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## Original Communications.

### DEMONSTRATION OF INTESTINAL ANASTOMOSIS WITH THE MURPHY BUTTON.

BY A. LAPHORN SMITH, M.R.C.S. ENG.,  
 Surgeon to the Women's Hospital, Gynecologist to the Montreal Dispensary.

While attending the Pan-American Congress at Washington a few months ago, I had the pleasure of making the acquaintance of one of the brightest men in the medical profession to-day. This gentleman's paper was near the end of the list, and he was just barely able to secure a hearing for it; but he had not read very far when the audience was completely taken by storm, each one inquiring of his neighbor who the reader was. The answer I received to my enquiry was that he was Murphy's button. As I had never at that time heard of Murphy's button, I was not much the wiser. While returning on the train I made his acquaintance, and had this ingenious invention thoroughly explained to me. For the sake of those among us who are frequently called upon to remove portions of gangrenous intestine

during operations for strangulated hernia, and to obtain anastomosis between gall bladder and intestine in case of obstruction of the common bile duct, or between stomach and intestine in case of stricture of the pylorus—for the sake of these gentlemen as well as their patients I deem it my humble duty to bring this device to their intimate notice. The buttons are made in three sizes. A button consists of two small circular bowls; size No. 2 measures as follows:—diameter 25 m.m., depth 8 m.m. There is sweated into a circular opening 12 m.m. in diameter, at the bottom of the bowl, a cylinder 15 m.m. in length with female thread on its entire inner surface. The cylinder extends perpendicularly from bottom of bowl. There is an opening in the male bowl, in which is sweated a similar and smaller cylinder of a size to easily slip into female cylinder. There are two brass springs soldered on either side of the inner surface of the lower end of the male cylinder, which extend almost to the top, where small points of them protrude through openings in the cylinder; these points are destined to catch the screw thread when the male cylinder is pressed into the female cylinder, and thus hold the bowls together

at any point desired. To separate them again they are simply unscrewed. A small brass ring, with a thin though not a cutting edge, to which is attached a wire spring, is placed in the male bowl and retained in position, projecting 7 m.m. above the edge of the bowl. This is held up by the wire spring, and is there for the purpose of keeping up continuous pressure until the entire tissue between the edge of the bowl is cut off. There are four openings, 5 m.m. in diameter, in the side of each bowl for drainage. We then have two hemispherical bodies held together by imagining cylinders. These hemispheres of the button are inserted in slits or ends of the viscera to be operated on. A running thread is placed around the slit in the viscus, so that when it is tied it will draw the cut edges within the clasp of the bowl. A similar running thread is applied to the slit in the viscus into which the other half of the button is inserted, and the bowls are then pressed together. The pressure atrophy at the edge of the bowl is produced by the elastic pressure of the brass ring supported by the wire spring. The opening left after the button has liberated itself is the size of the button. As I think you will readily admit, this method of anastomosis has several advantages over bone plates, catgut rings, rubber rings, sutures, etc. Among them: 1st, it retains its position automatically; 2nd, it is entirely independent of sutures; 3rd, it produces a pressure atrophy and adhesion of surfaces at the line of atrophy; 4th, it insures a perfect apposition of surfaces without the danger of displacement; 5th, it is applicable to the lateral as well as to the end to end approximation; 6th, it produces a linear cicatrix, and thus insures a minimum of contraction; and 7th, in the extreme simplicity of its technique, which makes it a specially safe instrument in the hands of the everyday practitioner as well as the more dexterous specialist.

## Society Proceedings.

### AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.

The fourth annual meeting of the American Electro-Therapeutic Association will be held in New York, September 25th, 26th and 27th, at the New York Academy of Medicine.

Members of the Medical Profession are cordially invited to attend.

WILLIAM J. HERDMAN, M.D.,  
President.

MARGARET A. CLEAVES, M.D.,  
Secretary.

### AMERICAN PUBLIC HEALTH ASSOCIATION.

SECRETARY'S OFFICE,  
CONCORD, N.H., June 30, 1894.  
(Preliminary Circular.)

The twenty-second annual meeting of the American Public Health Association will be held at Montreal, Canada, September, 25-28, 1894.

The regular sessions will be in Association Hall, Y. M. C. A. Building, Dominion square, opposite the Windsor Hotel. The following topics have been selected for consideration at this meeting:

- I. The Pollution of Water-Supplies.
- II. The Disposal of Garbage and Refuse.
- III. Animal Diseases and Animal Food.
- IV. The Nomenclature of Diseases and Forms of Statistics.
- V. Protective Inoculations in Infectious Diseases.
- VI. National Health Legislation.
- VII. The Cause and Prevention of Diphtheria.
- VIII. Causes and Prevention of Infant Mortality.
- IX. The Restriction and Prevention of Tuberculosis.
- X. Car Sanitation.
- XI. The Prevention of the Spread of Yellow Fever.

Upon all of the above subjects special committees have been appointed; therefore all papers upon these topics should be presented to the appropriate committee in season, to be incorporated as a part of the report of the committee, if deemed advisable.

The Executive Committee announces the following additional subjects, upon which papers are invited:

- XII. On the Education of the Young in the Principles of Hygiene.

XIII. Private Destruction of Household Garbage and Refuse.

XIV. Disinfection of Dwellings after Infectious Diseases.

XV. Inspection of School Children with reference to the Eyesight.

Papers will be received on miscellaneous sanitary and hygienic subjects, but preference will be given to the topics announced above.

All persons who purpose to present papers at the next meeting of the Association will be governed by the following By-Laws of the Executive Committee:

"4. All papers presented to the Association must be either printed, typewritten, or in plain handwriting, and be in the hands of the Secretary at least twenty days prior to the annual meeting, to insure their critical examination as to their fulfilling the requirements of the Association.

"5. If any paper is too late for critical examination, said paper may be so far passed upon by the Executive Committee as to allow its reading; but such paper shall be subject to publication or non-publication, as the Executive Committee deem expedient.

"6. All papers accepted by the Association, whether read in full, by abstract, by title, or filed, shall be delivered to the Secretary as soon as thus disposed of, as the exclusive property of the Association. Any paper presented to this Association and accepted by it shall be refused publication in the transactions of the Association if it be published, in whole or in part, by permission or assent of its author in any manner, prior to the publication of the volume of transactions, unless written consent is obtained from the Publication Committee.

"7. Day papers shall be limited to twenty minutes, and evening papers to thirty minutes, each."

Invitations extended to individuals to prepare papers for the Association do not imply their acceptance by the committee, merit alone determining that question.

The Local Committee of Arrangements has already commenced work to insure a large and profitable meeting. All communications relating to local matters should be addressed to Dr. Elzéar Pelletier, Secretary Local Committee of Arrangements, No. 76 St. Gabriel street, Montreal, Canada. Circulars will be issued in ample time, giving information relating to transportation and hotel rates, etc.

Blank applications for membership may be had by addressing

IRVING A. WATSON,  
Secretary.

## MONTREAL MEDICO-CHIRURGICAL SOCIETY.

Stated Meeting, 23rd Feb., 1894.

JAMES BELL, M.D., PRESIDENT, IN THE CHAIR.

*Cholesterin Cyst of the Testis.*—Dr. ADAMI exhibited a cyst of the tunica vaginalis testis, removed post-mortem, which contained two ounces of a clear fluid, full of pure cholesterin crystals. The history of the case was that the patient, a man, advanced in years, was brought into the hospital with paralysis of the left side, and with deviation of the eyes to the right. He rapidly lost consciousness, and after lingering a few days, died. At the autopsy a large hæmorrhage was found in the corpus striatum. There was a condition of general arterio-sclerosis, granular kidneys, emphysematous lungs and hypertrophied heart. On the right testicle there was a large cyst, apparently in front of the organ and full of fluid. The walls were thickened and atheromatous and contained calcareous plates.

The question as to the origin of the cholesterin was difficult to answer. Cholesterin in large quantities may be found in connection with dermoids and with atheromatous degeneration, but in both cases the crystals are almost always found associated with fatty debris. Old chronic hydroceles are recorded also as showing atheromatous conditions of their walls, and occasionally containing large quantities of cholesterin. Such is probably the nature of the cyst in question, but how and why the crystals are deposited in large quantities requires further explanation.

Dr. JOHNSTON had seen cysts in various parts of the body which were lined with squamous epithelium and contained cholesterin. He had seen one such cyst situated deep in the cervix uteri.

Dr. ADAMI said that atheromatous cysts are found in connection with the scalp, but in such cases fat and broken down tissue are among the contents, while in this case there was no fat or debris.

Dr. SHEPHERD exhibited the following specimens:—

(1) *Supernumerary Digits in the Pig's Manus.*—Two pig's fore-feet were shown, each with a supernumerary digit. In each case the digit was the lost pollex, and with it was reproduced, to its full size, the os trapezium, which, in the normal manus of the pig, is a small rudimentary ossicle. Dr. Shepherd remarked that the re-appearance of the lost digit in the pig's manus was not very uncommon, and said that the normal manus consisted of two hanging toes, the second and fifth, and the toes which reached the ground, the third and fourth, so that when a supernumerary digit

was seen it was always the lost pollex, and with it was reproduced the os trapezium of the carpus. A couple of years ago he presented to this Society a specimen of a pig's manus having a pollex and pre-pollex, six digits in all, a variation which was of greater rarity than the one above described.

(2) *Boat-Shaped Negro Skull*.—The skull was that of a full-blooded negro, and with a very small cranial capacity—in fact, microcephalic, and very prognathous. The skull was long and very narrow, and of the form usually described as scaphoid. This was due to the absence or early obliteration of the sagittal suture, hence the transverse growth being prevented, a great increase takes place in the vertical and longitudinal direction, thus giving the vault of the skull a boat-shaped shape. This was well shown in the specimen exhibited. At the site of the anterior fontanelle the bone was raised into a prominent boss, due no doubt to the later ossification at this point. This form of skull is said to be common amongst the Scotch, hence the term "long-headed Scotchmen."

(3) *Skeleton of Hawk with Multiple Fractures*.—This specimen exhibited healed fractures of the femur, breast bone and the radius and ulna of each wing. The fractures had been no doubt due to shot, as one pellet was found in the breast bone and another in the right bronchus. The amount of callus thrown out was enormous, being necessary to unite the fractured ends of the bones which were a considerable distance apart.

*Necrosed Polypus of the Uterus*.—Dr. LAPTHORN SMITH exhibited the specimen which he had removed from a woman fifty-five years of age, the menopause having occurred several years before. For two weeks the patient had suffered from a profuse foetid discharge. Her physician found a large mass in the vagina, which was easily broken and bled profusely, so he thought that the disease was cancer. Dr. Smith found that the mass was movable, and under an anæsthetic, when he had removed a large quantity of necrosed tissue, discovered a pedicle springing from the fundus, and which was easily removed. After thorough disinfection, the uterus was stuffed with iodoform gauze; the patient made a complete recovery. Dr. Smith pointed out that the foetid discharge, accompanied by hæmorrhage, rendered the suspicion of cancer very strong, especially in a woman so long past the menopause.

*Cancer of the Body of the Uterus*.—Dr. LAPTHORN SMITH exhibited a specimen of extensive cancer of uterus, in which the disease was confined to the body, the cervix showing no appearance of being affected. The patient had suffered from hæmorrhage, coming on several years after the menopause. Portions of tissue removed by the curette proved the disease to be cancer.

*Osteo-Sarcoma of the Tibia and Fibula*.—Dr. HINGSTON exhibited a tibia and fibula, in which large excavations were situated deep in the substance of the bones near their heads. The patient had come to him five months before, with a large, hard swelling at the back of the knee. Recognizing the malignant character of the growth, operation was advised, but the man would not submit until three days ago, when the leg was removed by the circular operation, a little above the condyles of the femur. There were large cavities on the posterior surface of the bones just below their articulating surfaces, where the tumor had been removed, and the periosteum was detached for some distance on both bones. The appearance of the bones would lead one to suspect strumous disease, had not the history of the case and the presence of the tumor pointed unmistakably to osteo-sarcoma.

