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AN ADDRESS ON ABDOMINAL SURGERY.

BY LAWSON TAIT, F.R.C.S.E., BIRMINGHAM, ENG.*

Mr. President and Gentlemen,—Every gardener knows that a plant long grown on the same soil rises or sinks or somehow or other gets to a level from which it varies not so long as its conditions remain the same, and he knows as well that if he takes that plant to a new soil which suits it—if he grows it under new conditions—its growth, change, and development are practically endless. What we know of plants is, within limits, true of humanity; and if we require proof and illustration of this, where need we go but to this endless continent of yours.

I am not at present concerned with natural boundaries created by languages which come from Sweden and Poland, Denmark and Scotland, Russia and Ireland, which temporarily limit intercourse between different peoples who perhaps settled here. Still less do I trouble about a line on the map which marks a practical Republic on the south from a splendid Democracy on the north. I have only to do with the great fact of human history—I think the greatest fact—that from out of the troubles and distresses of our eastern countries, or out of countries oppressed by over-population, and still more by the effete policies of governments of past centuries dislocated into modern life, from these there has come a great country and a great people, whose growth, change, and development promise to be practically endless. Of my own country and my own people you will not expect me—you would not wish me—to say anything disparaging. We are an old and a respectable race, and, by virtue of your descent, you share that age, and you have brought over with you a

full measure of the respectability. But in transit you have lost that questionable virtue of extreme conservatism which we retain in every conceivable phase of life. We used to have mail coaches protected against robbers by armed men, properly called guards, and we continue to call our railway servants guards without the slightest reason save that they seem to be in some fashion successors to the blunderbuss-bearers of the eighteenth century. On the other hand, you very properly call the same officials conductors. We still build our railway carriages in compartments fitted to hold six people, confined boxes that are stuffy, inconvenient, wasteful of room, and dangerous, and we do this only because one hundred years ago we built our stage coaches on the same pattern, and we thought, and we continue to think, that by sticking three of these old coaches end to end we must of necessity construct the very best kind of vehicle for railway travelling. Untrammelled by tradition, you have continued to build carriages far more convenient and suitable in every way. You have even sent them over to England for our use some ten years ago, but they had actually to be removed from our railways because the public would not use them. I might gather further illustrations of this intensely conservative spirit which governs everything English. I might wander into the regions of politics and religion and hundreds of other sources, but I prefer to take one of which I can speak at length and in detail—one upon which I believe, if I read aright the compliment you pay me by asking me to appear here before you, I can speak with some authority.

In my youth the medical education of a British student was not considered complete unless he had made a tour of the schools of France and Germany, and, like others, I felt of myself as was said of Proteus:

“ 'Twould be a great impeachment to his age
In having known no travel in his youth.”

But I wish now that the time and money therein spent had been directed to the western instead of to the eastern continent. And I now predict that ere long it will be to the medical schools of America that our students will travel, as did the apprentices of old before they settled down to the serious exercise of their craft. For many years past I have been visited by numbers of my professional brethren from this side the Atlantic, many of whom

* Delivered before the Canada Medical Association, August 26th, 1884.

have settled down for days and weeks, and even months, to see my work. I have been overwhelmed by the kindest invitations to visit this continent, but till now I have never ventured across. This delay is an instance of British conservatism, for it is very little the fashion amongst us to take long holidays. I have not had a holiday for seven years, and only the most eminent doctors in England take an annual outing; but on this side I find that none of you think much of a trip across the water, involving leaving your businesses for three or four months, and, from what I have heard, the struggle for existence is as keen as it is with us, perhaps keener. My American visitors have, one and all, impressed me with the feature of mind which I fear in England we do not possess—the power of judging any question solely upon its merits, and entirely apart from any prejudice, tradition, or personal bias. No matter how we may struggle against it, tradition rules all we do; we cannot throw off its shackles, and I am bound to plead guilty to this weakness myself, perhaps as fully as any of my countrymen may be compelled to do. I may have broken free in some few places, but I know I am firmly bound in others; and my hope is, that my visit to a freer country and a better climate may extend my mental vision.

To come to my intended illustration, let me briefly remind you of the early history of abdominal surgery. The first operation for the removal of an ovarian tumor was performed unwittingly, in 1701, in a Scotch village; for Robert Houston began there a tapping, and finished by making a successful ovariectomy. It was not till 1809, eighty-six years after Houston's case was published, that his example was imitated, and even then it was not in Europe, but in the fresh soil of the backwoods of Kentucky that the young seedling obtained its first full growth, and from that time and from this country dates the history of abdominal surgery. But how slow the growth! In 1863 I heard my master, the Professor of Surgery in the University of Edinburgh, settle all this vast field of human progress in these few words: "Abdominal surgery is abominable surgery." Syme, the greatest surgeon by far with whom I have ever come in contact, shared the views of his colleague in this matter, and I fear that in both the sentiments originated far less in the merits of the question than in their mutual dislike (almost the only sen-

timent they had in common) of John Lizars, who, having read Macdonald's manuscript when it was sent to John Bell, was immensely struck by the success of the heroic Kentuckian, and was desirous of following his brilliant example. Most unfortunately for humanity, the success of Lizars was of a very doubtful kind, and abdominal surgery had to wait for the advent of Dr. Charles Clay and Mr. Isaac Baker Brown. The story of the latter brilliant and unfortunate surgeon is now a twice-told tale, and I can only repeat what I have said at length elsewhere—that his disastrous downfall was a misfortune for humanity, delaying as it did the progress of abdominal surgery for fully a quarter of a century. The whole question of this progress lay in the peculiarly narrow issue as to whether the pedicles of ovarian tumours should be dealt with inside the peritoneum or outside it. Here, again, the new country was first in the race; for between 1820 and 1830 the decision in favour of the intra-peritoneal treatment was given in America in such a way that the question ought never to have been reopened. The arbitrament of abdominal surgery between 1866 and 1876 was left in the hands of a man still living, and he carried through his practice a mortality so heavy as to be absolutely prohibitive of fresh enterprise. Mr. Baker Brown left off practice in 1866 with a mortality of ten per cent. with the cautery, whilst, after operating on a thousand cases, Mr. Spencer Wells had a mortality of twelve per cent. in the last hundred with the ligature, and over the whole thousand the mortality was exactly twenty-five per cent. With such results as these, the marvel is not that the conservative surgeons cried out twenty years ago that the craft was in danger, but that the removal of ovarian tumours ever became an accepted operation at all. As I have said over and over again, as I shall never tire of saying, to Keith is due the whole credit of the modern development of abdominal surgery, and it has ever seemed to me specially hard that while wealth and a title has been the lot of the man who had done nothing but obstruct progress, yet to the author of our present proud position, nothing has come save a good deal of misrepresentation and abuse. In 1878 the doctrines and practice of Lister, after twelve years of preaching on the part of Mr. Lister, had penetrated to London and were taken up by Mr. Wells and his assistants. I had practised all the details in

their ever-varying form, as recommended by Mr. Lister, from 1866 onwards, and gave them up one after another as I found they disappointed and hindered me. Finally I gave the spray and its adjuncts a long and complete trial—a trial far more careful in its details than anything I ever saw elsewhere, extending over three years. I have published in detail the disastrous results of this experiment, and at last gave up all these unnecessary dangers, and, since January 7th, 1881, my practice has been entirely free from all these details. Since then my example has been followed by Dr. Keith, Dr. Bantock, and by my colleague, Dr. Savage, and the only surgeon now who uses the Listerian details for abdominal surgery is Mr. Knowsley Thornton. He still claims for Listerism the most of our present progress, in spite of the fact that Keith, Bantock, Savage, and myself have all far better results without Listerism than Mr. Thornton has with it. Mr. Thornton went so far recently, as to say that his (Mr. Thornton's) bad results in hysterectomy were due to the fact that in this operation the Listerian details could not be effectually applied. But the facts of the practices of Mr. Thornton and Dr. Bantock, the two surgeons to the Samaritan Hospital, settle this question when they are contrasted. Mr. Thornton uses the Listerian details for hysterectomy as well as he can, and in twelve cases he has had five deaths, while Dr. Bantock does not use the Listerian details at all, and in twenty-two cases he has had only two deaths. The explanation of the difference will be evident to every one who has seen both of these gentlemen operate. To see Dr. Bantock do a hysterectomy is a lesson in surgery, and one from which I learnt a good deal.

To see my own work, I have been honoured with the visits of a large number of surgeons of this continent, some of whom I see here now. I believe they, one and all, came with a belief that they would find I had some secret antiseptic agent, the use of which was the explanation of my success. If I have such an agent, it must be of universal existence in nature, for I have made some of my visitors take the water from the tap and put it into the basins for the sponges, and over the instruments and into the abdomen. I have made them drink it, and have offered it to them for analysis, and, so far, I have not been detected in

any magic exercise. My visitors always ask to what I attribute my success, and I answer that I cannot tell. They frequently suggest that it is climate. My answer is that our climate is the most variable and uncertain—the worst in the world. It is not fresh air, for the great majority of my operations, and always the worst, are done right in the middle of a large manufacturing town.

If I may formulate my own answers, they would be briefly to this effect: I have given up my life to this work, and I engage in no other kind of practice; therefore I have a constant weekly experience of five or six of these operations, sometimes as many as eight or ten. I pay the most minute attention to every detail, and maintain an absolute rule of iron over my nurses and my patients. I will not, if I can avoid it, operate in a private house, for there I have no control over either nurse or patient, still less over foolish friends. I can best illustrate the extent to which I carry discipline by telling an incident which occurred recently of a kind of which I have had a few, but not many, experiences. For my private hospital I have a rule that when a patient is admitted she must go to bed immediately. A lady with an ovarian tumour arrived, after a journey of some hundreds of miles, and was asked by the nurse told off for her, to go to bed. She said she would not do so until she had seen me. The nurse assured her that I would not come near her till she was in bed. The patient remained obstinate and I sent a message to her that she must either go to bed or go home again, and she elected to do the latter, with much satisfaction to myself. She doubtless thought and you may think, the rule in question is an absurd one, but the absurdity is only on the surface. It is a test of the patient's obedience and confidence in me, and I know very well that with a patient who begins by disputing my orders and doubting the wisdom of my directions, I never could get on, and therefore it is better for both that we should have an early parting. My nurses I always train myself—in fact, I will not have one who has had previous experience, for I know very well that such a woman will inevitably, to save herself trouble, do something in a way she has done elsewhere, and probably for some purpose altogether foreign to my intention, and will therefore become to me a source of danger and annoyance. Finally, I give great personal attention to

cleanliness in every detail of my work. I trust no nurses or servants without overlooking, and am constantly and at unexpected times turning up carpets, taking down shelves, and rooting out cupboards. In this way, and by a process of weeding, I have obtained a large staff of good servants, and have formed a large establishment in which every available precaution is secured. I can give no other reasons than these for my success, and probably they will commend themselves to you.

There are some causes intrinsic to the work itself from which the success has sprung to a large extent, and of which a few words may here be said with advantage. The first, of course, is the discontinuance of the clamp, of which I have said a great deal elsewhere. Whatever Sir Spencer Wells may say to the contrary, neither with nor without Listerism would anybody go back to the clamp. But the curious thing is that, from our recent experiences in hysterectomy, it would appear that it is not so much the clamp that has been to blame as Mr. Spencer Wells' method of using it. Hysterectomy must always be a more serious operation than an ovariectomy. But Dr. Bantock has now obtained better results in removing the uterus with the clamp than Mr. Spencer Wells ever got in removing simple ovarian tumours, and we must bear in mind that Mr. Wells always insisted that he used the clamp for his simplest cases with long and easy pedicles. Puzzling over this mysterious and startling contrast, I went to see Dr. Bantock operate, and amongst other things I found he had given up using perchloride of iron for the purpose of tanning the stump. I asked him why he had done so, and he told me he was quite sure that the use of the perchloride of iron had added greatly to the mortality of the clamp, because with a thick pedicle secured by a clamp it is impossible to accurately close the abdominal wound and prevent draining into the cavity. I did not at once accept Dr. Bantock's explanation, but I determined to use the perchloride no more. Like everybody else, I was prejudiced in favour of the statement made by Mr. Spencer Wells, that a putrefying stump would poison the wound; and therefore I could not make up my mind to allow it to remain without some kind of interference. Years ago, in blaming the clamp for our high mortality, I had pointed out the likelihood of this incomplete closure as being one of the causes, if not

the chief cause, of death; but I certainly did not suspect the perchloride of iron as being the fatal agent. A few days after my interview with Dr. Bantock I had to perform a hysterectomy, and I dressed the stump with crystals of thymol. The patient died of peritonitis on the fourth day, and that the thymol had trickled into her peritoneum we had proof enough. Since then I have done a hysterectomy without dressing the stump at all, and the patient has done perfectly well. It will be curious and no less instructive, if we find Dr. Bantock to be right, and that the use of perchloride of iron, the only contribution Sir Spencer Wells has ever made to abdominal surgery, should turn out to be the cause of his tremendous mortality. In any case, it is a remarkable example of how absurdly we are all governed by *a priori* statements absolutely void of any argument in support of them, and having been made by some one with an authoritative name and position, are accepted without doubt. If Dr. Bantock's brilliant results are obtained by others in the same way, then we have been going on destroying women with perchloride of iron merely because Mr. Spencer Wells said we should use it.

As the whole aspect of abdominal surgery is, at the present moment, controversial—as the progress and practice of this part of our art form the chief objects of my life, you need not be surprised if I have made this address somewhat of a polemic. The greatness of the opportunity—the fact that an address given to you will be read where mere utterances of mine would be passed by—obliged me to take advantage of the opportunity you have given me to carry on the discussion. The course of this particular line of work has, as you are all aware, taken a sudden bound of activity within the last few years, and the reason is a very simple one. The immense success of the removals of ovarian tumors such as threatened to destroy life with absolute certainty, which followed the efforts of Baker Brown and Keith, led some of us, myself especially, to venture into regions where life was not necessarily, or, at least, not apparently threatened, but where suffering was persistent and unendurable, and where the sufferers had been proved by protracted trial to be outside the powers of ordinary remedial measures. In a recent paper by Sir Spencer Wells, published in the *Med. Times and Gazette*, the argument is completely dislocat-

ed and put in an altogether *outré* fashion, and therefore I must here give a little attention to the views of that writer. He tells us that ovariectomy had, at one time, a mortality of 70 or 80 per cent., but I know not whence he gets his information. Doubtless it would be possible to find occasional examples of surgeons with a limited experience having such a heavy death-rate, but such isolated cases would not yield a fair statement of the facts. I read a few months ago in an American medical journal that in Italy there had been 100 cases operated upon with 53 deaths, and the newspaper recorded the fact that 34 surgeons were engaged in the sanguinary work. But when the work of men who can be called ovariectomists is examined, no such results are seen. Charles Clay was the first man who did ovariectomy in England, and his maximum of mortality in his first series of cases was 40 per cent., and it speedily fell to 25 per cent., and this is pretty much what has been recorded by Sir Spencer Wells of his own practice.

In the paper of which I am speaking, Sir Spencer goes on to say that "afterwards, when the strictest hygienic precautions were supplemented by antiseptics, and improvements in operative details were generally adopted, success became so great that ovariectomy not only took its stand as by far the most successful of any capital operation in surgery, but the risk attending it in a favorable case could truly be calculated as little, if at all greater, than that attending any case of natural child-birth, and, as a necessary consequence, early operations can be advised with less hesitation." The statements in this quotation are wrong from beginning to end. In the first place, the mortality of ovariectomy in the hands of Keith and myself still remains at or about three per cent., and we have shown the least mortality yet available. The mortality of natural labor, on the other hand, is certainly not .25 per cent. The statement that a diminished mortality has led to early operations ought to be exactly reversed, for it is the early removal of tumors and the discontinuance of tapping which have largely contributed to our present splendid results. Sir Spencer Wells' teaching inculcated the practice of tapping and its repetition until the patient was within measurable distance of the grave, but his successors have reversed all this with infinite advantage to their patients, and we now look upon tapping as a sort of surgical

crime. This material alteration in practice led us, step by step, in the direction I have indicated, and we began to discuss the greater advantage to which I have just alluded. Every specialist is familiar with the large class of miserable women who wander about from hospital to hospital, or from consulting-room to consulting-room, seeking relief from their ailments unavailingly.

