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THE
CANADIAN PRACTITIONER

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

EDITORS:

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Business Management, - - J. E. BRYANT & Co., 64 Bay Street.

TORONTO, MAY 1, 1889.

Original Communications.

ON THE CONDITIONS OF THE BRAIN
SUITABLE FOR OPERATIVE
INTERFERENCE.

BY WILLIAM OSLER, M.D.,

Professor of Clinical Medicine, University of Pennsylvania.

THE conditions available for surgical interference in the brain come within the province of the physician, with whom rests the responsibility of deciding the location of the lesion, its probable nature, and the suitability of the case for operation.

Tumors in their order of frequency are tubercular, gliomatous, sarcomatous, carcinomatous, and cystic.

Tubercular growths are by far the most common, predominating in the early periods of life. Thus in an analysis recently published by Dr. M. Allen Starr,* of over 300 cases of brain tumors in persons under nineteen years of age, 152 were tubercular. Of twenty instances of tumor of the brain of which I have notes, eight were tubercular. The tubercular tumor is scarcely available for surgical interference, as it is rarely solitary, and there is almost always tubercular disease in other organs. I have seen instances in which the growths could have been readily removed—in one case a large mass in the superior parietal lobule, in another, in the occipital lobe. In the cerebellum they occur fre-

quently, and could easily be reached, as they are commonly in the hemispheres. Several cases of this kind have been attacked by surgeons, but, so far as I know, all have proved fatal. The multiplicity of the tumors, the constant involvement of other parts are, in my opinion, fatal objections to operative interference in these cases.

Gliomatous tumors offer a more hopeful outlook, as they are frequently small, sub-cortical in situation, and grow slowly, persisting for years. On the other hand, some of them are extremely vascular, and hemorrhage is not uncommon into or about them. When large and growing rapidly, with much hyperæmia and great vascular distension, with invasion of the neighboring brain tissue, they could not be removed with safety, but the slow-growing, hard, dense fibro-gliomas offer of all cerebral neoplasms the greatest prospect of success. Such an instance I reported several years ago of a small growth in the top of the ascending frontal convolution, accompanied with well-marked Jacksonian epilepsy. So limited was the growth that it might have been difficult to find, but there would have been no difficulty in its removal.

Sarcomatous and carcinomatous growths, as a rule, rapidly invade the contiguous tissue, and they are usually surrounded by hyperæmic and softened brain substance, conditions very unfavorable for operation. I do not remember to have seen post mortem any instance which afforded the slightest possibility of removal.

Cystic tumors are rare, particularly in this

**Medical News*, 1889, 1.

country, in which parasites are uncommon. But in their limitation and in the presence of cyst walls will be found conditions favorable for safe removal.

Of all intra-cranial growths, the one most favorable for operation is not truly a brain tumor, but a fibroma of the membranes, growing usually from the dura, and compressing the brain substance. Such an instance as Dr. W. W. Keen's remarkable case, in which a tumor weighing four ounces compressed the motor region, illustrates the most favorable growth for operation, as the symptoms are produced not by direct invasion of the brain substance, but by its gradual compression. They are not very common, but may grow anywhere from the dural surface. The common bony tumors of this membrane are usually attached to the falx, and rarely reach a size sufficient to produce symptoms.

Thus, taking a large number of brain tumors, only a limited proportion could be operated upon with a prospect of recovery. In Starr's analysis of 300 cases only nineteen cases would have warranted surgical interference, and in only sixteen might an operation have been successfully performed. In my own records, the case of glioma, to which I have referred, was the only one in which, with any probability, an operation would have been successful.

A much more hopeful field for brain surgery is offered by *abscess*. Here surgeons have already scored many brilliant results. The most frequent causes are traumatism and ear disease; occasionally diseases of the nasal bones of the frontal sinuses, or of the structures in the orbit. A few cases originate from distant causes—pulmonary disease, or liver abscess. Cases due to traumatism have for many years past been treated surgically. It has long been recognized as a justifiable procedure, when there was a definite history of a wound, with or without depression of the bone, to trephine at the seat of the injury. In many cases relief has followed the opening of the sub-dural or intra-cranial abscess. Occasionally the abscess has not been found, as it was not seen superficially, but, now that the probe is used with the utmost freedom and with such impunity, the disease is less likely to be overlooked.

In otitis media and mastoid disease, when cerebral symptoms develop and the constitutional disturbance indicates the formation of pus, the question of trephining is at once raised. The difficulties are: first, in determining the presence of abscess; and, secondly, its location. The signs are by no means positive in every instance, but in a case of middle ear disease, if the fever and constitutional disturbance increase, and there are such symptoms as hebetude, headache, vomiting, slow pulse, and particularly if optic neuritis develops, we can feel tolerably confident, even without localizing symptoms, that suppuration has occurred within the brain. The most common site of abscess is in the temporo-sphenoidal lobe, a silent region on the right side. The involvement is liable on the left side to produce word deafness, a condition, however, not likely to be elicited in the patient's serious state.

Abscess is usually solitary, though I have seen in the temporo-sphenoidal lobe two separate collections of pus. Next in frequency the cerebellum is involved, most commonly in the hemisphere of the same side. In both regions an operation is feasible, and in the former has been successful in a number of cases. Two difficulties exist: First, that the cerebral condition following mastoid disease, otitis media, is sometimes purulent meningitis, which, confined to the temporo-sphenoidal lobe, may cause symptoms simulating those of abscess; and, second, that in otitis media curious cerebral symptoms may arise, mental dulness associated perhaps with fever and drowsiness, which may simulate abscess, yet from which the patient may recover completely.

It has been suggested that *hemorrhage* could, in many instances, be relieved by surgical interference. In traumatic cases, with the depression of bone and hemorrhage upon the dura, the indications are perfectly clear; but in the instances of intra-dural bleeding, either traumatic or spontaneous, I do not see a promising field for surgery. The hemorrhage is usually extensive, and to remove all the blood-clot would be impossible. In going over my records I find but one instance in which a sub-dural clot could have been removed. This was a case of a man who had been thrown from his sleigh and sus-

tained a fracture of the base of the skull, which resulted in aphasia. At the post mortem there was found a blood clot situated upon the third left frontal convolution. Intra-cerebral hemorrhage I regard as entirely outside the province of the surgeon. In hemorrhage into the ganglia, in the neighborhood of the insula, or within the ventricle, I see no possibility of removing all the blood-clot or of doing any permanent good. Nor do I think it feasible (as has been suggested) to reach the internal capsule (the common region of cerebral hemorrhage) through the fissure of Sylvius. A ventricular hemorrhage of any size soon passes through the foramen of Monro to the opposite side, and to make an orifice through which a large blood-clot could be removed, would cause too serious a destruction of the brain tissue.

One of the most interesting aspects of modern surgery relates to the treatment of *epilepsy*, Jacksonian and idiopathic. In the former there is usually a localized growth, a source of irritation upon the cortex, causing the discharging lesion. The signal symptom is usually constant, and the march of the spasms follows in orderly sequence, occurring in the same way at successive attacks. In such cases the list of successful operations is already long, and the field here is wide and free. It, however, has limitations. In the Jacksonian epilepsy of children (in whom this condition is most common) the lesion is often due to sclerosis and to porencephalus, in which not much can be expected from operative interference. There is usually hemiplegia, the lesion is large, and descending degeneration is established. Two cases of this kind have been operated upon, one at the Infirmary, by Dr. Morton, with relief so far as the frequency of attacks was concerned, and the other by Dr. Bradford, of Boston, which proved fatal.

In idiopathic epilepsy, when the signal symptom is distinct, as in cases when the fit begins in the toe, in the hand, the face, or even if it is initiated by auditory or visual aura, it has been suggested that the centre from which the irritation has started should be removed. This has been carried out in several instances, and the fits have not returned after an interval of six or eight months. Time alone will determine how far this procedure is justifiable, and whether

the cortical scar left after removal of the centre may not itself prove, as it so often does in traumatism, a source of irritation.

Lastly, surgical interference has been urged in certain cases of distension of the ventricles—*hydrocephalus*. For the chronic condition, tapping has been occasionally resorted to for years. And in a number of cases drainage followed by pressure seems to have been of benefit. The majority of cases, however, die. I see no reason why slow drainage, with pressure, particularly if applied early, in case of simple hydrocephalus, should not be followed by good results. In acute hydrocephalus, due as it is in a great many instances to tubercular disease, tapping the ventricle cannot, in my opinion, be of the slightest benefit. Here the ventricular affection is but a part, and not a chief part, of the cerebral mischief. The lesion is in the basilar meninges, and in the arteries of the perforated spaces, the affection of which could not be benefited by the removal of the ventricular effusion.

A DESCRIPTION OF A CUFF-SPLINT FOR COLLES' FRACTURE.

BY J. E. WHITE, M.D.