*Poisoning, possibly from Lead, after eating Canned Tomatoes*.—Dr. JOHNSTON and Mr. WOLFF reported a case of a girl, aged seven, who was taken violently ill with vomiting and collapse within two hours after eating a large quantity of tomato soup. Of the other members of the family who had eaten the soup, the mother suffered from headache and nausea, while the rest were unaffected. The child died within sixteen hours. At the autopsy, no natural cause of death was found, but chemical analysis, made independently by Dr. Ruitan and Mr. C. F. Wolff, showed the presence of a large quantity of lead within the liver. The case was of interest owing to the frequency of poisoning from canned goods, and the rarity with which any evidence pointing to the absorption of mineral substances had been established by analysis of the viscera.

Dr. T. D. REED considered the evidence of lead from the tomato can being the cause of death in this case quite inconclusive. Canned goods are used in enormous quantities, and death from the lead in them is unheard of. Fatal acute poisoning from any lead salt is extremely rare, several drachms per day of lead acetate are given therapeutically, and quantities of one ounce have failed to cause death. The entire amount of solder in a tin would only represent a very few grains of lead. The few cases of death from canned goods heretofore reported have been attributed to decomposition of the contents of the can, but in this case, as the material was boiled into soup, it is difficult to accept the eating of the tomatoes as the cause of death. Most persons carry about with them in their bodies a small quantity of lead.

Dr. JOHNSTON replied that the remaining contents of the can could not be obtained. He pointed out that though large quantities of the acetate may be taken with impunity, some other salts, notably the chromate, were highly

poisonous. Some such poisonous salt may have been present in this case.

Dr. HINGSTON remarked that the carbonate, which is a poisonous salt, may be formed from the decomposition of the acetate.

Dr. F. W. CAMPBELL suggested that the fatal result might have been due to decomposition of the tomatoes, and referred to two cases, that had recently come under his care, of severe poisoning from eating canned salmon. He pointed out that many years ago Dr. Joseph Workman recommended drachm doses of the acetate of lead for post partum hæmorrhage, and he recalled a case which appeared to be acute lead poisoning following this treatment.

*Intestinal Anastomosis with the Murphy Button.*—Dr. LAPHORN SMITH demonstrated the method of using this instrument for rapidly and effectually securing union between two portions of the intestinal canal, while leaving a lumen for the passage of the contents. The instrument consists of two metal discs, each having a central orifice about 1.50 c.m. in diameter. Each is attached to a portion of the bowel by having the free edges of the bowel drawn inward over it by a purse-string suture. The discs are then approximated and held in position by means of a spring which keeps up a continuous pressure upon the serous surfaces until union takes place, after which the compressed tissues slough away and the button is passed with the fæces. The advantages of this device are the rapidity and ease with which the operation is performed, the certainty of union, a large opening for the passage of the bowel contents while the union is taking place, and the little or no tendency to subsequent constriction.

*Amœbic Abscess of the Liver.*—Drs. FINLEY and ADAMI exhibited the specimens and gave the history of the case as follows:

The patient, a negro, æt. 37, was admitted to hospital upon January 31st, 1894, complaining of pain in the right side and weakness. The chief facts relating to his medical history were that he had lived for eleven years in Texas, and he had acted as cook on a vessel trading between Quebec and South America, and that he had also spent some time in Australia. He had never suffered from diarrhœa for more than a day or two at a time, and had never had dysentery. He had, however, two febrile illnesses, each lasting about three months, some years previously.

The present illness began a month previous to admission, with febrile symptoms and diarrhœa. Some pain in the right side and weakness, together with nausea and vomiting, were also present, but he had not taken to bed before his admission to hospital.

On examination the temperature was  $101\frac{1}{4}^{\circ}$ , the tongue was coated; there was no jaundice.

The intercostal spaces over the liver were full, and there was marked tenderness in the right epigastric region. Hepatic dullness began at the 5th rib, extending down for about 6 inches. Posteriorly there was dullness from the angle of the scapula downwards. Friction could be detected over the right infra-mammary region. The abdomen was otherwise normal. The urine was of a deep sherry color, 42 ozs. in 24 hours; it contained no bile, albumen or sugar.

During the ten days that the patient was under observation the temperature remained almost constantly at  $102$ , and there were no chills or sweats. The hepatic dullness during this period rose to the 3rd rib, and pus was withdrawn by the aspirator. Upon February 12th, Dr. Bell, after preliminary aspiration, opened the abscess posteriorly in the 9th space, and resected the rib, allowing about 50 oz. of pus to escape. The patient did fairly well for some days, but sank rather rapidly, and died upon February 18th, six days after the operation. Numerous actively moving amœbæ were found in the pus, together with much debris and a few leucocytes and red blood corpuscles.

The stools were examined for amœbæ during life, with a negative result.

It is unnecessary to give all the details of the autopsy, which was performed upon the day of death. Suffice to say that upon external examination there could be seen a wound in the ninth interspace and posterior axillary line in the right side; this led through the region of the resected ninth rib to the liver, and from it could be expressed whitish necrosed tissue together with some pus.

Upon opening the thorax, the right lung was found firmly adherent over all its surface, and greatly contracted and diminished in size. The adhesions were firm and close. It was found that the incision into the right lobe of the liver had passed through the diaphragm; but in consequence of the firm nature of the adhesions between diaphragm and costal wall, the pleural cavity presented no signs of acute recent disease, and had apparently been in no wise disturbed by the passage across of the contents of the hepatic abscess. The liver, which weighed 2650 grm., was greatly enlarged, both upwards and downwards. It extended three finger breadths below the costal margin, was of a fawn color, and presented here and there upon the upper surface of the lobes frequent small white patches—necroses or abscesses—averaging 2 mm. in diameter. The falciform ligament was well to the left of the ensiform cartilage, the right lobe being especially enlarged. In the substance of the right portion of the right lobe was a large abscess, with thick necrosed walls and irregular and shreddy internal surface. This extended from the

under surface of the organ to within 2 cm. of the upper and outer surface of the lobe; its breadth from side to side was 12 cm., and from above downwards it was 15 cm. (6 inches) across. Throughout the rest of the right lobe there were scattered a few other secondary abscesses; the largest of these was 15 mm. in diameter.

The intestines were markedly congested. In the jejunum were a few subcutaneous hæmorrhages. Upon examination of the large intestine no signs could be made out of any dysenteric lesions. Close to the ileo-cæcal valve was a small whitish patch, which gave rise to the suspicion that there was a cicatrix, but upon closer examination the most that could be discovered was that here the mucous membrane was softened and thin, with no ulcerous or old inflammatory conditions. Here, then, as not unfrequently occurs, the amœbic abscesses of the liver were present, without any indication of dysenteric intestinal lesions, either during life or at the autopsy. It is to be noted, however, that the hepatic flexure of the colon was in close contact with, and, in fact, adherent to, that portion of the under-surface of the right lobe of the liver, which was undergoing necrosis.

Beyond that the heart presented the condition of early pericarditis, and that the kidneys showed some acute parenchymatous nephritis, the condition of the other organs does not call for remark.

Stained sections of the liver and slough showed the presence of amœbæ; these were best shown by staining with methyl blue, and were faintly stained by hæmatoxylin. In the abscess cavity and its walls were numerous masses of streptococci. These were evidently of secondary growth, for the abscess contents were singularly free from pus cells, being mainly formed of broken down cheesy matter. Microscopic examination of the walls of the colon showed no evidence of necrosis.

In this case, therefore, the presence of fever, of hepatic enlargement, pain and tenderness, suggested the presence of purulent inflammation in the neighborhood of the liver. That this was so was confirmed by the result of aspiration. Whether the abscess was sub-diaphragmatic or in the liver substance was determined by the discovery of the amœbæ in the removed fluid. These indicated clearly that the origin of the disease was in the liver itself.

The failure to find amœbæ in fæces was explained at the autopsy by the absence of any dysenteric ulcers or necrosis in the colon.

This case gains an additional interest from the fact that, so far as we know, it is the first recorded in Canada in which the amœbæ coli have been demonstrated in an hepatic abscess, if not in the living body generally.

Dr. LAFLEUR stated that this was the first

case of the kind reported in Canada. The presence of abscess without dysentery is not at all unusual. He had seen three cases in Baltimore, which began as abscess of the liver, and in which it was only secondarily discovered that the patient suffered from dysentery, and, in fact, this was so slight that it did not form an important part of the disease, the lesions in the bowel being very secondary and unimportant compared with those in the liver. The anatomical picture in this case was exactly like that he had observed in a good many fatal cases of liver abscess, in which the amœbæ seemed to be the cause of the disease, and he had no doubt that the microscopical examination would be found to correspond. The pus of the abscess really consists of masses of softened necrosed material, and, as a rule, unless there has been a coincident infection by pyogenic organisms, the leucocytes are very few in number. He added that since he had written his share to the contribution on "Amœba in Dysentery," there have appeared in Germany and Austria a number of works upon the subject, which seem to favor the existence of a distinct form of dysentery caused by the amœba coli, and which confirm the work done in Baltimore.

Stated Meeting, March 9th, 1894.

A. D. BLACKADER, FIRST VICE-PRESIDENT, IN  
THE CHAIR.

Dr. O. F. Mercier was elected a member of this Society.

*Xanthoma Tuberosum*.—Dr. SHEPHERD showed a case and gave the history as follows:—The patient was a woman, aged fifty, who had suffered severely from jaundice, and was at present jaundiced. Three weeks before, she had noticed some yellowish-looking tubercles under the skin, which were of the size varying from that of millet seeds to that of peas. These grew larger, and others appeared in the normal lines and folds of hand, and often on the surfaces of phalangeal joints; here the tubercles were fused together into a raised yellowish band, which were subepithelial. These growths looked as if they contained fluid, but on pricking them it was seen that they were dense and fibroid in character. Latterly, tubercles of same character had appeared on the elbows and knees and also on the lips and side of nose. They were excessively painful when touched and pressed, and itched a great deal. The hands were continually perspiring. Dr. Shepherd said this was a somewhat rare disease, and was more common in women than men, being often but not constantly associated with jaundice. The tubercles are not connected with the sebaceous glands, as seen by

their appearing so abundantly in the palms of the hands. They are no doubt growths of connective tissue with fatty degeneration, this giving the yellow appearance. They sometimes occur in the throat and fauces, trachea, heart, etc. Treatment is of little avail. The patches often disappear spontaneously.

Dr. ADAMI had made only a cursory examination of portions of the growths that had been sent to him, but would give a full report to the Society at a later date.

Dr. BULLER had seen a great many cases of xanthelasma of the eyelids, and he thought that there must be some marked underlying difference between the pathological processes of this disease as found in the eyelids and in the other parts of the body. In these cases he had never found any tenderness of the diseased portion, nor could he ever elicit any history of sick headache or hepatic affection, though he always made careful enquiries.

Dr. FOLEY enquired whether the growth was strictly confined to the corium or whether it penetrated into the deeper structure; he also asked if cholesterolin crystals were present.

Dr. ADAMI replied that as the corium and fibrous tissue below was very indefinite, Dr. Foley's question was difficult to answer; no cholesterolin was found.

*Arthrectomy.*—Dr. ARMSTRONG brought before the Society a man in whom a particularly favorable result had been obtained of an arthrectomy of the knee-joint, a partial incision having been performed last September. As could be seen, the man walked well and had a considerable amount of motion in the joint; the patella was also quite movable. The operation was performed by the transpatellar incision, the sections being reflected up and down, the tubercular disease was shaved off the patella and condyles, the patella was then sutured and the wound closed without drainage. The portions removed were submitted to Dr. ADAMI, who reported them to be tubercular. They seemed to resemble the dry atrophic form of tuberculosis which sometimes occurs in arthritic joints, the *caries sicca* of Volkmann.

