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EDITORS AND PROPRIETORS:

A. H. WRIGHT, B.A., M.B., M.R.C.S. England.

J. E. GRAHAM, M.D., L.R.O.P. London.

W. H. B. AIKINS, M.D., L.R.C.P. London.

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Original Communications.

SECONDARY PUERPERAL HEMORRHAGE.

BY A. H. WRIGHT, M.B. TORONTO.

(Read before the Ontario Medical Association,
June, 1886.)

It is hard to draw a definite line between ordinary post-partum and secondary puerperal hemorrhage, but we will probably be safe in accepting the following rule which is generally endorsed by the profession: Post-partum hemorrhage occurs within twenty-four hours after delivery; secondary puerperal hemorrhage may occur at any time after the lapse of twenty-four hours and up to the end of one month after delivery, *i.e.*, after the process of involution of the uterus has commenced. This secondary form has been designated by some writers "remote or delayed puerperal hemorrhage." It frequently happens that profuse hemorrhage commences quite suddenly after the ordinary lochial discharges have ceased to be sanguineous.

The following two cases which recently came under my observation are good examples of this:—

CASE I. Mrs. A., healthy, secundipera, confined March 23rd, 1886; labor normal, lasting altogether about ten hours; followed my usual custom of keeping hand over uterus during expulsion of child, and after a delay of a few minutes assisted delivery of placenta and

membranes by pressure on uterus without traction on cord. Examined placenta carefully and thought it all expelled; everything seemed favorable; rather less than average amount of hemorrhage; lochial discharge normal, gradually growing lighter in colour—quite pale by sixth day; uterus diminished in size from day to day; no after-pains requiring treatment. On tenth day after delivery, without any apparent cause, a sudden hemorrhage commenced, sufficiently copious to be rather alarming. Uterus slightly enlarged as compared with previous day; introduced fingers and found clots in vagina, cervical canal, and uterus, which I removed. In order to accomplish this I was compelled to introduce hand into vagina, and was able, without much trouble, to get two fingers into uterus. Could find no solid substance in clots removed. Prescribed a mixture containing ergot, quinine, and dilute sulphuric acid. Very little hemorrhage that night, but next day (eleventh after delivery) it became again copious. Introduced hand into vagina as before, and cleared uterus of clots. I then explored interior of uterus carefully and found a small mass, which I scratched away with some difficulty. It was a piece of placenta, free from offensive odor, about the size of a large bean. There was no hemorrhage after this. Patient made a good recovery.

CASE II. Mrs. B.; labour normal. Expulsion of placenta assisted by slight pressure over uterus, as in Case I. On examination it seemed entire; uterus contracted well; very

little hemorrhage; doing well on second day. I was attending this lady for Dr. Graham; who was away from home. On his return he took charge of the case after the second day. I learned from him that everything went on well until the ninth day, when a serious hemorrhage commenced without apparent cause. Dr. Graham then introduced fingers and removed from uterine cavity a good-sized piece of membrane with a small piece of placenta attached to one corner. Hemorrhage ceased after this, and patient had no further unfavorable symptoms.

Such cases as these are comparatively rare, but not sufficiently so, in my opinion, to entitle them to the scant notices accorded to them by most of our obstetric authors. Barnes, however, in the compendious, *multum in parvo* style which he has seen fit to adopt in his recent work on Obstetrics, treats the subject in a somewhat elaborate manner, giving nineteen causes which, with their numerous subdivisions, are about as likely to perplex as instruct. Others treat it in a brief and unsatisfactory way, Gallabin's short description of causes and treatment being one of the best.

What are the causes of these remote puerperal hemorrhages? I believe there is one, and only one, cause in the vast majority of cases, *i.e.*, the retention of a portion of the placenta, or membranes, or both. I do not deny that other conditions, such as tumors, displacements of uterus, constitutional dyscrasie, and the like may be occasional causes; but I believe they are simply exceptions and not the rule. That a very small mass may cause a very serious hemorrhage is well shown by my first case. Why that insignificant-looking thing should be apparently harmless for ten days, and then suddenly set up such a commotion, I cannot explain.

It is quite possible these cases are not so rare as is generally supposed. Protracted hemorrhages are not uncommon, but are frequently so slight as to attract little notice. After a time they cease temporarily, but reappear from some apparently slight accidents. Among such accidents we may include Barnes' nineteen causes. It frequently happens that after long courses of treatment by an infinitude of hemo-

statics, local means are resorted to, and the so-called fibrinous polypi are removed by the curette and a cure is effected; but after all the original retention of the little bit of placenta has been the source of the whole trouble.

Thomas, in an excellent paper on this subject, read before the New York Obstetrical Society in April, 1884, reports a case where hemorrhage occurred on the ninth day after delivery. Ergot, tannic acid, dilute sulphuric acid, etc., were used, but about three weeks after delivery the patient was seized with a still more profuse hemorrhage, when Dr. Thomas was called in consultation. He at once had her etherized, dilated cervical canal, removed three small pieces of placenta, and thereby at once effected a cure. This case was sufficiently tedious, but might have been indefinitely protracted if this vigorous treatment had not been instituted. I am supposing that the hemorrhage was not sufficiently severe to cause death.

We may, therefore, look upon the dangers arising from retention of uterine secundines in two aspects:

1st. *Immediate danger from hemorrhage.*—That this is very grave is proved by the fact that deaths from this kind of hemorrhage have been reported by various writers, such as McClintock, Collins, and others. These sad results are fortunately rare, but leaving such extreme cases out of the question, it is impossible to estimate the injury which a puerperal woman may sustain from such hemorrhages. It is the time when it is most important for her to conserve all her vital forces for the sake of herself as well as the child who lives through her. Who can tell how often a hemorrhage has been sufficient to turn the balance in a constitution which, up to that time, has been able to battle successfully against the approach of some fatal disease such as phthisis, and give the body over to the dread enemy?

2nd. *More remote and secondary dangers.*—The masses of placenta or membranes retained may be so small as to cause only slight hemorrhage—a mere oozing so trifling as to be scarcely noticed, or at all events mentioned; but this continued for any length of time must produce very serious effects. Again, they may lead

to the formation of fibrinous polypi, which produce congestions and inflammations of mucous membrane with frequently fungous granulations, and thereby protract the bleeding indefinitely. Such is the history of many cases which, after long periods of delay, anxiety, and suffering, end in chronic invalidism, or get into the hands of skilful gynecologists, who, fortunately, are generally able to cure or greatly relieve. I have the highest respect for gynecology, but always regret exceedingly to see it thrive through obstetric errors. Its field is quite large enough without any such extraneous aids. The other dangers arising through septicæmia scarcely come within the scope of this paper.

The question of preventive treatment will depend of course on our views as to the best methods of conducting the third stage of labor. I cannot undertake to deal with this subject now, but will simply say that I think it important that any assistance which we may give to the delivery of the placenta should be by means of pressure over the uterus, and not by traction on the cord. After the placenta is expelled we should be particularly careful in our management of the membranes, and I know of no better method than slowly twisting them by turning the placenta in the hands. The membranes may be partly forced out of the cavity of the uterus by its contractions, but as a rule not altogether. It is sometimes easier to remove the membranes during the maximum of relaxation of uterine walls, as pointed out, I think, by Baruch. This fact is worthy of remembrance, as we find the opposite condition in normal delivery of placenta, which takes place during uterine contractions. Baruch also thinks he can remove the membranes better without twisting by pulling gently over fingers introduced into vagina as a pulley or fulcrum. I have tried his plan, but finding it unsatisfactory, have returned to the twist.

By all means follow the orthodox rule of inspecting the placenta, but don't attach too much importance to what you can see. If a large portion is broken off and left behind, you will, of course, detect its absence, but the sharpest eye cannot always be certain that the placenta is entire, because its margin is gener-

ally so irregular in outline. Such a piece as I have presented to you, or even a larger one, may be detached with but a poor prospect of its absence being detected.

Many authors, in giving directions as to the treatment of delayed puerperal hemorrhage, attach a great deal of importance to the administration of ergot, dilute sulphuric acid, and such remedies; but I fear that any one who relies on them to effect a cure is hugging a delusion and a snare, as I believe them to be practically worthless for such a purpose. They may control the bleeding to a slight extent, but seldom, if ever, remove the cause; and the time spent in administering them while other means are neglected is worse than wasted. The use of the vaginal plug, which was recommended by so high an authority as McClintock, is dangerous unless accompanied by pressure over the uterus, and is at best only a temporizing process.

I think it should be recognized as an obstetric truism that in all such cases, unless there be some positive contraindication, the uterus should be immediately explored and all offending matters removed. The methods of carrying out this procedure will depend on the circumstances of each case; but, generally speaking, the best instrument that has ever yet been discovered for the purpose is the educated finger of the intelligent and careful obstetrician. Up to the second week after delivery it is usually not difficult to introduce one or two fingers into cavity of uterus. If this is likely to cause too much pain, get an assistant to give ether. If necessary dilate cervical canal and then introduce finger or Thomas's curette. After the uterine cavity has been thoroughly explored I do not despise medicines, but, on the contrary, I make it a matter of routine practice to give a mixture containing ergot, quinine, and dilute sulphuric acid.

In conclusion the gist of my remarks may be given in a very few words:

1st. Secondary puerperal hemorrhage, in the great majority of cases, is caused by the retention of portions of placenta or membranes.

2nd. The proper treatment for such a dangerous condition is to immediately explore and empty the cavity of the uterus.

CONTAGIOUS PNEUMONIA.

BY J. E. GRAHAM, M.D.

(Read before Canada Medical Association, Quebec, August, 1886.)

A number of cases in which pneumonia appeared to be contagious have come under my observation during the past year. An account of them, as well as a few remarks on the nature of this affection, may be of interest to this Association.

The first series of three cases occurred in one household during the month of February. They were attended by Dr. Burritt and myself. An elderly maiden lady, of 86 years, was first attacked by what appeared to be ordinary lobar pneumonia, and died after a few days illness. About one week previous to the commencement of the old lady's illness, a married woman, Mrs. A., aged 40, and her daughter, aged 18, came on a visit from a neighboring country town. The house in which the latter had resided for years was during the early part of the winter in a very unsanitary condition. The well was out of order, and the occupants of the house drank cistern water. Mrs. A. and her daughter, however, did not appear to be in a very debilitated state when they came to Toronto. They were not well, however, and the mother suffered from a persistent cough. A few days after the old lady's death, Mrs. A. took sick. Her illness was at first not of a pronounced character. The principal symptoms were those of high fever. Shortly, however, pneumonia developed. The consolidation was not of the ordinary lobar character, but appeared to be in patches in different parts of the lungs. The sputa was not rusty, but of a dark brown colour, and the elevation of temperature far exceeded what one might expect from the extent of the inflammation. The highest point reached was $107\frac{3}{4}$, and the range was usually over 103, notwithstanding the use of large doses of quinine. The disease ran a rapid course, and death ensued in a little over a week after the commencement of the attack. During the thirty-six hours before death patient had at times intense maniacal delirium, when it was very difficult to keep her in bed. The treatment consisted of quinine,

often in 20 gr. doses, stimulating expectorants, and the free administration of stimulants. The attack throughout very much resembled the acute septicæmia, which sometimes follows confinement.

One or two days after the commencement of Mrs. A.'s sickness, her daughter became ill. She suffered in almost the same way as her mother. The first symptoms were those of a high febrile state. Chill followed by temperature of over 103° ; pulse 120; tongue furred, often dry and brown, and occasionally slight delirium was present. The consolidation of the lungs then developed. This condition appeared in patches, and was not so extensive as in her mother's case.

The sputa was more rusty in character, and did not at any time present that dark brown appearance previously described; nor could it be said to exhibit the well-known appearance characteristic of sthenic pneumonia.

The disease runs a severe course, the temperature keeping up over 103° , notwithstanding the use of 20 gr. doses of quinine. In about a week after the commencement of the attack the patient showed signs of improvement, but the convalescence was very slow. She suffered from intense weakness, from which she did not recover for months.

Looking upon the case as one of a very low type of fever, allied to erysipelas, we determined to treat her from the very commencement with iron in large doses. She took 15 minim doses of the tincture every three hours, which, with the quinine, formed the principal medical treatment.

Further details of these cases are not given, as I do not wish to unduly prolong this paper.

The facts just related may be accounted for in one of four ways: (1) That the cases occurred one after the other, purely as a matter of accident. (2) That the old lady suffered from the ordinary lobar pneumonia, and that Mrs. A. and her daughter, in a debilitated condition from previous unhealthy surroundings, afforded an excellent soil for the growth of the pneumonia germ. (3) That the old lady contracted the disease which was already developing in Mrs. A. and her daughter. (4) That all the cases might have arisen from endemic influences.

Of these theories I am inclined to believe that

the second is correct. One can scarcely understand how cases so similar in character should occur accidentally. The third theory could scarcely be correct, as no disease that I am aware of is contagious in the stage of incubation. The fourth explanation is not satisfactory, as the house in which the cases occurred was in a very good sanitary condition.

It might be here stated that Mrs. A.'s brother, who had been living in the same country house, went to Pittsburg and there suffered from a severe attack of fever, the true nature of which I could not find out.

Another series of cases I saw in consultation with Dr. Burgess, of East Toronto. They occurred as follows:—A patient about 35 years of age, the mother of a family, was confined in the latter part of May. Nothing unusual occurred at the time of her confinement except that the fetus was an acephalous monster. The patient did well until the seventh day. Four days after the confinement a little girl, about eight years of age, became ill with pneumonia. The disease was lobar in character; ran a severe course, and terminated fatally in about a week. Three days after the development of the pneumonia in the child the mother became ill and developed the same trouble. In the mother's case the disease was somewhat similar to that from which Mrs. A. and her daughter suffered. The constitutional symptoms were intense—out of all proportion to the local lesion. It ran a severe course and terminated in recovery. The convalescence was very slow. The treatment in the case of the child was that ordinarily given in pneumonia—quinine in large doses, stimulating expectorants, and stimulants in the later stages. In the mother's case iron was given in addition to the other remedies: tinct. ferri mur., 15 minim doses.

These cases might be accounted for either from contagious or endemic influences. The latter theory might be more reasonably held, as there were a large number of cases of pneumonia in the same neighborhood at that time. The part of the city where the disease was prevalent lies low, and the inhabitants frequently suffer from ague. It may here be stated that the child, from the time she was taken ill, slept in the same bed with her mother.

The third series of cases occurred in the practice of Dr. Ferguson, and were described by him in a paper read before the Toronto Medical Society. Through the doctor's kindness I had the privilege of seeing them with him. A little boy, about nine years of age, went on an excursion to Lorne Park on the 24th May last, caught cold, came home, and developed pneumonia. The disease ran the ordinary course, but convalescence was very slow. Nine days after the commencement of his illness, Frank, aged 19, had a chill while at his work as a bricklayer's help, and came home. On the next day his temperature was 105°. He had cough, but the chest symptoms were not well defined. He had, however, pain in the left side. A few days later there were undoubted signs of pneumonia. He made a good recovery.

A few days subsequently to the second case, the sister, aged 16 years, became ill. She had a chill followed by fever. Pleuro-pneumonia developed. There was great prostration in this case, and stimulants with iron and quinine were given freely. She recovered in about four weeks. The treatment in all three cases consisted of iron, quinine, stimulants, and stimulating expectorants.