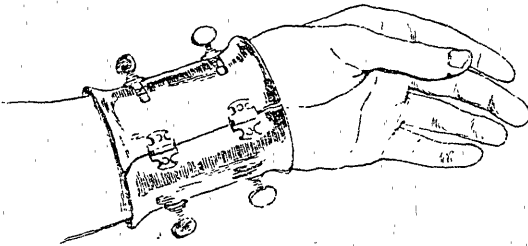
(To be presented with cases at the next meeting of the Ontario Medical Association.)

THERE is no fracture so commonly met with as the one known as Colles' fracture of the lower end of the radius, with its frequent rupture of the ligamentous attachments, and occasional considerable comminution of the bone on the line of fracture where the violence has been severe and the bone friable. A description of the fracture is familiar to all, but there are two points which I wish to emphasize in addition to those on which is based the departure in the treatment introduced by Prof. Moore, and followed up by Packard, Pilcher, and others, as upon a clear understanding of their import depend satisfactory results.

First, the direction of the breaking force is from the front, and, like the passage of a bullet, it makes a clean fracture of the bone cells on the front, and a *raged, irregular, crushing* and grinding of the bone on the *posterior line* of the fracture, loosening up the periosteum more or less, destroying more or less of the bone tissue on both portions of the

bone. The destruction of this tissue (which is more apparent in old patients) would cause the line of the radius to be deflected backwards, irrespective of any muscular action, when the two surfaces are brought into apposition, and assists in producing that tilting backwards which is entirely attributed to the muscles at present.

Second. There is a *disturbance of normal contact* in the radio-ulnar articulation, not in all cases amounting to dislocation, which, unless restored and retained, will not yield a satisfactory result. To make this clear it must be noted that the fractured end has the ulna articulation on its inner surfaces, and any disturbance of the normal position of the lower end of the radius must necessarily disturb the articulation of it with the head of the ulna. This in a number of cases amounts to dislocation and



rupture of the triangular fibro-cartilage, so that one of the chief points necessary in the treatment is the *proper reposition* of that articulation and its *permanent retention*. The head of the ulna then acts just like a splint on the inner side of the radius, and reduces the treatment to retaining it fixedly, and overcoming the action of the supinator longus on the outer fragment, where it has considerable leverage.

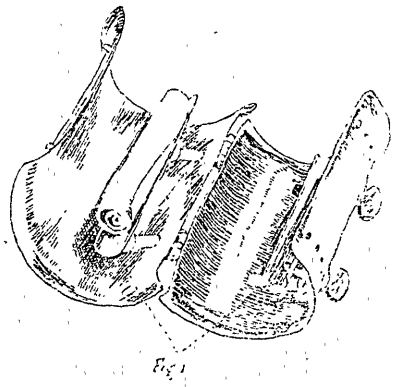
I have endeavored to apply this principle, and simplify the application of the splints suggested by Prof. Moore and Pilcher, by means of the Cuff-splint. Moore's roller has been difficult to apply in my hands, as it gives no means of regulating the pressure required, and the roller would not remain in position and the edges of the adhesive plaster cut through the skin. Pilcher's two rollers, it was found impossible to keep parallel with an India rubber adhesive

strap. The circulation was much interfered with, and the swelling stretched the strapping, too little or too much compression being the rule.

These considerations led me to endeavor to devise a form of *unyielding cuff* through which could be obtained the necessary splint pressure without interfering with the circulation, and at the same time be able to *regulate the pressure without endangering the apposition of the injured parts*.

With this Cuff splint I have endeavored to overcome these difficulties, and submit it with the following brief statement of what may be considered its advantages.

It is an unyielding cuff which will fit any wrist of any size. It contains two shallow roller-holders (the splints), one adjustable to the



external surface of the radius, the other to the front of the radio-ulnar articulation.

These are regulated by screws, as to the *exact* amount of pressure required to keep the bones in position, and as to the *exact* place to apply the splints, by slots in the cuff, through which they may be moved at pleasure.

Reduction of the fracture and the head of the ulna being correctly adjusted, the cuff is applied, hinge to the front; then the upper splint, when screwed down on the radius, keeps by *counter* pressure the ulna head in its normal position, and by its *direct* pressure, keeps the fractured end from deflecting the slightest from normal. The lower splint is not always required, but by its pressure on the radio-ulnar articulation does all which Moore's appliance does.

The wrist can be examined at all parts except under the little roller splints.

Circulation is very slightly interfered with, and yet the fracture is immovably fixed.

Flexion, extension and rotation of the wrist are permissible without danger, and that imperfect recovery of full contraction of the flexors of the hand, so common, is thereby entirely obviated.

The cuff-splint produces fixation of the fractured bones. Heretofore our efforts have been towards fixation of bones, muscles and joints. There need be no protrusion of the head of the ulna, or shortening of the radius from any cause, where the bones have been brought into proper position and the splint screwed down just where it is required.

A piece of solid or soft rubber tubing, answers better than the cotton roller, and a lining of soft felt or spongio-piline, is all required in any case.

The cuts represent the instrument applied and open, and will be presented at the coming meeting of the Ontario Medical Association.

185 CARLTON STREET,

Selections.

BALSAM OF PERU IN OZÆNA.—Prof. Rosenbach has found Peruvian balsam an excellent disinfectant in a series of cases which had resisted the usual deodorizing agents. It should be applied daily, by means of a brush, to the mucous membrane at the entrance of the nasal cavities, and by means of a tampon soaked in the liquid to the deeper portions.—(*Deutsche medicinische Wochenschrift*).—*The American Journal of the Medical Sciences*.

MORPHINE IN PUERPERAL ECLAMPSIA.—Veit, after having used other methods of treating puerperal eclampsia, now relies on morphine, hypodermically, in large doses. The first dose is usually gr. $\frac{3}{8}$, followed by half as much when required. It is generally necessary to give from gr. $1\frac{1}{2}$ to 3 in from 4 to 7 hours—the drug being pushed to the production of narcosis. For the renal complications of eclampsia hot baths are best, followed by packs. Pilocarpine may induce pulmonary œdema.—(*Sammlung Klin Vorträge*).—*Chicago Medical Journal and Examiner*.

CHLOROFORM WATER AS A HÆMOSTATIC.—Ulbrich (*Prag. med. Wochenschrift*) recommends chloroform water (1 : 10 well shaken together) as an effective hæmostatic in bleeding from the gums after the extraction of teeth. Chloroform water is not only a hæmostatic, but also an anti-septic and anodyne in painful and mycotic affections of the mouth. It has also been used for the severe stomach pain of neurasthenia. R: Aq. chlorof., 100 parts; aq. aurantii cort.; aq. menth. pip., añ 50. A teaspoonful to be taken morning and evening.—(*Deutsche med. Woch.*)—*Medical Chronicle*.

GAUCHER: TREATMENT OF DIPHThERIA BY MEANS OF CARBOLIC ACID (*Archives Générales de Médecine*).—Of late this clinician has been treating his cases of diphtheritic affection of the fauces by tearing off the whole of the membranous patches that could be seen, and immediately cauterising the bleeding surfaces thus exposed with pure carbolic acid. This was repeated as often as necessary, and every one of the adults and nearly all the children recovered. He affirms that it is equally applicable to both, and that it must not be discontinued even if a tracheotomy has to be performed. No symptoms of intoxication of the drug were observed, but in time all the cases showed the characteristic urine.—*Medical Chronicle*.

THE DISINFECTING ACTION OF STEAM.—According to some new researches made by von Esmarch on the action of steam as a disinfectant, it would appear that the effects in relation to the destruction of bacteria depend not so much upon the temperature as upon the degree of saturation of the steam. If there is air with it, the power of destroying organic germs is very much diminished. Thus, in experimenting on the spores of malignant pustule, von Esmarch found that, while superheated steam which was not in a condition of saturation at a temperature of 120°C. was unable to destroy the spores in half an hour, saturated steam at 100°C. destroyed them in from five to ten minutes.—*Lancet*.