The history of the case, which presented many points of interest, was as follows:—The man came to the hospital early last spring, complaining of severe pain and practical immobility of the knee-joint. This pain was so severe that hypodermics of morphia were required to relieve him. There was very marked atrophy of the joint, which was then even more plainly seen than at present, the measurement being one to one and a half inches less than on the sound side. At the same time, when the knees were placed together one could hardly tell which was the diseased joint, the outlines of the affected one being perfectly normal,

there was no oedema, no puffiness, no redness to indicate disease.

In the absence of physical evidence, Dr. ARMSTRONG hesitated to operate, and sent the man home after the pain had become somewhat relieved. He, however, shortly afterwards began again to annoy his family physician, who sent him back to the hospital with an urgent request that something should be done. The operation was then performed, with the result already mentioned.

The case is of interest as showing a relationship between joint disease and arthritic atrophy, the pain and atrophy being here more marked.

Dr. ARMSTRONG then cited the history of a case of hip-joint disease, presenting very similar features, which he had met during last summer. Here also pain and atrophy were the only symptoms. With Dr. Shepherd he had examined the patient under ether several times, without being able to decide on operation; but as the great pain was wearing the man down to a shadow, he at last opened the joint, and found distinct tubercular disease in the floor of the acetabulum, and the head of the femur was in a condition of caries.

The result had been very favorable, and Dr. Armstrong regretted that he could not find the man to bring him before the Society.

Dr. SHEPHERD had seen the case with Dr. Armstrong, and from the external appearances no one would have thought that there was a tubercular condition present in the joint. From the experience gained from this case he would be more ready to open such joints in future.

Dr. JAMES STEWART, on being asked to express his views on arthritic atrophy, thought that there was but little to be said on the subject; there are explanations for all forms of atrophy except this one. Some hold that its nature is that of a reflex process, but this is a convenient term to use when we know nothing about a subject, and such is probably the case here.

*Frogs with the Cerebrum removed.*—Dr. MILLS and Dr. MORROW exhibited two frogs deprived of the cerebrum, and demonstrated that they were capable of co-ordinated movements of the most complicated kind, including Goltz's "balancing experiment," *i.e.*, the frogs would, when a surface on which they were resting was gradually tilted, move in order to maintain their position. They would also turn over when placed on their back. The frogs had been operated on about a month previously, and during all this time had never made one spontaneous (voluntary) movement; they had not, *e.g.*, attempted to leap out of the dish in which they had been sitting under a water tap. This showed that the removal of the cerebrum abolished voluntary movement, but that all the mechanism necessary for co-



ordinated movements remained. These frogs were shown especially, because it would appear that certain changes in the nutrition of the animals had taken place leading to necrosis of the skin, etc., and ulceration. On one occasion, when the surroundings had been changed, one of the frogs had shown tonic spasm of the limbs. This reminded Dr. Mills of what Prof. Goltz had told him, when a worker in his laboratory in 1884, that many of the dogs whose cerebrum had been operated on died in convulsions weeks or months afterwards. The frogs in question had been in only fairly favorable surroundings, and had been given a little food a few times, but food was of minor consequence to frogs in winter. A frog that had not been operated on, and kept under somewhat similar circumstances, was shown and seen to be in a very different state of health. Dr. Mills thought the operation had greatly lowered the vitality of the frogs, and this was one of the chief lessons conveyed.

Dr. WILKINS was of the opinion that a portion of the cerebrum remained intact in these frogs, as they had made an attempt to get away, which action involved a series of movements, implying volitional power, and volitional power cannot exist with no portion of the cerebrum intact. In a frog with the entire cerebrum removed, on stroking the flanks a single croak is elicited, but the debilitated condition of these frogs may explain the absence of the sound. Dr. Mills had expressed a doubt about frogs swallowing each other, but the speaker thought that he was mistaken. He had more than once, in his own laboratory, upon opening frogs found bones in their stomach, and on one occasion he had positive evidence that frogs do eat each other, for on hearing a splash and a croak he hurried to where the frogs were kept, and found one frog with the hind legs of another sticking out of his mouth, and which he immediately removed. He thanked Dr. Mills for his demonstration, and hoped that he would bring similar cases before the Society in future.

Dr. ADAMI, referring to the length of time that the frogs had lived, quoted a Russian observer who kept a pigeon alive a whole winter after the removal of the cerebrum. He further suggested that as an explanation of the double movements spoken of by Dr. Wilkins, the severity of the stimulus was sufficient to account for it.

Dr. MILLS, in reply, thought that Dr. Wilkins was confounding the actions of frogs with the cord only remaining with those, as in the present case, with cord and medulla. Whether it would turn out that these frogs had the whole cerebrum removed or not, he had certainly seen cases, in which the whole cerebrum had been removed, act in a manner similar to these.

*Complete Double Ureter.*—Dr. ADAMI read

the report of the case, and showed the specimen.

Although the condition of multiple ureter is one of comparatively frequent occurrence, it would seem that in nearly all the cases recorded of this abnormality, fusion of the ureters, forming a single canal, had taken place before perforation of the bladder wall. The entrance into the bladder of accessory ureters by separate openings is a condition which authorities on the subject are unanimous in regarding as extremely rare.<sup>1</sup> Gangolphe<sup>2</sup> states that in his search of medical literature, he was able to find only two examples. His search must have been incomplete, for we have met with about a dozen recorded cases in all—sufficiently few, however, to merit that the two cases in hand be described.

Of these, one was discovered in a recent autopsy at the Royal Victoria Hospital, on the body of a man aged 65. The right kidney in this case was normal; the left exhibited more than one abnormality. There were two renal arteries. The upper, of small size, was given off from the side of the aorta just above the level of the coeliac axis. This passed into the substance of the cortex<sup>3</sup> of the upper part of the kidney upon its anterior and upper surface, and half way along its course gave off the left supra-renal artery. The main renal artery left the aorta at its normal point of origin, and divided into three branches, of which the lowest passed in front of the renal vein, and sub-divided into three branches.

The kidney presented two pelves. The ureter of the upper one, which was the smaller, passed down behind the vessels, and crossed in front of the inferior ureter. Half an inch before reaching the bladder wall the ureters became fused externally, but at the same time the canals remained distinct. It was not possible to pass a pin probe from one to the other, nor could fluid injected into one ureter be found to pass into the other under any conditions. The ureter given off from the lower pelvis may be considered as the main duct, inasmuch as it was slightly larger, while its opening into the bladder was in the usual position, and corresponded to that of the single ureter of the right side. The superior and accessory ureter opened into the bladder by means of a small, but distinct, slit-like aperture, situated half an inch below, and to the inner side of the main orifice in the line between that and the urethral orifice.

The second case is a specimen obtained from a female body by Dr. Shepherd, of McGill University. This has, for many years, been in the Museum of the Medical college, and has never been recorded.

<sup>1</sup> Klebs *Path. Anat.* ii, page 678 (1876); Rokitsansky *Path. Anat. Syd. Soc.* ii, p. 211; Foerster *Path. Anat.* p. 523 (1865).

<sup>2</sup> Lyon Médicale, No. 26, 1882.

<sup>3</sup> An artery piercing the cortex is said to occur in 1 in 7 bodies examined.

With the exception that the kidney here presents a more clearly lobulated appearance, and that there is no arterial abnormality, the case is almost identical with the preceding. The reduplication occurs only on the left side, there are two pelves, the upper being the smaller, the superior ureter crosses in front of the inferior, and its separate orifice is also along the edge of the Trigone, in front, and to the inner side of the main orifice, between that and the urethra.

It is a curious fact that in nearly all the recorded cases of this peculiarity it has occurred in the *left* side. The two cases just mentioned are on the left side; Tangl's<sup>1</sup> celebrated case, and Gangolphe's<sup>2</sup> likewise occurred on this side. Baum<sup>3</sup> has lately published a case in which it occurred on the right side. There may be no special significance to be attached to this *left-sided* tendency, but still it appears to obtain.

Dr. SHEPHERD had met with a great many cases of abnormal blood supply of the kidney, and partial double ureter, but the only other case that he had seen of complete reduplication was the one taken by Dr. Adams from the museum to compare with the case reported.

*Mitral and Tricuspid Stenosis.*—Dr. FINLEY exhibited a heart in which both mitral and tricuspid stenosis was well marked. The orifice of the mitral valve admitted the tip of the little finger, that of the tricuspid the first finger. The changes in the left ventricle were not marked; if anything, its cavity was somewhat smaller and its walls thin; the right ventricle, while its walls were slightly thickened and its cavity dilated, did not present that extreme degree of enlargement commonly found in mitral stenosis; the right auricle was the largest of all the cardiac cavities. The lungs presented numerous reddish patches, which on microscopical examination proved to be hæmorrhagic infarcts.

The following is the history of the case:—The patient, a female, æt. 33, was admitted to the Montreal General Hospital in November, 1893, for pain in the side and cough. She had suffered from repeated attacks of sore throat, sometimes going on to suppuration, but had never had rheumatism or chorea. Dyspnoea on exertion had been present for three months before her admission. She had never had hæmoptysis. The family history presented no feature of importance, and there were no rheumatic tendencies. The present illness began four days previous to admission, with a slight chill, cough and pain in the right side.

*Physical Examination.*—Moderate emaciation, slight cyanosis of lips and cheeks, with stellate venules on face. Temperature sub-

normal. Cardiac impulse forcible and somewhat heaving over lower sternal region. Apex in fifth space  $\frac{1}{4}$  inch inside nipple. Marked presystolic thrill at the apex. Cardiac dullness normal. A harsh, rumbling presystolic murmur is heard, but to inner side of the apex, and localized over a space two inches in diameter. The first sound is abrupt, greatly accentuated and snapping in character. A soft systolic murmur is heard between the lower sternal area and the nipple. The pulmonary second sound is enormously accentuated and reduplicated. Below the angle of the scapula on the right side, dullness, feeble breathing, with diminished vocal resonance and fremitus. A small quantity of clear serum was drawn off a few days later with a hypodermic syringe. The first sound at the tricuspid area is feeble. The pulse 102, small, regular and of low tension. The other organs are normal, and the urine reddish yellow in color, s.g. 1025, no albumen or casts. Ordered digitalis m.x. ter in die.

Nov. 14.—Fluid in pleura reaches fourth rib in front. Temperature 99 to 100 in the morning and about 100 at night, became normal at this date. Digitalis dropped on account of vomiting.

Feb. 15.—The presystolic murmur and thrill disappeared, and ten days later pulse became extremely weak, paroxysmal attacks of intense dyspnoea and cyanosis came on, death resulting apparently from cardiac failure. The urine averaged 20 to 30 ozs. daily whilst under observation. There was at no time any œdema of the extremities or serous sacs.

The physical signs left no doubt that the mitral valve was narrowed, but there was, during life, no evidence made out indicating disease of the tricuspid. On looking back, however, on the case, he was inclined to think that the systolic murmur heard in the lower sternal area was possibly a tricuspid sound.

It was impossible to find the onset of the disease—there was no history of rheumatism; but judging from the condition of the cardiac orifices, it must have been of a good many years' standing, and the case furnishes another instance of the extreme degree to which cardiac disease may advance and yet compensation is maintained. A point of interest in connection with the first sound of the heart in mitral stenosis is the cause of its peculiar snapping character. It is, perhaps, difficult to give any satisfactory explanation. The point has been much debated, and many authors think that the thickened condition of the valve, in itself, would preclude the possibility of its emitting such a sound. Recently a paper has been published by Fenwick and Overend in *Ann. Jour. Med. Sc.*, 1893, stating that the peculiarity of the first sound of the heart occurring in mitral stenosis is really due to the closure of

<sup>1</sup> Virchow's *Archiv.* 118 (1889) p. 414.

