Nav. Co. We would especially call attention to the fact that the Canadian Pacific Railway offers free passes over all their branch lines in Manitoba, North West Territories and British Columbia, and for all their steamboat lines in the Canadian North-West to all Members and guests of the Association who purchase tickets to Vancouver, B.C., and return. The fare for this trip is \$70.45. Members desiring to visit any point in Canada, either before or after the meeting, from now until Sept. 30th, are privileged to obtain the above rates. Pullman and parlor cars are attached to each train.

We here note in somewhat fuller detail the excursions which may well be made and the approximate cost of the same.

The old city of Quebec is one hundred and seventy-two miles from Montreal; fare, \$3.50. A very pleasant day can be spent in the old city visiting the different points of interest. From Quebec one can go down the St. Lawrence and up the Saguenay, thence to Lake St. John. Here there is a comfortable hostelry known as the Hotel Roberval, and good Ouananiche fishing can be obtained in Lake St. John. Boats and guides are always to be had. From Lake St. John to Quebec one can go by rail; distance, one hundred and ninety miles.

Montreal to Halifax, Nova Scotia, distance, seven hundred and fifty-six miles; single first-class fare, \$16.50. From Halifax one can visit the Annapolis Valley, and the Bras d'Or Lakes. There are two main lines of railroad leading from Montreal to Halifax, passing through picturesque and fertile country.

Montreal to St. John, New Brunswick; distance, four

hundred and eighty-one miles ; cost, \$14.15, single fare first-class.

Montreal to Ottawa ; distance, one hundred and twenty miles ; single first-class fare, \$3.50. The Parliament Buildings in Ottawa are very handsome and well worth seeing.

A very pleasant trip would be from Montreal to Kingston by rail and down the St. Lawrence through the Thousand Islands by steamer. Montreal to Kingston, one hundred and seventy-five miles ; first-class single fare, \$5.65.

Montreal to Toronto, three hundred and thirty-three miles, single first-class fare, \$10.40. Toronto is a very convenient point from which to visit the Falls of Niagara ; distance, sixty miles from Toronto. A very pleasant trip would be from Montreal to Toronto by rail, Toronto to Niagara and back to Montreal through the Thousand Islands and the different Rapids of the St. Lawrence by steamer.

Western trip, Montreal to Vancouver ; distance, two thousand and nine hundred and ninety miles ; time, five and a half days. The cost of a return ticket to members of the British Medical Association : first-class, \$70.45, instead of the usual rate of \$135.10. The sleeping car costs each way \$20.00 for double berth. Meals in dining cars and restaurants, 75 cents each. This is a trip which we would advise all members and guests who can afford the time to take, as it will give them an impression of the vastness and resources of British North America that can be obtained in no other way. The trip is not tedious, and every day is thoroughly enjoyable. The cars are comfortable, the scenery constantly changing, and of very great interest. Stop-over privileges are allowed at all points, from some of which interesting side trips can be made. From Rat Portage, the new gold fields of the Lake of the Woods, Rainy Lake and Seine River can be reached by steamer. The Canadian Pacific Railway have kindly offered to give to each member and guest of the Association going to Vancouver over their line free passes over all their branch railway and steamboat lines in Manitoba, the Canadian Northwest Territories and British Columbia, thus enabling those who desire to visit Rossland and other points of interest an opportunity to do so. Those who intend to take this trip are asked

to apply early so that date and accommodation may be provided. By the payment of an extra \$5.00 members may return by the Great Northern or Northern Pacific. In this way the Yellowstone Park may be visited. The Yellowstone Park is a National United States reservation, and requires five days to see it all. The expenses of the trip through the Park are not included in the railway fares. Members desiring to visit the Yellowstone disembark at Livingston on the Northern Pacific Railway. The trips from Livingston through the Yellowstone and return are as follows: Livingston to Mammoth Hot Springs and return, including transportation only \$5.00; second, Livingston to Cinnabar by rail, thence by stage to the Mammoth Hot Springs, Norris, Lower and Upper Geyser Basins, Yellowstone Lake, Grand Canon and Falls of the Yellowstone, returning by the same route, including transportation and five and a half days board at the Park Association Hotels, \$49.50. The date for closing the Park is October 1st. No charge will be made for passengers returning via Portal and the Soo Pacific route to St. Paul, thence to Sault St. Marie where the Canadian Pacific is again reached.