TWO CASES OF LAPAROTOMY.—Dr. Pinard recently read a note at the Academy of Medi-

cine on two Cases of Extra-uterine Pregnancy having evolved to the full term, for which he performed laparotomy in both cases about two months after the death of the fœtus. The patients did well after the operation and were quite cured. Dr. Pinard employed a saturated watery solution of naphthol, which he prefers to all antiseptics in vogue, as being less dangerous, at least in these cases. In a third case which had been previously communicated to the Academy, Dr. Pinard practised elytrotomy in preference to laparotomy. In these three cases the placenta, rendered aseptic, was left behind without evil results.—*Paris Correspondent, Lancet.*

ELECTRICITY IN GYNECOLOGY.—Recent papers on this subject by Dr. Steavenson and Dr. Shaw, read before the London Obstetrical Society (*Transactions* for June and July, 1888), provoked a somewhat heated discussion, in which Dr. Playfair enthusiastically upheld the value of Apostoli's method of treatment, which he thought was destined to limit considerably the field of abdominal surgery. Dr. Bantock expressed marked scepticism with regard to the brilliant results claimed by Apostoli in treating fibrous tumors of the uterus. He said that he had never yet seen a case in which such a tumor was caused to disappear by the use of the constant current, although this had actually occurred after removal of the tubes and ovaries, as he could testify. The consensus of opinion was not flattering to the electrical treatment.—*The American Journal of the Medical Sciences.*

FORMATION OF THE LOWER UTERINE SEGMENT.—Blanc (*Nouv. Arch. d'obstet. et de Gyn.*), from a clinical study of this subject, arrives at the following conclusions. In the majority of cases dilatation of the cervix takes place during the last two weeks of gestation, its walls merging into those of the inferior portion of the uterine cavity. Occasionally the cervix remains intact till labor begins, especially in primigravidæ. The development of the lower uterine segment begins at a long period before any modification of the cervix has taken place. The upper or outer limit of this segment is the contraction ring, the lower or inner limit of the os internum.

The upper portion of the cervix may contribute to the formation of this zone during the last weeks of pregnancy. Immediately after the close of labor the contraction ring is the obstetric os internum. The anatomical os internum is re-established later, in the course of involution.—*Brooklyn Medical Journal.*

GLYCERINE IN CONSTIPATION.—In a recent number of the *Hospital Gazette* Dr. James D. Staple says he has given glycerine injections more than a hundred times, the quantity injected being ʒj for children, and ʒij for adults. As a rule the bowels acted within fifteen minutes, but in some cases half an hour elapsed, and in two cases the injections had to be repeated. The absence of pain and the ease with which the enemata may be given, the rapidity of their action, and the absence of any griping, give glycerine enemata a distinct advantage over aperient medicines administered by the mouth. Glycerine acts equally well, though not so rapidly when given by the mouth, in teaspoonful doses, about every half hour. The effects are particularly good in cases in which the colon is impacted with hardened fœces, the glycerine lubricating the masses so that they are evacuated without pain. Equal quantities of glycerine and castor oil, in teaspoonful doses, also act well.—*Chicago Medical Journal and Examiner.*

ANTISEPTIC MIDWIFERY AT LIEGE.—In a paper read before the Liège Medical Society by Dr. Fraipont, the method adopted at the obstetrical clinic there for rendering labor aseptic is described. The plan is based upon the researches and experience of Doderlein, and is very similar to that employed at the Leipsic clinic, where it is said that since it was commenced the number of absolutely normal puerperal periods has increased as much as 18 per cent. In Liège every woman is given, on admission, a general bath, and minute precautions are taken to ensure cleanliness. During labor the vagina is irrigated, each time that an examination is made, by means of a 3 per cent. solution of creoline, which is injected through a glass tube introduced together with the index finger, which is made to reach as far as the

cervix. The labia are then occluded, so that the fluid may distend the vagina and obliterate all the rugæ, and reach even into the interior of the os, detaching and washing away the mucus accumulated there. From one to two litres of the solution is used for each irrigation. Immediately after the placenta is detached another irrigation is administered, which is repeated regularly during the first few days of the puerperal period.—*Lancet*.

POTATOES AS A SUBSTITUTE FOR LAPAROTOMY.—At a meeting of the Imperial Society of Physicians in Vienna, Dr. Salzer reported a communication from Dr. Cameron, of Glasgow, upon the "potato cure" first recommended by the Scotch observer. Dr. Cameron has used this plan of treatment in several cases of ingestion of large foreign bodies with gratifying success. Salzer has also had an opportunity to try the potato cure in the case of a boy who had swallowed a brass weight of twenty grammes. Potatoes were fed to the child, cooked in a variety of manners, so as to encourage his appetite. He took them willingly. After five days the brass weight was compelled to retreat, overwhelmed by the constant accessions of reinforcements from above, and passed out, leaving the potatoes in possession of the field. In the same manner he treated the ingestion of a set of artificial teeth, while in another case a scarf pin proved no match for its farinaceous antagonist. Dr. Salzer believes that this form of treatment will subserve a useful purpose in many cases in which, up to now, gastrotomy appeared to be the only form of relief available. He also advised the members to place no trust in sauer kraut, which has been recommended for the same purpose. Dr. Hochenegg related the case of a boy who had swallowed a nail six ctm. long in 1884, and had been treated by gastrotomy. He had swallowed a similar nail two years later, when the potato cure had proved successful. Dr. Billroth spoke of the difficulty which exists in the removal of foreign bodies by laparotomy, and was strongly in favor of the potato cure.—*International Journal of Surgery*.

PUERPERAL FEVER—PROLAPSE OF THE VAGINA.—(Notes on Clinic, March 13th).—The first case

was a patient convalescent from puerperal fever Dr. Hunter found her moribund with high fever and almost pulseless. He said the first and the chief thing to do in these cases is to wash out the uterus, and to do this an antiseptic solution should be used in a Davidson syringe, not a fountain syringe. The latter may fail to give the required force, and the membranes, clots, or whatever may be the cause of the fever, will not be brought away. The next patient was a woman forty-two years of age, married twenty years, five children and two miscarriages, the last being three years ago. She had hernia of the vaginal walls with some prolapse of the uterus, the cervix being visible at the vulva. Alexander's operation of shortening the round ligaments, supplemented with restoration of the perineum, would have been the proper treatment. This was impossible, as the woman could not spare the time necessary, so the pessary was used. It worked admirably. A large stem pessary with an open shallow bowl was used, and it kept the parts in place, giving great comfort. This the woman takes out every night and replaces it in the morning, so that visits to the hospital are rarely necessary. Formerly she was much troubled with cystitis, but the pessary entirely cured this. A chronic cough sometimes defeats the surgeon in the attempt to use these single stem pessaries, but if a double stem is used instead no amount of coughing or straining will displace it. In remarking upon the operation for ovariectomy and the tendency of hernia to follow it, Dr. Hunter said that if the peritoneum, fascia, muscle and integument are brought separately together, a strong wall ought to be obtained. Don't make too large an opening. One that is an inch and a half long is sufficiently large. He believes with Spencer Wells that the mortality of the operation depends a great deal on the length of the wound. The peritoneum is more sensitive and more liable to inflame the higher up it is disturbed. He sews the peritoneum and fascia with interrupted catgut sutures, and the muscle and integument with silk.—JAMES B. HUNTER, M.D., in *International Journal of Surgery*.

TREATMENT OF GANGRENOUS HERNIA.—Dr. Ferdinand Klausner (*Münchener medicin-*

ische Wochenschrift), reports fourteen cases of resection of the bowel in gangrenous hernia, seven of which resulted in recovery. In six of these normal action of the bowels was restored, and in one a fistula was formed. In the fatal cases death resulted, with one exception, from collapse. We quote one case, which will show Klausner's *modus operandi*. The patient was a well-built woman, suffering from a strangulated umbilical hernia about the size of a hen's egg, and of three days' standing. Taxis was tried without avail. The surrounding skin was of a greenish hue. A superficial incision was made five inches long, and the underlying tissues were cut through on a grooved director. A discolored and fetid portion of the mesentery and a loop of the bowel, also discolored, were then laid bare. The strangulating tissues, which were very tense, were cut through and the bowel drawn forward. The opening of the abdominal cavity was then closed by means of a compress of bichloride gauze. The gangrenous portions of the bowel and mesentery were then resected, one and two-thirds inches of healthy tissue being included on either side. The entire portion resected measured fourteen inches. The edges of the mesentery were now brought together with a row of interrupted sutures, then the peritoneal surfaces with additional sutures. The bowel itself was united first by a row of sutures in the mucous membrane, and a second row in the serosa. For this the finest silk was used. The bowel was then washed with a solution of bichloride, 1 : 3000, and dusted with iodoform, then replaced in the abdominal cavity; the peritoneum was closed with catgut sutures, and finally, the skin was brought together with strong silk sutures after the gangrenous portions had been cut away. The lower extremity of the wound was left open for drainage. An antiseptic dressing was then applied. The wound healed well, there was no fever, and in three weeks the patient was discharged.—*The American Journal of the Medical Sciences*.

PRACTICAL THERAPEUTICS IN HEART AND KIDNEY DISEASES.—In a recent article published in the *American Jour. of Medical Science*, Prof. DaCosta suggests a combination of remedies. I have used such a combination since

October, 1885, and have had most excellent results.