<sup>2</sup> *Loc. cit.*

<sup>3</sup> *Archiv. of Gynecol.* 42, p. 339 (1892).

the tricuspid valve in the hypertrophoid right ventricle. The present case, however, certainly negatives such a view as the tricuspid valves are rigid, and yet the first sound was as sharp, snapping and loud as in cases of uncomplicated mitral stenosis.

Dr. MARTIN had examined the lungs, and found a rather curious condition resembling somewhat broncho-pneumonia, but sections proved the condition to be only hæmorrhagic infarction, with slight desquamation of the epithelium.

Dr. LAFLEUR remarked that the specimen was of interest, as all records show tricuspid stenosis to be a rare lesion. With reference to Dr. Finley's suggestion as to the possibility of there being regurgitation through the tricuspid valve—if such had been the case, there must have been pulsation of the veins; he asked if such a condition had been noticed. With regard to the situation of a systolic murmur as indicating tricuspid disease, it is not of diagnostic value.

Dr. FINLEY replied that there was very slight pulsation of the veins which seemed to come from below, but certainly was not a very marked condition—but as there are so many forms of pulsation of the vessels of neck, he did not lay much stress upon this condition.

*Wound of the heart*—Dr. SHEPHERD reported the case as follows:—In the summer of 1892 he was summoned to a case where it was said the patient, who had alcoholic mania, had pushed two needles into his heart. The patient when seen was lying on the floor, and seemed in great distress, but calmly told the doctor that he had tried to kill himself by pushing needles into his heart. On examining the region of the heart with every beat the skin over the apex seemed to be pushed up by something beneath; this felt like a needle. An inch out from this another needle could be felt deep down in the intercostal space. The patient said that he had pushed both needles out of sight beneath the skin with a sharp end of a file. Dr. Shepherd made an incision over the needle in the apex of heart, and by pressing in a needle holder caught the end of the needle and pulled it out. The second needle was extracted with greater difficulty on account of its depth, both layers of intercostal muscle having to be cut before the needle was reached.

The patient during the operation gave no evidence of pain. The needles were small darning needles, measuring a little over two inches in length. The patient never suffered any trouble from the injury, and was as well next day as ever. The wounds both healed by first intention.

Dr. MILLS spoke of the condition known as delirium cordis set up by wounding certain points in the heart, and referred to the suggestion made by a writer in the *Medical News*

some years ago, to make use of this procedure to restore the heart's action after chloroform syncope, but he thought that this step would be of doubtful value, as the heart may or may not recover from this condition of delirium.

Dr. LAFLEUR recalled the specimen of a bullock's heart, exhibited by him four years ago, in which a large wire had forced its way from the stomach into the heart, penetrating the ventricle and auricle. There was evidence that this process had existed for some time, as the wire had worn a regular groove for itself in the ventricular muscle. Septic infection has been set up from the communication with the stomach.

Dr. SHEPHERD referred to a paper read by Dr. Praeger, before the Canada Medical Association, in which he mentions a case of chloroform syncope which was restored by sticking a needle into the heart.

*Congenital Defects of the Anterior Pillars of Fauces*.—Dr. H. D. HAMILTON read the report as follows:—I have been furnished, through the courtesy of Dr. George W. Major, with this report of a somewhat rare malformation, which it is proposed should here be put on record. It is interesting as a curiosity and also because of the practical importance of diagnosing it from other affections.

J. C., member of the civic police, 25 years of age, a subject of laryngeal phthisis, was referred by Dr. Molson for local treatment on 8th Dec., 1890, to the Department for Diseases of Nose and Throat, Montreal General Hospital.

On examination, the anterior pillars of the fauces presented two longitudinal slits or fissures, the left being slightly the larger, and measuring half an inch in length by about 3-16 of an inch in width at the widest part. These openings were of a somewhat oval form extending down to the base of the tongue, and as the tonsils were deficient, the condition was very easy of observation. There was no evidence of cicatricial tissue anywhere, the edges of the opening being smooth, and presenting the natural appearance of the surrounding parts.

In the *Archives of Otolaryngology* for January, 1892, Max Tœplitz, of New York, reports a case, and states that the literature on the subject contains but six similar observations up to that date.

The cases so far recorded have been: (1) by Walters in 1859.

(2) J. Solis Cohen, in the *Medical Record* of 1878, and also in the 2nd edition of his work on Diseases of the Throat, where the condition is explained as a separate investment of the fibres of the palato-glossus muscle.

(3) Lefferts reports a case in the *Philadelphia Medical News* for 1882, besides communicating privately with Tœplitz regarding two unpublished cases in 1890.

(4) Chiari reports a case in August, 1884 (*Monatschrift für Ohrenheilkund*); (5) Schapringer another in 1884; (6) Clarborne another in the *American Journal of Medical Sciences* of 1888, one-sided. One-sided defects have also been noted by Schapringer and Teplitz.

Dr. BIRKETT had seen a case referred to him by Dr. Buller where the congenital defects existed on one side only. There are a number of such cases on record, but as yet no explanation as to how they occur has been satisfactory.

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## Progress of Science.

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### WELL SIZED UP.

Rev. J. B. Hawthorne, of this city, said in his sermon, February 18th: "*If all the thieves were put into the chain-gang to-morrow,.....it would shut the doors of real estate offices and thin the ranks of the legal and medical fraternities.*" In regard to the real estate business, Dr. Hawthorne probably speaks by the card, because he has been interested in some land schemes himself in a quiet way as a "side line" to the sacred ministry. He therefore knows the tricks of the trade. We do not know what motive or experience prompted the good doctor in his stricture upon the medical fraternity. The only relation that we know of which he has sustained toward the medical profession has been to receive free medical attention for himself and family whenever occasion required. Such insinuations, therefore, as the above come with very poor grace, and savor of the meanest ingratitude. And all of this, too, from a man, a minister, who owns or did own a large part of the stock in a patent medicine humbug, King's Royal Germetur, which consists only of the addition of one pint of hydrochloric acid, costing twenty cents, to a barrel of water, costing nothing, the mixture selling for one dollar a quart! The doctor ironically selected for his text that morning, "*He that is without sin among you, let him cast the first stone.*" We think that this great evangel of all that is good and honest, who poses as the public censor, might make a personal application of his text with considerable advantage.—*Atlanta Medical and Surgical Journal.*

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### FORMS OF PERITONITIS.

Dr. Roswell Park (*Med. Age*) concludes:

*First.* There is no such thing as an idiopathic peritonitis. Every so-called case has a

definite origin, which, however, it may not always be possible to easily determine.

*Second.* Many cases of non-traumatic peritonitis have their origin in the female pelvic organs, and usually belong to the staphylococcus and streptococcus forms; but some of them are really cases of colon infection.

*Third.* Those cases which depend upon perforation after ulceration, escape of gallstone into the peritoneal cavity, and lesions of this general nature, fall into the septic or putrid forms.

*Fourth.* Peritonitis due to internal obstruction or strangulated hernia is usually due to colon infection.

*Fifth.* Cases of peritonitis which do not originate in the manner already referred to almost invariably proceed from the appendix vermiformis, and of all these a larger proportion are cases of pure colon infection.

*Sixth.* The larger proportion of these are fatal unless surgical procedures be used.

*Seventh.* In every case of peritonitis for which obvious cause is lacking, the ileo-cæcal region should be carefully examined, if suspected should be explored, and this exploration may well be made under an anæsthetic with all conveniences at hand for the most formidable kind of operative procedure.

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### SURGICAL ITEMS.

In parasitic affections of the skin, chronic eczema and the like, Dr. W. D. Cutter recommends the following: Chloral, carbolic acid and tincture of iodine, equal parts. It should be used cautiously owing to the danger of producing severe inflammation.—*Canada Lancet.*

Applied on lint or absorbent cotton to a bleeding surface, chloroform promptly stays the flow, acts as a direct stimulant to the patient, and leaves no blood crust to fall off and reproduce hemorrhage.—*Medical Press and Circular.*

In inoperable cases of cancer of the uterus Depres (*Amer. Jour. Med. Sciences*) injects refined petroleum into the growth. These injections are painful, but cause speedy separation of sloughs, drying of ulcerated surfaces and cessation of odor. They are also of service in cases of abscess, and in acute vaginitis injections of three to five ounces produce a cure in six days.

"Many times," says Dr. F. Byron Robinson (*Med. Herald*), "I have watched Mr. Tait open an abdomen, explore and pronounce *malignant*, and then he would say to his nurse, 'Give me a needle and thread.' He would close the abdomen without attempting to remove a malignant growth, with a hopeless recovery. I

am more and more inclined to do as Mr. Tait does, and that is not to kill patients with surgery. Any patient that is almost sure to die had better die without surgery. It is a black eye to surgery to lose a patient at any time. In all forms of tumors, early surgery is the only kind that can be hopeful."

Surgeon's plaster, according to the *North-western Lancet*, is a simple and reliable remedy for chilblains. It is especially serviceable when the feet are attacked, and is easily applied to the big toe and heel. A salicylated plaster is of great value, as it helps any decorticated spots to heal. The plaster is applied, and allowed to remain on for three days, when the trouble will be found cured. After this it will possibly have to be renewed on account of soiling easily.

Dr. GOODELL (*Med. News*) pleads for greater conservatism in the treatment of diseases of the uterine adnexa, and advises that an effort be made to restore a woman's health by resorting to other than operative procedures. He states that the artificial menopause induced by operation is often attended with more serious complications than those that are not rarely observed in the natural change of life; and that in the majority of women that have been "castrated" the sexual impulse soon abates in intensity, much sooner than after the natural menopause, and that in many cases it wholly disappears.

Dr. HERMAN MYNTER calls attention to the fact that only sterilized water should be used on the brain, because it is extremely sensitive to antiseptics.

Finney sutured in place the ends of the ring and middle fingers seven hours after they had been cut off by a machine. Firm union took place within two weeks. When seen, at the end of three years, motion and sensation were complete. Antiseptics were avoided because they form a thin layer of coagulation-necrosis, which might interfere with union.—*Johns Hopkins Bulletin*.

Patients, the subject of pulmonary phthisis or other lesions of the air-passages, by which the sensibility of the passages is greatly increased, when having to undergo operations necessitating the use of an anæsthetic, stand chloroform much better than ether.—*American Fract. and News*.

Dr. MAURICE RICHARDSON (*Boston Med. and Surg. Jour.*, No. 7, 1894) says that the prognosis in uncomplicated cases of pyosalpinx, in which the tubes are not greatly enlarged and can be tied and removed without infecting the peritoneum, is very much like that after removing the appendix in the interval between attacks. The operation is very similar, and the danger of hemorrhage or infection not unlike.

As a dressing for condylomata in women, Dr.

C. E. Warren (*Med. Fortnightly*) recommends the following ointment which is applied after cauterization:

R Belladonnæ ext .....gr. xvi  
Cocainæ hydrochlorat.....gr. xxxvii  
Vaselinæ. .... . 5 ii

M. Sig:—For external use.

## THE TREATMENT OF BURNS.

By J. W. LINDSEY, M.D.,  
OF CLAYSBURG, PA.

I have no doubt that your method of treatment of burns, advocated in the December issue of the *College and Clinical Record*, would be a good one in the hospital or in a rich family; but where you have poor people, and are at a great distance from hospitals, the object is to do good work skillfully and with the smallest expense possible. Allow me, therefore, to present what is partially a new as well as a very successful mode of treating burns.

I was recently called on about two o'clock P.M. by a brother of a young man æt. 18 years, who lived about five miles from here. He stated to me that his brother had been making fire in an old Dutch oven, and used oil, and when he set the can away, possibly eight or ten feet from the oven, and lighted it, it ignited and exploded, pouring the oil almost all over the entire front surface of his limbs from the knees to his umbilicus and between his thighs, then leaving a space of about six or seven inches, and involving the whole breast. His arms and hands were burned up to the shoulders, and his right hand was so badly drawn and burned that the tendons of all his fingers were jumped over the last joints. His tongue was greatly swollen and burned, so that the outer coating came off; his lips were about three times as thick as normal. The left side of the face and ear were badly burned, and the hair of his head was almost entirely burned away.