For those members who prefer to go from Owen Sound to Fort William through Lakes Huron and Superior by the Canadian Pacific steamers instead of north of Lake Superior by rail, an extra charge of \$4.25 each way is made, which includes berths and meals. These steamers are large steel boats with all the comforts of ocean steamships. Members are recommended to go one way by these steamers.

This trip across the great prairies and the Canadian wheat fields will be at the time when the wheat is about ripe, and harvesting will be in progress. The scenery through the great lakes and the Rockies outrivals that of Switzerland. Banff Hotel and the Banff Hot Springs, four thousand five hundred feet high, are in the National Park. The great Glacier is said to contain more ice than all the Swiss Glaciers put together. The scenery along the Fraser River is of the wildest and most fascinating character.

The hotels at Banff, at Glacier, and at several other points, where members might care to stop, are thoroughly comfortable in every respect.

ACCOMMODATION IN MONTREAL.

Montreal is well supplied with hotels and lodging accommodation, and is thoroughly prepared for receiving the Association and its guests, but inasmuch as the meeting takes place at a time when there is a large influx of ordinary travelers into Montreal, and a liability for the best accommodation to be rapidly taken up, it is well that those intending to be present at the meeting secure their rooms beforehand, and we must strongly advise all such to communicate immediately with Dr. R. F. Ruttan, Secretary of the Reception Committee, 2204 St. Catherine street. Should, however, any member or guest fail to take this most advisable step, it is to be noted that the Reception Room at McGill University will be open from 9 a.m. upon Monday, August 30th, and those desirous will be able to obtain there full information concerning lodging and hotel accommodation.

HOTEL ACCOMMODATION.

By writing in advance, hotel accommodation can be secured at the following rates :

Windsor Hotel—Room with bath, \$4.00 to \$5.00; without bath, \$3.50 to \$4.00.

St. Lawrence Hall—Room with bath, \$3.00 to \$4.00; without, \$3.00.

Balmoral Hotel—Rooms, \$2.50 to \$3.00.

Queen's Hotel—Rooms \$2.50 to \$3.00.

Richelieu Hotel—\$2.50.

Turkish Bath Hotel—Room for single person, \$1.75 to \$2.75; double bedded rooms, \$1.50 to \$2.00 per person per diem; the bath rooms of the hotel and swimming baths are free.

Avenue Hotel—Single person, \$1.50 to \$2.00; double bedded rooms, \$1.50 to \$1.75 per person per diem. (These last two named are Temperance Hotels.)

All these prices are upon the American plan, and include meals as well as lodgings.

LODGINGS.

In the neighborhood of McGill College there are very numerous boarding and lodging houses, where rooms and

breakfast may be obtained at moderate rates. These vary from 75 cts. to \$1.50 per person per diem, and in most cases breakfast can be obtained but no other meal. The list of the lodging houses recommended by the Reception Committee can be obtained on application to Dr. Ruttan, or preferably, if those writing will state the nature of the accommodation wanted, the Reception Committee will allot the best rooms available at a given price in order of priority.

MEALS.

The Local Executive will provide an excellent lunch in the Drawing rooms of the Engineering Building, supplied by the best caterer in Montreal, at the rate of 50 cents per head. Tickets admitting to luncheon will be procurable at the Reception Room and at the door of McDonald Engineering Building. This lunch will be of several courses, and the price paid will include lemonade, tea, coffee, etc. Beer and light wines will be obtainable, and will be charged extra. It is proposed that at an extra charge of \$1.00 per party, special tables can be secured in advance in a separate room, so that members and guests can form special parties; the extra charge will be for special service, etc. Apart from this there are numerous cafés situated on St. Catherine street, half-way between McGill College, where the morning meeting will be held, and the Windsor Hall, where the general addresses will be given in the afternoon. The prices at these cafés are in general very moderate.

THE ARRANGEMENTS FOR THE MEETING.