The proportions I have found useful are as follows:—

R. Tinct. belladonnæ, ℥j
Tinct. digitalis, ℥v
Nitroglycerine alcoholate ($\frac{1}{100}$), ℥ij. M.

This dose is to be given two, three or four times daily, as effect on patient seemed to indicate. The proportion of nitroglycerine may be increased or diminished, and in some cases the addition of tinct. nucis vomicæ or of cinchona seemed of advantage, and in cases where much dropsical effusion existed I have added decoction of apocynum cannabinum. I have found the last named especially valuable in the aged, whose vitality is so reduced that the employment of hydragogue cathartics was inadmissible; the effect was sometimes wonderful, even in cases where atheroma existed with chronic kidney and heart disease. In one case senile gangrene of the foot and leg appeared in a woman aged 78; it began in the second toe of the left foot, and extended to four of the toes and about the heel, and gangrenous ulcers appeared as high as the middle of the leg; the heart was weak and irregular, the urine scanty and loaded with albumen, dropsy of the abdomen and lower extremities existed; indeed, I gave them little hope, but under the use of the combination with apocynum thrice daily, two grains of quinine after meals, with milk punch four or five times daily, she gradually improved. The foot and leg were dressed with eucalyptol vaseline, five per cent.; the ulcers gradually healed, except the terminal and second phalanges of the toe in which gangrene began. These were removed after suppuration began, and the patient promises a good recovery.—*Dr. Davis, College and Clinical Record*.

HEGAR'S SIGN OF PREGNANCY.—The most conclusive signs of pregnancy in the first three months are to be found in the changes which take place in the size, shape and consistence of the body of the uterus. These changes are the natural result of the lodgment and growth of the globular ovum in the uterine cavity. The body of the uterus bulges out as the ovum develops, its lateral borders become rounded

and there is a distinctly marked bellying of the anterior wall. After from four to six weeks' development this segment of the uterus presents in a very perceptible degree the characteristic elasticity of the fluid cyst which it contains. To the well-trained touch the bellying of the lower segment of the uterus, especially its anterior wall, and its fluid elasticity, are sufficient for the diagnosis of pregnancy in a large number of cases from the fourth to sixth week. These signs are obtained by the "bimanual," as practised in ordinary gynecological examinations. To the signs above mentioned, Hegar has added another. This consists in the marked softening and thinning of that portion of the corpus uteri immediately above the cervix, especially as obtained by Hegar's method. His method of examination is as follows: A preliminary distention of the rectum with water may be necessary to facilitate manipulation. Chloroform may be used if required. Depressing the uterus with one hand over the abdomen, pass the index finger of the other hand into the rectum, up through the third sphincter, and press the finger tip against the posterior wall of the uterus immediately above the utero-sacral ligaments. Pass the thumb of the same hand into the vagina and bring it in contact with the anterior wall of the uterus just above the cervix. The intervening tissues may, in most cases, during the last half of the second month, be compressed by the grip of the thumb and finger almost to the thinness of a visiting card. This compressibility of the lower uterine segment thus obtained is Hegar's sign. It has been confounded by writers with the before-mentioned changes in the uterus, from which, as a sign of pregnancy, it is entirely separate and distinct.—*Brooklyn Medical Journal*.

PORRO'S OPERATION.—There was a short discussion on Porro's operation at the Obstetrical Society of London on February 6th. Dr. Galabin narrated a case on which he had operated in Guy's Hospital, saving mother and child. He had chosen to perform Porro's rather than Säger's operation because the woman had been in labor 48 hours before she was admitted into the hospital and because the uterus had probably been bruised

during unsuccessful attempts to apply the long forceps. He, however, thought that Säger's was probably the better operation, even when labor had been protracted, and expressed the opinion that as yet neither Säger's nor Porro's operation should be recommended to the family practitioner as an alternative to craniotomy, when the pelvis exceeded two inches and a half in conjugate diameter, unless there were marked transverse contraction as well. When the pelvis was narrower, Porro's operation was preferable for the practitioner to Säger's. India-rubber tubing and a knitting needle would serve in the absence of a *serre-naud* with the special pins, as Hegar, Kaltenbach and Tait had already shown. Dr. Mathews Duncan objected to the treatment being varied according to the grade of the practitioner; at present craniotomy was better than Cæsarean section, because it was the safer. But a still further reduction of the mortality after that operation would probably be attained, thanks to the exertions of Säger and Leopold, and the perfection of Porro's procedure: then, craniotomy might be entirely banished. He objected to the patient's wishes being considered an element in coming to a decision. The surgeon must decide what operation should be done and how it should be done. The patient might adopt or refuse the advice, but could not give or modify it. Dr. Galabin in his reply took the more reasonable view that the wishes of the parents should be allowed due weight, and also urged that circumstances in regard to operator and to place made a great practical difference in respect to serious operations. Experts in a difficult operation generally performed it in a well-appointed hospital; the practitioner, called upon to perform that operation, was never so favorably placed. He had often to operate in a small, and perhaps insanitary, house, with no skilled assistants.—*Philadelphia Medical Times*.

ICHTHYOL AS AN EXTERNAL REMEDY IN SKIN DISEASES.—Ichthyol is a distillation derived from the fossilised remains of fishes, and was discovered by Schroeter. It has the appearance and consistence of treacle. It acts in three

ways: 1. As a protective. When a solution of it is painted over the skin surface, it quickly dries, forming a thin layer somewhat resembling friar's balsam or collodion, and so protects the skin from the air, dust, etc. 2. As a reliever of congestion. When applied to healthy skin, its effects seem *nil*, but when there is active congestion of the part it acts promptly by causing contraction of the arterioles and so diminishes the vascularity of the part. 3. As a desiccant. As it reduces the vascularity of congested skin, the outward flow of serum is also reduced, and consequently the part becomes drier. In these three actions we have the essentials of the treatment of many skin diseases. I have used ichthyol in the following cases with marked success:

Simple Erythematous Eczema.—In this stage of the disease, before vesicles develop, I have found ichthyol a superior remedy to any others. If the hands or face are the affected parts, they should be washed as seldom as possible, and then only with warm soft water to which has been added a little soft oatmeal or glycerine. Common soaps should be avoided; and if any soap is used at all such a one as that recommended by Unna should be used; it is an overfatty basis soap, without excess of alkali, and so avoids the drying effect on the skin which other soaps have; after washing, the parts should be carefully dried with a soft towel, and in the case of the hands, they should be then rubbed with a little glycerine solution (5j to ʒj distilled water). I usually apply ichthyol in the form of a solution varying in strength as regards the position and the stage of the disease. In the above-mentioned simple erythema a solution of ʒj to ʒj of distilled water is a proper strength to use, and should be painted on with a camel's hair brush once in every four hours. The part may be washed gently in a little warm water, and carefully dried before each application. If the itching is very severe the solution may be applied oftener for the first few hours, say once in every two hours for three applications; the sooner the application is made after the "tingling itchiness" commences, the better; it will very soon allay the itching, which is a very important factor in the treatment. I have in two mild cases, after painting on the

ichthyol solution, applied a little cotton wool and collodion with good results.

Scaly Dry Eczema.—In this chronic scurfy condition I proceed in the same manner as above, but I think an ointment in this stage of eczema is preferable, as it softens the epithelium better, such as ʒj of ichthyol to ʒj of vaseline, or with a little lanolin added.

"Weeping" Eczema.—If the ichthyol solution is applied at the early stage of the "weeping," before there is much raw surface formed, it will control any further exudation, but if there is much tender surface it is better to apply the ointment for the first twenty-four hours or so, as then the solution causes some smarting and perhaps pain. The best way to apply the solution in this case is to first gently dry the surface, and then paint it on, repeating in three or four hours if the part is not already dried.

Simple Erysipelas.—If caught in the early stage this is the best external application I know of; it allays the burning sensations, and either aborts or limits the attack. The solution (ʒj to ʒj) should be painted on every four hours, forming a complete protective layer over the part. I have used an ointment in some cases, but prefer the solution, as it dries quickly.

Urticaria-like Eruptions.—To be of any good this remedy must be applied early, before there are many watery blebs formed; each area should be painted with the solution during the short, congestive stage when the slight itching begins.

Furunculosis.—Here I use a strong solution (ʒj ichthyol to ʒ ss distilled water) applied once every two hours for three or four applications, and then once every four hours; it always reduces the base of the boil in size, and often aborts it altogether if applied early. With this external treatment I give sulphide of calcium in quarter-grain doses every two or three hours for twelve hours, and then three or four times a day.

In most cases of eczema I prescribe cascara sagrada as a laxative, as it stimulates the liver, helping to eliminate any excess of uric acid, which I believe to usually co-exist with, or to be the cause of many such troubles.—CHARLES J. R. MCLEAN, M.D. EDIN., M.S.—Yeadon.—*British Medical Journal.*

THE Canadian Practitioner.

A SEMI-MONTHLY REVIEW OF THE PROGRESS OF
THE MEDICAL SCIENCES.

*Contributions of various descriptions are invited.
We shall be glad to receive from our friends every-
where current medical news of general interest.*

*When a change of address occurs please promptly
notify the Publishers, Messrs. J. E. BRYANT & Co.,
64 Bay Street.*

TORONTO, MAY 1, 1889.