The home in which the patients lived was a miserable hovel, and the three cases lay in two small rooms adjoining one another. Ventilation was very imperfect, and the surroundings were as unhealthy as possible. In all these cases the consolidation existed in patches, and was slight in proportion to the constitutional symptoms, but on physical examination the consolidation was plainly made out in each of them. This series seems to point more distinctly to contagion. The surroundings were of a character to favor the progress of the affection, and the first case was quite developed before the commencement of the disease in the other. Certainly if the malady had been scarlet fever no doubt would have arisen but that the second or third patient took the disease from the first. It might here be questioned that the disease might have been typhoid fever complicated by pneumonia. There were, however, no symptoms of this disease, although we carefully examined for them.

Another set of cases, the fourth in this paper,

occurred in the practice of Dr. Ferguson, to whom I am indebted for the notes as well as for some quotations from foreign authors. Miss L., aged nine years, was taken ill on April 12, 1886, with symptoms of pulmonary trouble, as feverishness, hurried breathing and rapid pulse. Her condition was on this day very obscure, and an accurate diagnosis could not be made out. On the 13th her condition was still obscure, but lobular pneumonia was suspected. On the 14th she was in the same state. The constitutional symptoms were altogether out of proportion to the amount of lung disease. On the 16th there was no doubt but that there was a slowly progressing consolidation of the right lung, extending from below upwards. She rapidly grew worse and died on the 17th, with well-marked signs of consolidation.

Master L., aged three years, showed symptoms of malaria on April 27th, ten days after his sister's death. On the 28th, during the forenoon, he had a violent convulsion. When first seen he had a high fever, temperature 104°, pulse rapid, cheeks flushed, and tongue furred. He was in a very excited condition, so that no physical examination was made that day, but the mother was told that inflammation of the lungs was suspected. On the 29th and 30th this opinion became thoroughly established. He had a severe attack of pneumonia, and after an illness of three weeks gradually recovered. The condition of the premises in this case was very good, and the children had not been exposed in any special manner. The little boy was in the room along with his sister during her illness.

A condition common to nearly all of the cases given was the severity of the constitutional symptoms, and the relatively small amount of the local inflammation.

Three years ago Dr. Wilkins, of Montreal, in a paper entitled, "Is Pneumonia Contagious?" published four cases which occurred in his own practice and four in that of Dr. Bell. The histories given were very similar to those now related by me. The severe constitutional symptoms, with the very high temperature (108 in one case), formed marked characteristics.

Recently a French physician, Dr. Gemsez, of Lyons, reports four cases occurring in the same

family. The interesting feature in connection with them was that one case was contracted away from home, and when the patient was brought home the disease was quite advanced. Three others took it and one died.

Dr. Coulthard, of Fredericton, N.B., reported in the *Canada Lancet*, 1883, two cases of pneumonia of the right side in a man and his wife, both aged 73, of healthy, rugged constitution. The wife was first seized with the disease after doing "a moderate washing," and it ended fatally on the sixth day. On the next day the husband, previously quite well, but who alone and assiduously had attended upon his wife during the first three days of her illness, was attacked in precisely the same manner, and the disease pursued a similar course, ending fatally on the fifth day. There was nothing in the location or surroundings to suggest a septic influence at work. Dr. Coulthard did not think that the sickness and death was a mere coincidence, but that there must have been some contagious element in the case.

Germain Séé, in his recent work on disease of the lungs, gives a large number of instances of pneumonia occurring as an epidemic in prison and barracks, in villages, in houses, and in cities. These are too numerous to give in this paper.

Under the head of family epidemics the following instances occurred, which points more strongly to the contagious character of the disease than any we have yet narrated:—

"An old man, 76 years of age, died on the sixth day of adynamic pneumonia. His daughter, who had come from a distant quarter of the city, and who had lavished on the patient the most assiduous attention during the first three days of the sickness, was taken the day after her father's death with chills and malaria, and underwent a frank pneumonia, from which she recovered in about ten days. Her son, a volunteer in the infantry, who had obtained a furlough of two days to visit his parents, returned to his regiment, fell sick two days after his arrival in camp, and entered the military hospital. It appears from the hospital records that he was affected with pleuro-pneumonia, getting well in about a fortnight."

The occurrence of these cases could only be

accounted for on the ground of accident or contagion. Endemic influences are excluded more than in any of the instances already related.

We will now make a few brief observations on the bacteriological aspect of pneumonia, if this expression may be allowed.

Although Klebs claims to have discovered the bacteria of pneumonia years ago, it is probable that the microphytes seen by him were those of ordinary septicæmia.

As mentioned in Dr. Wilkins' paper, Dr. Friedländer obtained positive results in every one of eight cases. "They all contained the micro organisms, the description of which corresponds with that subsequently given by Leyden"

Friedländer, in Germany, and Salamon, in France, working contemporaneously and independently, made cultures of the bacteria of pneumonia, and inoculated a number of animals. In most of the inoculations the inoculators were successful, and pneumonia was produced.

Afonassiew has repeated the experiments of Friedländer and Salamon, and succeeded in the cultivation and inoculation of animals with the ovoid coccus.

Prof. Weichselbaum, in a paper contributed to the Vienna Medical Society, distinguishing between primary and secondary forms, divides pneumonias into (1) Lobar, (2) Disseminated, (3) Passive hypostatic, (4) Lobular.

He has examined 127 cases, and instituted 87 cultivation experiments.

He distinguishes four kinds of micro-organism: (1) Diplo-coccus pneumoniae, found in 91 cases, mostly of croupous pneumonia, also in secondary form; (2) Strepto-coccus, found in 15 cases of primary and 5 of secondary pneumonia; (3) Staphylo-coccus aureus and albus, found only in secondary cases; (4) Bacillus pneumoniae—Friedländer—pneumonia-coccus, found in nine cases—four times unmixed with any other form.

He considers the bacterial origin of the disease to be demonstrated.

These experiments go to show that lobar pneumonia, as it generally occurs, is a parasitic disease. The difference of opinion of bacteriologists as to the form of the organisms may arise from examination at different periods of their life.

Dr. Steinberg, in a paper published 1885, demonstrated the identity of Friedländer's pneumonia coccus with a micrococcus previously described by himself as existing in the normal saliva. According to this theory, we have the miasm constantly with us, and the system when poisoned by sewer gas, bad ventilation, etc., becomes a congenial soil for its growth. If this view should be confirmed by others, a great advance would be made in our knowledge of the true pathology of pneumonia.

The total number of cases of pneumonia is so great, and the instances of contagion are comparatively so few, that it is still an open question as to whether the disease is ever of a contagious nature. Before speaking further of contagion let us say a few words on the pathology of pneumonia. Is it a local inflammation, or is it an essential fever? Lænnec, who was an exceedingly close observer, was of opinion that pneumonia was always a local inflammation, and if in any case the febrile symptoms were out of proportion to the local lesion, he explained the phenomenon by stating that in such cases there was present an independent fever. It is now, however, the generally accepted opinion that lobar pneumonia is always an essential fever. I cannot, however, think that such a shrewd physician could have been entirely mistaken. Is it not possible that lobar pneumonia is in some cases a local inflammation, while in far the majority it is an essential fever? On this theory the first disease would not be contagious. From the facts stated in this paper it may certainly be conceded that pneumonia, as it is usually found, is a parasitic disease, and that it frequently occurs in an epidemic form. The question still remains to be answered: Is it ever contagious? Is it ever communicated from one individual to another, independent of endemic influences? On this point Germain Séé writes as follows: "We may then conclude that we are not yet in possession of sufficiently complete data to warrant us in the assertion that the contagiousness of pneumonia is proved. The cases cited above, however, authorize us in regarding this view as one of increasing probability." Perhaps this assertion is as strong as can be made in the present state of our knowledge, but I am confident that future in-

vestigation will completely prove its contagious nature.

There are two ways in which this peculiar case of contagious disease may be explained: (1) That there is a distinct and apparently rare form of the disease which is of contagious character, but that the great majority of cases are not contagious; (2) The second explanation is that the bacteria of pneumonia, although generally innocuous to those near the patient, are occasionally contagious if they find a suitable soil. The latter is, I think, the true explanation.

Friedlander and other observers have found that the germs of ordinary pneumonia are identical with those discovered in epidemic cases. By this theory also I think we can best explain the phenomena presented in the cases just given. In the first series the old lady suffered from an ordinary attack of pneumonia. Nothing unusual occurred, and death quickly followed, as it nearly always does in people of such an age. Mrs. A. and her daughter, with systems poisoned by drinking unhealthy cistern water, presented a soil favorable to the growth of the pneumonia germs, and a disease was developed which was also a pneumonia, but which ran a course quite different to that of the first normal case.

When the disease occurs as extensive epidemic, it is probable that the germs are in the atmosphere, and that finding congenial soil they develop pneumonia. It must be remembered, however, that these epidemics may be as easily explained on the contagion theory as on that of endemic influences.

I will presume to draw the following conclusions from my paper:—

- (1.) That lobar pneumonia is in almost, if not in all cases, an essential fever.
- (2.) That it is a parasitic disease.
- (3.) That it frequently occurs in the form of epidemics.
- (4.) That it occasionally has appeared to be contagious.
- (5.) That the disease, in an epidemic or contagious form is nearly allied to erysipelas.
- (6.) That the early and persistent administration of tincture of iron is the proper treatment for these cases.

Selections.

[We are indebted to DR. ZIMMERMAN for the translations from the French and many of the therapeutic notes, and to DR. R. B. NEVILL for the translations.]—ED.

CONSTIPATION.

BY ARTHUR V. MEIGS, M.D.,

Physician to the Penn and to the Children's Hospital,
Philadelphia.

The cases related, when considered collectively, teach many and valuable lessons. In the first place, they show the surpassing wisdom of the advice, which is commonly attributed to Bright, never to pronounce an opinion in a case of abdominal tumor without first having purged the patient; and they show further that the manner of the purging is more important than its mere performance. One or two doses of any of the ordinary purgative medicines cannot be depended upon to accomplish the purpose, the doses must be small and frequently repeated, and the course must be persisted in for some time. The pills of belladonna, nuxvomica, and compound extract of colocynth are, in my experience, unfailing, if their use is continued long enough. Large single doses of medicine may produce watery movements as under ordinary circumstances, but they seem to fail entirely to dislodge the offending fecal matter which must lie in the sacculi and at the sides of the large intestine, as it is so often seen at post-mortem examinations. The large doses seem to throw the intestine into a short-lived spasm of violent activity, the result of which is the secretion of a large amount of watery matter which comes away leaving the condition of affairs almost totally unchanged. The medicine must be given in such small and slowly acting doses as to give time for the peristaltic movement of the whole intestine to be increased, and the result will be certain. The amount of fecal matter that can accumulate in the intestine without serious disturbance of health so long as a central channel is open is amazing, but a time must come when a sufficient quantity of this will move from its resting places in the sacculi and at the sides of the

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A SPECIFIC FOR VOMITING IN PREGNANCY

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Potent and reliable remedy for the cure of CHOLERA INFANTUM, MARASMUS, INDIGESTION, DYSPEPSIA and SICK STOMACH caused from debility of that organ. It is superior to the Pepsin Preparations, since it acts with more certainty and effects cures where they fail.

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canal to cause a more or less complete block of the whole calibre of the bowel, and then nature can never rest until the way is clear again. If by some means, either by the unaided efforts of nature, or with the help of a purge, the channel is not soon opened, nausea and vomiting are inevitable. For the production of these two latter symptoms the block must be complete, and the truth of this statement is evidenced by what occurred in the first five cases narrated. In Cases I. and II. the block was complete, and there were nausea and vomiting. In Case IV. the block was probably very nearly absolute, for nothing passed but thin watery passages, and in that case there was nausea, but no vomiting. In Case III. and V. there was every reason to believe that at no time was the obstruction complete, and in neither of these cases was there marked nausea or vomiting. It is strange that all these patients should have been women, and for this no adequate explanation is at hand which satisfies my mind, for I consider the old explanation that women are careless about having their bowels moved a very poor and insufficient one. The two combinations of medicine which have been recommended in pill form (℞ Ext. belladonnæ, gr. $\frac{1}{2}$; ext. nucis vom., gr. $\frac{1}{4}$; aloes, gr. $\frac{1}{8}$; Rhei, gr. $\frac{1}{4}$, to be taken three times a day. ℞ Ext. belladonnæ, gr. $\frac{1}{2}$; ext. nucis vom., gr. $\frac{1}{4}$; ext. colocynth comp, gr. ij, to be taken three times a day) proved efficacious in every case except the third, and in that instance it subsequently appeared that the mass to be passed was too large for the anal orifice, which was contracted and the muscle hypertrophied as a consequence of long-standing sphincterismus. So far as diagnosis is concerned, it is difficult to discuss, for the solution in each case differed so materially from that in every other one that no rules can be laid down. The physician must depend largely upon his individual acuteness in diagnosis, not allowing himself to be led astray either by a distinct history that in the past weeks or months his patient has had the bowels moved sufficiently often, or by the fact that single doses of purgative medicine produce watery movements of the bowels in about the usual way. The diagnosis must be made from a careful inquiry into the history,

which will often show tendencies that may lead to the correct solution, and this must be followed by an equally careful physical exploration of the abdomen, and if there is the slightest reason to suspect any intestinal difficulty, digital examination of the rectum.

Dr. J. M. DaCosta said: A point of particular interest is the occurrence of fever in these cases. I saw the fourth case with Dr. Meigs, and the fact that it simulated typhoid fever so closely is a matter of interest. I have seen a similar case in which there were almost identical symptoms, with an almost identical termination. We see from this case and the others referred to, that constipation may cause fever which is continued and may present the symptoms of a low type.

There is another point connected with the occurrence of constipation in fever to which Dr. Meigs did not have occasion to allude; that is to say, sometimes after low fevers in which the state of constipation, to which Dr. Meigs has called attention, occurs, relapse of the fever will be developed by the constipation. We grope around in darkness wondering what may be the cause, thinking that it is a true typhoid fever relapse, when by giving small doses of oil or of laxatives, both the fever will disappear and the bowels be freely moved. I have seen this state of things keep up for five or six days; and I think that a good many cases of relapse in typhoid fever have their origin in the very condition to which Dr. Meigs has alluded and to which I now call the attention of the College.

I will go further: I have reason to think that in some of these cases there may be well-developed typhoid fever symptoms with rash, due to constipation, which will disappear when the bowels are moved. I have seen the same after remittent fever. It seems to me that the occurrence of constipation after fever, typhoid or malarial, may lead to the re-development of the febrile state, which may be considered a relapse, when in reality it is only the same kind of irritation of the bowels which in Case IV. of Dr. Meigs produced a fever of low type, when there was not the slightest reason for suspecting typhoid fever. — *The Epitome.*

DR. WIGGLESWORTH ON SPECIALTIES.