Following upon precedent, the business of the meeting will consist of the work of the eleven sections, which will take place in the morning from 9.30 to 1, and the general meetings for the conduct of business and to hear general addresses in the afternoon. The Sectional meetings will take place in the various lecture theatres and halls in connection with McGill University, the business and general addresses will be conducted in the Windsor Hall upon Dominion Square each afternoon from 2.30 or 3.00 until 4.30. Local excursions and entertainments after 4 o'clock each afternoon. There will be each day a series of short excursions, receptions and garden parties; for each of these a limited num-

ber of tickets will be distributed. Among the more important of these may be mentioned Miss Roddick's reception at the Art Gallery on Tuesday, the 31st, a garden party at the Royal Victoria Hospital and the excursion by steamer down the river on Wednesday, the International Golf Match at Dixie, the excursion round the mountain and several garden parties on Thursday. The excursion down the Lachine Rapids and the laying of the foundation stone of the New Nurses Home at the General Hospital (it is to be hoped by Lord Lister) upon Friday.

Similarly each evening there will be one or more entertainments beginning with a smoking concert at the Masonic Hall on the Monday evening and including a reception at Laval University, reception by Baron Strathcona and Mount Royal, at 1157 Dorchester St, and a reception and evening garden party at McGill College on Friday evening.

Upon Saturday, September 4th, several excursions may be taken. A party of from three to four hundred will be entertained by the Mayor and Corporation of Ottawa, and there will be a large excursion open not only to members and guests but also to their friends to Lake Memphremagog.

Upon Thursday, September 2nd, the Mayor and Corporation of Montreal have invited the Association and its guests to a lunch upon the Mountain.

ARRANGEMENTS FOR LADIES ACCOMPANYING MEMBERS.

Members, as it has been already stated, can obtain for their wives or daughters travelling with them, the same privileges with regard to travelling and excursions as are granted to members themselves. The garden parties and other receptions, save in exceptional cases, are open to the ladies accompanying the members and guests as well as to the members and guests themselves. One of these exceptions is the Annual Dinner. The receptions at Baron Strathcona and Mount Royal and at the Laval and McGill Universities are for members and the ladies accompanying them. A Ladies' Committee has been called together, and is actively at work making arrangements for the ladies present at the meeting, more especially during the mornings when members and guests are engaged in the work of the various sections. The Redpath

Library at McGill, a very beautiful building, will be set apart especially for their convenience, and here arrangements are being made to hold a general concert upon at least one morning. Also afternoon teas will be provided, and ladies wishing to hold afternoon tea parties for their friends can, upon application, obtain comfortable private rooms. A matron will be placed in charge of the rooms set apart for these various purposes at the Redpath Library.

RECEPTION ROOMS.

A large tent and an extensive suite of rooms have been set apart in the Arts Building at McGill to form the Reception Rooms. Here members and guests must register and obtain their cards admitting them to the various sections and meetings, and here will be also post, telegraph and telephone offices, counters for the distribution of tickets and invitation cards for the various entertainments, cloak rooms, office for sale of railroad and steamboat tickets, smoking and retiring rooms, etc., etc. Here also will be distributed each morning the daily programme.

CONTRIBUTIONS TO THE BUSINESS OF THE MEETING:

It is open to all members, and indeed all guests of the Association, to offer papers to be read in the various sections, but, owing to a large amount of time taken up by the various discussions, it is probable that in several sections some at least of the papers, though accepted by the committee in charge of the work of those sections, will have to be read by title, although subsequently they can be published in full in the Journal of the Association (*British Medical Journal*). It is especially desirable that Canadian work be well represented.

Papers read before the Association must not exceed 15 minutes in delivery. When accepted they become the property of the Association, and must be published in the first place in the *British Medical Journal*. Those desirous of communicating papers are requested to notify the local Secretaries of the various sections of their desire and the title of their paper as soon as possible. The list of those local Secretaries

with their addresses will be found in any recent number of the *British Medical Journal*, where also will be found a programme of the work so far arranged in the various sections.

THE ANNUAL MUSEUM.