His penis and scrotum were also badly burned, and for seven days it was necessary to use a catheter; the scrotum was swollen as large as three fists, and the penis as thick as a man's arm. He was breathing forty-eight times a minute, and when breathing he would whistle so that you could hear him twenty-five to thirty feet away.

I gave him  $\frac{1}{4}$  gr. sulphate morphia every three or four hours until asleep. I reduced the tendons of his hand to their normal places, and dressed him with the following mixture:

R. Sodii bicarbonatis, ʒxvj  
Ol. lini, Oij.

This made a heavy paste, which I left on until the next day. I then used:—

R. Sodii bicarb.,           ̄xvj  
 Acidi carbonici,         3j  
 Ol. lini,                   Oij.        M.  
 Fiat unguentum.

SIG.—Spread over the entire surface of the burn.

I kept this on for three or four days.

In a few days I dissected all the burned tissues away except on the penis and scrotum, which I left for about ten days to two weeks, when it healed off itself.

I then dressed him with the following ointment:—

R. Iodoformi,             ̄iv  
 Zinci oxidi,             ̄iv  
 Ol. lini,                   Oj.        M.  
 Fiat unguentum.

SIG.—Apply on muslin over the affected surfaces.

After a week I substituted the following:—

R. Balm of Gilead buds juice, Oj  
 Sheep's tallow,           iv  
 Rosin,                     j  
 Beeswax,                 ss.        M.  
 Fiat unguentum.

SIG.—Apply on muslin cloths once or twice a day.

On the 20th day I made passive motion of the elbows and fingers, and so on until the 31st day, when all was healed.

I did no skin grafting, and had no trouble, as all the healing was in good condition from the beginning. Granulations were set up very early, and continued in a healthy condition.

He is not crippled in any manner except the weakness of his breast, but the muscles and mammary glands were all burned away, and as a consequence he has not much strength. As for marks, there are very few, none that show on the face or ear; and on his hands a slight redness is discernible, but there are no scars. *Coll. and Clin. Record.* \*

## THE RELATION OF PELVIC DISEASE AND PSYCHICAL DISTURBANCES IN WOMEN.

By GEORGE H. ROHÉ, M. D.,

Superintendent of the Maryland Hospital for the Insane.

In this report for 1892, I gave the detailed history of eighteen cases of insanity in women, in whom the uterine appendages were removed for ovarian, tubal or other pelvic disease. Since that report, four additional cases were operated upon. A review of the cases will show, that even in apparently the most hopeless cases a beneficial effect upon the mental functions is obtained by the removal of a persistent source of local irritation. Thus is one case of hysterolepsy with violent maniacal attacks, lasting over eight years, complete recovery was ob-

tained. In four cases of puerperal insanity, two of over five years' standing, three recoveries followed the operation, and the remaining case was greatly improved. Three cases of profound melancholia recovered sufficiently to be discharged from the hospital. In nearly every case operated on, decided physical and mental improvement were noted. While no claim is made that gynæcological operations are generally indicated in insane women, it is held that where sufficient disease exists to demand treatment on its own account, the mental disturbance of the patient should be an additional reason for early and effective interference. In the present conservative tendency among gynæcologists, there is danger of delaying radical measures too long. If this delay is injudicious in the sane, as I firmly believe it to be, it is no less in the insane, where recovery of mental health may be retarded or rendered impossible, by hesitancy or neglect.

I have been subjected to criticism, some of a rather savage character, for my work in this line. Some of my critics know, confessedly, little of the great advances made by modern gynæcology, while others were no less ignorant of the results of recent studies of mental pathology. I have refrained from replying to these criticisms because I could afford to await results. The facts here presented will, I am sure, be regarded by all unprejudiced minds as sufficient answer to the criticisms upon my course.\*—*The Coll. and Clin. Record.*

## CLASS-ROOM NOTES.

—Prof. Keen says that *Gallstones* occur three times as often in women as in men.

—Syphilis, Prof. Brinton says, predisposes to the non union of *Fractured Bones*.

—Prof. Keen says *Jaundice* is a rare complication met with in cases of abscess of the liver.

—Prof. Wilson says *Human Vaccine Lymph* retains its vitality longer than the bovine lymph.

—Prof. Parvin says that the labor occurring at the birth of a male child is generally longer than that of a female.

—Prof. Wilson says if, in cases of typhoid fever, symptoms of *Peritonitis* arise, opium should be administered freely.

—Prof. Parvin says a woman suffering from *Uterine Hemorrhage* bears opium better than almost under any other condition.

—Prof. Parvin thinks that the *Lochial Discharge* is less in women who nurse their children than in those who do not.

—Prof. Wilson says that the tendency in children, during an attack of *Enteric Fever*, is to constipation and not to diarrhoea.

\*The excellent table accompanying this paper, and amply confirming the writer's conclusions, is unavoidably omitted.

—*Digitalis*, Prof. Hare says, should not be administered in the presence of high fever, as it does not act when such fever exists.

—Prof. Wilson says that *Diphtheria* is a disease of all climates and seasons, but that civilization predisposes to its occurrence.

—One of the most common complications occurring during an attack of *Influenza*, Prof. Wilson says, is broncho-pneumonia.

—Antipyrine, phenacetin, and acetanilide are the best drugs, Prof. Hare says, that can be employed for the relief of nervous pain.

—All conditions of *Flatulence*, especially gastric flatulence, Dr. Salinger says, will be found to be greatly benefited by dermatol.

—Grave cases of *Jaundice* occurring in recently born children, Prof. Parvin regards as a sign that septic infection has taken place.

—Vomiting which is present at the onset of an attack of *Scarlet Fever*, Prof. Wilson says, will generally subside of its own accord.

—Decreased arterial tension and increased venous pressure both cause *Dropsy*, and in both conditions Prof. Hare says digitalis is indicated.

—Arsenic, Prof. Hare says, has been found to be useful in stopping the vomiting occurring in those suffering from *Cancer of the Stomach*.

—Prof. Wilson says *Human Lymph* should not be taken from a child under three months of age if it is desired to use it for inoculating other cases.

—Prof. Keen is of the opinion that there is scarcely any *Benign Tumor* that may not undergo degeneration and become malignant in character.

—In administering the bitartrate of potassium as a purgative, Prof. Hare says that the compound jalap powder should always be combined with it.

—*Malignant Tumors* of the breast, Prof. Keen says, seldom appear before the age of thirty five, excepting sarcoma, which may appear at any age.

—Prof. Hare says it is well always to combine with chloral hydrate a bromide, as the chloral increases reflex irritability, which the bromide will prevent.

—If during the administration of *Chloroform* the pupils suddenly become dilated, Prof. Hare says there is great danger of sudden death taking place.

—*Vaccination*, Prof. Wilson says, should be performed in three places, since the greater the amount of pox produced the greater is the immunity that follows.

—Cases of *Diabetes* occurring in gouty persons, Prof. Hare says, have been found to be greatly benefited by the administration of arsenic combined with lithia.

—Prof. Hare says, that it is much better to *Reduce the Temperature* in cases of fever by

the aid of cold baths or sponging, than by the employment of antipyretic drugs.

—In *Removing a Placenta* from its attachments to the uterus, Prof. Parvin thinks that it is dangerous to pull on the cord during the period that the uterus is contracting.

—Enlarged glands, in cases of *Carcinoma*, should always be removed, Prof. Keen says, at the time when the tumor itself is removed, if they be accessible in any manner possible.

—As a rule, Prof. Keen says, *Chronic Obstruction of the Bowel* is generally at or below the ileo-cæcal valve, while an *Acute Obstruction* is generally at or above the ileo-cæcal valve.

—Prof. Brinton says, that the *Non-union of a Fractured Bone* is often due to the fact that on account of the low vitality of the patient, the callus, after having formed, is absorbed again.

—*Hemorrhage* occurring in a patient two or three weeks after the delivery of a child has occurred, is very frequently caused, Prof. Montgomery thinks, by retroversion of the uterus.

—Alcohol should be administered to patients suffering from *Diphtheria*, and as a rule it will be found that they are able to take large amounts without manifesting any bad symptoms.

—In all cases in which a *Spontaneous Fracture* of a bone occurs, without undue force having been applied to it, Prof. Keen says, malignant disease of the bone should always be suspected.

—Prof. Parvin has observed that *Excessive Development* in the size of the female breast is of a more frequent occurrence than a *total absence* of the breast. But both conditions are very rare.

—Dr. Da Costa says that plugs of gauze soaked in a strong solution of antipyrine will be found very efficient in stopping *Hemorrhage* from the nose, the antipyrine acting as a good styptic.

—Prof. Parvin says *Eclampsia*, occurring in a pregnant woman before labor, is fatal in about fifty per cent. of cases, while if it occurs after labor, it is fatal only in about eight per cent. of the cases.

—*Diarrhœa due to Proctitis*, Prof. Hare says, will often be cured by injections of the chlorate of potassium in the strength of twenty grains to the ounce,—one ounce to be injected at a time.

—*Quinine*, Prof. Hare says, will have no beneficial effect in cases of malarial fever, unless it be given soon enough before the occurrence of an attack, so that it will be absorbed before the attack manifests itself.

—Prof. Solis-Cohen says that one of the best *Throat Washes* in cases of degeneration of the epithelium is five grains of bicarbonate of sodium to the fluid ounce of water, which mixture is to be used as a gargle.

—All cases of ulcers which will not yield to

treatment, Prof. Keen says, should be suspected of being malignant in character, excepting when the ulcer be on the leg and is due to a varicose condition of the veins.

—In making a *Digital Examination* in a case of face presentation, great care must be exercised by the obstetrician; it must be made very gently, so that no injury be inflicted to the face, especially to the eyes.

—Prof. Parvin thinks that a woman, who after delivery has a *pulse above 100 per minute*, is in danger of having a uterine hemorrhage, and the obstetrician should not leave her until the pulse has decreased in number.

—Prof. Wilson says the following spray will be found useful in *Diphtheria*:—

R. Caffeinæ,	gr.xx	
Sodii bicarb.,	gr.v	
Aquæ, q. s. ad	fʒij.	M.

Sig.—Apply locally as a spray to the membrane.

—Prof. Hare says the proper amount of *Bismuth* to be administered in cases of excessive diarrhoea, or in cases of excessive irritability of the stomach, is at least ten grains, and sometimes as much as sixty grains must be given.

—Prof. Wilson fears the use of the chlorate of potassium in cases of *Diphtheria*, not only on account of it not influencing the disease favorably, but more on account of the injurious effect which it exercises on the kidneys.

—Prof. Keen thinks that the majority of the cases of *Appendicitis* need no surgical interference. The reason that so many cases prove fatal which have been operated on is due to the fact that surgical interference has been done too late.

—In true *Angina Pectoris*, Prof. Hare says the heart feels as if it were contracted; while in *Pseudo-angina Pectoris* the heart gives a sensation to the patient as if it were in an expanded condition, too large for the cavity in which it is contained.

—The higher up a *Volvulus* of the bowel has taken place, the less will be the amount of urine voided, Prof. Keen says. It is due to the fact that the higher up the volvulus occurs, the less will be the amount of absorption that will take place from the bowel.

—Prof. Hare says in very obstinate *Chronic or Subacute Rheumatism*, which will not yield to the ordinary treatment, *cimicifuga* will sometimes do good, especially in cases in which the rheumatism is situated in the muscles rather than in the joints themselves.

—The following local application, Prof. Hare says, will be found serviceable in cases of *Bronchitis*, occurring in infants, associated with some nervousness:—oil of amber one part, and olive oil three parts. This to be applied to the back and front of the chest.