Science is only exact knowledge. Medicine is that knowledge specially directed to the physical welfare of mankind, and specialism is only that further sub-division rendered necessary by the very various parts composing the individual, and possibly by the extension of our opportunities for studying these parts due to increase of mechanical means for enlargement of the fields of our hitherto unaided senses. No one can to-day "take all knowledge to be his province." Science does not culminate in a Jack-at-all-trades, least of all in one whose conscience has become anæsthetized by custom, who confounds his own limitations with the "limitations of human understanding," and his own ignorance with "the immaturity of medical therapeutics." The specialist builds his own boundary wall, and cannot, if he would, poach upon the preserves of others. He "distinguishes what he can do from what he cannot," thus filling the old definition of the best physician. He cannot maltreat a patient, and when compelled to confess ignorance and seek superior wisdom, charge the wronged sufferer another and still higher fee for a "consultation," which is in reality a confession. It has been sarcastically called "the sole duty nowadays of the family doctor to decide what specialist shall be summoned." It certainly is his duty, and a very important one, as a man of honor to decide whether any one, and, if so, who can probably accomplish that wherein he admits that he himself has failed. Unfortunately, many know so little that they are even ignorant of how much is known by others; but, in many respects, the specialist has already raised the average standard of requirement for general practice to such an extent that much of the old routine practice of physicians who treated their patients for the very diseases for which they referred members of their own families to the specialist, has now become punishable mal-praxis. But the general practitioner has his revenge in opposing as unnecessary the hospital appointment, and even the private practice of the very specialist to whom he himself flees as "a very present help in time of trouble."

We are told that "the human body is made up of parts and functions so thoroughly independent that it cannot be parcelled out into defined and isolated regions." It can and it cannot. What scientist divides a country into square miles, and attempts to become thoroughly conversant with every atom existing in each of those miles? The special divisions of study are rather the flora, the fauna, the geological strata, etc., though all these may pervade identically every mile of the region. If regional surgery is possible, then specialists are certainly not contra-indicated. We hear of "appalling pathological conglomerates" due to lack of proper "general medical treatment." Not only "conglomerates," but often single lesions are very variously diagnosed by different general physicians, and the "conglomerates" are usually merely the aggregated effects of original causes which might have been obviated by proper investigation in due season on the part of suitable specialists.

The aforetime "consulting physician" meant one who, in addition to his general acquirements, knew more about some particular thing than any one else. We may be sure that his general acquirements had to pay the penalty. To-day we honestly admit this, and, renouncing the practice obtainable by general acquirements, keep to that particular thing of which we know more than others. No one has mental ability enough at the present time to add to the greatly extended knowledge necessary to the general physician, the intensified fundamental acquaintance with details needed by the specialist. Life is too short for the ablest intelligence to exhaust even any one specialty. The physician may, like Newton, "think the thoughts of God after Him," but the thoughts of the Infinite upon the smallest molecule of matter call for more than the limits of a finite existence. The true consulting physician of to-day is the specialist, and he should, therefore, receive this title at the hospitals with which he is connected, while those ex-physicians called consulting, but never consulted, should receive their true and proper title of emeriti.

But enough of the "idea of specialism." The public will in time appreciate the absurdity of being content with inferior results in one branch

of medicine because, forsooth, there are so many others in which their medical adviser is equally or more at home. It will reason rather that he who "insists upon doing the work of ten men manifests a quality of mind which he can only call arrogance, and which challenges for his work severe criticism." Versatility will not atone for crude and imperfect work, any more than will lack of time, hurry of life, keenness of competition, or financial necessity, and it is merely brazen self-assertion which delights "not so much in doing the thing well as in showing how well he can do it."

Believing in the ultimate achievement of all possibilities and in the progress of truth, I have no doubt as to the future of specialism, if we are honest and earnest. Not infinite omniscience, but infinite morality is the duty of the specialist, and this, conscientiously carried out, will blunt the sharpest dart of the hostile general practitioner. While visions of what yet remains to be accomplished might well lead us almost to despair, a mere glance at the generally prevailing ignorance on the part of both physicians and their patients shows conclusively that we and our work are imperatively demanded.—*Journ. of Cutaneous and Venereal Diseases.*

FREQUENCY OF THE PULSE IN HEALTHY MEN.

—Bleuler and Lehman found from experiments upon themselves in bed in the morning, that the number of pulsations increased by drinking hot water or tea, diminished by drinking it cold: they increased by warming the body with covering, and diminished on uncovering, the difference being from ten to fourteen beats a minute. Remaining in bed fasting for twenty-four hours did not vary the frequency of the pulse in the various hours of the day. Mental activity diminished it more or less. A certain influence was produced by weak sensations in the digestive canal (intestinal sense), increasing along with the sense of heat and weight in the stomach, with nausea and a slight sense of tension in the intestine, and especially in the rectum, though not with the presence of certain salts, as cooking salt, or saltpetre of soda, which produce this intestinal sense.—*Revista Clinica.*

THE ACTION OF URETHAN.

Dr. Emil Kræpelin contributes an article to the *Neurologisches Centralblatt* (March 1st), on the action of urethan. The reports on this hypnotic have, up to the present, been uniformly favorable. Kræpelin's experience has been of a like character. He has given the drug in about 200 instances. Most of his cases were cases of insanity; but thirty-four instances of various other diseases were included. The dose ranged, as a rule, from 1 to 3 grammes; occasionally a dose of from 4 to 5 grammes was given. No unpleasant effect on the heart or nervous system, either during the action of the drug or afterwards, was ever noticed. In one case of alcoholic gastric catarrh, vomiting was produced by the larger dose. The appetite, however, was never in the smallest degree impaired, even by the continuous use of the drug for several weeks. Urethan acts as a genuine hypnotic. Ten or fifteen minutes after taking it, a quiet sleep comes on, which lasts for several hours, and from which the patient wakes up without any unpleasant feeling about the head. Should the sleep be interrupted by any external cause, the patient generally falls off to sleep again as soon as the disturbance is removed. The certainty of the drug's action depends upon the cause of the sleeplessness and on the dose. It is not a hypnotic of great energy, and, in cases of great excitement, it is of little value. In such cases it is far inferior to paraldehyde. In delirium tremens especially it failed. Perhaps, however, if higher doses were given in these cases the result might have been more satisfactory. For the relief of pain, the author does not consider it of any use whatever. In cases of phthisis, the combination of a small quantity of morphine was found useful. When given in doses of 1 gramme it acted sufficiently in 54 per cent. When the dose was 3 grammes, the result was favorable in 70 per cent. The form of mental ailment in most cases was general paralysis or melancholia. In the excited stages of general paralysis, small doses were frequently altogether without effect. The larger doses, in such cases, gave a satisfactory result in 60 per cent. of the cases. In the higher degrees of excitement—in mania, for example, as well as in delirium

tremens—the author found himself obliged to have recourse to paraldehyde. In melancholia, the drug gave better results: it secured quiet sleep in 77 per cent. The patients were all women, and many of them were very anæmic. Amongst the most favorable indications for urethan, the author places exhausting diseases, feverishness, and lowered nutrition. One great advantage which this drug has over paraldehyde is that it is not so unpleasant to the smell or taste; and it can, if necessary, be taken in simple solution, without any flavoring or disguising agent.—*Brit. Med. Journal*.

THE IMPORTANCE OF EARLY OPERATIONS IN SURGICAL INJURIES.*

BY R. HARVEY REED, M.D., MANSFIELD, OHIO.

The importance of early operations in surgical injuries is annually becoming more apparent.

The old theory of delaying operative interference until after reaction has been established is gradually losing precedent. The author thought the day for delay until reaction has been established is past, and that this time-honored practice should only apply to the exception now as rigidly as the exception applied to this ancient rule in the past. He advised early operations as a means of relieving shock in cases where a mangled limb was prolonging it, as is often the case in some railroad and machinery accidents. The author said he had operated time and again in cases where the radial pulse was scarcely perceptible when the operation was begun that became reasonably strong as soon as the mangled limb was removed. He advised the use of ether, which aided in the reaction by supporting the heart, and thus aiding in establishing the circulation; but considered chloroform and bromide of ethyle cardiac sedatives, and, if used at all, should not be administered until after reaction was established. For my part, he says, I can neither see a theoretical nor practical reason at the present day with ether, nitrate of amyle, hypodermics, and antiseptics at our command, for delayed operations in serious surgical injuries. By

* Abstract of a paper read before the Ohio State Medical Society.

early operations in surgical injuries, I do not mean such carelessness or indiscriminate operations without regard to the patient's condition or prospects of recovery. But I do mean that the sooner a mangled limb is removed after it has become evident that such is necessary the better it is for the patient, and that by doing so it relieves him of unnecessary and prolonged pain, additional hemorrhage, mental depression, and increased and prolonged general shock, and in their place gives him comparative comfort, gives greater support to the vital powers, relieves the mental agony, and cuts short the shock by hastening reaction, and thereby increasing the patient's chances for life.—*Nashville Journal*.

A CASE OF RE-INJECTION OF BLOOD DURING AMPUTATION AT THE HIP-JOINT, WITH RAPID RECOVERY.

BY A. G. MILLER, M.D.

In case of strumous disease affecting both hips, the left knee and the left elbow, with a large abscess connected with the left hip, the patient being in very feeble condition, amputation at the latter joint became necessary. The limb having been exsanguinated to the middle of the thigh, and a powerful elastic tourniquet applied at the groin, a rapid circular cut was made right down to the bone in the upper part of the thigh, the femur sawn through, the femoral artery and some smaller vessels tied, and the tourniquet removed; some hemorrhage still occurring from a few small vessels, and they were also ligatured. All the blood which escaped, both from the femoral artery and the smaller vessels, amounting to eleven ounces, was caught in a vessel containing a solution of phosphate of soda and re-injected into the deep femoral vein. By an incision on the outer side of the thigh the head of the femur was then dissected out. The wound was dressed antiseptically. The patient suffered no shock whatever, nor depression of temperature after the operation. For the first few days he was flushed, and had a fuller pulse than before the operation, but he had no rise of temperature. The weakness and the anæmia of the patient, together with the increased vascularity of the

parts due to the disease, rendered it very likely that he would not have survived the operation, had not the greater part of the blood lost been re-injected—the fact being that from the exsanguification of the leg, together with the re-infusion, there was probably an ultimate gain of blood after the operation.—*Edinburgh Medical Journal.*

TREATMENT OF PRURITUS PUDENDI.

BY E. S. M'KEE, M.D., OF CINCINNATI.

In a paper read before the Cincinnati Academy of Medicine, September 20, 1886, on Pruritus Pudendi, the author discussed that interesting section, the treatment, as follows:

First, we should ascertain the cause of the disease to treat it intelligently. We should treat the constitutional disease as the origin of the trouble. Next, we should treat the morbid phenomenon, the pruritus. Remove the cause, and the pruritus will disappear of itself. The parts should be washed twice a day with castile soap and water. The diet should be vegetable, and regular action of the bowels maintained. As a general rule stimulants should be disallowed.

In this troublesome trouble, for we can hardly call it a disease, we need all the remedies we can find, hence I give all I know.

4	per cent.	solution of boracic acid.
3-10	" "	carbolic acid.
2-5	" "	argenti nitratis.
0.5	" "	bichloride of mercury
25-50	" "	sulphurous acid.
6	" "	sodii biborat.

Ointments of tar, boracic acid, camphor, or iodform, mixtures of camphor and chloral, infusions of tobacco, 20 per cent. solution of chloroform in almond oil.

Treatment with the bichloride should be preceded by a removal of the mucus with warm water, and then dry with soft linen. Pass a sponge moistened with the solution rapidly over the affected part. This leaves a smarting, burning sensation, which is alleviated by a few minutes' washing with cold water. Subsequent applications become less and less painful.

M. Dubois recommends in the rebellious cases that the entire surface of the vulva be cauterized

with a solid stick of the nitrate of silver. The great objection to this is that it is extremely painful, and the alleviation produced by it is almost always temporary.

Meigs recommends:

- R. Borax ℥ij.
- Morph. sulph gr. ivss.
- Aquæ rosæ dest ℥viii.

M. Apply three times a day to the affected part with a sponge or soft piece of linen. Take care to wash well the parts beforehand with soap and warm water, and dry them well afterward. A compress dipped in the oil of sweet almonds and laid in the commissure of the vagina, is recommended.

When the trouble is general, temporary relief may be obtained by placing the woman in a prolonged soda bath, and subsequently rubbing the entire surface with vaseline.

Pruritus which has extended upon the distended abdominal walls is well treated with,

- R. Lin. saponis comp ℥v.
- Chloroformi ℥j.

S. Apply locally.

If the itching comes from an ulcerated cervix, or more properly from the irritating discharge proceeding from it, apply nitrate of silver, and introduce a tampon of tannoglycerine.

Pruritus from breeding pediculi is well treated by mild mercurial ointments. Stavesacre answers well. A plasma formed of flour of sulphur and water, saline purgatives, as Pullna or Friedrichshall water, Vichy baths, or even bathing with cold or tepid water, constitute the best palliatives. Salines and colchicum may be indicated, also bromide of potassium. A weak solution of Goulard's lotion, or a lotion composed of

- R. Liq. morphiaæ hydrochlorate . . ℥j.
- Acid Hydrocyanic ℥iss.
- Aquæ ℥vii.

M. Use as a lotion.

Pledgets soaked in the following and placed in the vagina have been found useful:

- R. Acidi sulphuric
- Sodii biborate
- Acidi sulphurici
- Glycerini āā ℥ij.

M. Insert at bed time and withdraw in the morning.

Iodoform may be dusted over the parts. The following has often given relief:

- R. Chloroformi ℥ij.
 Ol. amygdal. ℥ij.
 ℞. Apply externally.

Morphia and chloral internally may be found necessary to obtain relief at night. Hildebrandt has found the tinct. cannabis indicæ, x-xx. grtt., to be of even more benefit than these.

There is no end to remedies; the trouble is to get the right one.

- R. Extract opii gr. v.
 Plumbi acct. gr. x.
 Acidi hydrocyanici, dil ℥j.
 Aquæ, ad ℥j.

℞. Apply on lint to the vulva.

Or,

- R. Liq. plumbi subacetat ℥j.
 Acid hydrocyanici, dil ℥j.
 Aquæ, ad Oj.

- R. Acidi tannici ℥ij.*
 Extracti belladonnæ gr. x.
 Butyr. cacao ℥v.

℞. Div. in suppos. No. xx.

S. Insert one in the vagina night and morning.

- R. Sodii bibeat ℥ij.
 Morph. sulph gr. vj.
 Aquæ rosæ ℥viij.

℞. Apply to the vulva on lint.

Trousseau recommends—

- R. Potassii carbonat ℥ij.
 Aquæ ℥iv.

℞. Lotio.

- R. Hydrargyri chloridi mite ℥j.
 Adipis ℥j.

℞. Ft. ungt. S. Apply locally

A solution of nitrate of silver (gr. i-℥j.) applied to the neck and cervical canal, so far as accessible, will often remove the pruritus even when due to pregnancy. If due to vesicular eruptions on the genitals this application should be made to the affected part.

Fox recommends the following:

- R. Sodii hyposulphitis ℥iv.
 Glycerini ℥ij.
 Aquæ dest., ad ℥vj.

℞. Lotio.

- R. Hydrargyri bichloridi gr. j.
 Acidi hydrocyanici dil ℥j.
 Emulsion of almonds ℥vj.

- R. Acid hydrocyanici dil ℥ss.
 Infus. marshmallow ℥v.

℞. Apply twice daily.

- R. Sodii bibeat ℥j.
 Acid hydrocyanici ℥ij.
 Aquæ rosæ ℥viij.