A leading feature of the coming Meeting will be the exhibition of medical and surgical apparatus, prepared foods, drugs, books, etc., in fact, of all that is of special interest to the medical man. This exhibition is an annual event in connection with the Meetings of the British Medical Association, but never before, not even at the London Meeting, will there have been so extensive and well-arranged an "Annual Museum." The Museum Committee under the Chairmanship of Dr. Perrigo has worked indefatigably, with the result that the spacious Victoria Skating Rink situated in the immediate neighbourhood of the Windsor Hall will be filled with interesting and important exhibits shown by the leading firms in this country, the States, Great Britain and by some of the best known firms in France and Germany. This will be open throughout the Meeting from 9 a. m. until 6.30 p. m. each day. Admission will be reserved until 3 o'clock each day for members of the medical profession, after that it will be open to the general public also.

NOTICE TO EXHIBITORS.

The same facilities for transport and travelling throughout Canada will be afforded to exhibitors as are granted to members and guests of the Association. The only additional requirement is that they present a certificate from Dr. James M. Jack (Secy. of the Museum Committee) when they apply in Montreal to obtain these privileges.

TRANSPORT OF EXHIBITS.

Nearly all the railroad companies in Canada and east of the Mississippi are granting passes permitting the free return transport of exhibits. Full information with regard to these privileges can be obtained on writing to Dr. James M. Jack. (2204 St. Catherine St., Montreal).

HONORARY DEGREES.

An interesting function in connection with the meeting will be the conferring of the honorary degree of M.D., by McGill University, upon several of the distinguished visitors. The list of names has not yet received the formal approval of Corporation, but we understand that the following gentlemen, if present, will be thus honored :—Lord Lister; Sir William Turner, Professor of Anatomy at Edinburgh; Sir W. B. Foster, M.P., of Birmingham; Professor Michael Foster, Secretary of the Royal Society, and Professor of Physiology at Cambridge University; Professor Alexander Macalister, the celebrated Professor of Anatomy, also of Cambridge, and formerly of Trinity College, Dublin; Dr. Henry Barnes, retiring President of the Association; Mr. Claud Wheelhouse, the well-known Yorkshire surgeon, who has done very good work in connection with the Association; Dr. Robert Saundby, of Birmingham, President of the Council; Mr. Christopher Heath, one of the best known London surgeons, and the author of standard surgical works; he is also an ex-president of the Royal College of Surgeons. In order to enable Baron Strathcona and Mount Royal, the Chancellor of the University, to be present when the degrees are conferred, the time has been altered to Wednesday, and the ceremony will take place at the Windsor Hall, instead of at McGill, as originally intended.

PRELIMINARY PROGRAMME.

(Subject to alteration.)

For the Week beginning Monday, August 30th.

Monday, August 30th.

Afternoon—Meeting of the Canadian Medical Association and Address of the President, Dr. V. H. Moore, Brockville, Ont.

Evening—9.00. Smoking Concert at the Masonic Hall.

Tuesday, August 31st.

Morning—9.30. Meeting of the Canadian Medical Association at the Synod Hall (to discuss the subject of Interprovincial Registration of the Medical Profession in Canada).

11.00. Opening Service of the British Medical Association at the English Cathedral.

Afternoon—2.30. Opening Ceremonies at the Windsor Hall and Address by the President. Addresses of welcome by the Governor General, Lieutenant Governor Sir A. Chapleau and Mayor of Montreal. Introduction of delegates to the Association.

4.30. Drive through the city on electric cars.

5.00. Afternoon tea and reception at the Art Gallery by Miss Roddick.

6.45. Dinner given to Lord Lister and presentation of address by the Montreal Medico-Chirurgical Society.

9.30. Reception and Conversazione at Laval University; Address by Professor Charles Richet, Official Delegate of the French Government.

Wednesday, September 1st.

Morning—9.30 to 1.00. Sectional Meetings (11 in number) in the various lecture theatres at McGill College, Presbyterian and Diocesan Colleges, etc.

Afternoon—3.00. Address in Medicine at the Windsor Hall by Dr. Wm. Osler, of Baltimore; conferring of honorary degrees at the same place by Baron Strathcona and Mount Royal, Chancellor of McGill University.