THE WOMAN'S MEDICAL COLLEGE OF TORONTO.

A LETTER which appeared in the daily papers from Mrs. D. McEwen, gives some interesting particulars about the Woman's Medical College of Toronto. The College has just completed its sixth session, with a class of twenty-five students, and it has been found that the present building must be enlarged. Reference is made to the fact that there is a pressing need of trained medical women for the foreign missions in the East where the women in the Zenenas, when sick and suffering, are not allowed to consult male physicians. The untiring efforts of Mrs. McEwen, in conjunction with the work of the late Dr. Barrett, were chiefly instrumental in putting the institution on a sound basis six years ago, and we hope the present appeal will meet with a satisfactory response.

THE COUNCIL EXAMINATIONS.

THE examinations of the Ontario Medical Council have been completed, and though we cannot foreshadow the results, we think that upon the whole they have been satisfactory. The time allowed for the oral examinations in both final and primary subjects has unfortunately not been sufficient, but the examiners have shown commendable zeal in making the most of it. It will be remembered that the Board are

allowed no discretionary powers, and the minimum demanded in the principal subjects is fifty per cent. This is a high percentage when we consider the many chances in a hurried examination in a number of subjects. The Universities, as a rule, require fifty per cent. on the aggregate, with a minimum in any one subject of thirty-three per cent. Fortunately, however, for the candidates, the oral and written results in each subject are taken together, so that a surplus on the one side may make up a deficiency in the other.

ALUMNI ASSOCIATION OF THE MEDI- CAL FACULTY OF THE UNIVERSITY OF TORONTO.

THE promoters of this organization are much pleased with its success. The second meeting of the Association was held in Professor London's lecture room in the University, on the afternoon of the special convocation for medicine and dentistry, the president of last year, Dr. Richardson, occupying the chair. The officers for the coming year were elected, and the meeting adjourned to allow the members to attend the convocation. The annual dinner was held in the Queen's Hotel on the same evening, with Dr. Thorburn, the newly elected president, in the chair, and Dr. Shaw, of Hamilton, the 1st vice-president, in the vice-chair. The proceedings were quite informal in character, the only toasts being "The Queen" and "The Retiring President." A number of songs were sung and the best of good feeling prevailed. The efforts of the officers to make the gathering assume the character of a pleasant reunion were wise, and the results were very gratifying to all present. The Alumni dinner is now evidently a fixture, and we hope from year to year to see a larger number of graduates from outside districts present. The Alumni are proud of the position of the Medical Faculty, and have shown their appreciation by attending the last two convocations in larger numbers than they ever did in former years. This is very gratifying to the teaching staff, and will stimulate its members to still greater exertions towards keeping up a high standard of medical education.

NOTES.

ANTIPYRIN IN THE TREATMENT OF URTICARIA.—Nicot (*Medical Press and Circular*) has obtained good results by the administration of Antipyrin in cases which are of nervous origin.

THE German Government has not only refused to open fresh schools of medicine, but the *Landtag* has refused the subsidies formerly accorded to certain professorial chairs at Halle and Marburg.

FIVE hundred dollars was recently paid by the City of St. Louis to the surgeon who successfully laparotomised a wounded policeman.

THE next meeting of the American Association of Genito-Urinary Surgeons will be held at New York on the 21st, 22nd and 23rd of this month.

IN Japan there are thirty-one schools of medicine, four schools of pharmacy, and two schools of veterinary surgery. The University of Tokio has over twelve hundred students enrolled at the present time.

DR. B. W. RICHARDSON, of London, has written a powerful novel entitled "The Son of a Star." It contains scenes and passages of great beauty and classical purity, but the chief charm of the book is said by those who have read it to lie in its fascinating and idealistic character writing.

PROFESSOR DONDRES, of Utrecht, died at the age of seventy-one. He was for forty years Professor of Physiology at the University of Utrecht. In 1848 he took up the special study of the then new science of Ophthalmology, and in 1851 was instrumental in founding the first hospital for the treatment of diseases of the eye in Holland.

THE ONTARIO MEDICAL LIBRARY ASSOCIATION.—The following books, reports, etc., have been received at the Library during the past

month: *Presented*—29 vols. Practitioner, London, England; 4 vols. Canadian Journal of Medical Science; 5 vols. Canada Lancet; 1 vol. Dominion Medical Journal; 6 vols. Canadian Practitioner—from Dr. W. W. Ogden. Library Catalogue, Lewis's, from Dr. N. A. Powell; Catalogue of Surgical Instruments, Shephard & Dudley, N.Y.; "Antiseptics," a hand book for nurses, Miss A. Hewer, author; The Medical Annual, 1889, from J. A. Carveth & Co.; "Physiological and Pathological Reversion," "Valedictory Address," McGill University; "Influences of the Nervous System on Cell Life," reprints from Dr. T. W. Mills, Montreal; Report State Board of Health, Connecticut, 1888; Report State Board of Health, Illinois, 1888. *Bought*—Reference Handbook of Medical Sciences; International Encyclopædia of Surgery, Ashurst. The following journals have been added to the files this month: Nashville Journal of Medicine and Surgery, Practice, Kansas City Record, New England Medical Monthly, Cincinnati Medical Journal, Therapeutic Gazette, Northwestern Lancet, Western Medical Reporter, Philadelphia Medical Times, Southern California Practitioner, Medical Press (New York), Peoria Medical Monthly, North American Practitioner, L'Union Médicale.

BANFF MEETING OF THE CANADIAN MEDICAL ASSOCIATION.

THE twenty-second annual meeting of the Canadian Medical Association will be held at Banff, N.W.T., on the 12th, 13th and 14th of August next.

The Canadian Pacific Railway Company has agreed to carry members and delegates, with their wives or members of their families, at the following rates: From points in Ontario or Quebec, to Banff and return, at \$95.00 each, including a double berth in sleeping car for each person, and meals in the dining cars on the way west from Montreal or Toronto and back, and four day's living at the Banff Hotel.

The passage tickets will be made good from and to any points on the Canadian Pacific Railway, in either Ontario or Quebec, to Montreal or

Toronto, but berths and meals will begin at these two places only.

From other points in the Dominion the rates will be as follows: From Halifax to Banff and return, \$110.00; from St. John, N.B., to Banff and return, \$100.00, but the tickets from these points will not include sleeping car accommodations nor meals east of Montreal in either direction.

From Port Arthur to Banff and return the rate will be \$60.00; from Winnipeg or Brandon, \$50.00; from Regina, \$35.00, including meals and berths from all these points.

From Calgary the rate will be \$4.50, without meals or berths. From Victoria or Vancouver to Banff and return, including meals in dining car and double berth in both directions, \$30.00, exclusive of hotel accommodation at Banff, or \$40.00, including four days' hotel accommodation at Banff.

Owing to the provisions of the Interstate Commerce Law, it will be impossible to get reduced rates from points in the United States, with the exception of St. Paul, Minn., from which the following rate is offered: \$60.00 to Banff and return, including meals and sleeping car accommodation between Winnipeg and Banff only. Delegates from the United States are therefore requested to make their own arrangements between their homes and Montreal, Toronto, St. Thomas or other points on the Canadian Pacific Railway.

An effort is also being made to secure special rates from Liverpool to Montreal by the Canadian steamship lines for Trans-Atlantic delegates.

It is intended that the party shall leave Montreal on the evening of the 6th of August, by the regular Pacific Express, and arrive in Winnipeg on the 9th, and stop over one day there; leaving Winnipeg on the 10th of August, they will arrive at Banff early on the morning of Monday, August 12th. The meetings of the Association will then be held in the hotel (*accommodation being provided by the Canadian Pacific Railway Company*) on the 12th, 13th and 14th, after which the members of the party can either return at their convenience or take a trip to the Coast, leaving early the following morning (August 16th), for which special terms have been arranged as

follows: From Banff to Victoria and return, not including meals or berths, \$20.00, or \$30.00, including meals in the dining car and berths. The tickets for this excursion will be on sale at Banff to members and delegates and their families only.

The special tickets issued by the Canadian Pacific Railway to Banff and return will be good for 60 days, and the holders will be allowed stop over privileges on the Canadian Pacific line in either direction at pleasure. They will also be exchangeable at Port Arthur and Owen Sound, so as to enable members to travel in either direction by steamer between these points. Meal and berth coupons will be issued in connection with these tickets, and will be available as part payment of expense of any who wish to make additional stops and spend longer time on the line. It is considered desirable, however, by the Executive Officers of the Association, that as far as possible, the party should travel together by the all rail route as far as Banff, so that all may be present at the opening of the meeting.

In addition to the members of the Canadian Medical Association, to whom this circular is specially addressed, a cordial invitation is hereby extended to all members of the regular profession in good standing in the Dominion of Canada, the United States and Great Britain, to whom the necessary certificates will be sent on application to the Secretary.