℞. Use in the pruritus of old people.—*Med. and Surg. Reporter.*

THE COCAINE CRAZE.

In an article entitled "Sensationalism in Therapeutics," Dr. C. H. Hughes (*Weekly Medical Review*) says:

The truth about cocaine is that it is a tonic and stimulating exhilarant of some power in melancholia, mental depression, and nerve weariness.

That it acts rapidly but much more evanescently than morphia.

That, excessively used, it intoxicates and converts melancholia into mania.

That, given largely in the upright position, it is capable of inducing vertigo, whether, as Dujardin-Beaumez thinks, by inducing anemia is not proven.

That, as an antidote to alcoholism and its effects, it is not equal to morphia.

That it is not equal to morphia as a tonic in melancholia or as a narcotic in certain states of nervous debility.

That in equal doses it nauseates more certainly than morphia.

That it is not an antidote to meconophagism, though beneficial if judiciously used and timely abandoned.

That it may be used with advantage, if carefully given, in the withdrawal of opium and the cure of the opium habit, as one of the many substitutes, but cannot be alone relied upon.

That it intoxicates some persons and poisons them.

That its continuous use is difficult to break off.

That it is probably capable of developing permanent madness, like similar intoxicants, as a few doses occasion temporary insanity.

That it is a dangerous therapeutic toy, not to be used as a sensational plaything.

That it will probably help to fill rather than deplete the asylums, inebriate and insane, if it should unfortunately come into as general use as the other intoxicants of its class.

As an intoxicant it is more dangerous, if continuously given, than alcohol or opium, and more difficult to abandon.—*Med. and Surg. Reporter.*

THE EXCRETION OF DRUGS BY THE MAMMARY GLANDS.

A good many observations have been made upon the subject of the medicines excreted by the mammary glands. It has been claimed that mercury, iodine, bromine, arsenic, strychnine, chloroform, sulphur, and chloral may be thrown off by this gland when taken into the stomach of the nursing woman. It cannot be said, however, that our knowledge of the subject is as complete and definite as it should be, and hence the recent experiments by Fehling are of interest. Fehling observed the effects on nurslings of various drugs given to the nursing mothers. According to the Paris correspondent of the *British Medical Journal*, when doses varying from two to three grammes of salicylate of soda was administered to the nurse every time the child was suckled, within an hour after the administration of the dose the salicylate appeared in its urine. After an interval of twenty-four hours there remained no trace of drug. When the child had been suckled too soon after the medicine had been taken, the salicylate could not be found in its urine. Elimination was completed at the same time in the mother and the child. With iodide of potassium the results were the same. The milk, when analyzed, gave the characteristic reaction. In the infant, elimination lasted seventy-two hours, in the mother forty-four. After twenty-four hours the milk still contained iodide of potassium. With ferrocyanide of potassium reaction was very pronounced in the maternal urine, but absent in the child's. Prolonged applications of iodoform upon vaginal and vulvar wounds of women in parturition, after prolonged use generally resulted in iodine

being found in the milk and urine of the mother, but not always in the urine of the infant. The child was never indisposed, even when iodoform was used to dry up umbilical cord. There was only a small quantity of mercury transmitted through the milk of a nursing mother, and its presence was not constant. It appeared that the food of wet nurses—even acid fruit-juices and vinegar—had no influence on their nurslings. Thornhill had stated that he observed prolonged sleep occur to children after administering to their wet-nurse such narcotics as tincture of opium in doses of from twenty to twenty-five drops. Fehling observed neither prolonged sleep nor constipation in the children. Hydrochlorate of morphine or chloral, in tolerably strong doses, did not affect the sucklings. Subcutaneous injections of moderately strong solutions of sulphate of atropine produced very pronounced symptoms in the mother, and dilatation of the pupil in the infant, which disappeared in twenty-four hours. This substance should, therefore, be employed in very feeble doses. In a very great majority of cases the milk of a woman attacked with fever had no influence upon the nursling. In those rare cases when the temperature reaches 104°, the variations in the child's temperature were identical with those of the mother. In some instances children had died of intestinal catarrh where the mother's milk could be the only cause of the affection. Bumm has observed, in the case of inflamed breast, the passage of the micrococcus from the milk into the digestive apparatus of the child.—*New York Medical Record.*

We referred some time ago to the very favorable reports by Huchard on the prolonged use of iodide of sodium in angina pectoris. In the *Revue de Médecine*, of August 10, 1886, Laschkavitch records four cases in which excellent results followed the administration of cocaine in doses of one half to one-third of a grain, three times a day. The attacks appeared to have been relieved very quickly, though scarcely with the rapidity which characterizes the action of amyl nitrite. A combination of these remedies might prove more serviceable than either of them alone.—*Med. News.*

AN ALLEGED SUCCESSFUL TREATMENT FOR TUBERCULAR MENINGITIS.

Tubercular meningitis is the most fatal of the acute diseases of childhood, and though serious in character it is by no means infrequent. In France it destroys annually twenty-five thousand children, while in large cities like New York it makes up about two per cent. of the death-rate.

Medical art will probably never be able to achieve any great therapeutical triumphs with this disease, and its main efforts must be directed toward its prevention. Still, there are undoubtedly recorded cases of cure after the disease has developed; such, for example, are the cases reported by Bókai and cited by Steffen. It behooves the physician, therefore, never to despair of success even in well-marked cases. The main reliance in tuberculous meningitis has been the use of potassium iodide, cold, and counter-irritation to the head. Traube has claimed much for inunctions of gray salve in very large doses.

Recently there comes from several sources evidences of the value of inunctions of iodoform ointment in large amount.

In the *Revue Internationale des Sciences Médicales* for October, 1885, Dr. Eug. Martel cites a case of tubercular meningitis treated successfully by Dr. E. Nillson, by the use of iodoform ointment. Martel tried the method temporarily in one case, with the result of producing marked alleviation of symptoms. But he was not able to follow up the patient, who, eight days later, died.

Moleschott, in the *Wien. Medicin. Woch.*, 1878, Nos. 24 to 26, reports five cases of tubercular meningitis treated by iodoform, one of these being a complete cure. He simply painted the neck and mastoid processes with three to four grammes of iodoform collodion one to fifteen.

Dr. Souden, of Stockholm, treated a case diagnosed as tubercular meningitis by himself, Dr. Waern, and Professor Abelin, with inunctions of iodoform ointment, one to five. The patient, a girl three years of age, got completely well.

Dr. F. W. Warfvinge, however, if his observations can be trusted, has had the most brilliant results. He reports five cases of tubercular meningitis, all of them cured under the use of iodoform inunctions. The cases are reported in full (*Hygiea*, 1886, p. 499; *Revue Internationale des Sc. Méd.*, August 31, 1886), and certainly some of them were typical illustrations of tubercular meningitis as it is ordinarily seen. In one of the cases iodide of potassium was also used, and in all various symptomatic remedies, such as ice-caps, chloral, antipyrin, etc., were employed when indicated.

The method of treatment followed by Dr. Warfvinge, consists in shaving the head and anointing it with an ointment consisting of iodoform, one gramme; vasaline, five grammes. This is done twice daily, the head being covered afterward with an impermeable cap. The inunctions were employed in one case for seventeen days, in another for nineteen, in a third for thirty, a fourth for thirty-two, and in the fifth case for nine days.—*N. Y. Med. Record*.

DILATATION OF OS UTERI BY TAMPONING.—Vulliet, of Geneva, states that he has been able to examine the entire internal surface after dilatation by his method—he has even been able to take a photograph of the cavity as well as interesting models. First, he places the woman in a genupectoral position, the buttocks much raised, and the perineum and posterior vaginal wall as high as possible. To begin the dilatation he uses first a urethral sound, or bougies of various sizes, according to the stenosis or the resistance of the organ. To the introduction of these instruments succeeds small wads of iodoformed cotton, whose number is gradually increased, and which are ordinarily allowed to remain for forty-eight hours. Sometimes to prevent pains, and make the dilatation more regular, he uses a small laminaria tent, which is left in position for only twenty-four hours, and afterwards iodoformed cotton is applied as before. Proceeding thus in a regular manner, after nine or ten days to five weeks, according to the patient, complete dilatation takes place.—*Giornale Internazionale delle Scienze Mediche*.

SALICYLIC TREATMENT OF GLYCOSURIA.—In the *Brit. Med. Jour.*, May, 1886, p. 816, Dr. Sinclair Holden remarks that the recent researches of Professor Latham on the pathological connection between diabetes and rheumatism has given a fresh impulse to the treatment of these diseases.

Two distinct kinds of diabetes are recognized:

1. That which arises from a neurotic disturbance of the function of the liver, so that the glucose passes unchanged through the liver and appears in the urine.

2. That which arises from a neurotic disturbance of the function of muscle, so that glucose is formed in that tissue and passes into the circulation and then the urine.

This second kind of diabetes is intimately connected with rheumatism; it only requires a degree more or less of oxidation to determine whether the muscular tissue generates an abnormal amount of lactic acid or glucose in the system. It has been shown by Dr. Latham, that salicylic acid has the power of arresting the formation of both lactic acid and glucose.

Dr. Holden contributes notes of six cases of glycosuria occurring in rheumatic patients; all of which were cured by giving salicylic acid. The first and most marked effect of this treatment in the glycosuria of rheumatic patients, is the almost complete removal of the distressing polyuria. The dose of salicylic acid should be from ten to fifteen grains three times a day. In cases of diabetes where no rheumatism exists, no benefit is obtained from taking salicylic acid.

THE TREATMENT OF SICK-HEADACHE.—Dr. W. Gill Wylie, of New York (*N.Y. Medical Journal*), has produced excellent results with the following method of treatment: So soon as the first pain is felt, the patient is to take a pill or capsule containing one grain of inspissated ox-gall and one drop of oil of gaultheria every hour until relief is felt, or until six have been taken. Dr. Wylie states that sick-headache as such is almost invariably cut short by this plan, although some pain of a neuralgic character remains in a few cases.

INTRAVENOUS INJECTION OF SALT SOLUTIONS.—Dr. F. B. Harrington has tabulated all the recorded cases of transfusion with salt solutions. He recommends that the solution be made as follows: Sodii chloridi, 6 grammes; sodii bicarbonatis, 1 gramme; aquæ destillate, 1,000 grammes. The solution should be warmed and kept at a temperature between 100° F. and 104° F. The solution should enter the circulation at a low pressure, and its effect on the heart should be carefully watched. Gravity pressure is safer than a syringe, an elevation of from one-half to three feet being sufficient. The amount used would depend upon the effect upon the circulation, but it may be from one to four pints.—*Boston Medical and Surgical Journal*

MISTAKES IN PROGNOSIS.—In the discussion at the recent meeting of the British Medical Association at Brighton on the duration of life with heart disease, Dr. Bristowe made some very excellent and apposite observations on this subject. "It is," he said, "quite early enough, in my opinion, for a man to know that he has heart disease when he begins to feel the effects of it;" and with this sententious remark most practitioners will agree. Incalculable harm has often been done by the abrupt announcement that a patient has cancer, or that another has heart disease; and the evil is aggravated by the fact that, as in all human affairs, the diagnosis may be wrong, or the prognosis may not be realized. Sir Andrew Clark told a very amusing, but instructive anecdote of his having been called to see a gentleman suffering from bronchitis, who, fifty years before, had been precipitately superannuated on full salary, on the announcement by the medical officer to an insurance company that he was the victim of an incurable form of heart disease, and would probably not live more than six months.—*Med. and Surg. Reporter*.

THE PRAIRIE ITCH.—Dr. John F. Lockwood, of Batavia, Ill., writes that while living in Central Wisconsin he had several cases of the so-called "prairie itch," or "Michigan itch," and always succeeded in curing it by the following: Acid, sulph. dil., ʒv.; tr. nucis. vom., ʒij;

elixir simpl., q. s. ad \bar{z} iv.; dose, a teaspoonful three times a day, half an hour before meals whenever there was any acidity. Several writers in *The Medical Age* maintain that the disease is merely a variety of scabies, and state that they have always obtained a speedy cure by the use of some form of sulphur externally applied. And Dr. Hope, in a recent number of *The Medical Record*, writes that his experience with the disease in Kansas was very similar.—*N. Y. Med. Record*.

BREAST MILK FOR CONSUMPTION.—We fear that for obvious reasons, both moral and physical, this treatment of consumption will never come into general use. Yet it has been tried, for the *Medical Record* tells us that Dr. Caius, some four hundred years ago, when an old man, tried to regain his youth by suckling the breast of a woman. He died of stone—not of old age, at least. A more successful application of this remedy is reported to us by a correspondent, who says that a party who had every indication of the last stages of consumption has regained former health, and attributes it to obtaining his nourishment from suckling a healthy nursing woman.—*Medical and Surgical Reporter*.

THE EDITOR OF "THE LANCET'S" CONFESSION OF FAITH.—Some time before his death the late Dr. James G. Wakley made a special request that the following confession of faith should be introduced into any notice of his life which might appear in the pages of the *Lancet*: "Feeling my deep responsibility to God for the position in which, in His providence, He has placed me, I desire to testify to the comfort derived during my sickness from a lively faith in our Lord Jesus Christ, and that I die in the sure hope of a glorious resurrection."—*Med. and Surg. Reporter*.

SALT IN BRIGHT'S DISEASE.—We would call attention in an especial manner to the remarks of Dr. Memminger on the beneficial influence of chloride of sodium in Bright's disease. This is truly a very simple remedy, and if it has any curative effect over this terrible malady we should at once establish the fact. We would strongly urge our readers to give this remedy a fair and full trial, and report the results.—*Medical and Surgical Reporter*.

Therapeutical Notes.

For hiccough, give a pinch of snuff and produce a sneeze.

COLLAPSE AFTER THE ADMINISTRATION OF ANTIPIRYN.—A dose of thirty grains of anti-pyrin, followed three hours later by one of fifteen grains, led to fatal collapse in a woman suffering with hyperpyrexia after abortion. Blore, who reports the case, attributes the fatal result to the rapid decline in temperature.—*Weir. Med. Woch.*

EFFICIENT SEDATIVE COUGH-MIXTURE.—When Dr. H. C. Wood recommends anything, it is a guarantee of its merit. Hence we take the following from the *Therapeutic Gazette*:

R. Potassi citratis ʒj.
Succi limonis ʒij.
Syr. ipecac ʒss.
Syr. simplicis, q. s. ad. ʒvj.

M. Sig.—A tablespoonful from four to six times a day.

When there is much cough or irritability of the bowels, paregoric may be added.

URETHAN as an antidote to strychnine has been mentioned by us. We learn from the *N. Y. Medical Abstract* that Professor Cozo counteracted the tetanus produced by $\frac{7}{100}$ grain of strychnine in a frog weighing an ounce by five grains of urethan. In a dog weighing twenty-five pounds $\frac{1}{2}$ grain of strychnine was completely counteracted by seventy-five grains of urethan. The effect of the urethan upon the blood appears to be due to an increase of oxygen. The drug has been employed with good results in tetanus.