4.15. Excursion to Lachine by special train and down the Lachine Rapids by the steel steamer "Sovereign."

4.30 Garden Party in the grounds of the Royal Victoria Hospital.

Evening—9.00. Reception at 1157 Dorchester street by Baron Strathcona and Mount Royal.

Thursday, Sept. 2nd.

Morning—Sectional Meetings.

Afternoon—1.00. Lunch upon the Mountain given to the Association and its guests by the Mayor and Corporation of Montreal.

3.00. Address in Surgery by William Mitchell Banks, F.R.C.S., of Liverpool.

4.00. International Golf Match and reception at the Montreal Golf Club, Dixie. Garden parties, afternoon teas, etc.

4.30. Laying of the foundation stone of the Jubilee Nurses' Home at the Montreal General Hospital by Lord Lister.

Evening—7.45. Annual Dinner of the Association at the Windsor Hotel.

Friday, Sept. 3rd.

Morning—Sectional Meetings at McGill College.

Afternoon—3.00. Address in Public Medicine at the Windsor Hall, by Dr. Herman Biggs, of New York. Concluding business of the Meeting.

4.15. Excursion to Lachine, Lake St. Louis, and down the Lachine Rapids.

9.00. Conversazione at McGill University in the University Buildings and grounds.

Saturday, Sept. 4th.

Excursions to Ottawa, Lake Memphremagog, Saranac, etc., etc.

Besides the above, it is understood that His Excellency the Governor General will hold a reception at Laval, and His Excellency has informed the secretaries that he will be present during the greater part of the meeting.

A dinner will be given by Dr. Roddick, the president-elect, at the St. James Club to a large number of the leading officers and guests of the Association upon Monday evening, the 30th August.

CANADIAN MEDICAL ASSOCIATION.

THIRTIETH ANNUAL MEETING.

MONDAY AND TUESDAY, AUGUST 30TH AND 31ST, 1897,
IN SYNOD HALL

HOW TO GET THERE.

Purchase a ticket for Montreal from the agent at the place of departure, and get from him a standard certificate (which is a receipt for one full single fare). When registering at the meeting leave the certificate with the Treasurer, and it will be returned, signed by the Secretary, on the morning of August 31st.

This certificate, when presented to the station agent at Montreal, will entitle the bearer to a ticket to his destination free of charge.

N.B. No. 1.—These rates refer to members, delegates and their wives travelling from points East of Fort William.

N.B. No. 2.—Delegates West of Fort William will communicate with Robt. Kerr, C.P.R., Winnipeg.

MEMBERSHIP.

The fee for membership is two (\$2) dollars, and may be paid to the treasurer, H. B. Small, of Ottawa, at the opening of the meeting. The Secretary will be pleased to furnish application forms to members of the profession desiring to become members of the Association who may hand in their names with the names of the mover and seconder at any time during the meeting.

GENERAL INFORMATION.

The Synod Hall is in the rear of Christ Church Cathedral, No. 75 University Street, cor. Burnside. This is easily reached by the St. Catherine st. car.

The opening exercises in connection with the British Medical Association will be held in the Cathedral about noon, on Tuesday, August 31st.

Letters, telegrams, etc., may be addressed in the care of the General Secretary, at the meeting.

PROVISIONAL PROGRAMME.

Monday, August 30th, 1897.

1 p.m.—Clinical Demonstration. Montreal General Hospital.

3 p.m.—General Session. (Synod Hall, No. 75 University st., cor. Burnside.)

Address by Chairman of Local Committee.

The Reception of Visitors.

Election of Members.

Notices of Motion :

(1) That the number comprising the Nominating Committee be increased from 10 (as formerly decided by By-law) to 15, the latter permitting of a more general representation.

T. G. Roddick, Montreal.

(2) That the By-law relating to the Nominating Committee be amended to read: "That the Nominating Committee be elected by the Association, on the first day of each annual meeting by ballot after nomination."

R. W. Powell, Ottawa.

4 p.m.—President's Address, V. H. Moore, Brockville, Ont.

4.30 p.m.—Address by W. Watson Cheyne, London, Eng.