Let me take the first class to which Sir Spencer Wells alludes in his recent paper on cases of uterine tumor. There can be no doubt but that there are hundreds of uterine tumors that give no trouble at all, but these are not the cases that come to us. If a woman has no pelvic trouble, she does not present herself to the gynecologist, and if she has a uterine tumor which gives rise to no symptoms, that tumor, of course, remains undiscovered. But when she suffers from distress occasioned by pressure on the viscera, from severe hæmorrhage, or increasing size, she comes to us and asks for advice. Suppose we find her suffering from a uterine myoma, what are we to do? The answer to this question is like the answer to every other of a similar kind. If the tumor is small, the woman comparatively near her climacteric, and the hæmorrhage such as can be moderated by rest in bed and the use of ergot, then she can be advised to let the tumor alone; but if the woman be not near her climacteric, and the hæmorrhage does not yield to treatment, especially after a fair trial of treatment, the tumor is found to be actually going on, then surgical treatment is demanded. Of course, each practitioner of medicine does, and always must, carry on his work in his own way, and there can be no doubt that within certain limits the measure of his success stamps the rightness or the wrongness of his methods. James Syme used to teach us that there were three methods of conducting our professional business, but that there was only one way to real success. He said there were three interests involved. The first in order is that of the patient; second, that of the professional colleague; and third, that of the practitioner himself. Syme insisted that the several interests should be rigidly kept in the order in which he placed them, or things would be sure to go wrong. I have never heard sounder advice. I have never lost sight of it, and so far as within me lay I have striven to follow it. In the proposal of a new proceeding two dangers clearly occur. The first is that of the

enthusiastic upholder of the novelty; he may be disposed to run too fast on the new line. The second is that of the obstructive who, merely a believer in the times that are past, can see no possibility of their improvement. For the first danger the remedy is a wholesome scepticism, leading into just and careful criticism; the remedy for the second is more difficult, for it involves the patient endurance of much misrepresentation, and a protracted combat upon the points of criticism which have no weight in themselves, and have an importance gained only by persistent reiteration. In the line of practice of which I am about to speak, the point most persistently urged against our new line of practice is that unnecessary operations are performed. Now, this is an argument which it is extremely difficult to argue upon, because those who speak on the two sides of the question start from altogether different standpoints. Those of a past generation, like Sir Spencer Wells, apparently regard it as justifiable to perform operations in this department of surgery only when life is pronouncedly in danger; we, on the contrary, of the younger school, believe we are justified in extending our practice for the relief of suffering, and we regard this as a higher function than that of the mere saving of life. To end the discussion on this point, I would point out that our critics endeavor to apply an arbitrary rule for the repression of abdominal surgery which has never yet been applied in any department of the art. Let me ask, if we find a man suffering slightly with the early symptoms of a small calculus, do we not at once proceed to relieve him by removing it from his bladder? In fact, in the domain of what is called general surgery, has it not become the established practice to perform operations which are accompanied by very considerable risk of life merely for the rectification of deformities, such as bowed-legs and knock-knees, which have not the remotest risk of life attached to them and which involve no kind of suffering. The ultimate court of appeal comes then to be the patient's own decision, and I do not find that persons prefer to go on suffering pain and the disabling effects of profuse loss of blood rather than submit to a surgical operation, the details and effects and ascertained risks of which are completely and candidly placed before them.

In the treatment of uterine myoma two alternatives occur, and these are both the subject of very

hot discussion on my own side of the Atlantic; they are the removal of the uterine appendages, and the removal of the uterine tumor itself by the so-called supra-vaginal hysterectomy. No one in Europe, at least only one so far as I know of any importance, doubts that removal of the uterine appendages arrests menstruation completely in the great majority of cases, arrests the growth of uterine myoma generally, and in many instances causes it to entirely disappear. Mr. Knowsley Thornton, Dr. Savage, Professor Hegar, myself and others, have reported numerous cases in detail. I have published a long series in the *Am. Jour. of Med. Science*, but Sir Spencer Wells dismisses us all in the brief sentence: "Vague, unsupported assertions have little influence upon the opinion of a thoughtful or a sceptical profession." Sir Spencer Wells must pass his retirement in some other occupation than in perusing the modern literature of his specialty, and therefore his criticism need hardly engage our attention.

The great majority of cases of uterine myoma, which come to us for surgical treatment, can be quite satisfactorily dealt with, and it is an operation having a small and steadily diminishing mortality. Since 1878 I have performed it many times with few deaths, but am unable to give the exact figures just now. The arguments used against it are, first, that of its mortality, but this mortality is the inevitable result of early work, and is therefore not a permanent objection. It was an objection urged twenty-five years ago against ovariectomy, but it no longer holds good against that operation. The second objection is that myoma itself is not a fatal disease, but this argument is not in harmony with my own experience. Even if it were a just one, however, it is admirably met by the plea entered at Ryde by Dr. —, of —, in the discussion of my paper on the subject, to the effect that it is to the rights and relief of the majority that we must have regard, and that the function of our profession does not end with the saving of life, but is chiefly that of relieving suffering.

Two other objections have been urged generally against the removal of the uterine appendages—that it sterilizes and destroys the patient's sexual appetite. Of course, a woman is completely sterilized by a uterine myoma ninety-nine times out of a hundred, so that the process of complete destruction of fertility is a matter of little moment. The other ob-

jection has been shown to be perfectly groundless, but even if it were not so, it could hardly be urged on the ground of morality that a woman should go on suffering because she ought not to suffer any diminution of that animal propensity which it is the chief object of the higher life of all religious culture to subject, and the subjection of which forms for all creatures the greatest difficulty in existence.

There are cases of myoma demanding surgical treatment upon which removal of the uterine appendages seems to exercise no satisfactory influence. Mr. Knowsley Thornton has made a very valuable suggestion—one which certainly deserves very careful consideration—that all cases of myoma requiring interference are first to be subjected to the removal of the uterine appendages, and then to subsequent operation if it should be necessary. The only objection to this I can offer at present is an incomplete one. I have pretty well satisfied myself that there is one form of myoma on which removal of the appendages exercises no control. The variety I have named the soft œdematous myoma. But it is not easy to recognize this form of tumor until after it has been removed. Again, there are a few cases, very few I have found them to be, in which the appendages cannot be removed, and we must proceed to hysterectomy. Finally, the removal of uterine tumors has had such brilliant results in Bantock's hands that I am in hopes that a new era for hysterectomy is being opened out.

Another class of cases wandering about after relief are those upon whom I have operated in large numbers, and have found chronic and incurable disease of the appendages in the form of chronic inflammation of the ovary, chronic inflammation and occlusion of the tubes, these latter being occluded and distended by serum, pus, or blood. When I first published my work on this subject there was, of course, a large amount of incredulity expressed about it, and this incredulity was not much lessened by the exhibition of a large number of specimens at various societies, and their permanent exhibition in the museums of the colleges of surgeons. Many, particularly amongst my metropolitan brethren, loudly asserted that there were no such diseases, and Mr. Spencer Wells stated at the International Medical Congress in London that if such cases did occur they must all go to

Birmingham. But Dr. Kingston Fowler has shown not only that they exist in London, but that they are far more fatal than I had any idea of, and that they have been and are overlooked and misunderstood in the metropolis just as they were overlooked and misunderstood in my own practice previous to 1878. Concerning this incredulity, please distinctly understand that I don't blame anyone for it. It is a necessary part of all human progress. I do not even blame my metropolitan brethren, as they seem to think I do, for not discovering these cases and properly treating them. That is the fault of the mechanical school of gynæcology established by Simpson, and which still exercises a far too great influence over this department of our art. During the last twenty years displacements have had a great run, just as before that time everything was put down to ulceration, and no man considered himself properly armed for the treatment of disease unless he carried a speculum and a caustic stick about with him in his gig. The mechanical school revels in the sound and pessary, both useful enough instruments in their proper places, but, when misused, capable of endless mischief, for many of the so-called displacements are now known to be constituted by chronically inflamed and adherent tubes and ovaries which can be relieved by removal only.

You will ask me, at starting, to tell you how this disease may be recognized, and I have to answer that their diagnosis cannot now, and probably never will, be a matter of certainty. They begin generally in some acute attack of pelvic inflammation, from which the patient dates all her troubles; and when you get such a distinct history you ought at once to be on your guard. This illness may have arisen, for instance, in a closely-confined and confessed attack of gonorrhœa; or it may be an attack of pelvic perimetritis, occurring after a miscarriage or a labor; or it may have arisen in one of the exanthematic fevers or a simple cold. In some of the cases, however, you get no clear starting-point in the history, and then the diagnosis is generally more difficult. The symptoms are usually precise enough, yet unfortunately none of them are peculiar to the condition of which we are speaking. Pain is, of course, a leading feature; indeed, it is rarely without pain as a chief incentive that patients consult us at all. This pain is complained of as being constantly present, greatly aggravated by

walking, and becoming intense for some hours or days before the period, and lasting throughout its continuance. Menstruation is usually too frequent and too profuse. In the great majority of the cases the uterus is somewhat fixed, and a tender mass can be felt on one or other side of it, perhaps on both sides and behind it. When the tubes and ovaries are down behind the uterus and adherent there—and this is by far the most common condition—the diagnosis to a beginner is very difficult. Nothing looks more certain and easy than the diagnosis of subinvolution and retroflexion, and without further consideration a pessary is introduced, with no other result than that of aggravating the patient's sufferings; in fact, I may say that at this point her troubles will begin to be serious, and she will wander about to collect various kinds of instruments from various practitioners, until she ends either a helpless and hopeless invalid or dies from an attack of acute peritonitis. In some of my most marked and most successful cases there have been no physical signs whatever, and I have felt myself reluctantly justified in interfering only by manifest reality of the patient's sufferings.

Here let me just say a word about the much discussed question of subjective symptoms. Everybody has heard the celebrated story told of Liston—that a hysterical girl persuaded him to remove a healthy limb for supposed disease of the knee-joint. But is there any other story of the kind known? If there is, I have not come across it. We certainly do meet with women who will tell the most extraordinary and incredible stories about their sufferings; but the stories are so inconsequent and contradictory that there is no difficulty in discounting them. Besides, they have no support from the presence of corresponding physical signs. A woman whose story is real has a sequent narrative, and she will submit to treatment; while the woman who is a humbug flies off in a temper the moment the suggestion is made that she should submit to an operation in which she risks her life. I have never yet known a woman submit to an abdominal section in whom I did not find abundant justification for its performance, even in cases where I had been extremely doubtful about its real necessity before I undertook it. I have known many patients to whom I have made the proposal as a test of their reality, and who have, much to

my satisfaction, speedily taken themselves off to some other practitioner.

Of the details in these operations in these cases I have no time to speak. Indeed, I could deal with them satisfactorily only in a series of lectures. Suffice it to say that the operations are extremely difficult, for the structures are always very adherent, and the operator has nothing to guide him save the erudition of his touch. Concerning the cases of occluded and distended tubes, some of my critics have suggested, without any experience, that something short of abdominal section might suffice for their successful treatment, such as tapping the tubes from the vagina. But a trial of this proceeding long ago satisfied me of its impracticability and its uselessness, and my growing experience confirms me in the conclusion that we have no alternative. I am often asked concerning the subsequent history of these cases, and I am able to say I have published the details that the great majority of them are relieved at once and completely by the operation. There remains a tenderness of the stump in some of them for some months. In four very bad cases *fæcal fistulæ* formed, but in two the sinuses have healed and the patients are perfectly well. In the third case the fistula opens still at occasional intervals; and in the fourth case, by far the worst I have ever had, the patient being literally at death's door when the operation was performed, the fistula still remains, some twelve months after the operation, but even here her health has so greatly improved that I am hopeful of its permanent closure in time.

I have occupied your time already at too great length, and yet have left myself no time whatever to speak of a great variety of topics within the limits of the subject of my address of which I fain would have spoken—subjects entirely novel, and full of the deepest interest alike to the practical surgeon and to him who takes but an interest of a literary kind in the progress of our art. In fact, it is a matter of regret to me that I cannot address such an audience as this in a series of lectures rather than in an address which must necessarily be brief. It is one of the great defects of a position such as I hold—a defect inherent to a special line of practice—that it practically shuts out its follower from any chance of being a teacher. Besides this, I feel strongly as acting to my own

prejudice, and I am certain it is a misfortune that those who, like myself, are very largely engaged in work strictly limited to a department, can never communicate as successfully the results of their experience as can those who are engaged in teaching. I regret, therefore, that I must pass over without mention the important field of new work which has been opened up within the last few years in the surgical treatment of the liver, spleen, kidney, and intestines. I cannot even stop to speak of many other less striking, but no less important subjects, such as the treatment of pelvic abscesses by abdominal section and drainage, though all these are of less importance, in so far that they excite but little hostility; and what I have to say further to you I propose to limit to a brief discussion of a proposal made by Dr. Battey for the production, artificially, of the menopause for the purpose of indirectly benefiting patients from conditions more or less neurotic, the symptoms of which are apparently influenced by the recurrence of menstruation. It must be perfectly clear to the most casual observer that this is a field of an extremely ill-defined character—one which, at first sight, offers very intangible prospects of success, and in which the indications even of success must be very vague and indefinite. There can be no doubt that a large number of women suffer in such a way as to make it perfectly clear that if they were relieved from recurrent menstruation they would be improved materially, but there can be as little doubt that the application of this idea—in itself a brilliant one—requires the utmost care. I have no sympathy with stupid obstructionists who, because they scent danger in the air, would absolutely prohibit its application; but I have sufficient regard for the expression of every kind of professional opinion to recognize the necessity for the full exercise of caution. When the proposal was first made, I recognized this so fully that I selected for whatever experiments I should make in this direction a disease concerning the reality of which there could be no doubt whatever: I mean epilepsy. It is a perfectly easy thing to recognize by two facts alone any case of genuine epilepsy from mere hysterical imitation. It was, I think, Dr. John Hughes Bennett who clearly established the facts that none but the true epileptics ever seriously hurt themselves during the attacks, and that after the fits are over the epilep-

tic is always somnolent. It is certainly the case that in a large number of cases of epilepsy in women the incidence of the disease is concurrent with menstruation. It is also true that every epileptic woman, certainly whose case I have investigated, is worse during the menstrual week than at any other time. In some cases the epilepsy is absolutely limited to those days of the month during which the menstrual flow is in existence. It was, therefore, a perfectly easy thing to select a number of cases in which the experiment of Battey's operation seemed capable of justification. For the purpose of trying the experiment I selected six cases, and to these I have absolutely limited its application, though from the number of cases who have been sent to me for the specific purpose of having the operation performed, I suppose I might have been able by this time to have placed several series of attempts on record. The reason of my careful restriction has been that I did not care to prejudice the results of my other work by complicating it with what seemed to me a doubtful kind of proceeding, but all my care has been to some extent fruitless, for I have been persistently charged by a certain class of writers with having performed a large number of useless and unnecessary operations in removing normal ovaries from women suffering from nervous disorders. Indeed, so late as July 5th last, Sir Spencer Wells wrote the following sentences which, though they may have been intended for some one else, I cannot but suspect were levelled at me. They are as follows: "Just now something more than a word of caution against rash, dangerous and unnecessary operations is called for. We are startled by the reports of the removal of normal ovaries of young women suffering from nervous disorders, which may be exaggerated or imaginary; and it is to be feared that our professional honour is at stake, and that abdominal surgery in its latest developments is open to the denunciation hurled against the earlier ovariologists, and that with more reason than in 1850. Lawrence's question must be repeated, whether such operations can be encouraged and continued without danger to the character of the profession, and West's assertion that the fundamental principle of medical morality is outraged, cannot now be satisfactorily refuted."