CHLORAL HYDRATE AS A VESICANT.—Dr. Ivanowski, of Charkow, says that chloral hydrate is a vesicant of great reliability. He cuts a piece of adhesive plaster of the desired size and sprinkles it freely with powdered chloral leaving the edges free. Thereupon the back of the adhesive plaster is warmed over a gentle heat until the chloral is molten. The strip is then applied to the skin which pre-

viously is well oiled. After ten to fifteen minutes a large blister is formed. The pain experienced by the patient is inconsiderable. The application should not be continued longer than fifteen minutes, otherwise, ulceration may result.—*Weekly Med. Review.*

POTASSIUM PERMANGANATE IN AMENORRHOEA.

—Dr. Marshall, of San Francisco (*Union Med.*, Aug. 3, 1886), after employing this drug in fifty cases of amenorrhœa, has arrived at the following conclusions: 1. The permanganate acts satisfactorily in about seventy per cent. of the "selected cases." 2. It should be administered one or two hours *after* eating. The disagreeable action on the stomach may be relieved by combining it with the following:—

Oxalate of cerium	1 grain;
Hydrochloride of cocaine	$\frac{1}{8}$ "
Subnitrate of bismuth	5 grains;
Powdered ipecac	$\frac{1}{8}$ grain.

The writer also states that this drug has a marked tonic effect, and generally causes mental exhilaration.

At this season of the year the *Northwestern Lancet* opportunely calls attention to the value of watermelons as a diuretic, because at this time the fruit can be obtained at the greatest advantage. There is, however, a preparation called honey of watermelon whose diuretic action is most striking. A Russian physician has recently made experiments both with fresh juice and the syrup, and has been able to increase the daily flow of urine by three or four times. The treatment is well worth trying, not only in dropsies from various causes, but in gonorrhœa, cystitis, and other affections of the genito-urinary tract where it is desired to produce an abundant and bland urine. The peasants of Russia have long known this remedy and used it with good success in the classes of affections named.

ECZEMA OF THE SCALP.—Borax, says Deligny (*L'Eczema*, Paris, 1885), is the best application in scaly eczema of the scalp, not only in cleansing the head, but in arresting the desquamation. Michele recommends:

R. Sodii bborat	gr. cl.
Alcoholis	
Aquæ rosæ, aa	fʒiv. M.

Boric vaseline is an excellent preparation which is often employed at the St. Louis Hospital:

R. Pulv. acid. boric	ʒiiss.
Vasellini	ʒj.
Bals. Peruv	gr. viij. M.

Besnier applies two or three folds of thin muslin wet with starch water, a teaspoonful to the quart of water, and covers this with a rubber cloth in crusted eczema of the scalp. If there is fetor, he adds seventy-five grains of boric acid to the quart of water. When all inflammation has disappeared, he recommends the addition of fifteen grains of sulphate of copper to the quart of water, to be used with discretion.—*Med. Times.*

THE Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

TO SUBSCRIBERS.—*Those in arrears are requested to send dues to Dr. Adam Wright, 20 Gerrard St. East.*

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

TORONTO, NOVEMBER, 1886.

THE AMERICAN PUBLIC HEALTH ASSOCIATION.

Seldom has a gathering of visitors in Toronto attracted so much attention, or carried so much weight with it as the meeting of this Association. We have had many friendly invasions from our neighbours, all of which have tended to draw the chords of sympathy tighter round our hearts; none have appealed more directly to our own hearthside interests. If it were possible to criticise a meeting of such importance, we might say that it was a pity more local interest was not evinced, not in the matter of the reception of the Association, but in its work, by the production of papers by local writers. This is

probably due to the delicacy of feeling of many who would gladly have contributed had they known such papers would have been welcomed. We write with the knowledge that the executive of the Association would have gladly received and considered papers by local authors, and that there was a slight feeling of disappointment in the paucity of papers offered.

The meetings extended over the 5th, 6th, 7th, and 8th October.

The Association was called to order on the morning of the 5th, Dr. Henry P. Walcott, President, in the chair. After routine business had been finished, a paper was read by Dr. Playter, Ottawa, on "Our Inland Lakes and Rivers, the Disposal of Sewage and the Spread of Infectious Diseases." Dr. J. E. Reeves, of Wheeling, Va., read a paper by Dr. Baird, of that city, on "Destruction of Night Soil and Garbage by Fire." The paper gave some details of interesting experiments in a Smith gas furnace, in which a barrel of ordinary garbage was destroyed in four minutes; a barrel of butcher's offal (bones and animal matter) in seven minutes; a barrel of fluid night soil was almost instantly evaporated, and a barrel of solid faeces was consumed in fifteen minutes. No disagreeable results followed. The writer claimed great advantages for the Smith gas furnace, in heat, destructive power and economy of fuel.

Papers on "Toronto Sewers," by Mr. Alan Macdougall, and "The Influence of Sewerage on Health," by Dr. W. Oldright, elicited a good deal of discussion. His Worship the Mayor was present, and took an active part in the discussion. An expression of opinion was asked regarding the effect of the proposed system on the Waterworks intake crib, which the Association did not consider themselves justified in expressing. A general resolution recommending a trunk sewer system was adopted.

The evening session was held in the Normal School, with permission of Hon. G. W. Ross. Addresses of welcome were delivered by Dr. C. W. Covernton, Dr. Daniel Wilson, Hon. A. M. Ross, and His Worship the Mayor, after which Dr. Henry P. Walcott delivered his presidential address, which was listened to with the greatest interest by the large and fashionable audience assembled in the theatre of the

school. This was followed by a conversazione, on invitation of the Hon. Minister of Health, which was a brilliant social success. The announcement that the Hon. Minister was on the sick list caused some amusement.

The morning session of the 6th was taken up with receiving announcements of committees, the report of Committee on State Boards of Health, on "Inter-state Notification on the Outbreak of Smallpox, Cholera and Yellow Fever." And in the evening papers were read by Dr. Prince, Jacksonville, Ill., on "An Experimental Study in Relation to the Removal from the Air of the Dust or Particulate Material supposed to produce Yellow Fever, Smallpox, and other Infectious Diseases;" and on "Six Years of Sanitary Work in Memphis," by Dr. G. B. Thornton. Col. Geo. E. Waring was called on to address the meeting, and he defended his system of sewers. The report of the committee on "Disinfection of Rags" brought out the most important discussion of the meeting, in which some warm passages of words took place. Many members contended it was the mere advertisement of a patent system for disinfection. The report was ultimately adopted.

On the 7th the morning session was devoted to reception of reports, election of members and a paper on "Recent Progress in the Investigation of Hog Cholera," by D. E. Salmon, D. V. M., Washington, D. C., on which a long discussion took place.

There was a delightful drive round the city in the afternoon, with receptions at the City Chambers and University. The reception at the Toronto School of Medicine in the evening was well attended and most pleasant.

In the evening session papers were read by Dr. P. H. Bryce, on "Decomposition of Albuminoid Substances and some Sanitary Problems Connected Therewith;" by Dr. G. Baird, Wheeling, W. Va., on "Sanitation in Street Paving," which recommended vitrified brick, stating that this substance had stood well under heavy traffic in that city; by Dr. H. P. Yeomans, "On the Best Methods and Apparatus Necessary for the Teaching of Hygiene in the Public Schools as well as for Securing Uniformity in such Instruction;" by Mr. A. Blue, Secretary Bureau of Industries, "On Food in its Relation to the

Distribution of Wealth," which, as might be expected from the author, was a carefully prepared statistical paper of great value. It is a pity that there was no discussion on any of these interesting and valuable papers.

The morning session of the 8th brought the work of the Association to a close with the usual exchange of courtesies.

During the meeting 104 new names were added to the roll of membership, of which forty-eight were Canadians.

The committees on the Lomb prizes reported that none of the essays in any of the three subjects were, in their opinions, of sufficient merit to receive the prizes which had been offered.

UNIVERSITY FEDERATION.

At a recent meeting of the Methodist Conference, after one of the ablest debates in the history of the country, the majority decided that it was expedient that the Methodist body should adopt the scheme of confederation as proposed by the Government. There was comparatively little opposition to the principle of federation, but rather to some of the conditions imposed, and we are pleased to know that many or most of the opponents have joined loyally with the majority in assisting to carry out the great scheme.

It gave us great pleasure to see at the last meeting of Convocation of University College, Dr. Wilson and Dr. Nelles—the two distinguished Presidents of the great colleges which, in the future, are likely to be friendly rivals in the work of preparing students for the various examinations of Toronto University—working cordially together in the interests of higher education.

There can be no doubt that the medical profession will derive great benefits from the impetus thus given to the cause of higher education, especially as the Medical Council is willing to co-operate in the good work of raising the status and standing of the various examinations for medical students. We hope soon to see the time when a bona fide four years' course of instruction will be demanded and exacted from all who enter upon the study of medicine in this Province. It is more than probable that the

Council at its next session will impose a higher standing for matriculation than that of a third class teacher's certificate, which, with an examination in Latin, is now demanded.

RHEUMATIC HYPERPYREXIA.

In the work recently issued by Dr. MacLagan on Rheumatism, there is a very interesting chapter on Rheumatic Hyperpyrexia. The author gives an account of the cases recorded by Dr. Sidney Ringer, in 1867. All these seemed to be cases of acute articular rheumatism, and were pursuing the ordinary course when severe nervous symptoms were suddenly developed together with rapid increase of temperature. All his patients passed rapidly into a state of coma and died. In the first case the temperature rose to 109.2° just before her death. In the second case the thermometer registered at 110.8° before death, and in the third the high temperature of 110.8° was reached.

The prominent features in all these cases were the very high fevers, the prominence of the nervous symptoms, the tendency to a rapidly fatal result, and the absence of any post-mortem lesion sufficient to account for the severity of the symptoms. Since the publication of these cases many similar ones have been recorded.

Dr. MacLagan then goes on to explain the origin and cause of this singular phenomenon. He believes (1) "that there is a special thermic centre seated probably high up in the cord controlling and regulating the temperature of the body, (2) that this centre is endowed with heat producing and heat inhibiting powers, (3) that it has intimate physiological and anatomical relations with other important centres, (4) that it has connected with it a special set of thermal nerves distinct from the ordinary nerves of sensation, (5) that these nerves are fully distributed to the skin."

The probable existence of such a thermic centre is shown both by physiological experiment and by psychological process. The section of the pons at its junction with the medulla will cause the temperature to rise. Injuries and diseases of the nervous system, especially in the cervical region, are often accompanied by remarkable rises of temperature. In some cases

the temperature falls below normal after arrest of the nervous supply, or destruction of the centre.

In acute rheumatism there is excessive action of the skin, as is evidenced by the severe perspiration which sometimes occur in connection with it. Lactic acid existing in the blood is the cause of this increased action. Excessive and prolonged irritation of the whole cutaneous surface, and its contained thermal periphery may cause such a disturbance of the thermic centre as to overthrow the proper balance and thus allow the body temperature to rise to such abnormal heights. In other words, the inhibitory power of the thermic centre is destroyed by the constant irritation, the result of influences conducted from the periphery to the centre.

Dr. MacLagan is further of opinion that the severe nervous symptom is not the result of the hyperpyrexia so much as of the direct irritation of the brain. Therapeutically this theory is of great importance. Cold, when applied to the skin, has a sedative action on the thermic centre and aids it in restoring the normal balance. In such severe cases of rheumatic hyperpyrexia the best course then to pursue would be the application of cold to the surface, thus bringing down the temperature. In general practice we occasionally meet with these cases of excessive hyperpyrexia when it is very difficult to ascertain the cause. We are of opinion that when in such cases the temperature rises to 106 and upwards, that cold bath, or other cold application, should at once be used so as to reduce the temperature. There is no doubt but that the application of ice to the surface of the body is one of the best remedies for the hyperpyrexia after sunstroke.

SUIT FOR MALPRACTICE.

MCQUAY v. EASTWOOD.

It will be remembered that a suit was brought against Dr. Eastwood, of Whitby, and tried before the Assize Court in Toronto. The plaintiff claimed damages for injuries inflicted on his wife in confinement, by the use of the forceps, and also for evil effects following a puerperal fever, in the cure of which, it was alleged,

the doctor had shown ignorance and negligence. The weight of medical evidence showed that the physician had been careful and skilful in his treatment, and Mr. Justice Armour, the presiding judge, charged strongly in favour of the defendant. The jury, however, brought in a verdict for the plaintiff, with damages assessed at \$350.

On appeal, the case went to the higher court, before Messrs. Chief Justice Cameron, Justice Galt and Justice Rose, when the verdict was set aside and the action against Dr. Eastwood dismissed with costs. The effect of the judgment of the court is, that Dr. Eastwood, who is one of the oldest and most highly respected practitioners in Central Canada, is entirely exonerated from all blame in his conduct of the case.

THE MEDICAL SCHOOLS OF TORONTO.

The three Medical Schools of Toronto were opened on the afternoon of October 1st. Dr. L. McFarlane delivered the opening address in the Toronto School on the subject of "The Anatomy of the Human Frame." Dr. Workman, a former teacher in the school, occupied the chair. Dr. McFarlane's lecture was very able and interesting, and was highly appreciated by the large audience assembled. Short addresses were also delivered by Dr. Daniel Wilson, President of University College; Prof. Ramsay Wright, of the School of Practical Science; Mr. Alfred Baker, Registrar of Toronto University; Rev. Dr. Wild, and some members of the Faculty. On the evening of October 7th, a conversazione was held in the School Building, which was highly successful in every respect.

Dr. L. Teskey delivered the inaugural address in the Trinity Medical School. The lecture-room was filled with enthusiastic students and their friends, who gave the doctor a hearty reception. A conversazione was held the same evening in the college, all parts of the building being thrown open to the guests.

Dr. Stowe Gullen delivered the introductory address for the Woman's Medical College in the Normal School Buildings. A large number of the friends of the college were present, and

all were highly pleased with the doctor's remarks on the Education of Women.

The two male schools, Toronto and Trinity, are very full, in fact, too full, as many say. The remarkable success of these schools during the last few years must be very gratifying to the respective faculties, and we hope will encourage them to keep fully abreast of the times in their methods of teaching the large classes placed under their care. We are glad to note that a most satisfactory commencement of the work of the session has been made. We gladly welcome in the most cordial manner all the students who have come to our prosperous city for the present year.

SYPHILITIC COMA AND SYPHILITIC HEMIPLEGIA.

Dr. Julius Althaus, of London, England, is now on a visit to America, and on Oct. 7th, read before the New York Academy of Medicine an interesting paper, treating chiefly of syphilitic hemiplegia. From a report of the paper in the *N. Y. Medical Record* we cull a few of the salient points enumerated by Dr. Althaus.

He has seen eight cases of syphilitic coma, all occurring in males between the ages of twenty-five and forty-one. In one case the coma appeared eight months after infection; in six, between three and five years; and in one, seventeen years afterwards.

Among the existing causes of the attack, he mentions overwork, anxiety, trouble, and sexual and alcoholic excesses. He has noticed as premonitory symptoms, headache, a feeling of confusion and drowsiness, indistinct utterance, a perception of black specks floating before the eyes, with sudden loss of sight for a short time, numbness of the limbs and some loss of muscular power.

The initial stage of syphilitic coma appears to set in habitually during sleep, the patient being discovered by his friends or servants in the morning in a state of apparent insensibility from which he cannot be aroused. He does not seem to suffer any pain, and may be partially awakened by shouting. His face is without expression. The eyeballs are apparently

retracted into the orbits, and often diverge somewhat. The pupils are small and insensible to light. The muscles are in a perfectly relaxed state; sensibility and reflex excitability are greatly diminished or altogether absent. There is incontinence of the excretions, especially of the urine. The pulse and respiration are much slower than normal; the temperature ranges between 96° and 97°.