Appointing of Nominating Committee.

Appointing of other Committees.

General Business.

8 p.m.—Smoking Concert in Windsor Hall.

Tuesday, August 31st, 1897.

9.30 a.m.—General Session, Synod Hall.

Report of Committee on Inter-Provincial Registration.

Report of Nominating Committee.

Reports of other Committees.

General Business.

For further particulars address F. N. G. STARR, 471 College Street, Toronto.

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

The next meeting of the Mississippi Valley Medical Association will be held in Louisville on Oct. 5, 6, 7 and 8, 1897.

All railroads will offer reduced rates.

The President, Dr. Thos. Hunt Stucky, and the Chairman of the Committee of Arrangements, Dr. H. Horace Grant, promise that the meeting will be the most successful in the history of the Association, and this promise is warranted by the well-known hospitality of Louisville and Kentucky doctors.

Titles of papers should be sent to the Secretary, DR. H. W. LOEB, 3559 Olive Street, St. Louis.

THE DAILY LANCET.

The *Daily Lancet* is now published by the Bailey & Fairchild Company at New York, and its general character will be changed to conform more closely to the newspaper idea.

Correspondence.

To The Editor CANADA MEDICAL RECORD.

DEAR SIR,

I beg to bring the following facts to your attention and the readers of the RECORD which I understand represents the interests of the Medical Faculty of Bishop's College. In 1887, on my arrival in the colony of British Guiana, my native country, after graduation at Montreal, I found a new ordinance in force prohibiting colonial and foreign graduates from registration. I applied to the Surgeon General for a license to practice in the ordinary way, but was refused. I told him I thought I was entitled to exemption as the new ordinance was introduced into the court of policy about seven months and put into operation only two months before my graduation, and I thought it unjust to apply the new law in my case. I offered to go to Britain for triple qualification if that would enable me to get an appointment in the Government Medical Service. I was told in reply that age and other disabilities were against me, and that I ought to practice in some other country. Hoping in time to remove these disabilities, I began the practice of my profession. It was made evident to me and my patients, however, that I was constantly under police surveillance, for any deaths occurring in my practice were subjected at once to coroner's inquest, police inquiry and chemical analysis of medicines prescribed by me, to detect if possible any error whereby I might be further persecuted. Finally, a memorial with over 1,800 signatures was sent by influential people to the Secretary of State for the Colonies in England, stating the facts and praying that I might be relieved of the hardships under which I labored. This prayer was granted, and an ordinance was passed exempting me from the requirement of the ordinance of 1886. In the face of this ordinance the police still continued to interfere in my practice. It is difficult for a practitioner to perform major operations in the houses of private patients owing to bad hygienic surroundings, etc. I, therefore, started a private hospital for such work, but that was defamed in

very strong language by the Surgeon General. He called it a sham institution; and advised all other medical men not to be associated with it; otherwise, they must not be surprised at being classed as charlatans. After finding the working of my hospital becoming a success, he advised three graduates of the United Kingdom to open a dispensary, which succeeded, but did not injure me. He then got three others to open a private hospital, at the opening ceremony of which he presided, and recommended it to the community, giving reduced rates of charges, and denouncing all other such institutions. This I must say has done me very great injury.

The medical men generally in British Guiana are afraid to oppose the Surgeon General, owing to his orders carrying the weight of Government backing, and I am compelled to seek redress elsewhere than in my native country. These facts I can substantiate readily, and now place the matter before my Alma Mater, hoping for such redress as the Faculty of Bishop's College can procure. The question of Ethics is one with which the British Medical Association can deal, and, as a member of that Association in good standing, I beg that their influence be brought to bear on the unprofessional conduct of the Surgeon General of British Guiana, or, in default of this, that representation be made to the Secretary of State for the Colonies, Mr. J. Chamberlain.

Your obedient servant,

J. M. ROHLEHR, M.D:

PUBLISHERS DEPARTMENT.

GENERAL HARRISON'S BOOK.