Though I am fairly familiar with the literature of abdominal surgery during the last ten

years, I am absolutely ignorant of anything which can possibly justify such ridiculous exaggeration. I have publicly challenged Sir Spencer Wells to indicate the proceedings to which he alludes, and to produce the evidence upon which he bases his charges; but up to the moment of my leaving England he had not taken up the gauntlet. It is a somewhat remarkable fact that, in another journal of the same month, the same writer actually pleaded in favor of the removal of tubercular lungs, that such an operation would be justifiable if it saved one patient in twenty of those operated on, and it seems to me absolutely impossible to reconcile such a recommendation with the denunciation I have just read. So far as my own work in Battey's operation is concerned, in not a single one of the six patients operated upon were the uterine appendages normal. Two of them were carefully investigated by independent observers, one of whom was the well-known and accomplished pathologist, Mr. A. Doran, by whom the specimens were fully described and figured, in the *Brit. Med. Journal*.

The results of these operations were, in the first place, that all the patients made easy and uninterrupted recoveries; the operations were performed after the most careful consultation, and with the full cognizance on the part of the patients and their friends of the results which were certain, and the entire speculative nature of those it was hoped would be obtained. As I have already published the cases in detail, with the exception of the last, which was only performed a few weeks ago, I need not here repeat them, save in general terms, and that is to the effect that in two cases the results are such as to completely justify the proceeding. In both of these the disease before the operation was so intense that it was threatening life, but now it is almost entirely subdued, and the health of the patients has been enormously improved. In one case, the disease was arrested for a year and a half, and though it is now returning the patient has been transformed from a wretchedly feeble and broken-down girl into a healthy and robust woman, although affected by epilepsy almost as badly as before. In two others, the disease has been greatly modified, and the health of the patients has been immensely benefited. From this brief record it is quite a matter open for discussion as to whether the continuance of the proceeding can be recommended, and I am bound to say that I have not myself a very

strong opinion in the affirmative; but I think, if I had a daughter with feeble health, the result of pronounced menstrual epilepsy, I would advise her to have the operation performed. From what I have seen of it myself, I think there can hardly be any risk about it, and if performed with the precautions indicated, I do not think it can be brought under the sweeping category of Sir Spencer Wells as being either rash, dangerous or unnecessary. There is another argument, and I think one that may be said to have some moral force, in that it will assist in the prevention of the distinctly pronounced hereditary tendency of the disease, and we should at least hesitate before we entirely condemn it. Certainly a great deal more can be said for it than for the proposal of pneumotomy for phthisis, on the assumption that the removal of a lung would only save one patient out of twenty. Removal of the uterine appendages for epilepsy would probably not kill more than one per cent., and I am certain it would materially relieve fifty per cent.; it would improve the health of the great majority of patients, and I don't think it would make any of them worse than they were before the operation. I am hopeful, therefore, that the verdict of professional opinion will not be adverse to a fair and reasonable trial of Dr. Battey's proposal, and I trust that the freedom from the prejudice and the shackles of tradition which we find on this side of the Atlantic will secure for it a fair field.

And now, in conclusion, let me thank you most sincerely, and not only you, but many other professional bodies and large numbers of professional friends, for the kindly, I may say overwhelming, reception I have met with at your hands. For many months before I left home, there arrived hardly a mail which did not bring me invitations to partake of public or private hospitality, and these kind expressions of regard brought forth feelings of deep regret that my stay here could not be prolonged for as many months as it is limited in days. There is one thing in this reception I recognize above all others, and it is, that you are treating me not on account of any merits of my own, but as the representative of a large body of men in my own land to whom you have owed much in the past, and with whom you are in the present united in a common bond of brotherhood and community of sacred purpose. I predict that in the future this union and unity will be more and

more complete. That it ever should be endangered would be a diaster for humanity. As the blunder of a century ago, which severed from the old country her most prosperous children, kept the whole progress of the world in abeyance for nearly two generations, so any future instance would be more diastrous still. God grant that we may never see it!

Dr. Grant, of Ottawa, in a few appropriate remarks moved a vote of thanks to Mr. Lawson Tait for his admirable address, which was seconded by Dr. Brodie, of Detroit.

Dr. McMillan, of Hull, Eng., doubted the advisability of removing the ovaries when no objective signs were present. He thought that Sir Spencer Wells' remarks on this subject were addressed more especially to young men, whose experience might be less than their enthusiasm, and not to men of large experience.

Dr. Trenholme, of Montreal, said he had performed the operation of removal of the ovaries twelve years ago, in a case where there was severe menorrhagia and metrorrhagia, with marked benefit to the patient. In recent years he had performed the operation frequently, and the results were, as a rule, satisfactory.

Dr. Hingston, of Montreal, congratulated Mr. Tait on his and Dr. Keith's disuse of Listerism in abdominal surgery, and thought the splendid results they had obtained were largely due to it. He thought with the speaker that the use of the perchloride of iron was a mistake. He took exception to the criticism on Sir Spencer Wells, and thought that public opinion, which had pronounced unmistakably in Wells' favour, was not a bad criterion. He disapproved of Mr. Tait's rule as a guide to the necessity of an operation, namely, that serious cases submit to operations and the hysterical do not. His own experience was that the hysterical carried out their acting to the end, at least in America, and gave an instance in illustration, where he had been implored to remove the appendages in a young person; he declined; the patient afterwards married, and all the symptoms had disappeared. He thought that when the objective signs were clear, no hesitation should be experienced in operating; but when the signs were altogether subjective, operations would be performed that were unwarrantable. An unnecessary operation of this nature was a crime against society, and it interfered with

the interests of the state. He did not agree with Mr. Tait that the operating surgeon could place the responsibility on the shoulders of the general practitioner who had advised the operation in the first instance. He gathered from the fact that only a few (6) out of a large number of cases of epilepsy had been selected for Battey's operation, that Mr. Tait did not favor it.

Dr. Brush, of Utica, N. Y., referred to Dr. Miner's operation of ovariectomy by enucleation, and said it had been his pleasure to watch the impetus which that valuable and unique suggestion gave to abdominal surgery.

He regretted that Mr. Tait did not refer to the removal of the uterine appendages in certain cases of insanity, to hasten the menopause. Prof. Wm. Goodell, of Philadelphia, has reported a few cases in the *Am. Jour. of Insanity*, in which he had successfully performed Battey's operation for the relief of insanity in patients in whom there was marked increased mental disturbance associated with the menstrual flow. With these cases in view, and bearing in mind Mr. Tait's statement that a mortality of not more than one per cent. need be feared, he would go home with increased faith in the propriety—nay, even the necessity—of the operation, in certain cases.

Dr. Heywood Smith, of London, said he agreed with Mr. Tait as to the greater difficulty in the operation for removal of the uterine appendages as compared with ovariectomy. As to the effect of the operation on fibroid tumours, his opinion was that it was of more use in cases of soft tumours than in those of a more dense structure. He had seen cases where, after the removal of both ovaries, profuse hæmorrhage continued so as to endanger the patient's life. But in cases of severe dysmenorrhœa, the result of chronic ovaritis and subsequent morbid changes in the ovary, he was convinced that the removal of the ovaries held out the best prospect of cure. He approved of Listerism, but occasionally used eucalyptus, which had this advantage over the carbolic spray, that there was no noise nor wet fog. In reckoning the advantages of the spray or the reverse, we must be careful to estimate the growing experience of each operator, and not hastily set aside Listerism under the idea that it is useless or worse, when increased success may most probably be due to the increased experience in operating. Under the use of anti-

septic measures at the (N. British) Lying-in-Hospital in London, the mortality during the past three years had been reduced to .062 per cent. He also said that the removal of the ovaries did not interfere with the sexual appetite, nor did it make women scraggy; on the contrary, many became plump after the operation.

Dr. Gardner, of Montreal, said he had been in the habit of removing submucous myomata which caused dysmenorrhœa, menorrhagia and metrorrhagia with Thomas' serrated spoon, and would like to ask Mr. Tait if he considered the removal of the appendages safer or more effectual in such cases.

Dr. Protheroe Smith, of London said he thought that the discontinuance of bleeding, by favoring congestion of the internal organs, had made ovarian disease much more common in recent years.

Dr. Fulton, of Toronto, asked Mr. Tait if there were not cases in which tapping as an aid in diagnosis was admissible? And if in some cases where there was extreme distension of the abdominal walls, it was not safer to withdraw a portion of the fluid to reduce the distressing symptoms?

Mr. Lawson Tait, in reply, said that as Sir Spencer Wells had never hesitated about knocking other people over the knuckles, he must not expect to escape similar treatment. Mr. Tait had only to say that any criticism he had ever made of Sir Spencer Wells was with most friendly intentions, dictated by an intimate acquaintance extending over many years.

Dr. McMillan and Dr. Hingston had both somewhat misunderstood what he had said about operations performed in the absence of physical signs. Those cases were absolutely limited to three cases of epilepsy and about three others in which the operation was urged, and the whole responsibility of its performance was accepted by the medical attendant in charge of the case. Such an instance was published by Dr. Ertuby in the *Lancet* about three years ago. Dr. Ertuby pressed me to perform the operation, and undertook its whole responsibility. As we found pyo-salpinx, the operation was entirely justified. The real protection alike of patient and surgeon is the introduction of the family physician, by whose concurrence the possibility of the performance of an unnecessary operation would be reduced to a minimum. It must, however, be remembered that surgeons who

practise this department of the profession are as fallible as other human beings, and that with them mistakes must as surely occur. They are to be judged, and their works also, by the same standards applied elsewhere, and not by others of an unjust and more exacting character.

In answer to Dr. Gardner, he would say that his own experience was wholly in favor of removal of the uterine appendages as a far safer operation than enucleation. Not only so, but as fresh tumors had grown after enucleation and removal of the appendages was ultimately required, he thought that the latter operation was in every way preferable.

He did not agree with Dr. Protheroe Smith regarding the lancet. There could be no doubt that ovarian disease was on the increase, but he could offer no explanation of the cause thereof. It certainly did not lie in the discontinuance of the practice of bleeding.

In reply to Dr. Fulton, Mr. Tait had to say that tapping never could help in a diagnosis as an exploratory incision could, and it was quite as risky. A small two-inch incision revealed in most cases the precise nature of the tumour, and allowed all fluid to be completely evacuated, if nothing more could be done. In some cases of great distension the removal of fluid before operating was advisable.

CASE OF ANDROGYNÆ.

BY J. ALGERNON TEMPLE, M.D., M.R.C.S.

Prof. of Obstetrics and Diseases of Women and Children in Trinity Medical College, Toronto, etc.

A few days ago a peculiar case of malformation of the genitals in a female, came under my notice.

Mrs. D., aged 23, married 5 months, consulted me for amenorrhœa. The build of the patient was decidedly masculine, her voice deep, and a considerable quantity of soft dark hair on her upper lip and side of her face. She told me she had never menstruated, and that she experienced a considerable amount of sexual excitement during coitus. On making a vaginal examination, I found the canal not more than $1\frac{1}{2}$ inches in depth, mons veneris covered with hair. The clitoris was about one inch long, with a complete prepuce, and the meatus urinarius opened about $\frac{1}{4}$ inch below it. The mucous membrane lining the vaginal orifice was of a peculiar dark red, with com-

plete absence of the labia minora. On either side of the mons, two almond shaped bodies were to be felt, tender to the touch, easily moved about towards the external abdominal ring, with a round cord attached to their upper ends. These bodies, from their size and shape, resembled more the testicle than ovaries. Through this short vaginal canal I could not detect any uterine body, and on a careful examination per rectum, I satisfied myself that this body was absent. By bimanual examination I could meet my two hands. Firm pressure above the pubis, and the finger in the rectum proved to me that no uterus existed, and retaining one finger in the rectum, and a sound in the bladder, I could bring them together easily, proving the non-existence of the uterus. This patient has been for some five or six years taking medicines for the purpose of bringing on menstruation, without having undergone any examination to determine the cause of the absence of this function. Complete absence of the uterus is not a common malformation.

THE EXCLUSION OF STRYCHNIA AND ARSENIC FROM ALL PREPARATIONS NOW IN COMMON USE.

BY GEO. PRINGLE, M.D., C.M., CORNWALL, ONT.

That strychnia is an invaluable remedy is unquestionable; that it is the cause of serious mischief in some cases, even where every precaution has been taken and every fact that could decide for or against its use been most carefully gleaned, is equally unquestionable. Having prescribed it during many years under most guarded rules for female patients, both married and unmarried, with good results, I have lately met with three or four cases the peculiarities of which I think well to bring before the profession, not so much for any practical lesson they teach as the moral they especially point, convinced that our failures, as we must have them, if properly noted, teach us more valuable lessons than our successes.

As the symptoms which indicated the employment of chalybeates with strychnia were much the same in all, I will not take up your space by describing more than one, but will give the result of the treatment in each.

CASE I. Mrs. J. K., æt. 30, mother of three children, consulted me in Jan. 25, 1883. She was of slight figure, complained of headache, vertigo, failure of sight, ringing noise in the ears, unpleasant taste in mouth and throat (especially in the morning), palpitation on the slightest exertion, poor appetite, bowels constipated, in short, functional derangement of every organ, but no disease, merely prostration. She was still nursing her fourth child, then fourteen months old; was perfectly sure she was not again pregnant; never had a return of menses since the conception of her first child, and never felt any of the unpleasant symptoms of pregnancy, but knew when she was so, as her children began to fail. The difference in the ages of the children ranged from twenty-two months to two years. Finding nothing pointing to pregnancy, I at once put her upon the following mixture:—

R.—Tr. calomb.,	
Tr. rhei co.,	aa ʒj.
Acid nit.-mur. dil.,	ʒiv.
Liq. strych., B.P.,	ʒj.
Elix. iron et gent.,	ʒj.
Aqua ad.,	ʒiv.—M.

SIG.—One teaspoonful in water after each meal.

Ordered a podophyllin pill twice a week at bed time; also the immediate weaning of child, and to report the result of treatment in about two weeks.

CASE II. Was nursing her first child, then four months old, child large for its age; had no return of menses. I prescribed the following:—

R.—Elix. iron, calisaya et strych.,	ʒiv.—M.
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SIG.—One teaspoonful after each meal.

Advised weaning the child, and rest as adjuvants; cautioned her as to the mixture and asked to know the result in about two weeks.

CASE III. Was the mother of three children; was nursing the third then four months old; her menses had not returned and did not usually do so until her children were ten months or a year old. There were no signs of pregnancy. I prescribed the same as for Case 2 and asked to hear result.

CASE IV. Was similar to Case 1, only I was more particular in my questioning if possible. The principle of treatment was the same as before, with a request to hear the result.

Now as to the result. In three cases out of the four the result was an abortion. Case 2 complained of most severe bearing-down pains, as in labor, and

painful micturition. Of her own motion she stopped the mixture for a time, the painful symptoms at once ceased, but upon again renewing her treatment they began to return, when she stopped it entirely. I then gave her a tonic, without strychnia, which benefited her at once. Case 1 had an abortion, but not for some time (about two weeks) after finishing her mixture. Case 3, whose infant was only four months old, had an abortion very soon after commencing her tonic. She stopped it while ill, began it after recovery, with no other ill results. Case 4, to her astonishment, also suffered an abortion, the first one in her life.

REMARKS.—Now admitting, for the sake of argument, that there are many causes, over which patients have no control, quite sufficient to produce abortion; admitting also that these three cases may have been merely accidental, they are very unpleasant, not to say dangerous, and as I do not care to run any more risk of such occurrences, I have therefore ceased prescribing strychnia for any patient where conception has taken place.

The moral pointed is this: In nearly every tonic elixir, strychnia forms an ingredient, and amongst the laity many do their own prescribing where a tonic only is needed, although the principle is a bad one. When one reflects, therefore, that these elixirs are often prescribed in this way, many of them containing not only strychnia but arsenic, he cannot but ask himself the question, if so much mischief may be done quite unintentionally in such cases as mentioned, how much more may be done designedly?