The initial stage of syphilitic coma lasts generally from two to five days, and then recovery occurs, or it merges into the final stage which leads to death. In the latter case the coma deepens, while the pulse and temperature both rise; the former to 140° or 180°, and the latter to 104° or 106°; the respirations, also, from having been retarded, now reach 30 or 40 a minute.

Two of his eight cases died in the first attack, while another succumbed after having five attacks in three years. Two others also suffered from relapses.

Dr. Althaus was unable to obtain autopsies in the fatal cases, but reasoning from the experience of others, and from analogy, he believes the disease is caused by the gradual occlusion of some important cerebral artery; and that the vessel chiefly implicated is the basilar artery.

For purposes of diagnosis, he calls attention to the fact that syphilitic coma occurs in young men mostly below 40 years of age. Cases of hemorrhage and opium poisoning may be mistaken for this disease, but in them the pupils are more extremely contracted in syphilitic coma.

Alcoholic, uræmic, and diabetic coma are to be differentiated by their usual symptoms. The prognosis of syphilitic coma is always grave. The probability is that sooner or later the arterial disease will, in spite of treatment, lead to a fatal result. The individual attack, however, is not unlikely to yield to early specific treatment, such as mercurial inunction or hypodermic injections of the perchloride. During the coma systematic feeding must be carried on, together with the use of stimulants, if the symptoms seem to indicate them. Blisters may be also applied to the forehead or nape of neck.

In regard to syphilitic hemiplegia, he remarks that ninety-five per cent. of attacks occur in males, and the patients are between 18 and 40 years of age. Also the paralysis is not so complete as in ordinary cases of hemiplegia, and there is not so apt to be loss of consciousness. Furthermore, we often have premonitory severe headaches, or perhaps ocular paralyses in these cases.

In one type of syphilitic hemiplegia both sides of the body are affected in succession, the attacks following each other after a period of several days or months. In some cases the hemiplegia is developed quite slowly. For purposes of diagnosis, Dr. Althaus lays great stress upon the excessive exaggeration of the deep reflexes or tendon phenomena which is present in syphilitic cases and wanting in ordinary hemiplegia. This symptom is observable in both the upper and lower extremity.

In conclusion, he emphasizes the importance of treating vigorously the primary symptoms of these diseases, as it is impossible for remedies to cure the secondary lesions of cerebral softening and wasting of nerve substance, which result from occlusion of an important artery and the pressure from syphilitic gummata.

THE CLINICAL TEACHING IN THE TORONTO GENERAL HOSPITAL.

Great improvements have been made this year in the course of clinical instruction given in the Toronto General Hospital. Three hours of each day are now devoted to clinical work. From 1.30 to 2.30, the out-patients are admitted by a member of the staff and cases of interest are commented upon. Some of the best material is found in the out-patient room, and when brought before the students in an instructive manner such observations as are there made must be of great value.

From 2.30 to 3.30, a set clinic is given by a member of the staff. Many cases, such as those of nervous diseases, may be demonstrated to a class of two hundred students as easily as to ten. Although much has been said against this method of teaching, it has no doubt its advantages when the class of students is large and cannot readily be divided into smaller ones.

From 3.30 to 4.30, bedside clinics are given.

A physician and a surgeon go around the wards, each one taking with him a dozen students. These bedside clinics are the most important of all, as the student then comes in actual contact with the patients. It is only in this way that auscultation and percussion can be properly taught, as well as many other methods of physical examination. Besides the regular clinical teaching, special instruction is given in Dermatology once a week, Ophthalmology four times a week, and Gynæcology twice a week. It will be seen that if this programme is faithfully carried out the material in the hospital will be utilized to its fullest extent.

We congratulate the authorities of the hospital in at last establishing a system of clinics as full and complete as is possible under the circumstances.

AMERICAN PUBLIC HEALTH ASSOCIATION.

The meeting of the American Public Health Association marks an important period in the history of our sanitation. Conceived, and in great measure arranged, by the Provincial Board of Health, we have to congratulate the gentlemen who evinced so much zeal and interest for the weal of our Province, for the very satisfactory results attained by this meeting. The influence of such distinguished minds, backed up with the experience gained during the past fourteen years, is really a priceless gift to Toronto and the Province.

With pleasure we express our satisfaction with the first outgrowth of this meeting, the formation of an Association of Health Officers of Ontario.

Of the meeting, itself we have only space to allude briefly to the masterly and scholarly address of the president, Dr. Henry P. Walcott, which embraced a large range of subjects and paid a not unearned compliment to our quarantine regulations. To all who had the pleasure of hearing this address, there was presented an intellectual feast, not of mere theory only, but of solid information.

Our visitors have carried away with them pleasant reminiscences of Toronto and its hospitalities, which have been greatly enhanced by the assiduous attentions of the ladies' committee to whom our thanks are most heartily tendered.

A SELECTED LIST OF WARNER & CO.'S SOLUBLE SUGAR-COATED PILLS

CLASSIFIED FOR CONVENIENCE IN PRESCRIBING.

ALTERNATIVES.		ANTIPERIODICS, Cont'd.		ASTRINGENTS.		TONIS, Continued.	
Per 100		Per 100		Per 100		Per 100	
ALTERNATIVES.		ANTI-CHILL.	1.00	ASTRINGENTS.		TONIS, Continued.	
{ Mass. Hydrag. 1 gr. } 50		{ Chinoidin, 1 gr. } 1.00		{ Ext. Gerani 2 grs. } 60		{ Aloes Et Nuc Vom. } 1 gr.	
{ Pulv. Opia, 1 gr. } 50		{ Ferri Ferrocyanid, 1 gr. } 1.00		{ Ext. Nuc. Vomica 1 gr. } 60		{ (Ext. Nuc. Vomica 1 gr.) } 1 gr.	
{ Pulv. Ipecac. 34 1/2 gr. } 50		{ Ol. Piper. Nig. 1 gr. } 1.00		{ Ol. Ros. Zinz. 1-20 gr. } 60		{ ASSAFOETIDA COMP. } 2 grs.	
ANTRIMONII COMP. U. S. P. 1 gr. } 40		{ Ol. Res. Zinz. 1-20 gr. } 60		{ Ol. Res. Zinz. 1-20 gr. } 60		{ ASSAFOETIDA COMP. } 2 grs.	
CALCIUM SULPHIDE, 1-10 gr. } 50		ANTI-MALARIAL.	1.75	OPHIOTRIPLUM ACET.		{ Ferri Sulph. Essic. 1 gr. } 1 gr.	
CALCIUM SULPHIDE, 1/2 gr. } 60		{ Quinia Sulph. 1 gr. } 1.75		{ Ferri Opi. 1 gr. } 1 gr.		DAMIANA CUM FERRO.	
CALCIUM SULPHIDE, 1 gr. } 75		{ Cinchona Sulph. 1/2 gr. } 1.00		{ Plumbi Acet. 1 1/2 gr. } 1 gr.		{ (Ext. Damiana, 1-100 gr.) } 2 grs.	
CALOMEL, 1/2 gr. 1, 2 and 3 grs. } 40		{ Ferri Sulph. Essic. 1/2 gr. } 1.00				{ Phosphor. 1-100 gr. } 1 gr.	
COPALBA, U. S. P. } 50		ANTIMALARIAL.	1.00	CATHARTIC COMP. U. S. P. } 50		{ (Ext. Nuc. Vom. 2 1/2 gr.) } 2 1/2 gr.	
COPALBA COMP. } 50		{ Phosphor. 1/2 gr. } 1.00		{ Ext. Coloc. Comp. 1 gr. } 50		{ Ferri Carb. (Vallet) 1 gr. } 1 gr.	
{ Pulv. Copalb. } 50		{ Ferri Sulph. 1 gr. } 1.00		{ Ext. Jalap. 1 gr. } 50		{ U. S. P. 3 grs. } 3 grs.	
{ Rosin Gummic. } 50		{ P. Capsicum 1 gr. } 1.00		{ Podophyl. Lepandrin, 1 gr. } 50		{ Ferri Carb. 2 grs. } 2 grs.	
{ Ferri Citrat. 1 gr. } 50		{ Cinchona Sulph. 2 grs. } 2.00		{ Ext. Hyoscyam. 1 gr. } 50		{ Ferri Iodid 1 gr. } 1 gr.	
{ Urea Resin Gummic. } 50		{ Strychn. 1-30 gr. } 1.50				{ Ferri Tr QUAS. 1/2 Nuc. Vom. } 1/2 gr.	
DUPUYRENI. } 50		QUININE CUM CAPSICUM.	1.75	CATHARTIC COMP. CHOLAGOGLU.		{ Fer. Iod Hydrot. 1/2 gr. } 1/2 gr.	
{ Pulv. Ipecac. 3 grs. } 50		{ Quinia Sulph. 1 gr. } 1.75		{ Res. Podophylli, 1 gr. } 60		{ Ext. Quassa. 1 gr. } 1 gr.	
{ Pulv. Citrat. 1 gr. } 50		{ Cinchona Sulph. 1 gr. } 1.75		{ Res. Podophylli, 1 gr. } 60		{ Ext. Nuc. Vom. 1 gr. } 1 gr.	
{ Pulv. Citrat. Cor 1-10 gr. } 50		{ Res. Podophylli, 1-20 gr. } 1.00		{ Pulv. Hydrag. 1 gr. } 50		{ Poly. Saponis. 1/2 gr. } 1/2 gr.	
{ Pulv. Opia. 1/2 gr. } 50		{ Strychn. 1-20 gr. } 1.00		{ Ext. Hyoscyam. 1 gr. } 50		{ Ferri Et STRYCHN. } 1 gr.	
GOMMULES. } 60		{ Ferri Sulph. Essic. 1/2 gr. } 1.00		{ Ext. Nuc. Vom. 1-10 gr. } 1 gr.		{ (Ferrium p. Hydrot. 2 grs.) } 2 grs.	
{ Pulv. Ipecac. 1 gr. } 60		ANTI-PEPTIC.	80	{ Strychn. 1-20 gr. } 1.00		{ Strychn. 1-10 gr. } 1-10 gr.	
{ Pulv. Copalb. Solid, 1 gr. } 60		{ Cinchonina Sulph. 1 gr. } 80				FERRI TR QUAS. 1/2 Nuc. Vom.	
{ Pulv. Copalb. 1 gr. } 60		{ Res. Podophylli, 1-20 gr. } 1.00		GAMBOGI COMP.		{ Fer. Iod Hydrot. 1/2 gr. } 1/2 gr.	
{ Trisulph. Venet 1/2 gr. } 60		{ Strychn. 1-20 gr. } 1.00		{ Ferri Sulph. Essic. 1/2 gr. } 1.00		{ Ext. Quassa. 1 gr. } 1 gr.	
HYDRARG. U. S. P. 2 grs. } 40		CHINOIDIN, COMP.	1.50	{ Ext. Nuc. Vom. 1-10 gr. } 1 gr.		{ (Ferrium p. Hydrot. 2 grs.) } 2 grs.	
HYDRARG. U. S. P. 3 grs. } 40		{ Chinoidin, 2 grs. } 1.50		{ Ol. Ros. Capsici. 1/2 gr. } 40		FERRI TR QUAS. 1/2 Nuc. Vom.	
HYDRARG. U. S. P. 4 grs. } 40		{ Chinoidin, 2 grs. } 1.50				{ Strychn. 1-10 gr. } 1-10 gr.	
HYDRARG. U. S. P. 5 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HIPPIA.		STYCHN. 1-10 gr.	
HYDRARG. U. S. P. 6 grs. } 40		{ Chinoidin, 2 grs. } 1.50		{ Pulv. Hydrag. 3 grs. } 80		MORPHIA SULPH.	
HYDRARG. U. S. P. 7 grs. } 40		{ Chinoidin, 2 grs. } 1.50		{ Ext. Coloc. Co. 1 gr. } 80		{ (Ext. Nuc. Vom. 1-20 gr.) } 1-20 gr.	
HYDRARG. U. S. P. 8 grs. } 40		{ Chinoidin, 2 grs. } 1.50		{ Ext. Hyoscyam. 1 gr. } 80		STYCHN. 1-10 gr.	
HYDRARG. U. S. P. 9 grs. } 40		{ Chinoidin, 2 grs. } 1.50		{ Podophyllin, 1 gr. } 80		Ext. Ignat. Amar. 1/2 gr.	
HYDRARG. U. S. P. 10 grs. } 40		{ Chinoidin, 2 grs. } 1.50		{ RHEI LI HYDRARG. 1 gr. } 80		Ext. Opia. 1/2 gr.	
HYDRARG. U. S. P. 11 grs. } 40		{ Chinoidin, 2 grs. } 1.50		{ Pulv. Rhei. 1 gr. } 80		Ext. Acetit. 1/2 gr.	
HYDRARG. U. S. P. 12 grs. } 40		{ Chinoidin, 2 grs. } 1.50		{ Mass. Hydrag. 1 gr. } 80		Ext. Cannab. Ind. 1/2 gr.	
HYDRARG. U. S. P. 13 grs. } 40		{ Chinoidin, 2 grs. } 1.50		{ (Soda Carb. Essic. 1 gr.) } 80		Ext. Nuc. Vom. 1-5 gr.	
HYDRARG. U. S. P. 14 grs. } 40		{ Chinoidin, 2 grs. } 1.50				Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 15 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 1 gr. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 16 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 2 grs. } 40		Quinia Sulph. 1 gr.	
HYDRARG. U. S. P. 17 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 3 grs. } 40		Ext. Phos. 1-50 gr.	
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HYDRARG. U. S. P. 19 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 5 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 20 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 6 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 21 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 7 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 22 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 8 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 23 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 9 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 24 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 10 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 25 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 11 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 26 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 12 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 27 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 13 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 28 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 14 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 29 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 15 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 30 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 16 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 31 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 17 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 32 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 18 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 33 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 19 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 34 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 20 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 35 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 21 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 36 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 22 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 37 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 23 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 38 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 24 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 39 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 25 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 40 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 26 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 41 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 27 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 42 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 28 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 43 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 29 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 44 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 30 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 45 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 31 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 46 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 32 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 47 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 33 grs. } 40		Ext. Phos. 1-50 gr.	
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HYDRARG. U. S. P. 51 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 37 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 52 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 38 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 53 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 39 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 54 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 40 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 55 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 41 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 56 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 42 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 57 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 43 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 58 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 44 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 59 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 45 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 60 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 46 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 61 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 47 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 62 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 48 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 63 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 49 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 64 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 50 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 65 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 51 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 66 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 52 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 67 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 53 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 68 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 54 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 69 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 55 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 70 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 56 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 71 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 57 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 72 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 58 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 73 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 59 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 74 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 60 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 75 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 61 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 76 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 62 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 77 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 63 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 78 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 64 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 79 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 65 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 80 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 66 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 81 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 67 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 82 grs. } 40		{ Chinoidin, 2 grs. } 1.50		HYDRARG. U. S. P. 68 grs. } 40		Ext. Phos. 1-50 gr.	
HYDRARG. U. S. P. 83 grs. } 40		{ Chinoidin, 2 grs. } 1					

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Pil : Aloin, Belladonna and Strychnine. (W & CO.)