The Indianapolis *Journal* prints this interesting story concerning ex-President Harrison's forthcoming book: General Harrison has just completed the revision of his articles which have appeared in *The Ladies' Home Journal*, making extended notes and additions to them. There is a little story in connection with both articles and publication. When the arrangement for the articles was made with General Harrison by Edward W. Bok, editor of *The Ladies' Home Journal*, the General was paid for them, with the understanding that when they were put into book form the magazine was to share the royalties accruing therefrom. Mr. Bok, however, of his own accord, generously released General Harrison from paying him any royalty, for the reason, as he states, that, by the publication of the articles by General Harrison, the subscription list of his magazine was enlarged many thousands. The profits to *The Ladies' Home Journal* were more than the publishers anticipated, and in view of this Mr. Bok asks nothing further. General Harrison placed the disposition of his book in Mr. Bok's hands. The best offer came to the editor from the Scribners, and to them Mr. Bok gave the book for his distinguished contributor: General Harrison's revision of the book has just been completed, and the volume will appear in the autumn.

"Intelligence" for August is an especially attractive number of this popular magazine. Among a number of very interesting articles is one on Richard Wagner, his early history, family relationships, musical education, growth and development, by Prof. Albert Ross Parsons, which every lover of music and musical lore should read. It is entitled "A Nineteenth Century Musical Mystic—The Secret of Wagner's Genius."

A special feature of general interest to all who have the welfare of our country at heart is AN ASTROLOGICAL PREDICTION ON PRESIDENT MCKINLEY'S ADMINISTRATION, made at the time of his inauguration, and a copy of which was deposited in the copyright office at Washington, D. C., March 8th, 1897, making it an *absolute prediction* to be judged by events as they take place during the next four years.

The attempt to forecast events by the positions of the planets is to the most of us unique, and in this day, when so little is known of these matters, a public prognostication under copyright is daring, to say the least.

"Intelligence" is published in New York, at 503 Fifth Avenue, at 10 cents a number.

The use of the THYROID GLAND IN MEDICINE is of special and peculiar interest, because, instead of having been deduced empirically like most other features in medical practice, it has been adopted as a logical conclusion from adequate premises. It will be described in the August number of Appletons' Popular Science Monthly by Dr. Pearce Bailey.

SEPTEMBER LADIES' HOME JOURNAL.

The September *Ladies' Home Journal*, in the variety, interest and timeliness of its articles, and in the beauty of its illustrations, is a notable number of that magazine. A spirited article by John F. Coyle, "When Henry Clay said farewell to the Senate," describes the most impressive and dramatic scene ever enacted in Congress, and another, by Clifford Howard, tells of "Destroying a Million Dollars a Day," the task of the redemption division of our Treasury. Elizabeth Bisland, in "The Difference between Mrs. A. and Mrs. B.," defines the exactions that "The Four Hundred," or the dominating social circle of communities, imposes on an aspirant for admission to its ranks.

The second part of Hamlin Garland's serial, "The Spirit of Sweet-water," will appeal to every reader of romance; and the first of Mrs. Mark Morrison's "The Pixies and the Elaines" series will charm every child who may follow the adventures of those winsome fairies. A composition for the piano, "Golden Vineyard Waltzes," the musical feature of the magazine, is regarded by its famous composer, Edward Jakobowski, as one of his best. Edward W. Bok, with characteristic directness, discusses "On being Old-Fashioned," and other topics of especial concern to women. William Martin Johnson describes and pictures "Floral Effects for Home Weddings," and Walter Germain tells of "The Groom's Part in the Wedding." Other articles that have a special practical value detail how photography can be successfully pursued as a profession by women, tell of "The Best Shade Trees for Small Gardens," give advice in nursing the sick, explain and picture some striking household decorations, etc.

Mrs. Rorer's cooking lesson treats of "Making Bread and Rolls," and she also points out "Small Leakages of a Household," and how to prevent them. The fashion articles on winter gowns, hats, coats and jackets, by Isabel A. Mallon, have the value of being profusely illustrated by photographs from the latest Paris designs. There are also poems, various short sketches, and the departments; so there is nothing lacking to make the September *Journal* a complete family magazine. By The Curtis Publishing Company, Philadelphia; ten cents per copy; one dollar per year.