—For the nervous symptoms occurring in children suffering from *Cholera Infantum*, Dr. Ashton says hypodermic injections of morphia, sulphate, gr.  $\frac{1}{100}$ — $\frac{1}{200}$  and atropine sulphate, gr.  $\frac{1}{100}$ — $\frac{1}{200}$  will be found useful, but their effect must be carefully watched.

—Prof. Keen says that after a patient has passed through an attack of *Renal Colic*, the bladder should always be evacuated by a Bigelow or some similar evacuator, so as to rid the bladder of the stone, which if not removed may form a nucleus for the formation of a large stone.

—Prof. Parvin says that *Vomiting* occurring during the first stage of labor is regarded by some as a good omen. But if vomiting occurs during the second stage, accompanied by cessation of labor and with exhaustion of the patient, the immediate delivery of the child is indicated.

—Prof. Wilson recommends the following treatment of *Rheumatic Fever*:—fifteen grains each of the salicylate of sodium and bicarbonate of sodium every hour until the urine becomes distinctly alkaline. Then stop the bicarbonate and continue the salicylate until the pain and fever disappear.

#### POTASSIUM PERMANGANATE AS AN IMMEDIATE ANTIDOTE TO MORPHIA.

The discovery of a reliable antidote is at all times a practical and decided step forward in medical knowledge and in the direct application of relief to human suffering. These thoughts occur to us at this time, in view of the recent public exhibition of the fact that the effects of morphia may be counteracted by an antidote that does not act through any relation to the power of mydriatic and myotic antagonism, as may atropia when similarly employed.

Our esteemed contemporary, the *Boston Medical and Surgical Journal*, in its issue of February 1st, 1894, gives a detailed account of the personal experience of a New York physician in this line of investigation, and expresses its well-founded views on the procedure and the antidotal action of the remedy employed. From these we freely quote.

At a meeting of the Medical and Surgical staff of the West Side German Clinic, 42nd Street, New York, Dr. William Moor, one of the physicians to the clinic, against the earnest protestations of those present, swallowed three grains of sulphate of morphia in solution, and immediately afterward drank a solution of four grains of permanganate of potassium in four ounces of water. He was carefully watched, but none of the ordinary effects of morphia on the system were observed, and he has since stated that he experienced no ill effect whatever



from the poisonous dose taken. Dr. Moor had made a special study of therapeutics and toxicology previous to the demonstration mentioned, and had experimented with rabbits, and also on his own person. He at first took an eighth of a grain of morphia, then a quarter of a grain, then half a grain, and finally three-quarters of a grain; and when he took permanganate of potassium afterward, there was no apparent toxic effect from the morphia. In his demonstration at the German Clinic he would have been perfectly willing, he says, to take six grains of morphia instead of three. Morphine, or any of the salts of opium, he claims, is immediately rendered harmless by contact with the permanganate. The antidote at once seeks the poison, passing by the other substances in the stomach. The soluble salt is acted upon by the permanganate 75,000 times more quickly than albumin, and several thousand times more quickly than peptone. Of course, the antidote should be administered as promptly as possible after the morphia is taken.

Since this demonstration, it has been claimed that the honor of the discovery is really due to Dr. William Condy, of London, and that Dr. J. B. Mitchell and other writers have referred to the efficacy of permanganate of potassium as an antidote; but, at all events, it is certainly true that its action in this regard has never been generally recognized by the profession. Lacerda recommended permanganate as an antidote to serpents' poison. Experiments indicate that it destroys the constitution of such poisons when brought into direct contact with them, but when introduced into the general system does not control their action. Dr. Moor is now engaged in making a series of experiments to test the power of the permanganate as an antidote against strychnia, cocaine, and other poisons. In the case of the first-named, its action is said to be much slower than upon morphia.

Morphia is well known to be a powerful reducing agent, and it is doubtless by oxidation that the permanganate acts. As with serpent poison, so with morphia, it is undoubtedly essential that the permanganate should enter into direct contact with it. After the morphia has been absorbed, the permanganate can have no action upon it. This physiologico-chemical restriction necessarily limits very much any value as an antidote which it may be proved that it possesses. Really, as we already hinted, the most surprising thing about this incident which has attracted much attention in the daily press is the fact that the action upon each other of two substances, whose properties are so well known as are those of morphia and permanganate, should not long since have been accurately determined and described and generally recognized. As a matter of fact, the usual therapeutic text-books

and toxicologies are silent on this subject.—*Ed. Coll. and Clin. Record.*

## RECENT SUGGESTIONS IN THERAPEUTICS.

**ASIATIC CHOLERA.**—Two or three tumblerfuls daily of infusion of black coffee, strong and hot, causes improvement in patient's condition, increases secretion of urine and strengthens pulse. (PROF. D. P. DUEBELIER, *Vratch*, No. 42, 1893.)

**DIPHTHERIA.**—One-half to 1 teaspoonful *sp. turpentine* four times daily. Also, *Tr. ferrimur.*, ℥j (31 grammes); *potass. chlorat.*, ℥iss (6 grammes); *ac. mur. dil.*, ℥ij (8 grammes); *glycerin*, q. s. ad ℥iv (124 grammes). Teaspoonful every three hours; swab throat with mixture. (C. FERDINAND DURAND, *Archives of Pediatrics*, January, 1894.)

*Acetous vapor*, applied by the author in one case as follows: One quart (litre) of *malt-vinegar* placed in a steam-kettle on fire, pouring a stream of vapor into the room; the room was covered by an umbrella to focus the steam; tonsils and pharynx painted with brandy every two minutes until cough, expectoration and drowsiness occurred. (W. A. GREET, *British Medical Journal*, January 27, 1894.)

*Calomel*, 1 to 5 grains (0.065 to 0.32 gramme), every five hours, according to age of patient; catharsis checked by *Dover's powder*. (W. R. McMAHAN, *Northwestern Lancet*, January 15, 1894.)

*Corrosive sublimate* solution, 1 to 2 per 1000; Laplace's solution (*corrosive sublimate*, 1; *tartaric acid*, 5; to water, 1,000); or, *corrosive sublimate*, 1; common salt, 6; water, 1,000; 2 drachms (8 grammes) every four hours used as a spray; gargle with *thymol*, *boric acid*, or lime-water. (ESCHERICH, *Wiener klinische Wochenschrift*, vol. vi, 1893.)

**DYSMENORRHOEA.**—If congestive or inflammatory, *citrate of iron and quinine*, 1 gramme (15½ grains); alcohol (90 per cent.), 10 grammes (2½ fluidrachms); water, 190 grammes (6 fluidounces); one teaspoonful before meals in a little water or white wine, during intermenstrual period. During period, *salicylate of soda* and *analgesin*, aa 0.15 gramme (¼ grain) every two hours, alternated with tincture *viburnum prunifolium*, 2 grammes (31 minims); *Elixir of Garus*, 30 grammes (1 fluidounce); syrup of *peppermint*, 15 grammes (3¾ fluidrachms); distilled water, 100 grammes (3¾ fluidounces). If pain be intense, with excitement and insomnia, give, at bed-time, *hydrate of chloral* and *bromide of strontium*, aa 6 grammes (1½ drachms); tincture of *canibus Indica*, 15 drops; syrup of orange-peel, 60 grammes, 1¾ fluidounces). Tablespoonful

in a little fresh water, second dose during night, if necessary. If stomach is fatigued, injection of *chloral hydrate*, 4 grammes (1 drachm), and water, 200 grammes (6½ fluidounces). Opium not to be employed in women with tendency to constipation, as it increases tympanites and dyspeptic symptoms. If absolutely necessary, use following injection: *Laudanum* (Sydenham's), 20 drops; *pulverized camphor*, 0.20 gramme (¾ grains); yolk of egg, 1; water, 200 grammes (6½ fluidounces). To be administered at night three hours after last meal.

If membranous, above injection each evening, or tincture of *asafoetida*, 5 grammes (1¼ fluidrachms); tincture of *belladonna*, 20 drops; *laudanum* (Sydenham's), 10 drops; lukewarm water, 100 grammes (3¼ fluidounces). Every four hours until flow appears, vaginal injection of water at 45° C. (113° F.), 2 litres (quarts); essence of *thyme*, 20 drops. (A. LUTAUD, *Journal de Médecine de Paris*, December 31, 1893.)

**EPILEPSY.**—Injection to be given in intervals of attacks: *Chloral*, 2 grammes (½ drachm); *bromide of potassium*, 2 grammes (½ drachm); yolk of egg, 1; water, 200 grammes (6½ ounces). If due to syphilis, general treatment: *mercurial frictions*, 6 grammes (1½ drachms) of ointment daily for three weeks or longer, with *iodide of potassium* in progressive doses (2, 8, 10 grammes—½, 2, 2½ drachms—daily). When epileptic symptoms cease, mixed treatment: for one month, 3 mercurial frictions with *iodide of potassium*; for two months, after meals, a tablespoonful of the following mixture: *Bromide of potassium*, 30 grammes (1 ounce); *phosphate of sodium*, 20 grammes (5 drachms); *bitter orange-peel, vin de Lunel*, each 250 grammes (8 ounces). If menstrual, *antipyrin*, 0.75 gramme (12 grains); *bicarbonate of sodium*, 0.25 gramme (4 grains); for 1 cachet,—3 daily, 1 in six hours. *Digitalis*, 0.15 to 0.25 gramme (2¼ to 4 grains) of powdered leaves, to be added if there is arterial hypotension; injections of 10 drops of *laudanum* for abdominal pain. (LEMOINE, *Revue générale de clinique et de thérapeutique*, p. 626, 1893.)

*Opium* treatment as prescribed by Flechsig: *Extract of opium*, 15 grains (1 gramme) daily for six weeks; then *bromide*, 30 grains (2 grammes) four times a day. (DE GARMO, *Post-Graduate*, January, 1894.)

℞. *Potass. bromidi*, ʒ ss (16 grammes); *tinct. belladonnae*, ʒiij (12 grammes); *infusi gentiane co.*, ad ʒ viij (248 grammes). M. Sig.: Cap. ʒ ss (15 grammes) ter in die. ℞ *Camph. monobrom.*, gr. xlviii (3 grammes); *exti gentiane*, q. s. ut ft. massa, et div. in pil. no. xij. Sig.: Cap. unam hora somni. (PROF. D. CAMPBELL BLACK, *British Medical Journal*, January 6, 1894.)

**ERYSIPELAS OF LIMBS.**—Patient anæsthetized, affected parts incised, fluid pressed out, and 60-per-cent. ointment or solution of *ichth-*

*zol* rubbed into wounds. A layer of ointment is applied, covered by gauze or wool, and limb suspended vertically. Dressing changed twice daily. (FELSENTHAL, *Zeitschrift für Kinderheilkunde*, December, 1893.)

**FACIAL**, of the petechial, copper-colored type: Local applications of *ichthyol* ointment. General treatment: Cold baths, methodically given, milk and alcohol forming part of diet; if cardiac symptoms, injections of neutral *sulphate of sparteine*, 0.10 gramme (1¾ grains) in twenty-four hours, divided in three doses. (JUHEL-RENOY and BOLOGNOSIE, *Archives générales de médecine*, January, 1894.)

Local applications of *compresses* soaked in solution of *corrosive sublimate*, 1 to 1000, as hot as patient can bear, renewed as often as possible. *Sulphate of quinine* internally; diet of soup and milk. (E. L. LABANOWSKI, *Archives de médecine et de pharmacie militaires*, January, 1894.)

*Pilocarpine*, ⅓ grain (0.01 gramme) by injection, with from 15 to 30 minims (1 to 2 cubic centimetres) of fluid extract of *pilocarpus* three times daily. In cases marked by general asthenia or cardiac degeneration, *quinine* and *iron*, with topical applications of *ichthyol* ointment. (A. A. ESHNER, *Philadelphia Polyclinic*, January 13, 1894.)