Aloin.....	1.5 gr.
Strychnine.....	1.60 gr.
Ext. Belladonna.....	1.8 gr.
Medical properties, Tonic, Laxative. Dose, 1 to 2 pills.	

PIL: IODOFORM ET FERRI. (W & CO.)

R Iodoform.....	1 gr.	Ferrum Redactum.....	1¼ gr.
Medical properties, Tonic, Alterative. Dose, 1 to 2 pills.			

Iodoform, therapeutically, is alterative, nervine, sorbefacient, anti periodic and anæsthetic. As an alterative it acts with more rapidity than other medicines of that class, in doses of one, two, or three grains, repeated thrice daily. As a nervine it is prompt and efficient; while it gives nervous strength, it calms speedily the most severe pains. Its sorbefacient properties are manifested with some degree of slowness. Five to seven grains, given in broken doses in rapid succession, produce a powerful anti periodic effect.

Its anæsthetic properties are of local significance. It is rapidly absorbed into the blood.

Accumulative effects have not been observed.

Iodoform is destitute of any local irritant action and has that advantage over all other iodic remedies.

It may be administered, with reasonable expectation of success, in the following diseases:

NEURALGIA of every description, chronic rheumatism, consumption, SCROFULA, ophthalmia, chronic ulcerations and skin diseases, syphilis and certain affections of the neck of the bladder and prostate gland, and whenever a powerful ALTERATIVE agent is needed. The quality of Iodoform is greatly enhanced, in a majority of cases, by the addition of pure iron, Fer. per hydrog.

PIL: BLENNORRHAGIC. (W & CO.)

R Terebinth Alba.....	1¼ grs.	Camph. Monobrom.....	¾ gr.
Ext. Humuli.....	¾ gr.	Res. Podophyl.....	½ gr.
Dose, 1 to 2 pills.			

Medical properties.—Is the remedy *par excellence* for chronic Blennorrhœa, uncomplicated with organic stricture, very frequently effecting a speedy cure in gleet of long standing.

PIL: DIGESTIVA. (W & CO.)

R Pepsin Conc't.....	1 gr.	Gingerine.....	1 16 gr.
Pv. Nuc. Vom.....	¼ gr.	Sulphur.....	½ gr.
In each pill.			

This combination is very useful in relieving various forms of Dyspepsia and Indigestion, and will afford permanent benefit in cases of enfeebled digestion, where the gastric juices are not properly secreted.

As a corrective of nausea or lack of appetite in the morning, induced by over indulgence in food or stimulants during the night, these pills are unsurpassed; they should be taken in doses of two pills before retiring or in the morning at least one hour before eating; the first mentioned time is the most desirable, as the effects are more decided, owing to the longer period for action.

As a dinner pill, Pil : Digestiva is unequalled and may be taken in doses of a single pill either before or after eating.

The many acknowledgements, which have been received from the medical profession respecting the efficacy of these pills and their extensive use, is ample evidence of superior properties in cases where such a medicine is indicated. This warrants us in offering them with the assurance that there need be no reasonable fear of disappointment in results

WM. R. WARNER & CO.

MANUFACTURERS OF SOLUBLE COATED PILLS IN ALL THEIR VARIETY.

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The following well-known houses in the Dominion have in stock or will supply Warner & Co.'s Standard Preparations.

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LYMAN SONS & CO.	MONTREAL.	LYMAN BROS. & CO.,	TORONTO.
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J. WINER & CO.	HAMILTON.	BROWN & WEBB,	HALIFAX.

THE TORONTO TRUNK SEWER.

The vote on the by-law to raise \$1,400,000 for the purposes of a trunk sewer was defeated on the 8th ult. by a majority of over three to one. The Provincial Board of Health at a special meeting, the day before, disapproved of the scheme, which aided public opinion in the adverse vote. Under all circumstances it is perhaps as well that the vote resulted as it did; had it carried there would have been a constant complaint about the pollution of our water supply. The importance of a proper means of final disposal of the sewage is by no means disposed of; the delay will be beneficial in causing more extensive examination to be made of the currents in the lake, and the maturing of a scheme which shall be acceptable to the citizens.

ASSOCIATION OF HEALTH OFFICERS OF ONTARIO.

The first-fruits of the meeting of the American Health Association and the meeting of State and Provincial Boards of Health, has been the formation of an Association of Health Officers for Ontario. The executive elected at the first general meeting are: President, Dr. Sweetland, Ottawa; Vice-Presidents, Dr. J. Coventry, Windsor; Dr. P. Burrows, Lindsay; Council, Dr. Rae, Oshawa; Colonel Deacon (Mayor), Lindsay; Capt. W. Clark, Guelph; Dr. A. Cameron, Owen Sound; Secretary-Treasurer, Dr. P. H. Bryce, Toronto.

Meetings of Medical Societies.

HAMILTON MEDICAL AND SURGICAL SOCIETY.

Regular monthly meeting was held Oct. 5th, Dr. Stark, President, in the chair.

Dr. McCargow exhibited a specimen of an enlarged heart. The heart and pericardium weighed thirty ounces. There had been five or six ounces of fluid in the pericardium. There was a large deposit of lymph and fibrin, and the surface of the pericardium was much roughened.

Dr. Malloch brought before the Society John McDonald, aged twenty-one years, whose right

knee he had excised on the 1st of May of this year. The man walked in without crutch or stick, having a thick-soled boot on the affected side. After the members had examined the knee and satisfied themselves as to its solidity, Dr. Malloch read the notes of the case. The operation, performed under strict antisepticism, was that of Dr. Fenwick. Watson's splint was used with paraffine bandages. In all the knee was dressed four times between the day of operation and the 10th of June, when the original splint was removed and changed, as the paraffine had got soft from the heat. Plaster bandages were then used; union had not fully taken place. The patient was then allowed up on crutches, subsequently to put his weight on it. The pieces of bone removed showed unmistakably that there had been ulceration of the cartilages. The man has never suffered in the least from the knee since the operation.

F. E. WOOLVERTON,
Secretary-Treasurer.

Correspondence.

To the Editor of the CANADIAN PRACTITIONER.

RHUS POISONING.

A number of articles on Rhus poisoning have appeared in several medical journals lately, but in none have I noticed any reference to the application to be described. While practising on Wolfe Island I had capital opportunities of observing several cases of this strange disease, so exceedingly interesting to the practitioner, but utterly devoid of fascination for the sufferer, and was much struck by the variety of susceptibility to the effects of the *Rhus venenata* (which is rather abundant on the Island), the variable success of treatment, freaks of the complaint, and lack of reliable text-book information.

About three years ago my attention was drawn by Dr. R. W. Garrett, of this city, to an "old woman's plan of treatment," which he had heard of but had not tried, namely:— "Bruise together equal parts of the fresh leaves of plantain (*Plantago major*) and common mallow (*Malva rotundifolia*), stew them in fresh lard, strain while hot, and apply frequently, when cold." As these weeds are very plentiful

I tried the plan at once, and found it to act remarkably well even in some severe cases and in all stages. When unable to procure the fresh plants I secured the dried pressed packages, substituting marsh mallow (*Althæa officinalis*) for mallow; these were well-pulverized and mixed, and water sufficient to keep the mass soaked was added from time to time, gentle heat being applied for five or six hours, the stalks and larger particles were then rejected, and lard, or more generally vaseline, added while hot, and the mixture stirred till uniform; the straining was usually dispensed with. In his work on "Materia Medica and Therapeutics of the Skin," Dr. Henry G. Piffard refers to Plantago in Rhus poisoning.

C. R. DICKSON.

KINGSTON, ONT., Oct. 8th.

To the Editor of the CANADIAN PRACTITIONER.

VIENNA CORRESPONDENCE.

If we would attend an institution of learning it becomes important to know something of the material at the disposal of such for our benefit, something of the modes of imparting knowledge, and the appliances to be employed in our instruction; to me, however, it seems of far greater importance to know something of the men from whose experience we are to learn; whose actions are to be our example; whose modes of thought we will unconsciously adopt; and whose spirit we are in a measure to imbibe. Good men with little material may do grand teaching, while masses of material, and the best appliances, without great men to mould thought, and kindle enthusiasm in the spirit of the pupil, are almost as worthless as so much lumber. With this thought in view I make no apology for being in this communication decidedly personal and somewhat lengthy.

Within a reasonable space it would be impossible to give a detailed account of the more private teachers upon whom devolve most of the practical instruction given in the hospital. Dr. Paublik gives a very excellent and practical course on the surgery of the female genitals. He is remarkable as being able to speak and understand most of the languages generally in use in Europe. A shrewd colleague from Canada on

one occasion, however, turned the complacent self-confidence of the Dr. into utter confusion and surprise by addressing him in Gaelic. Drs. Pritze and Rokitansky give similar courses with acceptance. The names of those giving instruction in general operative surgery have been mentioned in a previous communication and should not be forgotten. A very good course is given by Dr. A. Lorenz in orthopædic surgery, and, in fact, all special branches are represented by able men.

Among the Professors who demand a fuller notice as being the directors of the currents of thought and teaching here, Professor Robert Ultzmann deserves special mention. He began life as a poor student, but through energy, skill and perseverance soon gained a strong foothold in practice; he became connected with the University in 1872, and has now, in the prime of life, won both wide reputation and wealth. As a teacher he seems to rouse the enthusiasm of those under his guidance; his tall, handsome form, vigorous face, clear, eloquent utterance and strong conviction that he is right, render him one of Vienna's most popular instructors. His subject, "The Diseases of the Genito-urinary System, with special reference to Urinary Analysis," though not in itself a specially dry one, can scarcely be said to be the most attractive in the field of surgery, but in the hands of Ultzmann the scene is changed, the listener is carried forward by the force of his thought and his eloquent utterance, the spectator is charmed by his operative skill, and, under the influence of the man, the subject glows into an interest almost proportionate to its practical importance.

Professor Wöfler, who has, up to the present time, been connected with the University here, is now appointed to the surgical chair in the University of Graz; his fine Oriental face and spirited teaching will be missed in Vienna.

Those who are specially interested in diseases of the prostate, and in lithotomy will find in Professor Dittel an experienced teacher. It is worthy of note, that in spite of his admitted skill, his large experience and great success in the lateral and median operations for stone, he has, like Sir Henry Thompson, in his old days given the weight of his authority to suprapubic lithotomy, as the operation of the future;

he lectures twice a week, and the daily work at his klinik is well worth attending.

Professor Salzer, who has the honor of introducing the operation of ovariectomy into Vienna, holds an interesting klinik at nine o'clock each morning, where the surgical aspect of gynaecology receives special attention. He prefers his patients' safety to his own comfort; this is rare.

The man who occupies, perhaps, the most difficult position in the University is Professor Albert, being the conductor of the second surgical klinik. He is brought into unfair contrast with the conductor of the first, *i.e.*, Professor Billroth. He fills his position well, however, not attempting to emulate Billroth in operative brilliancy. He throws his energy into a clear, vigorous style of teaching, which contrasts favorably with the over-modest tone and rather indistinct articulation of his greater colleague; this fact should be remembered by those who are not fairly versed in German.

One cannot help being struck with the fact that Albert still uses Lister's spray during operations.

In a pretty nook in the garden of the Allgemeines Krankenhaus or hospital here stands, embowered among trees and shrubs, a modest bust in bronze, the forehead is massive, the hair hangs loosely to the left side, the face is furrowed and thoughtful; from that earnest countenance we turn back irresistably to the time when Francis Schuh, Vienna's great surgeon fought shoulder to shoulder with Rokitansky, Skoda and others to build up, in spite of many difficulties, what has proved to be the lasting fame of the Vienna School. Schuh was a great man, a skilful operator, a diagnostician, a faithful and practical worker. His works on percussion and auscultation as a guide to the surgeon in diagnosis, and that discussing the relation of phlebitis and septic absorption to wound or septic fever, opened the door to great practical and theoretical advancement in surgery.

While Schuh was quietly working in Vienna his successor was unknowingly preparing to take his place, which became vacant in 1867. A rather short, firmly built student was working in Göttingen for the degree that was to be to him the gateway of a world wide fame. Theo-

dore Billroth won that degree with honor, and meanwhile earned the reputation of being a steady, talented and rising worker. He was appointed as assistant surgeon to Laugenbeck of Berlin; while under his guidance and influence the young surgeon attained great skill in operating, became deeply interested in surgical literature, and acquired that profound and almost boundless admiration of Germany's greatest surgeon, which is to-day so marked a feature of his character. To attempt to enumerate the literary works of Professor Billroth would be quite superfluous; the list is long and his leading efforts are known so well and favorably that to mention them were almost an insult to the intelligent reader. Suffice it to say that they illuminate the fields of historical and practical surgery, histology, pathology in its widest ramifications, and bacteriology. After declining more than one good appointment, he accepted the chair of surgery in Zurich. Here he worked with his accustomed energy, and perhaps, in that scene of loveliness, listening to Zurich's famous chimes, daily enjoying the material harmony of lake, sky and mountain, he had deepened and enriched that passionate love of music which has been a source of endless pleasure to himself and to those who have been privileged to listen to his skill.

Professor Billroth, as a volunteer surgeon on the battle field, a position he occupied during the late Franco-Prussian war, as the genial conductor of one of the world's most important surgical klinikin, as the cool, steady operator, as the earnest and thorough teacher is, and always must be, the same manly, bold, generous and unassuming one of nature's noblemen, and a man universally beloved.

Billroth would probably never have been the surgeon he is, but for the influence of Laugenbeck. The mantle has fallen with a double portion of his spirit. Laugenbeck's pupil is not content to let power die with himself, as will be shown by the simple mention of a few of his former assistants and students, Menzel, of Triest; Cerny, of Heidelberg; Winiwarter, of Lüttech; Gussenbauer, of Prague; Mikulicz, of Krakau; Wolfier, now of Graz; and Hacker, of Vienna.

There are probably no conditions under which

the surgeon has been wont to turn from his patient with a more sickening sense of helplessness, or the patient from the surgeon with a more crushing consciousness of hopelessness than in those of carcinoma of the larynx and stomach. Let us with the honest hearts of grateful men give all honor to Professor Billroth who has opened the door of courage to the surgeon, and a window for the patient, through which heaven's blessed light of hope may stream.

J. H. DUNCAN.

VIENNA CORRESPONDENCE.

Over the large and handsome building set apart for morbid anatomy are to be seen the words *Indicandis sedibus et causis morborum*. Yearly are over two thousand bodies examined to locate the seat and ascertain the cause of the fatal lesion.

Pathological anatomy was represented in the first Vienna school by Dr. Biermayer; following him came Dr. Wagner, who was in turn succeeded by the distinguished Carl Rokitansky in 1834; he died in 1875, and his pupil Hesch for a couple of years filled this important post, when the present occupant, Dr. Kundrat, was elected by the University faculty to the position. Rokitansky introduced to Vienna the method of investigation which he had formerly adopted, and the results of his experience gained in the Parisian school, and so soon as general attention was directed to his work, the Vienna school took a leading position, which it has maintained till the present day. Notwithstanding the thorough manner in which John Merkel had done his work in Germany, the methods of research which Rokitansky made use of secured the upper hand, and he and Skoda were the two men who elevated medicine in Germany from the fancies of natural philosophy of the eighteenth century to the more practical lines of the present day, so accomplishing for Germany a work which has already become historic in medicine. He succeeded in getting somewhat of an insight into the processes in the development of disease, but the dynamic side of morbid life which escapes the surgeon's knife was greatly overlooked, and anatomical data were studied rather than pathological processes, yet

they were studied with determination and great skill, and in consequence of which, with great success.