I would suggest that, if it be possible, the profession should unite in urging upon manufacturers the propriety of excluding both strychnia and arsenic from all elixirs and leaving these two dangerous remedies solely in the hands of physicians.

Reports of Societies.

CANADA MEDICAL ASSOCIATION.

The seventeenth annual meeting of the Canada Medical Association was held in Montreal on the 25th, 26th and 27th August. There was a large attendance of members from all parts of the Dominion.

The President, Dr. Sullivan of Kingston, took the chair at 10.30 a.m., and Dr. Hingston, chairman of the Local Committee of Arrangements, welcomed

the members on behalf of the profession of the city of Montreal. Mr. Lawson Tait of Birmingham, Drs. McGraw and Brodie of Detroit, Dr. Murphy of Kansas, and Dr. McMillan of Hull, Eng., together with the past Presidents, were invited on the platform.

The minutes of the last meeting were read and approved. A large number of new members were proposed and elected.

Dr. Fulton read the report on Necrology, giving the names of members who had died during the year.

The Secretary read the report on public health by Dr. Canniff, and it was referred to the proper Committee.

The following officers of sections were nominated by the President, viz: *Medical Section*—Chairman, Dr. Thorburn, Toronto; Secretary, Dr. Burt, Paris. *Surgical Section*—Chairman, Dr. Roddick, Montreal; Secretary, Dr. Tye, Chatham. The meeting then adjourned.

The association again met at 2.30 p.m. The President read his address, of which the following is a brief abstract, after which the meeting resolved itself into sections:

After an introduction in which he referred to the manner in which the Association had been established immediately after confederation, and to the great good that resulted from these friendly meetings, he referred to the varying death rate in the Dominion as revealed by the last published volume of the census. In Ontario the death rate was 11.81 per 1,000, in British Columbia, 20.38, in Quebec, 19.07. Thus, Ontario, with a population 600,000 greater than Quebec, had actually 3,000 less deaths per annum, the figures being, Quebec, 25,930; Ontario, 22,727. This was due he found to the great mortality among children in this Province, the number of deaths from 1 to 11 years being more than sufficient to account for the difference. The figures show that in the Province of Quebec children between the above ages to the number of 16,142 die, a majority of 1,973 being boys, while in Ontario the number is 10,471, with a majority of 973 boys, the difference in favor of Ontario being 5,671.

Each child was valued at \$40 to the state by good authority, thus a heavy infantile death rate was an enormous loss, and it could be greatly reduced, as the diseases most fatal, such as small-pox, measles, scarlet fever, typhoid and typhus fevers, could be prevented or confined within narrow limits by proper precautions.

The importance of a bureau of vital statistics was also touched on. There were 3,567 physicians

in the Dominion, with about 800 students; while in the United States about 4,000 physicians were produced a year, and there were 90,000 doctors. He claimed that the average standard of the profession in Canada was equal to any in the world. The necessity of a high standard for students, so that uneducated men could be kept out of the profession, was pointed out. With regard to female medical education, Dr. Sullivan spoke in rather jocular, but at the same time friendly terms, declaring his belief that the presence of women in the profession would raise the standard, not lower it. With regard to the subject of medical service upon ocean steamers, if it was true that the British Act required that the surgeons be shipped only in Europe, then they should get the Act amended, as Canadians ought to have some of these appointments. Great need for reform was said to exist, and a bill was now before the American Congress requiring an extra physician on all ships carrying 600 people beside the crew. Nurses and hospitals were also demanded, and as the mortality was as high as 70.6 per 1,000, there appeared to be good grounds for such demands. Allusion was made to the researches now going on in regard to disease and to the germ theories, and particularly to the announcement that "the dread scourge cholera" was the result of a microbe, also to the inoculation for yellow fever, by Pasteur's method, which had been followed in Brazil with such good results that out of 450 foreigners inoculated with it, less than two per cent. died, while among the uninoculated the death rate was 30 or 40 per cent. He closed by referring to the fact that medicine was every year being held in higher estimation, and it was the duty of all medical men by deep study and research to keep up the standard of the profession. He also referred to the grand opportunity they would enjoy owing to the presence of the British Association in the city.

MEDICAL SECTION.

The first paper on the programme was "Puerperal Septicæmia," by Dr. Campbell, of Seaforth.

Dr. Sheard asked if Dr. Campbell had made any pathological investigations. He said cases occurred where the autopsy showed no lesions of the uterine tract.

Dr. A. Wright asked if the writer had discovered any other causes aside from laceration. He did not think it could be shown that the lacerations were the cause of the absorption.

Dr. Smith alluded to the identity of this disease with surgical fever, and advised disinfection of the hands and other antiseptic precautions.

Dr. Brodie (Detroit) thought in many cases he could predict before confinement that puerperal fever would follow. There was in some cases an erysipelatous element before birth.

Dr. Patterson thought puerperal fever and sep-

ticæmia were identical. It arises occasionally from atmospheric causes, without any other known source.

Dr. Mullin said that in the majority of cases he thought it due to decomposition of clots or shreds within the uterus. He did not think erysipelas was the potent cause it is sometimes represented to be.

Dr. McKay thought the poison might be generated in a debilitated system through imperfect resolution.

Dr. Campbell, in reply, thought the poison in his case originated entirely within—autogenetic.

The Chairman remarked upon the close alliance of erysipelas and puerperal fever.

Dr. Dupuis read a paper on "Nostrums and Medical Advertising."

Dr. Bray referred to the efforts that the Medical Council in Ontario had already put forth, and he hoped that the Councils in both Ontario and Quebec would be supported by the general profession.

Dr. Day said they were going to the Legislature to obtain power to strike from the register any member who should demean himself by unprofessional conduct.

In the Evening Session, Dr. R. MacDonnell exhibited two cases of "Lateral Sclerosis."

Dr. Osler remarked upon the probability of local focus being present in nearly all cases. He described cases of difficulty of diagnosis from caries of vertebræ.

Dr. Harrison of Selkirk read a paper on "Cerebro-Spinal Meningitis," describing several cases which had occurred in his neighborhood. He had alluded to a peculiar form of fever in a paper before this Association two years ago. He now considered that they properly belonged to the category of cerebro-spinal fever. The disease had occurred both in children and in adults.

Dr. R. P. Howard said the disease was rare in this country. In some few localities, as Sarnia, for instance, it is often seen. Its true pathology, and the explanation of these outbreaks would be interesting.

Dr. Bray had seen one epidemic of this fever in his district. The poor, and more particularly colored people were attacked. It was very fatal.

Dr. Geo. Ross took exception to arguments concerning the nature of the disease described, unless substantiated by *post-mortem* examinations. Tubercular disease of the nervous centres will often perfectly resemble the genuine cerebro-spinal fever.

In reply, Dr. Harrison said he treated his cases with bromide and iodide of potassium. The cases he had been describing occurred within a radius of six miles; the shortest lasted four weeks, the longest from 10 to 12 weeks. There was not always hyperæsthesia.

Dr. F. W. Campbell said the cases he saw in the epidemic 10 years ago were amongst the well-to-do.

Opisthotonos was generally present, then remittent and intermittent types of fever. Large doses of quinine did harm.

Dr. Osler said that the diagnosis of cerebro-spinal meningitis must be received with great caution. Of four cases submitted to him for *post mortem* examination only one showed a true inflammation of the meninges.

Dr. Mullin said that the cases observed in Hamilton occurred within four months. Isolated cases seen since were probably typhoid.

Dr. Lett, of Guelph, read a paper on "The Opium Habit and its Treatment," describing its ill results and the treatment which he found most beneficial.

Dr. Pickup enquired as to the value of coca leaves in the treatment. Dr. Lett replied that no substitute or antidote could be considered reliable.

Dr. H. Howard said that he never saw an opium-eater who had not been previously a drinker. He recommended gradual diminution of the dose of opium together with supporting treatment.

Dr. R. P. Howard next read a paper on "Some Varieties of Dyspnoea met with in Bright's Disease," referring especially to Cheyne-Stokes' respiration.

Dr. Geo. Ross described two cases bearing upon the case. The first was an elderly gentleman, suffering from spasmodic asthma. Examination of the urine showed the existence of Bright's disease. Subsequently there was typical Cheyne-Stokes' breathing, which continued during three or four months. The second case was a lady who had long suffered from asthma, but its dependence on Bright's disease was overlooked. A peculiar feature of her case was the sudden development, during these attacks, of pulmonary congestion, as shown by universal rales and bright blood in the sputa.

Dr. Osler referred to Cheyne-Stokes' breathing in a little girl one year old. He examined the urine, but found nothing. It passed off, and the child is now in its usual health.

Dr. Howard had never observed congestive symptoms. He also suggested that the child mentioned by Dr. Osler should be watched still, as the disease may develop. Frequent examination of the urine was absolutely necessary to make a real diagnosis. As regards treatment, he limited himself to treating the disease itself, as usual, with diaphoretics, vapor baths, etc. Sometimes nitroglycerine was useful.

Dr. W. Gardner, of Montreal, then read a paper on "Common Errors in Gynæcological Practice." He stated that the slighter forms of pelvic peritonitis and cellulitis were often not recognized. In regard to pessaries much misconception obtained. Some practitioners had unbounded faith in them, while others, of equally small experience, decried them as of little or no value. He thought that while pessaries and other therapeutic agents were

often of the greatest value in the treatment of displacements, such affections when chronic, were rarely completely cured. Constitutional treatment in addition to appropriate local treatment was often overlooked.

Dr. Trenholme did not agree in regard to the great frequency of chronic pelvic inflammations or their influence on uterine affections. He also approved of the use of pessaries in displacements.

Dr. Heywood Smith, of London, Eng., endorsed most of the author's view, but believed that perimetric hæmatocele was the starting point of many cases of pelvic inflammation.

In reply to Dr. Brown, of Acton Vale, Que., Dr. Gardner said that he believed in the efficacy of hot water vaginal douches in the treatment of chronic pelvic inflammations.

Dr. H. Howard read a paper entitled "Materia Cogitans," giving his views on the relation between thought and brain-matter, after which the section adjourned.

SURGICAL SECTION.

The first paper was presented by Dr. Blackader, on "Case of Congenital Lipoma of the Foot." The enlargement which was noticed at birth, had increased in spite of continual elastic pressure by Martin's bandage. At the age of fourteen months the hypertrophied toes and tumor were removed by Dr. Roddick, and the wound healed kindly. Reference was made to the history of similar cases, their etiology and pathology, and to the views of Dr. Busey, of Washington, who referred the changes to congenital defect or disease of the lymphatic system.

Dr. Osler referred to a case in which there was congenital and progressive enlargement of the right upper extremity, the bones, muscles, etc., all being enlarged. In this case the palm of the hand was especially enlarged, owing to an increase in the amount of fat.

Dr. McGraw, of Detroit, mentioned a case which he had seen in Langenbeck's clinic in 1861, where there was enlargement of the left lower extremity and left side of pelvis. There was simple hypertrophy, uncomplicated with any tumor, involving all the tissues of the limb, which became so large that the girl was unable to walk.

Dr. Fulton, of Toronto, then read his paper on the "Thoraco-plastic Operation of Estlander." This paper will be published in a future number of the LANCET.

Dr. Hingston thought the question of operating in empyema a difficult one, for we seldom find two cases exactly alike. Estlander's operation would be more successful if portions of more ribs, but to a less extent, were excised. He recommended the thorough washing out of the chest with carbolic lotion and the free exposure of the whole surface as the best methods of treatment.

Dr. Kerr gave an account of a case which he had seen in consultation, which might be benefited by this operation. A free incision had been made, the patient sent to the sea-side and the general health attended to, and the discharge had diminished. He thought the curette might be used for the eradication of the pyogenic membrane.

Dr. Holmes thought that if cases of empyema were treated earlier, less disastrous results might ensue. Slow closure is often due to the fact that pus has remained in the cavity a long time, and by its presence interfered with the vitality or tone of the membrane.

Dr. Roddick alluded to the various methods of treating empyema in the Montreal General Hospital. In chronic cases the rule now is to excise an inch or more of one rib, if necessary, and drain by means of a tube of large calibre, antiseptic precautions being taken throughout.

Dr. Sherriff, of Huntingdon, then read a paper on "Hæmorrhoids," in which he had pursued with success the treatment of crushing, as advised by Pollock in Braithwaite for January, 1883, and as carried out by him in his wards at St. George's Hospital, London.

Drs. Sloane, Hingston, Tye and Roddick made remarks upon the paper.

In the evening session, Dr. Fenwick, of Montreal, read a paper on "Abscess of Abdominal Parietes extending from Meckel's Diverticulum." From which a large concretion escaped, composed of fæces incrustated with phosphate of lime.

Dr. R. P. Howard referred to a case he had recently seen, of acute inflammation and suppuration about the umbilical region; poultices were applied and in a few days a semi-solid concretion about the size of a bean escaped, and the patient said that five such had been passed. The patient recovered. Dr. Howard thought there was connection with the bowel, probably through the umbilical vesicle which had remained patulous.

Dr. King, of Hull, Eng., mentioned a species of abscess which began by a hard, deep swelling, situated so deeply that it was difficult to make cut whether it was intra or extra-abdominal. They began in the muscles, sank towards the inguinal region and there appeared as carbuncular swellings.

Mr. Lawson Tait suggested that the calculus found by Dr. Fenwick should be cut, for he thought it was made up of cholesterin, and therefore hepatic in origin. He advised an immediate opening of the abdomen in all cases where the matter discharged from a sinus in the abdominal walls has a fæcal odor.

Dr. Shepherd, of Montreal, read a paper on "Ligature of Anterior Tibial Artery in a Case of Compound Fracture of the Leg," and showed the patient. Drs. Fenwick, Sullivan, Fulton, Giles, Girdwood, Holmes and Proudfoot took part in

the discussion, after which Dr. Gardiner, of London, Ont., read a paper on "Burns and their Results."

Dr. Stewart, of Montreal, then read an interesting paper on the "Action and Uses of Naphthalin." As an antiseptic it compares very favorably with iodoform. It is especially suitable in chronic ulcers and burns which have no tendency to heal. Iodoform is apt to induce a certain sponginess of a granulating surface, and after a certain stage in the treatment, does more harm than good. Naphthalin can be used throughout the treatment of a sore, and in place of retarding the healing after rendering the tissues antiseptic, it actually promotes it. It can be used either in a finely powdered form or in gauze.

Dr. Shepherd agreed with Dr. Stewart that iodoform was useless in granulating wounds; in such cases he used Balsam of Peru or naphthalin, but considered the balsam best as a stimulant.

Dr. Roddick used it in old burns and chronic ulcers with satisfaction, combined with boracic acid to facilitate the dusting of it. In empyema or large abscesses, he used naphthalized jute as an outside dressing.

Dr. Reeve, of Toronto, read a valuable paper on "Trephining the Mastoid" (fifty cases).

SECOND DAY.—GENERAL MEETING.

After the reading of the minutes, Dr. Mullin presented the report on Ethics, which was adopted.

The President then called upon Mr. Lawson Tait to deliver his address on "Abdominal Surgery," which will be found in this number.

MEDICAL SECTION.

Dr. Geo. Ross showed two specimens of Aneurism of the Thoracic Aorta, one obtained that day, the other two weeks previously. In one case, the physical sign of tracheal tugging had been present; in the other, absent. In both cases, this sign had been of great service in diagnosing the aneurism.

Dr. Worthington, of Clinton, read a paper on "Some cases of Diabetes Insipidus," one of which was complicated with exophthalmic goitre.

Dr. Harley, of London, made some remarks. He objected to the term Diabetes Insipidus, and preferred the term Polyuria. It may sometimes be connected with congestion of the kidneys, but is often present in chronic atrophy. In one of Dr. Worthington's cases twenty-five pints were passed in 24 hours. What is the exciting cause? Very often this cannot be traced. In saccharine diabetes, the sugar is the essence of the disease, and the quantity of water is only for the purpose of eliminating the sugar. The treatment of polyuria is very unsatisfactory. The only satisfactory management is the care of the patient's general hygiene.