Members and delegates are requested to notify the Secretary of the points on the Canadian Pacific Railway from which they intend to start, at a sufficiently early date to enable the Railway Company to forward special tickets to the aforesaid points.

It will also be necessary to present a certificate from the General or Provincial Secretary to enable members or delegates to secure the above mentioned special tickets.

Members who intend to present papers at this meeting are requested to inform the Secretary at as early a date as possible of the subjects which they propose to bring forward.

GEO. ROSS, M.D.,
President.

JAMES BELL, M.D.,
General Secretary.

53 Union Avenue, Montreal.

We would deem it a favor to have our exchanges extensively copy the above.

Medical Examinations.

TRINITY MEDICAL COLLEGE.

Final ("Fellowship Degree.")—Certificates of Honor for standing in final branches—Candidates who obtained 75 per cent. and over: H. W. Armstrong, J. I. Wiley, H. A. Turner, J. M. McFarlane, H. W. Wilson, L. W. Allingham, G. K. Crossthwaite. First Class, 70 per cent. and over—G. Hargreaves, H. Chapple, F. W. Penhall. Second Class, 60 per cent. and over—T. J. McNally, A. J. Macaulay, W. J. Milne, P. Brown, O. L. Berdan, W. W. Birdsall, W. Kerr, F. G. Salter, J. Brown, T. McEdwards, G. S. Rennie, J. R. McCabe, A. M. Spence, T. J. Moher, T. H. Johnston, W. A. Dixon, W. W. Nasmyth, T. C. Patterson, D. A. Rose.

Passed—U. E. Bateson, M. C. Dewar, F. A. R. Gow, J. B. Guthrie, W. F. H. Newbery, A. G. Patterson, J. T. Rogers, W. W. Thompson, H. J. Mullen, B.A., A. E. Wills. R. McGee passed in Medicine, Medical Jurisprudence and Sanitary Science.

Special Prizes.—The special prize for the highest in Physiology of the first year (value \$25) was awarded to W. E. Matthew.

The "Dr. John Fulton Memorial Prize" for the highest standing in Surgery, where the student has spent four complete winter sessions at the College, value \$50, was carried off by H. W. Wilson.

Scholarships.—The 1st First Year's Scholarship, \$50, Harold C. Parsons. The 2nd First Year's Scholarship, \$30, D. Beattie. The 3rd First Year's Scholarship, \$20, J. McMaster. The 1st Second Year's Scholarship, \$50, J. Sutherland. The 2nd Second Year's Scholarship, \$30, J. Third.

Medals.—The Second Trinity Medal, H. A. Turner. The First Trinity Silver Medal, J. I. Wiley. The Trinity Gold Medal, H. W. Armstrong.

UNIVERSITY OF TORONTO.

M.D.—Franklin Burt, W. Burt, J. McCallum, H. G. Lackner, G. G. Rowe.

M.D. (ad eundem gradum).—W. T. Aikins (Victoria), G. H. Burnham (Trinity), D. Clark

(Victoria), E. E. King (Victoria), J. S. King (Victoria), B. E. McKenzie (McGill), R. A. Reeve (Queen's), F. Winnett (Trinity), H. Crawford Scadding (Trinity), B. L. Riordon (McGill).

M.B.—W. E. Almas, W. J. Armstrong, G. M. Bowman, J. E. Bowman, J. T. Campbell, G. Chambers, C. P. Clark, J. H. Collins, W. Egbert, J. B. Gamble, M. E. Gillrie, F. E. Godfrey, J. A. Greenlaw, J. S. Hart, J. A. Ivey, A. B. Macallum, H. A. McColl, D. McKay, C. McLachlan, C. J. McNamara, E. Meek, R. H. Palmer, W. R. G. Phair, S. T. Rutherford, W. A. Sangster, G. Silverthorn, F. N. G. Starr, J. R. Stone, T. L. Stringer, J. L. Turnbull, H. Wallwin, J. Webster, T. S. Webster, A. J. Wilson, W. McC. Wright, H. A. Youmans. Mr. C. E. K. Vidal passed creditably, but did not receive degree because he was not of age.

M.B. (ad eundem gradum).—A. Primrose, (Edinburgh.)

D.D.S.—F. J. Brown, J. H. Carrique, A. M. Clark, D. Clark, N. W. Cleary, E. Cunningham, E. H. Eidt, C. C. Ferguson, T. Henderson, A. H. Hipple, J. T. Ireland, J. J. Kerr, F. Killmer, W. A. Leggo, H. P. Martin, R. G. McLaughlin, C. S. McLean, J. W. Oakley, A. Rose, A. J. Smith, J. Stirton, J. N. Swann, W. E. Willmott, H. Wood, C. H. Ziegler.

Star Medals.—Gold, J. H. Collins. Silver, G. Chambers.

Medals (General Proficiency).—Gold, G. Chambers; Silver, (1) J. H. Collins; (2) F. E. Godfrey.

Scholarships.—Third Year, (1) L. F. Barker; (2) W. H. Philp. Second Year, (1) W. N. Barnhart; (2) G. P. Macartney. First Year, (1) T. H. Middleboro; (2) H. A. Bruce.

MANITOBA MEDICAL COLLEGE.

Graduates.—M.D., C.M.—J. G. Calder, T. J. Lamont, R. J. Lipsett, E. A. Blakely, A. B. Stewart.

Primary Examinations.—M. S. Fraser, G. Bell, H. P. Byers, E. A. Braithwaite, J. W. Cartmell, J. H. Sparling, F. F. Westbrook, J. Ferguson.

The \$100 scholarship given in the final year was won by J. G. Calder. In the primary year Mr. Gordon Bell carries off \$100 and M. S. Fraser \$60.

Book Notices.

Climatoterapia Espanola en la Tisis Pulmonar,
per D. Augustin Bassels, Y. Prim. Barcelon.

The St. Louis Polyclinic, a monthly medical and surgical bulletin, vol. 1, April 1st, No. 1; edited by L. A. Turnbull, M.D.

The Student's Text-Book of the Practice of Medicine. By ANGEL MONEY, M.D., Lond. London: H. K. Lewis, 136 Gower St., W. C., 1889.

The author has produced a concise book on medicine which may prove useful to those who are beginning the study of medicine, or those who are preparing for examination with limited time at their disposal.

THE April number of the *Archives of Pediatrics* comes to us this month increased to eighty pages, and is especially interesting and attractive. It contains besides the regular monthly contributions by Jacobi on the "Therapeutics of Infancy and Childhood," and Forchheimer on the "Medical Diseases of the Mouth," Townsend on "Acute Lobar Pneumonia in Children," Seibert on "Stomach Washing of Infants," an interesting article (illustrated) on the latest procedure in the treatment of Gastro-intestinal Catarrh, Baruch on the "Treatment of Incontinence of Urine," Earle on "Diphtheria in Chicago," Keating on the "Differential Diagnosis in the Fevers of Childhood," and a large number of abstracts from the German, French, and English medical journals of the day.

Electricity in the Diseases of Women. By G. BETTON MASSEY, M.D., Physician to the Nervous Department of Howard Hospital, Philadelphia, etc. Publisher, F. A. Davis, Philadelphia and London.

In this little book the author has aimed to briefly present the laws of electricity as applied to the medical and surgical treatment of diseases of women, in a concrete and practical shape, and has endeavored to make the medical user of electricity intelligently familiar with current pro-

portions and their physical force. He has also given a clear description of the best methods in the electrical treatment of various diseases of women, especially uterine hemorrhages, inflammations and fibroids.

Psycho-Therapeutics, or Treatment by Sleep and Suggestion. By C. LLOYD TUCKEY, M.D. London: Baillière, Tindall & Cox, 20 King William Street, Strand, 1889.

This little volume of 80 pages is divided into five chapters. It deals with the subject in a strictly scientific manner. Notice was made some months ago in the PRACTITIONER of Dr. Tuckey's investigation in the subject of hypnotism, in France and Holland. To physicians interested in the subject of Psycho-Therapeutics, and all ought to be, this book will prove entertaining and instructive.

Congestive Neurasthenia, or Insomnia and Nerve Depression. By E. G. WHITTLE, M.D., Lond., F.R.C.S. Eng. London: H. K. Lewis, 136 Gower Street, W. C., 1889.

The author states in the preface that it is the purpose of this brochure to describe the special characters of a common type of nerve derangement, and to prove that the insomnia and depression in this type are dependent on cerebral congestion, and to illustrate the remarkable efficacy of blood-letting either by leeching or resection in its treatment. He has successfully attained his object.