Rokitansky was master both of the written and spoken word, and his works are distinguished throughout by a simple and clear expression; as a pathological anatomist, he was accorded the first place, and, like Cruveilhier, paid but little attention to practical medicine. The present staff of teachers follow the same line laid down by this master, and while not noted for great discoveries or brilliancy of work, are collecting and recording valuable statistics.

Professor Kundrat has three assistants; the first, Dr. Ziemann, gives daily a lecture on gross pathology, demonstrating the specimens secured from the autopsies of the day; the second and third assistants, Drs. Kolisko and Paltauf, have under their charge the pathological laboratory, which is open the whole year. Professor Weiselbaum, prosector at Rudolph-spital, has in the University the department of bacteriology.

Professors Schötter and Stork are the chief representatives of laryngology, both excellent, of vast experience and great skill in operating. Those commencing will find it well to take Schötter first for his teaching is elementary as well as advanced, and after this experience the lecture of Stork should not be neglected. Professor Schnitzler has his class in the polyclinic from eight to ten in the morning, and is in favor with many, partly on account of the numbers coming for treatment, and partly owing to the courtesy of his assistant Dr. Beregszaszy.

Dr. Chiari is extremely popular, but unfortunately his class is limited to eight students, so that but few can have the advantage of instruction from a teacher so amiable and able. While speaking of this clinic Frau Gelly is worthy of mention—an old nurse who has since 1865 been in regular attendance; she is well posted on the anatomy of the throat, and is able to teach beginners the correct use of the various instruments, and gives private hours when she permits her throat to be examined. So accurate indeed is her sense of touch, that she can tell when the point of the probe is on the right or left, true or false vocal cord. In 1881 she

went with Dr. Mikulicz to Berlin, for him to demonstrate to the German Surgical Congress the use of the gastroscope. More than forty times she has been used as a model for this purpose.

In neurology there are no men of marked eminence, but a group of young teachers, from whose instruction there is much profit to be obtained. Chief of these to be remembered are Drs. Fried, Holländer, and Wagner. Professors Rosenthal and Benedikt do not give systematic instruction, but have abundant material at their disposal.

W. H. B. A.

To the Editor of the CANADIAN PRACTITIONER.

MALICIOUS PROSECUTION FOR MALPRACTICE.

Dear Sir,—A lawsuit interesting to the profession has just closed, in which a Mr. McQuay sued Dr. Eastwood for malpractice while in attendance upon his wife in confinement. The jury, contrary to the opinion of medical gentlemen who were acquainted with the facts of the case, returned a verdict in favour of the plaintiff. Dr. Eastwood carried it to the higher courts, and asked to have the verdict of the jury quashed, or to be given a new trial. The judges quashed the verdict, not even giving the plaintiff the benefit of a new trial. This case illustrates the unfair treatment our profession receive at the hands of a jury, and the annoyance and very heavy pecuniary loss we may be subjected to at the hands of our patients. Had Dr. Eastwood not been financially "solid" he would have been forced to accept the verdict of that jury, and been at the expense of \$2,000, because some malicious or ignorant persons saw fit to persecute him. I believe it is to the interest of the profession to make common cause against all lawsuits for malpractice. I am informed that a juryman once said, "He is a doctor, they put it to us; we have him now, let us put it to him;" and every case of success against a doctor for malpractice encourages other patients to sue the doctor.

Only the other week I was consulted by one who was going to sue his physician for damages. I advised him against it, when he argued in reply, So-and-so got damages against Dr. Grant,

and So-and-so against Dr. Eastwood, why shouldn't I succeed also.

If the editors of the PRACTITIONER and the *Lancet* would act as a committee who would receive subscriptions from every member of the profession whenever a trial for malpractice came up, and apply it as a common fund for the defence of such trials, we would then be able to get justice, and the success of malicious prosecutions would not be heard of.

This is a suggestion on my part, but I trust the profession will take some definite steps to establish a common defence fund for mutual protection.

Yours, etc.,

EDWIN G. KNILL.

Book Notices.

Outlines of Lectures on Physiology. By T. WESLEY MILLS, M.A., M.D., L.R.C.P. Eng., Professor of Physiology, McGill University, Montreal. Publishers, W. Drysdale & Co., Montreal.

This work gives an outline of Professor Mills' course in Physiology given in McGill Medical College, Montreal, with an introductory chapter on General Biology and an appendix containing laboratory exercises on Practical Physiology. Dr. Mills is well known as an able and enthusiastic worker in physiology, as well as an excellent teacher of this very important subject, and this little book will be interesting and valuable to medical students.

Physical Culture—First Book of Exercises in Drill, Calisthenics and Gymnastics. By E. B. HOUGHTON. Toronto: Warwick & Sons.

This book was written for the use of Colleges, Collegiate Institutes, Schools and Gymnastic Associations. We need scarcely refer to the great value of physical exercise to the youth of both sexes. It is important that this fact be kept in view in our educational institutions especially, as there is frequently too much of a tendency to overtax the mental powers of the pupils and neglect their physical development.

The best way to guard against these dangers, which are now so well recognized, is to have a regular and systematic course of gymnastic and calisthenic exercises, according to the plans now adopted in many of our schools and colleges.

As a reliable guide for such a course, suitable for both boys and girls, this little book, written in a very pleasant, plain and interesting style by Mr. Houghton, is the best we have seen.

Diseases of the Digestive Organs in Infancy and Childhood. By LOUIS STARR, M.D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania, etc. Philadelphia: P. Blakiston, Son & Co.; Toronto: Williamson & Co.

Among all the diseases which come under the observation of general practitioners, none are more important than those of the digestive organs in infancy and childhood. The author of this very excellent manual devotes considerable space to minute directions as to hygiene, proper food, and methods of feeding. A chapter on the investigation of disease is very practical and instructive. Among the diseases treated are affections of the mouth, throat, stomach, intestines, liver, and peritoneum. A very valuable chapter is given on the general management of children, treating especially of feeding, bathing, clothing, sleep, and exercise. Upon the whole the book is one of great merit, and well worthy of careful study. Too many of our infants and children die from the diseases here treated, and many of such deaths are preventible if physicians would diligently study their cases and carefully pursue the lines indicated by Dr. Starr.

Hand-book of the Diseases of the Nervous System.

By JAMES ROSS, M.D., LL.D. Philadelphia: Lea Bros. & Co.

In commencing to read a new work on diseases of the nervous system, one dreads the attempt of mastering a subject now so vast and requiring such careful and minute study. The present work gives in a book of moderate compass an enormous collection of facts, the result of work done partly by the author himself and partly by others.

The first seventy-six pages are taken up by an account of the Anatomy and Physiology of the Nervous System. In the remainder of the first part the author deals with the Morbid Anatomy, general Pathology and Treatment. Special Pathology of the Nervous System occupies the remainder of the volume. Contrary

to the general rule, the diseases of brain and spinal cord are not taken up separately. This is, we think, an advantage, as the two parts, the brain and the spinal cord, are so intimately connected that we cannot draw a sharp dividing line in describing many of the diseases of these organs.

The last eighteen pages are taken up by General Diagnosis of Nervous Diseases. This chapter is written with great ability, and will assist the practitioner in unravelling the very complex symptoms which frequently present themselves in many nervous cases.

The book is an admirable one, and we can confidently recommend it to the profession.

Rheumatism: Its Nature, its Pathology, and its Successful Treatment. By T. J. MACLAGAN, M.D. Octavo, 285 pp., illustrated. Supplied only to subscribers for "Wood's Library of Standard Medical Authors," for 1886 (consisting of 12 vols. price \$15), of which this is Vol. IX. New York: William Wood & Co.

In the year 1876, Dr. Maclagan introduced salicin to the notice of the profession as a remedy in acute rheumatism. He then referred to the miasmatic nature of the poison of rheumatism. This theory is further elaborated in the work before us.

Upon the nature of the disease his conclusions are as follows:—(1) "That rheumatism consists in inflammation of the white fibrous and serous tissues of the motor apparatus, and especially of those portions which are subject to active movement and strain, and (2) that this inflammation is specific in nature—the result of the action of a special poison circulating in the blood." The special poison he considers to be of miasmatic origin, and to consist of minute organisms. He treats the disease under two heads—rheumatism of the loco-motor apparatus, and rheumatism of the vasculo-motor apparatus. The author places great stress on the treatment of the disease by means of the salicyl compounds. He prefers the use of salicin to that of salicylic acid, for the reason that the former may be given freely without fear of such untoward results as those which sometimes follow the administration of large doses of

salicylic acid. He thinks that they are both equally destructive to the rheumatic poison.

The work is one of great practical importance, and should be read by general practitioners who so frequently meet with this painful and often obstinate disease.

A Treatise on the Principles and Practice of Medicine. Designed for the use of Practitioners and Students. By AUSTIN FLINT, M.D., LL.D.

The sixth edition of this classic work on medicine is now before us. It has been revised and largely rewritten by the author, assisted by William H. Welch, M.D., Professor of Pathology in Johns Hopkins University, Baltimore, and Austin Flint, M.D., LL.D., Professor of Physiology in the Bellevue Hospital Medical College, New York.

Before the first edition was published special efforts were made to bring "the work in all respects up to the level of the present state of advancement, in both the Principles and Practice of Medicine. Time and effort have not been spared for this end."

The same may be said with regard to this the sixth edition. "The careful and thorough revision of which this edition is the result," was practically completed by the late Dr. Flint in March, 1886, with the assistance of Dr. Welch.

Dr. Flint, jun., thus speaks of the vast preparation made by his father in the study of clinical medicine, which made him one of the most eminent authors of the present age. "The basis of the work is an unbroken series of records of cases in private practice and in hospitals, begun in 1835, and continued for more than half a century, covering sixteen thousand nine hundred and twenty-two folio pages of manuscript, written with the author's own hand. These records embrace carefully-written histories of cases in all departments of practical medicine, observed under varied conditions of life, climate, and general surroundings."

What a lesson this is of diligence, that one man should have written so many histories with his own hand! We doubt if there is another such example of long persevering toil in our profession. When we learn of this elabor-

ate preparation, we do not wonder at the great eminence as an author which Dr. Flint obtained during his life.

The present edition contains "a full consideration of recent discoveries concerning the bacterial origin of various infectious diseases as will be rendered evident by a consultation of the article on Vegetable Parasites in the chapter on Etiology, and chapters in the articles treating of tuberculosis, typhoid fever, cholera," etc.

Dr. Flint was particularly fortunate in securing the services of Dr. Welch in the preparation of the fifth edition. Dr. Welch is now one of the most celebrated pathologists on the continent, and has added much to the value of this already celebrated work.

The volume before us contains 1134 pages. We can recommend it as one of the best, if not the best treatise on medicine published in the English language.

PERSONAL.

Dr. Ryerson, late of Church St., has removed to his new residence 60 College Avenue.

MARRIAGE — COURTENAY-MORRISON.—Sept. 18th, at St. George's Church, Guelph, by the Rev. George A. Harvey, J. Dickson Courtenay, M.B., to Minnie I., eldest daughter of R. B. Morrison, Esq., Merchant, all of Morriston.

MISCELLANEOUS.

"There is nothing new under the sun." Not even Pasteur's theory. It is a well-known fact that it has long been a custom for a man to inoculate himself, the first thing upon rising in the morning, with a thimble full of the dog that had bitten him the night before.

Some one has discovered certain points of similarity between a baby and a widower: He cries a great deal the first three months; after this he becomes quiet, and begins to notice; and it is with considerable difficulty that he is made to survive his second summer.—*Texas Courier Record.*

THE GROPINGS OF MEDICINE.—A physician was once conversing with a prince who spoke of medicine as a science of guess-work. "But, sire," he said, "let us suppose that an Egyptian darkness were suddenly to come over the land. Would you not rather trust to a blind man to guide you to Paris than to one who might see in the light; to one who had learned to grope his way in the darkness than to another who would stumble and go astray the moment his clear sight was dimmed?"—*Med. and Surgical Reporter*.

FAITH HEALING.—Rev. Dr. Buckley, editor of the *Methodist Christian Advocate*, has a long article in the June *Century* opposed to the claims of Christian "faith healers." "Its tendency is to produce an effeminate type of character which shrinks from any pain, and to concentrate itself upon self and its sensations. It sets up false grounds for determining whether a person is or is not in the favor of God. It opens the door to every superstition. It directs attention from the moral and spiritual transformation which Christianity professes to work, a transformation which, whenever made, manifests its divinity, so that none who behold it need any other proof that it is of God. It destroys the ascendancy of reason in the soul, and thus, like similar delusions, it is self-perpetuating; and its natural, and in some minds its irresistible, tendency is to mental derangement."—*Albany Medical Annals*.

THE MALE NIPPLE.—During the late war, at a period when the success of the Union cause was pretty well assured, President Lincoln was invited by some distinguished engineers of the army to inspect a plan which had been drawn for a very elaborate and expensive system of defence for the City of Washington. After examining the drawings attentively he inquired what was the necessity for the works. "The defence of the capital," was the reply, "in the contingency of a Confederate invasion." The President thereupon was reminded of a story of a debating society of a Western town, where the question was discussed, "Why does a man have breasts?"

Several nights of debate failed to elucidate the problem until the matter was submitted to a referee, who decided "that if, under any circumstances, however fortuitous, or by any chance or freak, no matter of what nature, or by what caused, a man should have a baby, there might be breasts to nurse it."—*Med. News*.

THE MEDICAL COLLEGE OF THE STATE OF SOUTH CAROLINA IN RUINS.—The following letter to Dr. L. A. Sayre, of this city, will explain itself: "Charleston, S.C., September 11, 1886. Dear Doctor: In the great calamity which has befallen the people of this city, the Medical College of the State of South Carolina has been seriously injured—to such an extent that the Faculty have felt constrained to appeal to members of the profession to aid them in repairing the damages. I have been requested by the Faculty to write to you, asking that you will use your influence among friends to obtain any assistance in their power. We hope to begin lectures on October 15th, perhaps in a temporary building. The entire roof of the college will have to be reconstructed; the walls also parted. The contributions to the people here have been very generous, but medical institutions and physicians derive no benefit from such. You know what peculiar position in a community we occupy: every service expected of us, and the most unselfish devotion to relieving others; while we are supposed to be endowed with the faculty of living on air. I need not give you any description of the scenes through which we have passed—the character of which has not been exaggerated in the papers—as these last have furnished the entire country with full particulars. We are still sleeping in a tent in a garden, as women and children complicate the difficulty, and are not readily moved out of the house in case of a shock. These have greatly subsided in force and frequency, and confidence is being fast restored. My house, being of brick, is seriously injured, but habitable. I remain, dear doctor, with best wishes for your health, sincerely yours. F. PEYRE PORCHER, M.D., Professor in Medical College of the State of South Carolina."—*N.Y. Med. Record*.