Mr. Mills mentioned a case he had observed

under Dr. Stephen McKenzie. A lady had been in the habit of eating great quantities of sugar, which produced diabetes mellitus.

Dr. Sloane, of Blyth, instanced a case of polyuria where the amount of urine was very large and the specific gravity 1003. Iron was of no use. Bromide of potassium and ergot seemed to do good.

Dr. Sheard spoke of certain cases of diabetes mellitus, in which he had opportunities of examining the brain centres. Microscopical changes were found.

Dr. Geo. Ross said that Dr. G. Johnson, of London, had proved the existence of changed structure in the great semilunar ganglia of the sympathetic. He also referred to a case of polyuria in a woman, the subject of secondary cancer of the liver. He thought the co-existence of exophthalmic goitre of great interest in showing, in the same individual, disorder of another portion of the great sympathetic system.

Dr. T. Wesley Mills showed an improved method of making a quantitative test for sugar in the urine.

Dr. O. C. Brown, of Acton Vale, read a paper on "Impaction of the Pregnant Uterus in the Pelvis as a Cause of Abortion," giving cases which had occurred in his practice and which he had successfully treated.

Dr. Playter read a paper on "The Relation of the Medical Profession to the Public."

Dr. Gurd showed a patient in whom a cardiac murmur could be heard in the mouth and at a short distance from it, transmitted from the chest. The murmur was mitral systolic.

SURGICAL SECTION.

This section met at 3.30 p.m. Dr. Major, of Montreal, read a paper on "Buccal Breathing."

Dr. Elsberg, of New York, made a few remarks in support of the views held by Dr. Major.

Dr. Proudfoot, of Montreal, read a paper on "Paracentesis of the Membrani Tympani."

Dr. Reed, of Montreal, exhibited an interesting case of "Inguinal Hernia." The scrotum was of immense size. The hernia occurred twelve years ago, and is now irreducible.

Dr. Sutherland showed a case of "Keloid." The patches were situated on the chest, right gluteal region, and right shoulder.

Dr. Oldright, of Toronto, read a paper on "Myxo-Sarcoma," a sequel to the paper read last year.

Dr. Shepherd, of Montreal, read a paper on "An obscure case of Femoro-Popliteal Aneurism," in which amputation was performed, and showed the specimen.

Dr. Gardner, of Montreal, read a paper on "Uterine Myoma." He had operated successfully on four cases.

Dr. Strange, of Toronto, said that he never incised the cervix, but trusted to slow and gradual dilatation. He used free irrigation of the uterus after operating to wash away the debris.

Dr. Heywood Smith, of London, Eng., thought such method of operating was not applicable in all cases, especially in nulliparous women, in whom the parts are of necessity small. He thought that any incision made in the cervix should be allowed to heal before proceeding to operate.

Dr. Buller, of Montreal, read an interesting paper on "Jequirity in Granular Ophthalmia," and exhibited a rabbit on which he had been experimenting with this remedy. Dr. Reeve, of Toronto, gave his experience of its use.

Dr. Elsberg exhibited a new and improved forceps for removing foreign bodies from the throat.

Dr. Osler gave an abstract of his paper on "Pneumonia as a Contagious Disease."

The following officers were elected for the ensuing year:—*President*, Dr. Osler, Montreal; *General Secretary*, Dr. James Stewart, Montreal; *Treasurer*, Dr. Sheard, Toronto; *Vice-Presidents*, Ontario, Dr. Bray, Chatham; Quebec, Dr. Geo. Ross, Montreal; New Brunswick, Dr. Allison, St. John; Nova Scotia, Dr. Fraser, Windsor; Manitoba, Dr. Whiteford, Winnipeg; *Local Secretaries*, Ontario, Dr. Burt, Paris; Quebec, Dr. J. Bell, Montreal; New Brunswick, Dr. Walker, St. John; Nova Scotia, Dr. Almon, Jr., Halifax; Manitoba, Dr. Mewburn, Winnipeg.

COMMITTEES.—*Publication*, Drs. Kennedy, Montreal; Fulton, Toronto; W. H. B. Aikins, Toronto. *Medicine*—Drs. Cameron, Toronto; F. W. Campbell, Montreal; Saunders, Kingston. *Surgery*—Drs. Kerr, Winnipeg; Kains, St. Thomas; Waugh, London. *Obstetrics*—Drs. Holmes, Chatham; McKay, Woodstock; Campbell, Seaforth. *Therapeutics*—Drs. Oliver, Kingston; Sloane, Blyth; Tye, Chatham. *Necrology*—Drs. Fulton, Toronto; Graham, Toronto; Cameron, Montreal. *Education*—Drs. Pyne, Sheard and A. H. Wright, Toronto; Botsford and Allison, St. John; Arnott, London. *Public Health*—Drs. Yeomans, Mount Forest; Grant, Ottawa; Harding, St. John; Robillard, Ottawa; Larocque, Montreal; Botsford, St. John; Playter, Ottawa; Drs. Bryce, Covernton and Oldright, Toronto; Hon. Dr. Parker, Halifax; Kittson, Winnipeg. *Arrangements*—Drs. Ferguson, Kerr, Whiteford, Mewburn, Patterson, O'Donnell, Codd, Lynch, and Jones, with power to add to their number.

After formal votes of thanks to officers of the Association and others, the Association adjourned to meet in Winnipeg on or about the third Tuesday in August, 1885.

BRANT COUNTY MEDICAL ASSOCIATION.

The Annual Meeting of the Brant County Medical Association was held in Brantford, on Tuesday,

2nd September. The minutes of last meeting were read and confirmed. Dr. Winskell read an interesting paper on "Uræmic Convulsions," which was well received and discussed.

This being the Annual Meeting, the election of officers took place for the ensuing year, and resulted as follows, viz.: Dr. Marquis, Mount Pleasant, President; Dr. Winskell, Brantford, Vice-President; Dr. Fairchild, Mount Vernon, Secretary-Treasurer.

The term of office of Dr. McCargow, the representative of the Erie and Niagara division in the Ontario Medical Council having nearly expired, Dr. Henwood, the former representative, paid a just tribute to the zeal with which Dr. McCargow had performed his duties while a member of the Council.

It was then moved that Dr. Philip, of Brantford, be the nominee of the Brant Medical Association as the representative of the division in the Ontario Medical Council, which was carried unanimously. In accepting the nomination, Dr. Philip paid a high tribute to the ability of those who had represented the division in the Ontario Council since its inauguration. He dwelt upon several matters which would come before the Council, and said that whether he was elected or not, he should ever feel grateful to his medical brethren in the county of Brant for the confidence reposed in him.

Dr. A. J. Henwood was elected a member of the Association. Dr. Burt, of Paris, was appointed to read a paper at the next meeting, which will be held in Brantford in December. After some routine matters were disposed of, the Association adjourned.

Selected Articles.

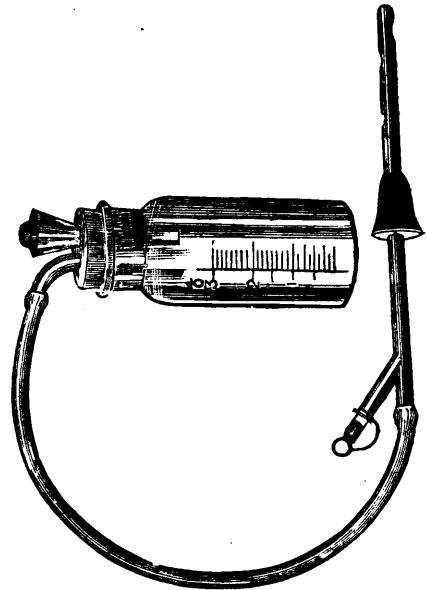
APPARATUS FOR ETHERIZATION BY THE RECTUM.

Dr. J. S. Miller of Philadelphia read a paper before the County Medical Society (*Medical News*) in which he reported four cases of etherization by the rectum, and exhibited a form of apparatus shown in the cut. It consists simply of a water-bath, a graduated bottle provided with a funnel and valve for pouring in the ether, and a supply-pipe for conducting the vapor to the rectum. This tube terminates in a straight recurrent catheter, the exhaust channel of which is controlled by a valve. The catheter is furthermore provided with a movable collar for pressure against the anus—it having been found that the vapor tends to escape by the side of the tube.

Some question having arisen as to whether the vapor really does pass the ileo-cæcal valve, I deemed this a subject for legitimate vivisection, and, etherizing a cat per rectum, opened the ab-

dominal cavity, and noted that the small intestine was as greatly distended as the large.

In this method of etherization, the most obvious advantages are as follows:



1. Dyspnoea is avoided, and the patient is saved from the anxiety due to a sense of impending suffocation.

2. There is avoided the danger of simultaneous irritation of the superior laryngeal and pneumogastric nerves at the periphery—these irritations neutralizing each other in the respiratory centre, and suspending respiration entirely.

3. The danger of asphyxia is lessened—the patient not being drowned in his own mucus, and the integrity of the pulmonary mucous membrane as an organ of gas exchange is preserved. Of course, some vapor finds itself in the lungs, and acts there as a local irritant—elimination being by that channel. But the quantity is not great, and does not constitute a source of danger. In the cases reported, the increase in secretion was too trifling for discovery.

4. The stage of excitation is therefore not prolonged by the struggles for breath. In general, it may be said that the delirium of any alcoholic intoxication is a pleasant and good-natured one, unless the patient is crossed—as he certainly feels himself to be when a wet towel is pressed over his face.

5. Nourishment may be taken before operation to sustain the powers of life, and lessen the dangers from shock.

6. Return to consciousness is prompt—this stage not being prolonged by carbonic acid poisoning.

7. The anæsthetic seems as readily suspended as by the ordinary method—the bowel being promptly emptied by gentle massage.

8. Economy in ether is an advantage hardly to be mentioned with more important considerations.

The more obvious disadvantages are :

1. The exposure of person required—the abdomen being necessarily under observation, even if the catheter be inserted under cover.

2. More judgment and experience are required in the administration, than by the ordinary method—over-boiling in the apparatus, and too much distention, being both painful and highly dangerous. The warning to cease is sudden, and must be immediately obeyed.

3. Just as the other mode is inconvenient in oral surgery, so in perineal operations is the apparatus needed for this method, in the way.

4. In abdominal surgery, or if there be marked intestinal lesion, this mode is contra-indicated.

5. The inapplicability in cases of accident and emergency, when time cannot be allowed to prepare the bowel, has already been mentioned.

6. Diarrhœa has been noted in seven out of the thirty-seven cases on record, though in none of mine.

I believe this sequel is due to pre-existing intestinal lesion, to the lack of preparation, to a too great distention of the bowel, or to the accidental introduction of ether in liquid form. Furthermore, my method has differed from that of other experimenters in this respect, that instead of allowing the vapor to remain indefinitely, I secured a constant change by using a recurrent catheter, and introducing a certain quantity, or permitting it to escape, as indicated.

Other points of advantage and disadvantage may occur in later experience, and to other observers, and new dangers may be discovered. But I am convinced that this method is worthy of further trial, and will find its place in surgery, fulfilling its own, though not *all*, indications. Like all else in therapeutics, it must pass through the stages of bungling use, condemnation, and revival.

PYO-SALPINX AND HYDRO-SALPINX.

Dr. Wm. Goodell exhibited specimens of the above at the Obstetrical Society of Philadelphia, June 6th, 1884.

In the former case the lady was unmarried, and had suffered from pelvic pains and menorrhagia for several years. Last autumn a tumor was discovered by her physician, who deemed it a fibroid of the womb. Early this year her sufferings became so great that she took to her bed. Very large doses of morphia were needed, and septic symptoms now set in. After she had been in bed for several weeks, Dr. Goodell was called in to see her. The tenderness of the abdomen was so great that the examination was made under ether. Even then the diagnosis was obscure because she flinched and

her recti muscles became tense whenever the abdominal wall was pressed upon. A cyst was discovered, but of what nature it was impossible to determine. Dr. Goodell operated on her at his private hospital. The womb was studded with small fibroid nodules, posteriorly it had an outgrowth as large as a small egg. Closely adherent to the womb, to the pelvic fascia and to the intestines, was a thick-walled cyst of the left ovary, as large as the largest orange. The corresponding oviduct was very thick and enlarged to the size of a small sausage. It and the cyst were filled with a very dark purulent fluid, although there was no communication between them. The lower end of the cyst had become necrosed, and was so thinned out that it would very soon have given way at that point. On account of the presence of fibroids in the womb, the right ovary was also removed. Attached to the fimbriæ of the oviduct were three very beautiful pedunculated vesicles; while two others not yet pedunculated lay in the stroma of the broad ligament. The recovery of the lady was uninterrupted.

In the case of hydro-salpinx, the patient was a widow aged 37, who had been sent to him in order to have her ovaries removed. Severe pains began a week before the menstrual flow, culminating during the flow and continuing one week longer, then fading gradually away. For three weeks out of every month she was confined more or less to the recumbent posture, and wholly so during the menstrual week. A tear of the cervix and one of the perinæum had been well repaired by two surgeons, but with no improvement. Dr. Goodell wished her at first to try the rest treatment with massage, electricity and graded muscular movements, for he had repeatedly cured cases of this kind through such a mode of treatment. She was, however, too poor to take this treatment privately, and was therefore urgent to have her ovaries removed. The operation was performed fifteen days ago, and she is now doing very well indeed. The ovaries as exhibited were much enlarged, and showed marked follicular degeneration. From this condition Dr. Goodell thought that nothing short of the operation would have cured her. Attached to one oviduct was a delicate vesicle with a thread-like stem of over an inch in length. In view of the frequency with which they are found, he could not but think that these vesicles played some role in the economy, and that they had sometimes a pathological bearing. He had on several occasions met with small post-uterine cysts which burst either spontaneously or under the pressure of an ordinary vaginal examination. Taking advantage of this fact, he had quite recently burst one designedly by bi-manual pressure. Such delicate cysts, and also those very movable ones which remained small without increase in bulk, he was disposed to attribute to these vesicles. After bursting

these cysts sometimes refill. One he had known to burst and refill at least six times before it disappeared. New small ovarian cysts had, in his experience, thick walls, and further, they rarely remain small any length of time. Dermoid cysts, on the other hand, often remain stationary for years, but they were generally not very movable, and they also had thick walls.

Dr. Albert H. Smith had found these cases of pyosalpinx very difficult of diagnosis. He had been present at an operation by Knowlsley Thornton upon a case in which the lesion was double and both tubes and ovaries were removed. Rupture had occurred previously, and had been followed by peritonitis. The patient recovered.

Dr. B. F. Baer inquired if Dr. Goodell would recommend rupture of cysts arising from the carotids of morgagni.

Dr. Goodell would consider it good service for the purpose of preventing the further growth of the cyst. He had always found the fluid in such cases to be uniritating.

Dr. Albert H. Smith remarked that Schroeder holds that the fluid of an ovarian cyst is not noxious to the peritonæum. He makes no effort to secure the peritoneal cavity from its ingress during the operation, and yet his statistics show at least fair success.

In response to a question by Dr. C. Meigs Wilson, Dr. Goodell stated that the dressing of the wound after the operation was glycerole of carbolic acid with the Lister gauze.