Wood's Medical and Surgical Monographs, consisting of original treatises and complete reproductions in English of books and monographs selected from the latest literature of foreign countries. Contents, March number, volume 1, No. 3:—Neurasthenia and its Treatment, by Dr. H. von Ziemssen; Antipyresis and Antipyretic Methods of Treatment, by Dr. H. von Ziemssen; the Tongue as an Indication of Disease, by Dr. W. H. Dickson; on the Treatment of Cystic Goitre, by T. M. Horell, F.R.C.S.; New Remedies from 1878 to 1888, by Dr. C. Cauquil. Contents, April number, volume 2, No. 1:—On Diabetes and its Connection with Heart Disease, by Jacques Mayer, M.D.; Blenorrhoea of the Sexual Organs and

its Complications, by Dr. Ernest Finger. Published monthly. Price \$10.00 a year, single copies \$1.00. New York: Wm. Wood & Co., 56 and 58 Lafayette Place.

Surgical Bacteriology. By NICHOLAS SENN, M.D., Ph. D., Professor of Principles of Surgery and Surgical Pathology, Rush Medical College, Chicago, Ill. Philadelphia: Lea Brothers & Co., 1889.

It is a pleasure to read in the English language such an admirable work on the subject of bacteriology from a surgical standpoint, and coming from the pen of Dr. Senn, the subject is found to be, as expected, presented in a concise and graphic form. The numerous illustrations are reproduced from Prof. Kleb's handbook of pathological anatomy. Dr. Senn has drawn largely on the researches particularly of the German investigators for his inspiration; many cases seen during his *Four Months Among the Surgeons of Europe*, are cited to practically illustrate the various microbial theories advanced. The work is divided into twenty-two chapters. Among the many topics touched upon are the following:—Sources of Infection, Localization of Microbes, Antagonism among Micro-organisms, Inflammation, Suppuration, Gangrene, Septicæmia, Pyæmia, Erysipelas, Noma, Tetanus, Tuberculosis, Anthrax, Glanders, Actinomycosis, Gonorrhœa, Syphilis, and the alleged microbial origin of Tumors.

Transactions of the American Association of Obstetricians and Gynecologists. Printer: Wm. J. Dornan, Philadelphia.

We have received a copy of the transactions of the first annual meeting of this young and vigorous association, held in Washington in 1888. We must express our surprise and pleasure in finding such a number and variety of very able papers presented at the first meeting, held only a few months after its inauguration. They will compare favorably with those read before any medical societies in the world. We don't know enough about the printer's language to describe the book, but may say in general terms that as far as paper, printing, cuts and binding are concerned, we have never seen anything to surpass

them in a volume of this sort. We are pleased to learn that success is assured for the future of the association. In fact the records show on their face great possibilities in this direction. At present there are five honorary Fellows: Dr. Cordes, of Geneva, Switzerland; Dr. Edis, of London; Dr. Greig Smith, Bristol, Eng.; Mr. Lawson Tait, of Birmingham; Dr. John Williams, of London; one corresponding Fellow, residing in Toronto; and forty ordinary Fellows, residing in the United States. The next meeting will be held in Cincinnati, September 17, 18 and 19.

The Medical Annual, 1889. A complete work of reference for medical practitioners. Bristol, England: JOHN WRIGHT & Co. Sole agents for Canada: J. A. Carveth & Co., Toronto. Price \$2.50.

The "Medical Annual" combines the features of a retrospect with those of a complete practical handbook on the medical and surgical treatment of diseases. Its articles, which are arranged in dictionary form for convenience of reference, are written by distinguished specialists, and contain much *original* matter, with which is incorporated every new fact contributed to medical literature in all parts of the world during the year.

Each edition is complete in itself, and contains *entirely new matter*.

The 1889 edition of the "Annual" contains (amongst others) special articles on the *Practical Application of Electricity and Massage in various forms of Disease*, both fully illustrated. It also contains the "Dictionary of New Remedies" and "Dictionary of New Treatment" for 1889, incorporating a *complete synopsis of Remedies* used in all diseases.

Among the editors and contributors to this volume may be mentioned the following known writers:—Robert Saundby, M.D.; W. H. Elam, F.R.C.S.; W. Lang, F.R.C.S.; Jas. R. Leaming, M.D.; J. Michell Clarke, M. B.; J. W. Taylor, F.R.C.S.; Chas. L. Dana, M.D.; J. Dundas Grant, M.D.; J. Hutchinson, Jr., F.R.C.S.; W. Radford Dakin, M.D.; Hy. Dwight Chapin, M.D.; Thos. Savage, M.D.; Skene Keith, M.D.; Kenneth Milligan, M.R.C.S.; and Whitelaw Bourns, M.D.

Personal.

DR. C. R. DICKSON, of Kingston, has removed to Toronto.

DR. I. PICKERING has been appointed an associate coroner in and for the County of York.

PROFESSOR NOTHNAGEL, of Vienna, has been given the title of Hofrath (Court adviser).

SIR ANDREW CLARK has been re-elected President of the Royal College of Physicians of London.

DR. S. W. GROSS, the well-known surgeon of Philadelphia, died on April 16th, aged fifty-two. He was a son of the late Professor S. D. Gross.

DR. J. VAV VELSOR, who has been practising medicine since 1861 in Blenheim, is dead. He was at one time warden of Kent county.

DR. PRINCE A. MORROW, of New York, has spent several weeks in Mexico and the Sandwich Islands in making observations of leprosy. He will report before the Paris International Congress, which meets in August.

DR. ROLPH LESSLIE, brother of Dr. J. Lesslie of this city, physician to the Congo Free State, has received from the King of the Belgians the star for distinguished merit in Africa—a new Order. Dr. Lesslie had previously been made a Chevalier of the Order of Leopold, and is also decorated with the Medjideh (fourth class) and the Russo-Turkish and Zulu war medals.

Births, Marriages & Deaths

BIRTH.

SISLEY—On Sunday, 28th April, at 125 Richmond street west, the wife of Dr. EUSTON SISLEY, of a son.

MARRIAGES.

CLENDENAN—GILMOUR—On April 23rd, at West Toronto Junction, Dr. G. W. Clendenan to Annie Gilmour.

CAVEN—EASTWOOD—On Thursday, April 25th, by the Rev. Dr. Kellogg, Dr. John Caven, to Minnie, youngest daughter of Mr. D. Eastwood, Toronto.

HIGGINSON—EASTMAN—At Montreal, on the 10th of April, H. A. Higginson, M.D., of Winnipeg, to Annie Frances Harwood, second daughter of E. G. Eastman.

CHAPPLE—MURPHY—At Toronto, on Tuesday, April 23rd, by the Rev. W. Patterson, of Cooke's church, Toronto, Henry Chapple, M.D., Orono, Ont., to Mattie Murphy, Paris, Ont.

LYNCH—MCGUIRK—On Tuesday, April 23rd, at St. Mary's church, Barrie, by Right Rev. R. A. O'Connor, Bishop of Peterborough, Mary Agnes, daughter of the late John McGuirk, to William Valentine Lynch, M.D., Lindsay, Ont.

Miscellaneous.

FROM THE CAPITAL TO THE COAST.

FOR the benefit of our readers who contemplate availing themselves of the liberal excursion rates offered to physicians desirous of attending the August meeting of the Canadian Medical Association to be held at Banff, we reproduce from the March number of *Harper's Monthly Magazine* certain extracts culled from the admirable paper entitled "Comments on Canada," by Chas. Dudley Warner.

"Between Ottawa and Winnipeg (from midnight of the 22nd till the morning of the 25th) there is not much to interest the tourist, unless he is engaged in lumbering or mining. What we saw was mainly a monotonous wilderness of rocks and small poplars, though the country has

agricultural capacities after leaving Rat Portage (north of Lake of the Woods), just before coming upon the Manitoba prairies. There were more new villages and greater crowds of people at the stations than I expected. From Sudbury the company runs a line to the Sault St. Marie to connect with lines it controls to Duluth and St. Paul. At Port Arthur we strike the Western Division. On the Western, Mountain and Pacific divisions the company has adopted the twenty-four hour system, by which a.m. and p.m. are abolished, and the hours from noon till midnight are counted as from 12 to 24 o'clock. For instance, the train reaches Eagle River at 24.35, Winnipeg at 9.30, and Brandon at 16.10.

"At Winnipeg we come into the real Northwest, and a condition of soil, climate and political development as different from eastern Canada as Montana is from New England. Its growth has been marvelous. Formerly known as Fort Garry, the chief post of the Hudson's Bay Company, it had in 1871 a population of only 100. It is now the capital of the province of Manitoba, contains the chief workshops of the Canadian Pacific between Montreal and Vancouver, and has a population of 25,000. It is laid out on a grand scale, with very broad streets—Main Street is 200 feet wide.