Dr. Goodell also gave the following history of a case of hysterectomy. The woman was unmarried, aged 47. Her monthly fluxes began to be free in 1867. A year ago they became so exhausting that she could not pursue her trade as a seamstress. On April 30 she consulted Dr. Goodell, who found the whole abdomen filled with multiple fibroids of the womb. The cervix had disappeared and the os uteri lay so high up that it was not possible to introduce the sound. The operation was performed at the Hospital of the University of Pennsylvania, on May 22, on the same day with the preceding case. One outgrowth as large as the two fists contained a cavity filled with cheesy matter, and was so adherent to the abdominal wall and intestines as to need the knife for its release. It was possibly the right ovary, but he was by no means certain. Koeberle's wire-clamp was passed around what corresponded to the neck of the womb, but it was as large as his arm above the elbow. The woman's recovery thus far has been uninterrupted. The temperature reached 100° but once. The clamp fell off on the 16th day, leaving a very deep funnel-shaped pit. He had intended to exhibit the specimen, but it was too bulky to carry and also had become quite offensive. In this case had he been able to reach the ovaries or to have discovered them he would have removed them in prefer-

ence to performing hysterectomy; but the firm adhesions prevented the rotation or the lifting up of the tumor, hence the ovaries were inaccessible. Sometimes even when the uterine fibroid can be lifted out of the wound and the ovaries reached, these organs are so embedded in the fibroid, or so drawn out in ribbon-form on the surface of the tumor as to make their complete removal impossible. When, however, the ovaries can be removed with safety, the operation is a most promising one, as he could attest from several most successful cases.

DIAGNOSTIC SYMPTOMS IN THE DISEASES OF CHILDREN.—Politzer gives the following concerning the value of certain symptoms in children's diseases (*Deutsche Med. Zeitung*, May 19, 1884): 1. The symptom of a strongly-marked nasal tone in crying points to the probable existence of a retro-pharyngeal abscess. 2. A loud and very long-continued expiratory sound, with normal inspiration and the absence of dyspnoea, is significant of chorea major. Sometimes this sound resembles the bellowing of an animal, and may continue for a long time as the only symptom of chorea. 3. A thoracic, sighing inspiration indicates cardiac weakness. This is one of the first symptoms, appearing before cyanosis or pallor of the face, thready pulse, coldness of the extremities, or the other well-recognized signs of weak heart. 4. A marked diaphragmatic expiration, accompanied with a fine, high-pitched whistling, points to bronchial asthma. 5. A marked interval between the end of expiration, and the beginning of inspiration renders the diagnosis of catarrhal laryngitis without exudation probable. 6. There is no special significance in the loud, sort of bleating expiratory sound sometimes observed in infants during the first months of life. It seems to depend upon a modified innervation within physiological limits, and resembles the want of rhythm in the cardiac movements occasionally met with in the early years of childhood.

The following symptoms are indications of cerebral diseases: 1. A peculiar drowsiness, continuing for several days, unaccompanied by fever or other disturbance, is indicative of basilar meningitis. This is a more valuable sign than headache, vomiting, or a slow, irregular pulse, since the latter may occur in various extracranial diseases. 2. A tense, elevated anterior fontanelle points to intracranial effusion. If it be very prominent, resistant to pressure, and without a sign of pulsation, there is almost certainly an intermeningeal hemorrhage. A deeply-sunken fontanelle indicates inanition and a diminished volume of blood. 3. Very slow movements of the eyes, followed by fixity in one position, a vacant stare, and a peculiar lazy closing of the lids are signs of a beginning basilar meningitis. The character of the cry is of value sometimes in the diagnosis. 1. A fit of shrill crying, lasting for

two or three minutes, accompanied by an expression of fear in the face, and coming on regularly an hour or an hour and a half after the child has gone to sleep, is the expression of night-terrors. Quinine, given in a rather large dose one or two hours before bed-time, is an effectual remedy against this trouble. 2. Periodical crying-spells, of five or ten minutes' duration, coming on sometimes during the day but more frequently only at night, point to cramps in the bladder, provided that we can exclude intestinal or gastric colic. This is speedily cured by emulsion of lycopodium with or without belladonna. 3. Crying while at stool and an evident dread of the act of defecation are signs pointing to fissure of the anus. 4. Hard, continuous crying, expressive of severe pain, together with frequent putting of the hands to the head or rolling of the head in the pillow, are evidences of otitis media or pain in the ear from some other cause. 5. When for days and weeks the child cries on being moved, and when there is also profuse sweating and an elevated temperature, the disease is rickets. 6. Frequent crying, with habitual sleeplessness during the first two years of life, are found in anæmic and poorly-nourished children, or in those with congenital syphilis. He also recounts some other single symptoms which aid in diagnosis. 1. The peculiar physiognomy of children suffering from congenital syphilis. The sinking in of the root of the nose, the sallow complexion, the scanty eyelashes, the yellowish edges of the eyelids, and the rhagades on the underlip are characteristic of hereditary syphilis. 2. A falling together of the alæ nasi, and an absence of all motion in them during inspiration, point to hypertrophy of the tonsils. 3. A weakness and loss of motion out of all proportion to the gravity or duration of the accompanying illness should raise a suspicion of infantile paralysis. 4. A partial loss of hearing after a sickness is often due to a circumscribed meningitis at the base of the fourth ventricle. 5. Depression of the mental faculties occurring after a severe infectious disease is frequently indicative of a beginning acquired idiocy. Strychnine exerts a favorable influence in these cases. 6. Retarded ossification of the skull may imply rachitis. 7. A stiff carriage of children in walking, standing, sitting down, or stooping, is observed in commencing Pott's disease. In children who do not walk there is a painful contraction of the features when they are lifted up or set down. 8. Constant vomiting of all ingesta, lasting for several weeks, in children with large heads but closed fontanelles, is a sign that an acute hydrocephalus is engrafted upon the chronic condition.

HODGKIN'S DISEASE AND INTERSTITIAL HEPATITIS.—Prof. Da Costa has under his care a patient who has had Hodgkin's disease for fifteen years. The disease has been kept in check by living in a

yacht, supplementary to treatment. He strongly urges arsenic, increased in dose until constitutional symptoms are manifested, and kept there, as the best medicinal treatment.

Prof. Da Costa also teaches that in the early stages (before contraction) of interstitial hepatitis (cirrhosis), a cure may be effected, but that after contraction nobody ever recovered. He has seen the disease in women who did not drink, and the worst case he ever had was in a boy four years old, in which the diagnosis was confirmed at the autopsy. Inherited syphilis is a cause of it. In the early stages the remedies are leeches, sulphate of magnesium, cream of tartar, iodide of potassium. —*Col. and Clin. Record.*

NEW OPERATION FOR CANCER OF THE RECTUM.—At a meeting of the Société de Médecine of Lyons in May, (*Courier of Medicine*) M. Maurice Pollosson read a paper in which he proposed a modification of the operations hitherto practised for the relief or cure of cancer of the rectum. The establishment of an artificial anus as a palliative measure has long been recommended and practised. By this means the irritant effect of the fecal matter upon the cancerous mass is prevented; the patient is relieved from much suffering, and the cancerous mass being freed from irritation, grows less rapidly.

M. Pollosson adopts this procedure in a modified form as a preliminary step in his plan for radical treatment of this affection. He selects the left iliac region as the site for the operation, because there more readily than in the lumbar region can he close up the lower segment of the bowel, which he regards as a point of essential importance in the operation. This he does by invaginating some millimetres of the lower free end, after dividing the bowel clean across, and obliterating the opening completely by means of five or six cat-gut sutures which thus bring into close apposition the serous surfaces. The artificial anus is completed by suturing it carefully into the wound.

After the patient has recovered from this operation, he proposes to extirpate the cancerous mass which, by virtue of the preliminary operation, is practically removed from its relations as a part of the digestive tract and converted into a pelvic tumor. Operating under the conditions so brought about, it is possible to apply the principles of anti-septic surgery much more thoroughly and efficiently than in the condition existing without such a preliminary operation.

In most cases he believes that it would be advisable to allow the patient to recover from the effects of the first operation before performing the second, though he thinks that circumstances might be such as to make it better to go on at once and extirpate the cancerous mass at once after establishing the artificial anus.

EPILATION IN PARASITIC DISEASES.—Although this plan has the sanction of age and custom, it bids fair to disappear as a method of treatment. Dr. Shoemaker, of Philadelphia, in an article which appeared in the July number of the *Journal of Cutaneous and Venereal Diseases*, gives his opinion of this method, and his reasons for discarding it in the first place as he states, the parasite is not eliminated by epilation, whereas thorough treatment will completely eradicate it, and when it has disappeared the hairs and their follicles will again assume a healthy and normal state. In the next place, he very justly claims that it is well-nigh impossible to epilate diseased hairs, from the fact that they are brittle, break off easily, and, even if successfully taken out, only aggravate the diseased condition of the follicles. Cutting off the hair or shaving it is also a very poor method; for when the applications are rubbed in the scalp the stubby hairs are disturbed to such an extent as to increase the irritation about the follicles. The proper method of treatment is to use parasiticides and avoid all conditions which tend to nourish the parasite. One of the best methods of avoiding the latter is to discard water altogether. Applying water to the skin only renders it in a better condition for the nourishment of a parasite which has lodged there.—*Med. Review.*

PHOSPHORUS IN TUBERCULAR DISEASE.—I can quite understand the remarkable success that has attended Dr. Greenway's treatment of tubercular meningitis by phosphorus. Phosphorus is a nutrient for exhausted nerve substance, and it certainly seems a powerful absorbent of recent exudations. Phosphorated oil has even been said to promote the absorption of a cataract if it be rubbed over the eyebrow. In meningitis we have an exudation of yellow lymph at the base of the brain, beneath the arachnoid, and in the web of the pia mater. Prior to absorption lymph undergoes a fatty transformation or solution, and this condition is speedily brought about by phosphorus, for the drug is well known to bring about fatty change in organs. Pathological knowledge therefore seems to point to it as a fitting medicine.

I have employed phosphorus as well as the phosphates of potash and soda, and under the influence of these preparations have seen pleuritic thickenings melt away. Old standing consolidations of the lung that had existed for one, two and three months, I have seen at once begin to move and disperse as soon as the hypophosphite of potash was given; and cases that have appeared to myself and others very much like acute tubercle in the lungs have sometimes recovered on the hypophosphites.

I commenced about twenty years ago with phosphorated oil as a medicine, but owing to its nause-

ous taste I took before long to the use of the hypophosphite salts, which contain phosphorus in a very low state of oxidation; and certainly, in those lung diseases which are of inflammatory exudative origin, and apt to run into phthisis, I know of no remedy to compare with the hypophosphites.

Before the discovery of the tubercle bacillus I had come to the conviction, from observation, that there were cases of lung disease where something seemed most decidedly to stop the way towards recovery by means of drugs given by the stomach. If inflammation be the sole agent that destroys the lung in phthisis, I should regard very few cases as incurable. It is the bacillus that seems to set the phosphorus treatment at defiance, and I notice at Victoria Park Hospital, that just when I find the hypophosphites most helpless, then it is that my clinical assistant finds "lots of bacilli."

A few weeks ago we turned out as cured a case of unmistakable disease of the upper third of one lung, and in that case no bacilli were found.—J. C. Thorowgood, F.R.C.P., in *Brit. Med. Four.*

REMEDY FOR RHUS POISONING.—As this is the season when many persons are making excursions into the country, it is to be expected that there will be many who will suffer from poison contracted by contact with the poison oak. Various remedies have been employed to relieve the suffering thus occasioned, but while one remedy is advantageous to some persons it utterly fails with others. Having learned of a great number of cases in which the fluid extract of *serpentaria* has been used with remarkable success, I thought it would be well to communicate the fact to your journal, as I have never seen it noticed in medical or pharmaceutical journals. It is best applied by placing cloths moistened with the extract upon the affected parts, without any friction. Two or three applications generally effect a cure.—*Am. Four. of Pharmacy.*

SALICYLIC ACID IN THE TREATMENT OF LUPUS.—I have for some time employed salicylic acid in the form of ointment, as a remedy for eczema of the scalp and impetigo contagiosa in children, with the most satisfactory results, cases that had defied all other treatment yielding rapidly to its agency, and I have been induced to make a further trial of it in other skin affections.

By the kindness of Mr. Rigby, surgeon to the Doncaster Infirmary, I was permitted to employ it in a very bad case of lupus exedens.

The patient, a woman about twenty-five years old, had her face terribly disfigured, the ulceration having destroyed one ala nasi, the whole of the cheek and eyebrow having been involved. She had been in the hospital before, and had improved under treatment with Donovan's solution and a visit to Harrowgate. But on her return, though she was kept under treatment and observation,

fresh tubercles developed, and the parts that had cicatrized soon became again involved, and she was re-admitted to the institution. I first tried an ointment of fifteen grains of the acid to an ounce of cosmoline, which was of no use; I then increased the strength to a drachm, and then to one drachm and a half to the ounce.

The ulcers soon began to heal, no fresh tubercles appeared, the cicatrices became soft and lost their shiny, unhealthy appearance, and the skin of the face is now almost sound. She was previously taking a mixture of Donovan's solution and the liquor ferri dialysati. But as this had been without apparent benefit, I think it fair to give the credit to the external remedy. I have not heard of salicylic acid being employed before in the treatment of this disorder, and its action seems very satisfactory, especially as it does not seem to cause much irritation.—*Brit. Med. Jour.*

TREATMENT OF FISTULA IN ANO.—Dr. Poingt claims (*Le Courrier Medical*) that any fistula amenable to treatment by the elastic ligature may be cured by simple drainage of the fistulous tract. The drainage tube is to be inserted by means of a stylet passed up the tract from the external opening. At the end of two or three weeks the drainage-tube falls out, after having destroyed the superficial wall of the fistula. A granulating surface of small extent is left, which rapidly heals by cicatrization. The procedure is wholly painless, and the patient may pursue his ordinary avocation during the entire course of treatment. The operation is never followed by any of those serious complications sometimes seen after the cutting operation.—*Southern Clinic.*

THE NUMBER SEVEN. — Hippocrates believed there was "luck in sevens," and he, like Shakespeare, divided the life of man into seven stages, holding that the number seven is the fountain of all the changes in life. For instance, the teeth appear in the seventh month or sooner, and are shed and renewed in the seventh year, when infancy is fully changed into childhood. At twice seven years puberty begins. At three times seven the adolescent faculties are developed, manhood commences, and men become legally competent to complete civil acts. At four times seven man is in full possession of all his strength. At five times seven he is fitted for all the business of the world. At six times seven he becomes wise, if ever. At seven times seven he is in his apogee, and from that time decays. At eight times seven he is in his first climacteric. At nine times seven he is in his last or grand climacteric, and at ten times seven he has approached the normal period of life.

There are some remarkable septenary coincidences in the discharge of physiological functions, and in disease processes. The human female men-

struates in four times seven days, and in forty times seven days she gives birth to her child. The period of gestation in animals is, in many if not in all instances, a multiple of seven. In the dog it is nine times seven days; in the cat, eight times seven; in the fox, six times seven. The common hen sits on her eggs three times seven days; the duck and goose, four times seven; the crow, three times seven; the swan, six times seven; the peacock, four times seven; the canary and pigeon, twice seven. Bees hatch out in three times seven days. Fever and ague has a tendency to terminate spontaneously after the 7th, 14th and 21st paroxysms. Relapsing fever is a disease of seven days' duration. Typhoid fever lasts three times seven days. The incubation of measles is twice seven days, and the disease itself lasts seven days—three days of catarrh and four of eruption—before it declines. Scarlet fever and erysipelas occupy seven days. Small-pox requires twice seven days—from the time of the appearance of the primary fever and the full development of the eruption, seven days, and in seven days more the whole crop of pustules has been converted into desiccated scabs. Truly, there is something wonderful about the number seven.—*Med. Age.*

DOCTOR'S MISTAKES.—At the recent meeting of the Kentucky State Medical Society, a number of the members grew quite confidential, and related, when in that mood, some experiences which it is not customary to see recorded in the public prints. For instance, Dr. Stone told of a German woman, the mother of three children, whose case was pronounced to be one of simple ascites. Several physicians, among whom was a distinguished professor of surgery, saw the case, and the latter used the sound and speculum to verify his diagnosis, preparatory to the operation which he contemplated performing for the removal of the left ovary. The manipulation excited some contractions of the uterus, during which a large clot of blood was expelled. After these symptoms passed away, an able obstetrician and professor, and an author of national reputation, was called in, with a view to making the diagnosis doubly sure. He, too, examined with sound and speculum, and diagnosed the existence of two tumors, one the enlarged and subinvolved uterus, the other of doubtful character, probably cystic, developed within the broad ligament. The sound, when withdrawn, as in the previous examinations, was covered with blood, and pains came on soon afterwards. In fifteen minutes, a clot of blood and three pints of water passed from her vagina, and a few hours later the woman gave birth to a six and a half months' child, which lived till morning and died.

Dr. Yandell, of Louisville, related several experiences which, recorded in detail, would make quite as interesting a report as that by Dr. Stone. He

knew of two or three such cases as that reported by the doctor. Prof. Miller and Prof. Baylis diagnosed an abdominal tumor to be ovarian, and not until the woman gave birth to a child did they discover their mistake. Some years afterwards a woman came up from Mobile. She had a tumor. She was a widow. Parvin saw it, Miller saw it, Thomas saw it. All declared it to be a fibroid. In the fall she gave birth to a child. Dr. Y. saw a case four years ago of an enormous tumor pronounced by Parvin, Gross and other eminent men, with himself, to be a fibroid. The woman was put on muriate of ammonia and ergotine. One night, after about three years of such treatment, she was seized with all the symptoms of peritonitis, collapse and shock. She was tapped, and an enormous quantity of fluid was drawn off. The cyst refilled. Dr. Yandell operated on her afterwards for its evacuation, and while the operation was as easy as it was possible to do, the woman died.

Such cases show simply that the wisest and most experienced of us make mistakes.—*Med. Age.*

RECTAL FEEDING AND MEDICATION.—Dr. Wm. Julius Mickle gives some very useful hints in a paper on this subject published in *The Journal of Mental Science*. In using nutrient enemata he advises that . Alcohol should not be added to albuminous food. If necessary, the bowels should previously be cleared out by a simple or aperient clyster, and a daily copious cleansing clyster is required in some instances. The bowels may have to be rested, but we must persevere if the first attempt fails. Where it is apt to return, the patient's best position to receive the enema is on the back or left side. The nozzle or tube should be comfortably warm, so should the food injected. The amount injected may sometimes with advantage be small at first, gradually increasing from 2 to 10 ozs. If the foods are ejected, we may try the plan (Dr. Hine's) of depositing them higher up in the viscus by means of elastic tubing and a funnel. But plugging the anus is often necessary, and has been done in many cases. Conflicting as are the results of experiments on the subject, he concludes that the rectum and colon digest but little, and that, even when inverse peristole is set up, the action of the bowel upon enemata is chiefly absorptive. If so, the food should either be introduced mixed with digestive substances, or else before administration should in some way or in some measure be digested, and ready for absorption into the venules and lymphatics of the intestinal walls.

The following methods are all considered good :
Leube. Three parts of meat to 1 part of pancreas, both finely minced and mixed with a sufficient quantity of warm water for clysis. Carefully remove all fat and connective tissue. The hog's pancreas is the favorite.

Rennie. To a basin of good beef-tea, add $\frac{1}{2}$ lb.

shredded lean raw beef ; 3j fresh peps. porci ; 3ij dil. hydrochloric acid ; warm for four hours, stir frequently. Beaten egg or alcohol (?) may be added.

Catillon. A saturated solution at 19° C. of peptone of meat, 40 grammes ; water, 125 grammes ; laudanum, 3 to 4 drops ; bicarb. of soda, 3 centigrammes.

Dobell. Cooked, finely grated beef or mutton, 1 lb. ; pancreatic emulsion, 1 oz. ; pancreatic powder, 20 grs. ; pepsine (pig's), 20 grs. Mix quickly, add half an ounce of brandy, and warm water sufficient to bring it to the consistence of treacle.

Henninger. Very lean meat, finely minced, is placed in a glass receiver ; water and hydrochloric acid are poured on, and pepsine, at the maximum of its activity, is added. The whole is left in a water-bath or stove to digest for 26 hours at 113° F. ; it is then decanted into a porcelain capsule, brought to the boiling point, and whilst the liquid boils a sol. of sod. carb. is added to it, until it shows a very slight alkaline reaction. Then the boiling liquid is passed through a fine linen cloth. The liquid is reduced in bulk in a water-bath. White sugar is added before administration.

Mickle. A pint of milk, with one-fifth or one-fourth of a pint of water, is carefully heated to 140° F. Two drachms of liquor pancreaticus and 20 grains of bicarbonate of sodium in one or two ounces of water, are added. The whole, in a covered vessel, is kept near the fire at 140° F. for an hour or an hour and a half, then thoroughly boiled for two or three minutes. Thus prepared the food keeps for half a day or a day.

Dr. Mickle uses enemata of chloral hydrate in many cases of epilepsy and of epileptiform seizures. He gives thirty grains dissolved in two ounces of water, and has found it very useful.

THE NEW HYPNOTIC.—If paraldehyde should prove as reliable as the reports thus far published seem to promise, we have in it a really valuable hypnotic. The latest observer is Dr. E. Kurz, who in the *Gentrlb. f. d. cl. Med.* (18, 1884), gives the results of his experiments with the remedy on twenty-four cases. With few exceptions the effect was favorable. Usually he administered the drug in the dose of three, sometimes four grams (gr. i. to gr. lxxv.) and in watery solution. But in this manner taken the remedy has a very disagreeable taste, and Dr. Sutter, of Illenau, recommends rum as a medium. Paraldehyde is incorporated in sugar, so that in the form of troches, one of these contains sixteen grains. Three or four of them, according to Sutter, are then dissolved in rum and a few drops of essence of lemon added. Thus prepared, the disagreeable taste is utterly concealed, and the patients do not object to take it. Its administration in *refracta dosi* is not so reliable as the effect of a single large dose. In most of K's twenty-four cases

insomnia had been complained of for a long time, and had not yielded notwithstanding the use of narcotics.

We will mention some of the diseases in which it was employed by K. for sleeplessness:

1. Phthisis, after repeated administration of paraldehyde, prompt effect.

2. Insomnia, with great restlessness after several days of railroad travel: perfectly quiet sleep restored after first dose.

3. Large ulcerated carcinoma of the mamma: after the pains had been subdued by hypodermic injections of morphia, sleep was induced by paraldehyde. Morphia and cannabis indica had not been effectual, and chloral had caused only excitement.

4. Insomnia, after violent psychical excitement: chloral had here also caused sleep, but been followed by severe headache; effect of paraldehyde instantaneous.

5. Mitral insufficiency with severe dyspnoea: neither morphia, cannabis, nor chloral caused sleep; paraldehyde did so, but partially.

6. Insomnia after typhus: morphia produced excitement; cannabis was useless; paraldehyde acted promptly.

7. Acute melancholy: prompt effect.

8. Insomnia in childhood: paraldehyde caused a quiet slumber.

9. Intra-orbital neuralgia: paraldehyde induced sleep but the effect of cannabis was still better.

The same was noticed in a tenth case, where chronic otitis had produced the sleeplessness.

Of the twenty-four cases but four evinced no or but partial hypnotic effects from the remedy. The opposite effect, excitation, as often observed from morphia and cannabis, was not seen in any case in which paraldehyde had been employed. Sleep generally set in within thirty minutes, and lasted from five to seven hours. Even in the few cases in which no hypnotic effect ensued, the patients admitted having felt much quieter after the paraldehyde; pulse became slower and arterial tension lessened, if previously increased; disagreeable effects were never noticed.—*Med. and Surg. Reporter.*

HAZELINE IN MENORRHAGIA.—According to Mr. Henry M. Chute, menorrhagia is a very frequent ailment of women in Cape Colony. He has found a valuable remedy for it, he says, in the extract of American witch hazel (*Hamamelis virginica*) or hazeline, in doses of half a teaspoonful, in sugared water, twice or three times a day. Mr. Chute states that it acts so quickly that it is not necessary to anticipate the flow, but when menstruation, after it has lasted the ordinary time, is not closing naturally, hazeline given as above will effectually restrain it, and after hæmorrhage has ceased there is no advantage in continuing it. While thus taken, some patients have mentioned that they have a

pleasant sense of exhilaration, of being strung up, and have lost that wearying sense of languor felt at these times. Another good result hazeline produces is that, when there is dysmenorrhœa, it in a very quick and marked way relieves the pain. Mr. Chute mentions the case of a young lady who suffered severely—so much as to necessitate her keeping in bed, and who was once so bad as to require a hypodermic injection of morphia. Since she has taken hazeline, menstruation has been painless and not excessive as formerly.—(*South African Medical Journal*, Feb. 15, 1884.)

PILOCARPINE FOR DEAFNESS.—For all recent cases of deafness due to labyrinthine disturbances, whatever the primary cause may have been, Politzer tries the subcutaneous injection of a two per cent. solution of muriate of pilocarpine. He injects four drops at first, and gradually increases the dose to ten drops daily. He gets fairly good results in about one-half of the cases. I have seen three cases of persons totally deaf, who, after being treated in this way, could hear and understand loud speech spoken at the distance of a few inches from the ear; and Politzer has had one case of perfect recovery of the hearing after it had been absent for three years, and several other very satisfactory results following the use of this drug. He is about to publish the results of his experiments with the history of some of the cases. It is not known how pilocarpine acts in these cases, but the benefit derived from its use is certainly great in some of them.—*Boston Med. and Surg. Journal.*

NEW TREATMENT OF LUPUS.—Dr. Vidal (*Jour. de Méd. de Paris*) proposes a new method, viz., that of ether injection, to cause suppuration. He uses the common hypodermic syringe (Pravaz's), and injects from 5 to 20 drops for each injection, according to size of lupus. The injections are continued until pus formation is indicated by the fluctuation. The abscesses are then opened and the pus discharged, after which it is claimed healing takes place and the lupus disappears.

NEURALGIC DYSMENORRHŒA.—Professor Parvin (*Coll. and Clin. Record*) recommends the following for neuralgic dysmenorrhœa:

R—Tinct. opii,
Tinct. valerianæ,
Spirit ætheris comp.,
Tinct. castorei, aa f. ʒ ij.—M.

Sig.—A teaspoonful every hour.

CHRONIC BRONCHITIS WITH ASTHMATIC PAROXYSMS.—Prof. Bartholow recommends Potasii iodidi, grs. xx., Liq. potasii arsenitis, gtt. ij.—Mix. Take every four hours during the paroxysm, and in the intervals between the attacks, ammonii iodidi, grs. v-x.—*Med. Bulletin.*

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OVER-EATING AND UNDER-EATING.

We cannot imagine a closer connection between any two things than that which exists between life and nutrition. The continuance of life is dependent on the continued supply of nutrition. Even the quality or kind of life, speaking of life in an unrestricted sense, is largely influenced and moulded by the quantity and quality of nutrition supplied. Consequently we notice variations in the form and life of the plant, or the individual, according as nutrition has been normal, insufficient, or in excess. Every living thing calls for its own peculiar and natural supply, and flourishes best when a normal standard is regularly maintained. Insufficiency and superfluity of food are both usually followed by marked departure from the normal life standard. No one need be told that insufficient alimentation, in both kingdoms, is followed by a train of consequences very much similar—that the plant, or the individual, soon shows loss of health and vigor, gradually diminishes in size, and if the process of decay is permitted to proceed, finally dies. Owing to the more complex nature of the organs of assimilation in animals, and other causes needless to mention, the results of excessive alimentation are not so uniform in their operations as those of insufficient alimentation, as applied to the two kingdoms. There may be, and doubtless there are exceptions, still the rule is, even in the vegetable kingdom, that excessive alimentation is an evil to be avoided. The over-nourished wheat-stalk grows

coarse and rank, but the grain is either wanting or is poor in quality. The rule more than holds its own when we ascend to the animal kingdom. Every one must be aware that even brutes suffer harm from over-feeding. But it is not till we arrive at man, that we witness all the baneful consequences of excessive alimentation.

An honored teacher of medicine, the late Dr. Rolph, used to say to his class: But few eat too little; most eat too much. The truth of that laconic remark is known to every observant person. We all know that the largest eaters are not necessarily the largest nor strongest of the race. The very opposite is nearer the mark, notwithstanding a few notable exceptions. No homely aphorism was ever truer than this one: "He eats so much that it makes him poor to carry it." It is a fact that a large majority of the lean and sickly amongst us are immoderate eaters, while a majority of the healthy and robust are moderate, or small eaters. The reason of this is easy to find. He who eats more than nature demands, imposes a heavy strain on the organs involved in the process of digestion and elimination. The stomach has a more or less definite digestive capacity, which if unduly overtaxed results in imperfect digestion, impure blood, disordered function, and gradual decay. Just as certain as we exceed the natural bounds set by nature, and overtax our stomachs to please our palates, so surely do we begin to sow the seeds of disease. True, the stomach is elastic, and marvellously accommodating, and bravely resists the assaults imprudently made on its inherent rights; but like the stone, under continued dropping, it gradually wears out.

While no reasonable person will take exception to these remarks, it is open to question, whether medical men generally are so impressed with the importance of the truth they embody as its importance merits. We hear a great deal said about "abundance of nourishing food," but very little about over-abundance. If the patient be reduced in flesh, it is too readily assumed that what he most needs is plenty of beef and other good things, while the truth may be that he has been by far too well supplied all along. Let any medical man keep a record of those chronically affected who apply to him for relief, and he will soon find that the vast majority of them have good appetites—too good in fact, and eat "abundance of nutritious food." He will find that the vast majority of this class of pa-

tients are suffering from troubles of the digestive organs, not secondarily but primarily. They are living witnesses of the literal truth of the saying, before quoted, "he eats so much that it makes him poor to carry it." For the physician to recommend a continuance of an over-generous diet under these circumstances, is to aggravate the evil. Even in the case of the under-fed it may be improper to do so, for in a weakened condition of the system it is easy to overtax the organs of digestion and so defeat all attempts at striking at the root of the malady. That physician who best excels in gauging the wants of the system and its power of assimilation, will be most successful in the cure of disease.

We do not contend that there are no under-fed or starved people in the world, or no ailment traceable to this cause. Unhappily there is too much of both. Still, outside the great centres of population, the number of the debilitated and diseased from lack of food is small, in this country. Happily for our people they have a goodly heritage, where food is both abundant and cheap, and easily obtainable by all who are able to work for it. This great and inestimable blessing is not unmixed with evil. A well laden table is sure to lead to over-indulgence, and hence we find in this country, and amongst our neighbors, more dyspeptics than can be found in all the world besides. Let over-indulgence be discontinued and the saving thus effected given to the poor, and two classes shall speedily and simultaneously disappear—the dyspeptic and the hungry.

THE CANADA MEDICAL ASSOCIATION.

The seventeenth annual meeting of the Canada Medical Association was held in Montreal on the 25th, 26th and 27th of August, and was largely attended. To say that this was by far the most successful meeting in the history of the Association is but to express the simple truth. A number of the members of the British Association for the Advancement of Science not only honored the meeting with their presence, but also took an active part in the proceedings, and gave increased interest and zest to the discussions. The papers were upon the whole very good, and were in most instances fully discussed. The event of the meeting was of course the address on "Abdominal Surgery," by Mr. Lawson Tait, of Birmingham, which will be found in another column. He was accorded a very

enthusiastic reception, and the address was received with marked attention. He is a man of fine presence, speaks with a slightly Scotch accent, has a good style of delivery, and speaks with the confidence of a man who knows his subject thoroughly. The discussion which followed was also very interesting and instructive. Among those from abroad who took an active part in the proceedings may be mentioned, Drs. Protheroe Smith and his son Heywood Smith and Dr. Harley, of London; Dr. Struthers, of Aberdeen; Dr. McMillan, of Hull; Drs. McGrath and Brodie, of Detroit; Dr. Brush, of Utica; Dr. Elsberg, of New York, and others.

The Association, as in former years, was divided into two sections—Medicine and Surgery. Dr. Thorburn, of Toronto, was appointed chairman of the former, and Dr. Roddick, of Montreal, chairman of the latter. The sections met in the afternoons and evenings, and the forenoons were devoted to the general work of the Association.