"The line of the road is very well settled, and yellow with wheat westward to Regina, but the farms are often off from the line, as the railway sections are for the most part still unoccupied; and there are many thriving villages: Portage la Prairie, from which the Manitoba and Northwestern Railway starts northwest, with a population of 3,000; Brandon, a busy grain mart, standing on a rise of ground 1,150 feet above the sea, with a population of 4,000 and over; Qu'Appelle, in the rich valley of the river of that name, with 700; Regina, the capital of the Northwest Territory, on a vast plain, with 800; Moosejey, a market-town toward the western limit of the settled country, with 600.

"Before we reached Medicine Hat, and beyond that place, we passed through considerable alkaline country—little dried up lakes looking like patches of snow. Medicine Hat, on a branch of the South Saskatchewan, is a thriving town.

"Here we saw many Cree Indians, physically a creditable-looking race of men and women,

and picturesque in their gay blankets and red and yellow paint daubed on the skin, without the least attempt at shading or artistic effect.

"The same day we reached Gleichen, about 2,500 feet above the sea. The land is rolling, and all good for grazing and the plow. This region gets the "Chinook" wind. Plowing is begun in April, sometimes in March; in 1888 they plowed in January. Flurries of snow may be expected any time after October 1st, but frost is not so early as in eastern Canada. A fine autumn is common, and fine, mild weather may continue up to December. At Dunmore, the station before Medicine Hat, we passed a branch railway running west to the great Lethbridge coal mines, and Dunmore station is a large coal depot.

"The morning at Gleichen was splendid: cool at sunrise, but no frost. Here we had our first view of the Rockies, a long range of snow peaks on the horizon, 120 miles distant. There is an immense fascination in this rolling country, the exhilarating air, and the magnificent mountains in the distance. Here is the beginning of a reservation of the Blackfeet, near 3,000.

"We went over a rolling country to Calgary, at an altitude of 3,388 feet, a place of some 3,000 inhabitants, and of the most distinction of any between Brandon and Vancouver. On the way we passed two stations where natural gas was used, the boring for which was only about 600 feet. The country is underlaid with coal. Calgary is delightfully situated at the junction of the Bow and Elbow rivers, rapid streams as clear as crystal, with a greenish hue, on a small plateau, surrounded by low hills and overlooked by the still distant snow peaks. The town has many good shops, several churches, two newspapers, and many fanciful cottages.

"At Cochrane's we were getting well into the hills. Here is a large horse and sheep ranch and a very extensive range. North and south along the foot-hills is fine grazing and ranging country. We enter the mountains by the Bow River Valley, and plunge at once into splendid scenery, bare mountains rising on both sides in sharp, varied and fantastic peaks, snow-dusted, and in lateral openings assemblages of giant summits of rock and ice. The change from the rolling prairie was magical. At Mountain House

the Three Sisters were very impressive. Late in the afternoon we came to Banff.

"Banff will have a unique reputation among the resorts of the world. If a judicious plan is formed and adhered to for the development of its extraordinary beauties and grandeur, it will be second to few in attractions. A considerable tract of wilderness about it is reserved as a National Park, and the whole ought to be developed by some master landscape expert. It is in the power of the Government and of the Canadian Pacific Company to so manage its already famous curative hot sulphur springs as to make Banff the resort of invalids as well as pleasure-seekers the year round. This is to be done not simply by established good bathing places, but by regulations and restrictions such as give to the German baths their virtue.

"The Banff Hotel, unsurpassed in situation, amid magnificent mountains, is large, picturesque, many gabled and windowed, and thoroughly comfortable. It looks down upon the meeting of the Bow and the Spray, which spread in a pretty valley closed by a range of snow peaks. To right and left rise mountains of savage rock 10,000 feet high. The whole scene has all the elements of beauty and grandeur. The place is attractive for its climate, its baths, and excellent hunting and fishing.

"For two days, traveling only by day, passing the Rockies, the Selkirks and the Gold range, we were kept in a state of intense excitement, in a constant exclamation of wonder and delight. I would advise no one to attempt to take it in the time we did. Nobody could sit through Beethoven's nine symphonies played continuously. I have no doubt that when carriage roads and foot-paths are made into the mountain recesses, as they will be, and little hotels are established in the valleys and in the passes and advantageous sites, as in Switzerland, this region will rival the Alpine resorts.

"The railway follows down the river, between the splendid ranges of the Selkirks and the Rockies, to the mouth of the Beaver, and then ascends its narrow gorge. I am not sure but that the scenery of the Selkirks is finer than that of the Rockies. One is bewildered by the ilimitable noble snow peaks and great glaciers. At Glacier House is another excellent hotel. In

savage grandeur, nobility of mountain-peaks, snow ranges and extent of glacier, it rivals anything in Switzerland. The glacier, only one arm of which is seen from the road, is, I believe, larger than any in Switzerland. There are some thirteen miles of flowing ice; but the monster lies up in the mountains, like a great octopus, with many giant arms. The branch which we saw, overlooked by the striking snow cone of Sir Donald, some two and a half miles from the hotel, is immense in thickness and breadth, and seems to pour out of the sky. Recent measurements show that it is moving at the rate of twenty inches in twenty-four hours—about the rate of progress of the Mer de Glace. In the midst of the main body, higher up, is an isolated mountain of pure ice 300 feet high and nearly a quarter of a mile in length. These mountains are the home of the mountain sheep.

"From this amphitheatre of giant peaks, snow and glaciers, we drop by marvelous loops—wonderful engineering, four apparently different tracks in sight at one time—down to the valley of the Illicilliweat, the lower part of which is fertile, and blooming with irrigated farms. We pass a cluster of four lovely lakes, and coast around the great Shuswap Lake, which is fifty miles long. But the traveler is not out of excitement. The ride down the Thompson and Fraser canons is as amazing almost as anything on the line."

THE HOMŒOPATHIC DOCTRINE of increasing potency with increasing attenuation has been ingeniously applied by the professors of the mind cure to their science, and one of them explains the working of their treatment as follows: "I have found, by actual experiment, that as the drug is attenuated its power is increased, until, when the drug is all gone and there is only mind, its greatest efficacy is reached."—*North-Western Lancet*.

QUEER SPELLING FOR A SAWBONE.—The following letter was received by a physician from a man whom he knew, practising medicine and desiring counsel: "dear Dock I have a pashunt whos physical sines shows that the wind-pipe has

ulcerated off and his lungs have drop down into his stumik i have given hym evvery thin without efect her father is welthy honable and influenshal as he is member of assembly and god nose I don't want to loos hym what shall i do ans by return male. Yours frat."—*Medical Gazette*.

THE RESULTS OF INEBRIATE RESTRAINT.—

The Dalrymple Home, which was established just five years ago for the purpose of receiving dipsomaniacs under the Habitual Drunkards Act, has made public the results of its working during that period. In the five years it has discharged 152 patients, of whom 46 voluntarily remained under treatment of twelve months and 50 for periods over 6 months, the average residence in the Home being seven months. Of the 152 patients, 9 were incorrigible and were discharged; 72 have done well since their discharge, and may be taken, at least provisionally, as cured, while 7 more are improved. It is painful to note that education seems to have no restraining influence upon intemperance, for, with the exception of 4, the whole of the patients were persons of education, and 38 of them College men; 136 of the 152 were tobacco-smokers, and the drinking mania was continuous in 92, and periodical in 70. The fact that out of 152 cases 72 were practically cured after an abstinence of seven months is very encouraging. *Medical Press and Circular*.

"THERE'S NO HARM DONE."—The following song is said by the *Hospital Gazette* to be popular just now among medical students of Dublin and London. There is a good deal of a moral in the lines:

I extracted the wrong tooth, but there's no harm done;
I like to tell the truth, when there's no harm done.
The patient never knew if I pulled one tooth or two,
And he still has got a few, so there's no harm done.

I once made a patient lame, but there's no harm done,
And he'll never be the same, but there's no harm done.
He thinks it was his fate that he took advice too late,
For a train he's often late, but there's no harm done.

I put out a patient's eye, but there's no harm done;
He thinks it was a fly, so there's no harm done.
In place of Atropin I dropped in Winter Green,
But, of course, it wasn't seen, so there's no harm done.

Once I gave too big a dose, but there's no harm done;
I request you'll keep it close, but there's no harm done,
Up the medicine he threw, or shouldn't I look blue,
What I tell you is quite true, and there's no harm done.

"HE has just come out of college,
With his head crammed full of knowledge
So he thinks! So he thinks!

He has come the world to alter,
In reform he'll never falter,
So he thinks! So he thinks!

And he'll banish all old fogies,
Just like a lot of bogies,
So he thinks! So he thinks!

In a few years he'll grow tired,
And won't act like one inspired,
So he won't! So he won't!

He will learn life's hard and dreary,
That the world ain't run by theory,
Yes he will! Yes he will!

He will then grow very prudent,
And he will laugh at the young student,
Yes he will! Yes he will!

And he'll say, I once was really
Very green and very meally,
Sure's you live! Sure's you live!

—*Dr. Heeter in Columbus Medical Journal*.