The President's address consisted of a brief review of the founding of the Association and the general progress of medical science and medical education in Canada. He took occasion to praise our one-portal system of licensing in Ontario and expressed the hope that the sister Province of Quebec might soon follow in our wake, and that ere long we might have one portal for the entire Dominion. An epitome of his address will be found among the proceedings.

The profession of Montreal, so noted for their hospitality to strangers, far exceeded any previous effort in this direction, and the occasion will long be remembered by those who participated. The banquet at the Windsor was a most magnificent spread, the large dining hall being filled with guests. About two hundred sat down to dinner, among whom were a goodly number of the members of the British Science Association, both medical and lay. Dr. Hingston presided and acquitted himself in his usual happy manner, and was ably supported by Drs. Grant, F. W. Campbell, T. Rodger and Roddick in the vice-chairs. The after-dinner speeches were very good and a pleasant evening was spent by all who had the good fortune to be present.

Dr. Osler was unanimously chosen President for the ensuing year, and Winnipeg selected as the next place of meeting, on the third Tuesday in August, 1885.

MEDICAL MEN'S FEES.

A test case was recently tried in Belleville, Ont., to determine whether or not a patient is liable for the fees of a medical man who is called by a friend or relative. In this case the brother of the patient summoned the consulting physician, who assisted in the amputation of a finger. The patient refused to pay the consulting physician on the ground that he had not engaged him, and told him to look to the attending physician for his fee. The Judge who tried the case ordered a non-suit, holding that the patient was responsible only to the physician he engaged. We are a little surprised at the ruling of the Judge in this case, as we had always entertained the idea that if the patient accepted the services of a physician, he was bound to pay him. It is a well-recognized principle among the medical profession that when a medical man is called in consultation the patient is responsible for the payment of the fee. In view of the Judge's ruling in this case the question might well be asked, Who is to be responsible for the fees where the patient is unconscious and incapable of engaging anyone? One not versed in the intricacies of the law would naturally suppose that a patient's brother could safely be considered an authorized agent to engage the services of a medical man, but such it seems is not the case. And if a patient is not responsible for the fees of a medical man who has been engaged by his brother, what are the chances of having a legal claim to remuneration for services rendered when the party who calls the physician is only a neighbor, a friend, or, in case of emergency, possibly a stranger?

MALPRACTICE SUIT.—A suit to recover \$2000 damages for alleged malpractice was recently tried in Walkerton, Ont. The plaintiff, Mr. Robertson, received a fracture in the lower third of the thigh in November last, and the defendant, Dr. H. A. Bonnar, of Chesley, Ont., was called to treat him, which he did in the usual way by means of a weight and pulley, together with the use of coaptation splints. The treatment was continued eight weeks and upon examination there was found to be $\frac{3}{4}$ and upon examination there was found to be $\frac{3}{4}$ of an inch shortening, besides a considerable degree of angular displacement at the seat of fracture. There was also some stiffness of the knee joint.

The plaintiff alleged that the defendant had not treated the fracture properly, and also that he allowed him to use his limb before union had taken place. The plaintiff's views were supported only by the evidence of Dr. Cooke of Chesley who was called in to treat the patient after Dr. Bonnar had discontinued his attendance. For the defence it was shown by Drs. Fulton and White of Toronto and several other medical gentlemen in the locality, that Dr. Bonnar had treated the plaintiff skillfully and carefully, and was not in any way to blame for the result. The shortening was not more than the average in fracture of the thigh, and the deformity did not interfere with the utility of the limb. At the close of the plaintiff's case the Judge said there was no evidence to go to the jury as to the allegation that the method adopted by the doctor was an improper one, as it had been proved to be a method sanctioned by the highest authority. He would have to leave the other portion of the case to the jury, as to whether the doctor had carefully attended his patient and to say whether the result had been what might naturally be expected if the plaintiff had been properly treated, even assuming the method adopted to be a proper authorized one. The jury failing to agree were discharged. We congratulate Dr. Bonnar on the result of the trial.

ONTARIO MEDICAL COUNCIL ELECTIONS.—The following gentlemen have been recently nominated as candidates for the Erie and Niagara Division in the Medical Council, viz. : Dr. Philip, of Brantford, and Dr. Thos. T. Harrison, of Selkirk. With one or two exceptions the old members will be candidates for re-election, and as they were for the most part faithful to their trust, we hope to see them returned. We give the following extract from the by-law for conducting the elections which take place on the 4th Tuesday in May, 1885 :

“Any member presenting himself for election as the Representative to the Medical Council for a Territorial Division, must receive the nomination of at least ten (10) registered practitioners resident in such division, and such nomination paper must be in the hands of the Returning Officer for the division not later than 2 o'clock on the afternoon of the first Tuesday in May, 1885. The Registrar shall send to every registered member of the College, entitled to receive the same, a voting paper,

(in accordance with residence given on the register), by the second Tuesday in May, 1885. Any member of the College not having received a voting paper, when more than one candidate has been properly nominated for his division, will send by post to the Registrar his name and address."

GUN-SHOT WOUNDS OF THE INTESTINES.—Dr. Parkes, of Rush Medical College, Chicago, has been experimenting on gun-shot wounds of the intestine in dogs, and gives the result in a paper read before the Am. Med. Association. The experiments show in the most unmistakable manner the utility and value of abdominal section, and stitching of the bowel. He recommends a modification of the *Lembert* suture, as the most satisfactory, but states in conclusion that it makes no difference what kind of suture is used, so long as the principle of securing the application of two broad surfaces of peritoneum in contact with each other is carried out. He used both silk and catgut. The sutures were introduced about the third of an inch from the divided edges, made to include the peritoneal and muscular coats *only*, and brought out just free of the edge on one side, and similarly inserted on the other. The lacerated part was first excised and bleeding arrested.

LIGATURE OF THE COMMON CAROTID.—Dr. W. Honeywell, of New Glasgow, P.E.I., with the assistance of Drs. Toombs and Gallant, of Cardigan, successfully ligated the common carotid, below the cricoid cartilage, a short time ago. The patient, a sailor, fell down stairs in a vessel on a piece of earthenware, which penetrated his neck below the under jaw, making a ragged wound about two inches deep and wounding the external carotid. The usual incision was made along the anterior border of the sterno-mastoid, and the vessel tied with a prepared violin string (this was kept in oil of juniper for six weeks, then put in alcohol). The wound was washed out with a solution of corrosive sublimate (1 to 2000) then covered with iodoform gauze. It healed by first intention, and the patient recovered without a bad symptom, except a little vertigo.

PONTIAC COUNTY ASSOCIATION, QUE.—The members of the medical profession of this county, met at Portage du Fort on the 12th ult, for the purpose of organizing, revising the tariff and dis-

cussing matters appertaining to the fraternity. There was a good attendance present. Dr. Purvis was elected *President*, Dr. Lyon *Vice-President*, and Dr. Knox, *Sec.-Treas.*

A tariff of fees was considered and adopted. The annual fee to defray the expenses of the association was fixed at \$1. The association will meet three times in the year, on the second Tuesday of May, January and September. As there are a few medical men practising in the county without licenses it was unanimously agreed that proceedings be taken against them forthwith. The next meeting of the association will be held at Shawville.

COLORADO BEETLES IN THE STOMACH.—Dr. Harrison, of Keene, Ont., sends us the following: On July 9th, a child two years old was brought to his surgery very ill. The symptoms were indicative of intestinal and alimentary irritation, with tendency to stupor. He was doubtful about the cause, but thought it might be due to worms or something the child had eaten. He gave some powders of santonine, aloine, etc. Two days after the parents were amazed and alarmed at seeing the child pass a large quantity of Colorado beetles in the pupa state. The child continued to improve steadily as soon as rid of the offenders. Strange to say they did not appear to be the least inconvenienced by their sojourn in the child's stomach.

APPOINTMENTS.—The following gentlemen have been appointed examiners under the Civil Service Acts, 1882 and 1883:—Drs. M. Sullivan, Kingston; C. J. Samson, Quebec; P. Conroy, Charlottetown, P. E. I.; J. B. Matthews, Victoria, B.C.; W. Canniff, Toronto; and Dr. Codd, Winnipeg.

Dr. C. W. Belton, has been appointed medical superintendent of the London General Hospital, *vice* Dr. Wilkinson resigned.

Dr. Bruce, of Woodstock, N. B., has been appointed on the staff of the St. John Public Hospital, *vice* Dr. Coleman, who is about leaving the city.

ERGOT IN CHOREA.—The value of ergot in many affections of the cerebro-spinal system is well known. On the assumption that the smaller vessels of the brain, as Dr. Dickinson maintains, are in a state of dilatation, Dr. Forrest (*London Lancet*) has been experimenting with this remedy in

chorea. He began by giving the fluid extract in five minim doses, and the results have been on the whole satisfactory.

TREATMENT OF GONORRHŒA. — The following suggested by a retired army surgeon is going the rounds of the press as a cure for gonorrhœa—

R Zinci sulph.

Ext. Belladonnæ aa grs. xx.

Mucilag acaciæ ʒi

Aquæ ad. ʒviii.—M.

Sig.—A teaspoonful to be injected frequently. An ointment of opium, and belladonna also to be smeared along the perineum and crus penis at night.

HALDIMAND COUNTY MEDICAL SOCIETY.—At a meeting of the above-named society held in Caledonia on the 19th ult., the following officers were re-elected, viz.: Dr. Dee, *President*; Dr. Davis, *Treasurer*; and Dr. Forbes, *Secretary*. On motion of Dr. Harris, seconded by Dr. Baxter, Dr. Harrison, of Selkirk, was nominated for election to the Ontario Medical Council (1885) for the Erie and Niagara Division.

ARREST OF TUBAL PREGNANCY.—Dr. Mundé, of New York, reports in the *Medical Record* a successful case of arrest of tubal pregnancy by galvanism. One electrode was placed in the rectum and the other over the mass, and the strength of the current gradually increased to 24 cells. The patient though much prostrated at the time made a good recovery.

PROFESSIONAL EXAMINATION.—The following gentlemen have passed the supplemental examination for M.D. C.M. in McGill College. D. A. Cameron, Strathroy, Ont.; J. T. Mackenzie, Belleville, Ont.; J. A. McArthur, London, Ont.; and J. C. Sharpe, Sussex, N.B.

Dr. Lawson Tait, contrary to his original intention, has been doing some operative surgery on this side the water. In Hamilton, he opened the abdomen for supposed gall stones, but found carcinoma instead. In Albany and New York he performed three operations for removal of the ovaries and one hysterectomy.

PERSONAL.—Dr. Osler of Montreal was entertained by the Toronto Medical Society on the 25th

ult. prior to his departure for Philadelphia to enter upon his duties as Prof. of Clinical Medicine in the University of Pennsylvania.

ADMINISTRATION OF IRON.—To prevent the disturbance of the stomach, occasioned by tincture of iron, it should be combined with muriate of ammonia in the proportion of one part to two of the tincture. This also renders it more palatable.

PRURITUS.—The latest remedy for this troublesome affection, when seated in the anus or vulva is balsam of Peru. The *British Medical Journal* alludes to it as a new triumph in medicine.

The *Lancet*, September 20th, contains a notice of the death of Dr. Radcliffe, whose name has been so long associated with public health matters in England.

The next meeting of the International Medical Congress, as was anticipated in our last issue, will be held in Washington in 1887.

BRITISH DIPLOMAS.—Drs. T. McCullough and J. E. Brown (Trinity) have successfully passed the required examination for the L.R.C.P. Edin.

THE death of Prof. Cohnheim, of Leipsic, is announced in our foreign exchanges.

Books and Pamphlets.

A MANUAL OF DISEASE OF THE THROAT AND NOSE, including the Pharynx, Larynx, Trachea, Œsophagus, Nose and Naso-pharynx, by Morell McKenzie, M.D., Lond. New York: Wm. Wood & Co. Toronto: Hart & Co.

This is the second volume of the above-named work, embracing the "Diseases of the Œsophagus, Nose and Naso-pharynx," and constituting the August number of Wood's Library of Standard Authors. It is nearly twelve years, the author states, since the work was commenced, and during that time there is scarcely a page that has not been written and re-written many times. He has been at great pains to make the work a faithful exponent of the science and practice in this important department of medicine. The work bears evidence of the care and attention which has been bestowed upon its

preparation. The reputation of the author as a specialist in this field is too well known to require any notice at our hands.

A PRACTICAL TREATISE ON DISEASES IN CHILDREN, by Eustace Smith, M.D., F.R.C.P. Lond., Physician to the East London Children's Hospital. New York: Wm. Wood & Co. Toronto: Williamson & Co.

The opportunities of the author as well as his reputation as a practitioner, entitle his work to the favorable consideration of the profession on both sides of the Atlantic. The author discusses the whole subject of disease in early life, and deals with it purely from a clinical standpoint. Each subject has been treated very fully, and great care has been bestowed on the sections relating to diagnosis and treatment. Due prominence has also been given to the important subjects of diet and hygiene. Many interesting cases from the author's case-books, by way of illustration, have been introduced into the text. It is the most complete work of the kind in the English language, embracing in 12 parts the following: Acute infectious, non-infectious, diathetic, glandular, nervous, respiratory, circulatory, mouth and throat, digestive, hepatic, genito-urinary, and skin diseases. We commend the work to the Canadian profession.

THE POPULAR SCIENCE MONTHLY for September, 1884. New York: D. Appleton & Co. Fifty cents a number, \$5 a year.

The frontispiece of the September "Popular Science Monthly" is a fine portrait of Professor J. P. Lesley, chief geologist for Pennsylvania, and President of the American Association for the Advancement of Science. Prof. J. P. Cooke's article (Harvard University) on "Scientific Culture: its Spirit, its Aim, and its Methods," is an able exposition of this subject. In "National Health and Work," Sir James Paget strikingly presents an additional reason for sanitary activity in the loss which results to the nation from the sickness and early death of its workers. Among other articles may be mentioned: "Sorghum as a Source of Sugar," "Hygiene for Smokers," "Sun Kinks," "The Problem of Population," "Protection against Lightning," etc. The editor writes on the meetings of the British and American Associations, and discusses a recent article by Bonamy Price, under the heading, "The College Feitch once more."

A MANUAL OF OBSTETRICS, by Ed. L. Partridge, M.D., Prof. of Obstetrics New York Post-graduate Medical School, etc., with sixty illustrations. New York: Wm. Wood & Co. Toronto: Williamson & Co.

This is a very convenient pocket manual, and as such will be found useful by young men commencing practice, for reference in perplexing cases at the bed-side. The author has given a very concise and correct outline of this important subject, and medical students will find it valuable in making readily available their store of knowledge in a professional examination.

MANUAL OF AUSCULTATION, PERCUSSION AND URINALYSIS, ILLUSTRATED. By C. Henri Leonard, M.A., M.D. Detroit: Illustrated Medical Journal Co.

This unpretentious little work contains a complete epitome of the physical signs of the heart, lungs, liver, kidney and spleen in health and disease. The matter is so condensed that a great deal of information is compressed into a very small compass. The illustrations are fairly good and the text clear and explicit. Dr. Leonard is quite an adept at this kind of work, having already published several of like nature, such as "Vest-Pocket Anatomist," "Reference and Dose Book," "Bandaging," "Hair and its Diseases," etc.

THE CARE AND FEEDING OF INFANTS, by Doliber, Goodale & Co., Boston, Mass.

This pamphlet, which deals with the essentials of feeding infants, invalids, etc., will be sent free to any address on application.

VISIONS OF FANCY. A poetical work, by N. M. Baskett, M.D., of Moberly, Mo.
St. Louis, Mo: Commercial Printing Co.

Births, Marriages and Deaths.

At Moorefield, Ont., on the 14th ult., Dr. Henry Mandesley, aged 54 years.

At Arichat, N. S., on the 13th ult., Henry C. Fixott, M.D., M.R.C.S., Eng., aged 64 years.

On the 25th ult., Dr. Edward Morton of Queensville, Ont.

On the 11th ult., Dr. G. A. Kent, of Wallace, N.S.