*Creasote*, 2 drops in *acacia emulsion*, 1 ounce (30 grammes) internally every three hours, in teaspoonful doses; *lead-water* and *laudanum* externally. Improvement in two days; complete cure in five days. (J. W. COLLINS, *Columbus Medical Journal*, December, 1893.)

**ERYSIPELAS OF THE NEWBORN.**—Sprays and hot applications of *boric acid*, with injection twice daily of 20 grammes (5 fluidrachms) of salt water or *artificial serum* into subcutaneous cellular tissue. (LEMAIRE, *Thèse de Paris*, 1893.)

**GUAIACOL.**—Of value in various infectious diseases of children. To lower febrile temperature, 2 to 3 grammes (½ to 1 drachm) externally on anterior surface of superior extremities. Effect lasts from four to six hours, accompanied by more or less abundant perspiration. No untoward effects, but, being as yet in the period of probation, caution in its use is recommended. (FEDERICI, *Revue mensuelle des maladies de l'enfance*, January, 1894.)

**IODOFORM.**—Formulæ in use by author. *Iodoform gauze*: Soak a piece of gauze, ten metres in length, previously sterilized by boiling, in following solution: *Sulphuric ether*, 700 grammes (22½ fluidounces); *glycerin*, 100 grammes (3¼ fluidounces); *iodoform*, 50 grammes (1½ fluidounces). Wring out and hang up in dark room at temperature of 30° C. (86° F.). *Ethereal solution of iodoform for injections*: *Sulphuric ether*, 95 or 90 parts; *iodoform*, 5 or 10 parts. *Iodoform*

*vaselin*: *White vaselin*, 90 to 97 grammes (3 to  $3\frac{1}{4}$  ounces); *trituated iodoform*, 10 to 3 grammes ( $2\frac{1}{2}$  to  $\frac{3}{4}$  drachms). *Iodoform Collodion*: 10 grammes ( $2\frac{1}{2}$  drachms); *iodoform*, 1 gramme ( $15\frac{1}{2}$  grains). *Hard iodoform crayons* (formula of the Bichât Hospital): *Powdered iodoform*, 10 grammes ( $2\frac{1}{2}$  drachms); *gum tragacanth*, 0.50 grammé ( $7\frac{3}{4}$  grains); pure *glycerin*, sterilized water, aa q. s. as little as possible. *Soft iodoform crayons*: *iodoform*, 8 grammes (2 drachms); *gelatin* or *cacao-butter*, 2 grammes (31 grains). (TERRIER, *L'Union Médicale*, December 30, 1893.)

**MENINGOCELE REMOVED BY OPERATION.**—Child about 6 weeks old. Tumor three and one-half inches in height, eight and one-half inches in circumference at largest part. Slight hydrocephalic enlargement of head. Base of tumor and adjacent scalp shaved and cleansed antiseptically; 5 ounces (155 grammes) of clear fluid withdrawn. Skin divided by two curved incisions at base, separating tumor slightly from meninges which were transfixed, and cut across to a similar on either side. In doing so a small slice of brain-substance was removed. Several small vessels ligated, owing to hæmorrhage. Membranes and skin united separately by carbolized-silk sutures, wound dressed with dry lint, firm support being maintained by several strips of Mead's plaster. Sutures from membranes and ligatures removed on eighth day. Ten months after operation. child well-nourished, stout, bright, and in perfect health, except that hydrocephalus has markedly increased. (P. H. MACGILLIVRAY *Australian Medical Journal*, October, 1893.)

**MIGRAINE.**—When due to anæmia: *Phenacetin*, 10 grains (0.65 gramme); *sodium bicarbonate*, 10 grains (0.65 gramme). M. ft. i chart. (DE GARMO, *Post-Graduate*, January, 1894.)

**RHEUMATISM.**—Compresses soaked in solution of *salicylic acid*, 20 grammes (5 drachms); alcohol, 100 grammes ( $3\frac{3}{4}$  ounces); *castor oil*, 200 grammes ( $6\frac{1}{2}$  ounces), night and morning, to affected joints. Addition of 5-per-cent. *chloroform* sometimes useful. *Salicylic acid* present in urine twenty minutes after application of compresses. (RUEL, *Revue Médicale de la Suisse Romande*, No. 8, 1893.)

When not desirable to give *salicylic acid* internally, give by rectal injection through the œsophageal tube, passed eight inches into rectum: 90 to 120 grains (6 to 8 grammes) *sodii salicyl.*; 25 minims (1.6 grammes) *tinct. opii*; 3 ounces (93 grammes) water. (ERLANGER, *Deutsches Archiv für klinische Medicin*, B. li, H. 2 and 3.)

**Electricity**; as follows: When joints are painful, current of 10 to 20 milliampères, in various directions, from ten to twenty minutes. When motion is difficult and muscles are wasting, negative pole to muscles and nerves, in-

terrupting current frequently to cause contraction. Tender points touched with positive pole and constant current or faradic brush every two or three minutes. (MASSY, *Archives d'Electricité Médicale*, November 15, 1893.)

**ACUTE ARTICULAR:** *Asaprol*, in cachets of 0.50 to 1 gramme ( $7\frac{3}{4}$  to  $15\frac{1}{2}$  grains), or solution of *asaprol*, 15 grammes ( $\frac{1}{2}$  ounce); water, 250 grammes (8 fluidounces). From 3 to 6 teaspoonfuls in twenty-four hours, in sweetened water flavored with *anisette* or *curacao*. Excellent results in 15 cases of acute and 21 cases of subacute rheumatism.

The following may also be employed in suitable cases: *Salicylate of sodium*, 15 grains ( $\frac{1}{2}$  ounce); water, 250 grammes (8 fluidounces). From 4 to 8 tablespoonfuls in twenty-four hours in sweetened water, to which a small quantity of brandy, cherry cordial, or rum has been added. If but 4 grammes (1 drachm) of *salicylate of sodium* are given daily, doses every four hours; if 8 grammes (2 drachms), every two hours. *Diuretics* to facilitate elimination of drug. Continued in doses of 2 to 4 grammes ( $\frac{1}{2}$  to 1 drachm) for ten days, to prevent relapse. (DUJARDIN-BEAUMETZ, *Bulletin général de Thérapeutique*, January 15, 1894.)

**TABES DORSALIS.**—For lightning pains, *phenacetin*, 0.50 grammé ( $7\frac{3}{4}$  grains) in wafers every half-hour until 4 grammes (1 drachm) have been given. If not well borne *phenozone* hypodermatically, or *hydrochlorate of morphine* combined with *sulphate of atropine* hypodermatically. (GRASSET, *Journal de Médecine de Paris*, No. 48, 1893.)

**TRAUMATIC TETANUS.**—*Chloral*, 7 grains (0.45 gramme) hourly, with 4 drops of freshly-prepared fluid extract of *calabar-bean* every two hours, brought about recovery in five weeks in a boy of 10 years. (RADCLIFFE, *Medical Press and Circular*, January, 3, 1894.)

**WHOOPIING-COUGH.**—*Bromoform*, lauded by various authors in this affection, may cause toxic symptoms unless care be observed in its administration. The last dose in the bottle may, owing to the weight and insolubility of bromoform, contain an excess, no matter in what way it may be suspended. This last dose, therefore, should be thrown away, or the drug supplied in a pure form, the nurse being instructed to supply each dose separately. (F. W. BURTON-FANNING, *British Medical Journal*, January, 6, 1894.)

*Hydrochlorate of quinine*, three times daily, at 6 A.M., 2 P.M., and 10 P.M. Dose, 0.01 gramme ( $\frac{1}{6}$  grain) for each month of child's age, 0.10 gramme ( $1\frac{3}{4}$  grains) for each year; not more than 0.40 gramme (6 grains) for child of 4 years. When improvement occurs, reduce to two doses daily; after complete cure, one dose at night for some time. Of special value when pulmonary complications are present.

(BARON, *Annales de la Société médico-chirurgicale de Liège*, December, 1893.)

*Phenacetic*, 8 grains (0.52 gramme); *glycerin*, 3 ounces (93 grammes). Half a teaspoonful to a child 1 year old every two hours until paroxysms become fewer and less intense. (G. G. THORNTON, *Medical Brief*, February, 1894.)—*Universal Medical Journal*.

## PATHOLOGICAL SOCIETY OF LONDON.

Meeting of December 19, 1893.

Dr. SOLTAU FENWICK presented a specimen of *diphtheria of the stomach* from a child of 3 years who had suffered from croup. Dyspnoea coming on, tracheotomy was performed, but death followed next day. At the post-mortem examination, primary laryngeal diphtheria was found, extending down into the finer ramifications of the bronchial tubes, the tonsils, pharynx, and œsophagus being free from the disease. The stomach was entirely lined with membrane, extending into the pylorus a distance of one-third inch. The lymphoid tissue of the mucous membrane itself was considerably increased. The interesting features of the case were the involvement of the entire surface of the stomach, the absence of membrane in the pharynx and œsophagus, the complete anorexia and vomiting, and the absence of free hydrochloric acid from the contents of the stomach. Diphtheria of the stomach is rare, and occurs almost always in connection with pharyngeal diphtheria in children. Mr. S. G. SHATTOCK had seen a similar case, in which the œsophagus had been free.

Mr. BOWLBY showed for Mr. PAUL, of Liverpool, a *tooth-bearing dermoid of the face*. The patient, a boy of 5 years, was born with an irregular patch of skin on the left cheek, in which a tooth appeared some six months prior to observation and removal. The tumor had no connection with the bone, and no teeth were missing from the jaws. The tooth was a left upper lateral incisor, and beneath it there was a second, smaller, and corresponding to that of the permanent set.

Dr. FELIX SEMON and Mr. S. G. SHATTOCK reported the *sequel of a case of anomalous tumor of the larynx*, which they had brought to the notice of the society in May, 1891. The growth sprang from the left arytaeno-epiglottidean fold, and appeared like an angioma. After removal by the galvano caustic loop it was seen to be a delicate papilloma incased in a shell of partly fresh, partly organized blood-clot. The authors had, at the time, called attention to the unusual situation of the tumor, to its structure, which was more like that of papillomata of the bladder than of the upper air-passages, and to the unique fact

of spontaneous hæmorrhages occurring in connection with and the formation of a blood-shell around the papillary growth. Four months after operation there was a recurrence of the growth, and in a month and a half it was larger than it had been originally. It was again removed in the same manner, and, evidences of malignancy being present, subhyoid pharyngotomy was performed and the tumor radically removed. The patient, a man of 44 years, died four days after operation. At the post-mortem examination, œdema and intense congestion of the brain were found, but no cause for this condition could be determined. Histologically the growth was papillary, delicate and thickly incased with blood-clot, extensions of which passed between the different processes composing the tumor. The investing epithelium of the mucous membrane was quite distinct from that of the growth, consisting of stratified squamous cells, while the other was made up of cubical or cylindrical cells, not more than one layer in thickness in some places. The growth projected beyond the general surface, and infiltrated the deep parts, resembling in this a columnar-celled or duct carcinoma of the breast, with which the authors compared it, regarding it likely that the growth arose from the mucous glands. Assuming this to be the origin, in the process of growth, a portion projected from the surface, allowing of removal, while it extended deeper, infiltrating the structures below the level of the mucous membrane, and beyond the reach of operation. The hæmorrhage was explained by the delicacy and vascularity of the tumor. This is the first case described in which a primarily malignant disease of the larynx simulated in its early stages an angioma. Mr. LENNOX BROWNE, who had previously stated that this tumor might have been an instance of the transformation of benign into malignant growths by endo-laryngeal operations with the galvano-cautery, withdrew this statement after the record of the histological examination.

Dr. ROLLESTON reported *three cases of mediastinal abscess in connection with the œsophagus*. The first patient was a woman of 30 years, who suffered from sore throat, and who presented a swelling on the right side of the neck above the clavicle. There was some dysphagia, and pus mixed with blood was coughed up. Death occurred from hæmorrhage. The cause of suppuration was obscure, there being no disease of the bones. In the second case suppuration followed a stricture due to a corrosive poison, and took place around the middle of the œsophagus. The third case was in a man of 50, who, following a violent effort, was seized with pain and vomiting. Pleural effusion developed in left side, and death occurred in two days. The cause of the perforation of the œsophagus was not known, though apparently it bore some relation to the violent effort.

## EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

Meeting of December 6, 1893.

Dr. GRAHAM BROWN called attention to certain changes in the circulation caused by pyrexia. In order to determine the viscosity of the blood at different temperatures, he has devised an ingenious apparatus by which the rate of blood-flow can be directly calculated. By means of a formula he is able to determine the rate of flow of distilled water at any temperature, given the rate of flow at another. This formula holds good for water, solutions of serum-albumen, serum-globulin, phinogen, and blood-plasma. If, however, defibrinated blood were used, the results were not in accord, since heat decreased its viscosity much more than when the same fluid did not contain the corpuscular elements. The calculations of the author seem to indicate that in fever the heart would have about one-tenth less work to do in driving the blood through the vessels, solely taking into account its decreased viscosity.

Mr. A. G. MILLER showed two patients with strumous disease of the extremities, whom he had treated by Bier's new method of passive congestion. One patient had suffered from lupus vulgaris of both feet. One leg treated by passive congestion healed sooner than the other, which had been treated without. A tourniquet should be applied with sufficient force to stop, in great part, the venous return, lengthly applications being of more service than short alternations of pressure and relaxations. The method is based upon the theory that congestion exercises an influence upon the growth of tubercle bacilli, as evidenced by the fact that a congested lung rarely becomes tuberculous.

Dr. CAIRD showed a case in which he had performed *Wietzel's gastronomy*. The operation was begun in the usual manner, and an opening large enough to admit an ordinary lead-pencil was made into the stomach. An India-rubber tube of the same size was introduced and stitched to the walls of the stomach with catgut, the tube being then enveloped in the walls for a short distance and stitched around it so as to form a sort of oesophagus. The tube was then brought through the wound which was stitched around it in the usual way. The tube thus entered the stomach in a totuous manner, thus preventing loss of food by regurgitation or vomiting.

## RECENT SUGGESTIONS IN THERAPEUTICS.

AMENORRHOEA.—If due to anæmia: R *Quinin. sulphat.*, ʒij (4 grammes); *tinct. ferri chloridi*, ʒiiss (46 grammes); *aqua dest.*, ʒiv (124 grammes). M. Teaspoonful four times

daily. If nervous symptoms and headache, *bromides*; if hysteria, *musk*, *asafetida*, and *camphor-gum*. (WILLIAM HENRY, *St. Louis Medical and Surgical Journal*, December, 1893.)

ANÆMIA.—When due to defects in digestion: R *Hæmogallol*, ʒij (8 grammes); *fel. bovis insp.*, r. xl (2.60 grammes); *ext. pancreatini*, ʒij (8 grammes); *strychnia sulph.*, gr. j (0.06 gramme); *caffeinæ mur.*, ʒj (4 grammes); *ext. colocynth.*, gr. x to xx (0.65 to 1.30 grammes); *ext. tarax.*, ʒj (4 grammes). M. et fiat pil. xl. Two t. i. d. after meals. If overstimulation from *strychnine* and *caffeine*, reduce dose to 1 capsule t. i. d. before meals. (W. H. PORTER, *Post-Graduate*, December, 1893.)

CANCER.—Caustics: officinal solution of *chloride of zinc*; *Michel's paste*; *sulphuric acid* and *asbestos*; *Bongard's paste*—*chloride of zinc*, *arsenic*, *corrosive sublimate*, and other substances made into paste with *wheat-flour*. Surgery to be rarely resorted to. (RODMAN, *American Practitioner and News*, December 2, 1893.)

CHANCROIDS OF FEMALE GENITALS.—Thoroughly wash away secretions from ulcer, and neutralize with antiseptic. Cleanse twice daily with hot antiseptic douches of *bichloride of mercury*, 1 to 3000, or 5 per cent. *carbolic acid*. Apply *carbolic acid C. P.*; and when ulcers are small and not too close to bladder or meatus urinarius, use a strong caustic (*nitric acid*) until all diseased tissue is destroyed. Neutralize acid with solution of *potassium hydrate* or *bicarbonate of soda*; apply *iodoform*, *aristol*, *acetanilid*, *boric acid*, or other good antiseptic. (E. C. DAVIS, *Atlanta Medical and Surgical Journal*, December, 1893.)

ENDOMETRITIS.—Curetage, with use of endometrine injections of an alcoholic solution of *euphorin* and *sterilized olive-oil* in equal parts. The liquid is injected, by means of a Braun syringe, immediately after curetting, and every four or five days afterward, until cure results. This treatment is successful where curettagé alone is inadequate. (PINNA-PINTOR, *Rassegna d'ostetricia e ginecologia*, No. 10, 1893.)

INFLUENZA.—*Benzol*, in form of emulsion, in lemonade, 5 minims (0.32 gramme) every two and a half hours. General discomfort disappears about two hours after first dose. Temperature normal within twenty-four hours. (WM. ROBERTSON, *Lancet*, November 11, 1893.)

MENTAL DISEASES.—*Duboisine* as a sedative is prompt in action and easy of administration. To be used preferably in the evening. Especially indicated in acute insanity and alcoholism and in violent mania. Dose, 1½ milligrammes (¼ grain), maximum; ½ milligramme (1/120 grain), minimum. (MONGERI, *Monograph*, Milan, 1893. Tip. Capriolo.)

**THE CANADA MEDICAL RECORD**

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**MONTREAL, JULY, 1894.**

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**CANADIANS IN THE UNITED STATES.**

During a recent visit to the Pacific Coast we were greatly impressed at meeting so many Canadian graduates settled, and for the most part doing remarkably well, all through the United States. One hardly knows which to admire the more: the average high character, scientifically and morally, of the Canadian graduates, or the generous manner in which they have been received and welcomed by our wealthier neighbors. It is true that most of them are now naturalized American citizens, but we cannot for that reason cease to take a deep interest in their welfare and success. It was especially pleasing to see at the San Francisco meeting of the American Medical Association a former Canadian, and a graduate of Queen's College, Kingston, awarded the highest honor in the gift of the profession, namely, the election to the position of president for the ensuing year. In some of the cities, such as Detroit, more than half of the practitioners are Canadians, while in others, such as San Francisco and Chicago, many of the most prominent physicians have come from one or other of the provinces of Canada. It was also very pleasing to note the general elevation of the standard of medical education, all over the United States. As everyone is aware, some of the finest medical schools in the world were to be found in New York, Philadelphia and

Boston many years ago. But at the same time, graduates from medical schools with only two six months courses of study were allowed to practise in most of the States. All this is changed, and since a few years one State after another has required that its practitioners shall have studied for three and in some cases four years before being allowed to practise. In bringing this much desired state of affairs to pass, two men, we think, chiefly deserve the credit,—one who is still living and full of honors, Dr. Osler, formerly of Montreal, but now of Baltimore; and the other, Dr. Rauch, of the Illinois State Board of Health, who unfortunately has since passed away. By the aid of the powerful pens of these two men, the one in the East and the other in the West, the Medical Profession of the United States bids fair in a few years to be second to none in the world, for character and learning.

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**CANADIAN MEDICAL ASSOCIATION.**

We take special pleasure in calling the attention of our readers to the annual meeting of the above Association, which is to be held this year at St. John, New Brunswick, on the 22nd of August. The latter month has been chosen instead of September, because it was thought that it would be more convenient for the majority of members to get away for their holidays at that time. We earnestly hope that every practitioner in Canada will make an effort to attend this meeting. We should remember that it is a national society, and it will only be by our united efforts, either in reading papers or being present to listen to them and discuss them, that the Association can become worthy of the nation. The railway rate will be either a single fare for the return trip, about thirteen dollars, or at most a fare and a third, about eighteen dollars. After the meeting there are delightful side trips up the St. John River, or up the Kennebecasis, or across the Bay of Fundy to Windsor and Halifax, or over to Portland and Orchard Beach. Unless word is received to the contrary, those who intend being present should pay the full single fare, and obtain a receipt for the same before starting. On presenting this to the Secretary at the meeting they will obtain an order for the return trip at one-

third fare. The profession of St. John is noted for its hospitality, while the list of papers published elsewhere guarantees that the meeting will prove an intellectual feast. We trust that the medical men of Montreal and neighboring towns will send a contingent large enough to be worthy of the occasion, and to show that we are as willing to make considerable sacrifices in order to attend the meeting when held in the East as we expect our brethren to be when it is their turn to leave home. Let everyone, then, make a special effort to attend the meeting at St. John on the 22nd August, when we feel sure they will be amply repaid.

#### CANADIAN MEDICAL ASSOCIATION.

Elaborate preparations are being made in St. John, N.B., for the reception of the Canadian Medical Association on Aug. 22nd and 23rd next. The gathering will probably be one of the largest the Association has ever had. From reports that come in from time to time it is believed that the profession of the Maritime Provinces will turn out almost to a man. From Montreal, Toronto and points further West there will be large delegations.

The following are some of the papers promised: Cases in practice—R. J. McKechnie, Nanaimo, B.C.; A Year's Experience in Appendicitis—Jas. Bell, Montreal; A Case of Tuberculosis of Arm of 14 years' standing cured by inoculation with erysipelas—W. S. Muir, Truro, N.S.; The Treatment of Diseases of the Ovaries and Fallopian Tubes—A. Laphorn Smith, Montreal; Intestinal Antisepsis in Typhoid Fever—D. A. Campbell, Halifax, N.S.; The Use and Abuse of the Various Cautery Agents in the Treatment of Nasal Affections—E. A. Kirkpatrick, Halifax, N.S.; The Present Status of Asthenopia—F. Buller, Montreal; Eye-Strain Headaches—S. H. Morrison, St. John, N.B.; Note on Epilepsy—W. H. Hattie, Halifax, N.S.; Influence of Mind on Disease—J. A. McKay, Watford, Ont.; Miners heart—R. A. H. MacKeen, Cow Bay, Cape Breton, N.S.; Address in Surgery—S. F. Black, Halifax, N.S.; E. C. Praeger, Nanaimo, B.C.; Some Functional Derangements of the Liver—F. E. Graham, Toronto; Treatment of Certain Forms of Uterine Hæmorrhage—F. S. Bibby, Port Hope; Address in Medicine—Wm. Bayard, St. John, N.B.; Ophthalmic and Aural Cases—Stephen Dodge, Halifax, N.S.; Lengthened Sitzings in Lithaplasty—S. Francis Teed, Dorchester, N.B.

Papers will be read in the order in which they are received by the Secretary. It is impor-

tant that those intending to contribute papers will communicate with the Secretary at an early date.

#### A NEW BILL FOR THE ESTABLISHMENT OF A NATIONAL BUREAU OF HEALTH.

The new Bill, prepared by Committee of the New York Academy of Medicine, for the establishment of a National Bureau of Health in the Department of the Interior, promises, if it meets with favorable consideration in Congress, to give to the country the most satisfactory national health organization that has yet been proposed.

The Bureau, in accordance with the provision of the Bill, would consist of a Commissioner, appointed by the President, and an Advisory Council made up of delegates, one from each State, designated for this service by the respective governors.

If, as might reasonably be expected, the members of the Council are selected from the State Boards of Health, there would then be brought to the support of the national organization the influence of a body of men each of whom has a well-recognized position in his own community and a legitimate influence upon the representatives of his State in Congress. Their presence on a national board would go far to remove the vague fears that have prevailed in some quarters as to the tendency of a purely central organization to usurp powers, which could more safely and wisely be left to local authorities.

The duties of the Bureau would be to collect and diffuse information upon matters affecting the public health, including statistics of sickness and mortality in the several States; the investigation of experimental and other methods and means of prevention of the causes of diseases; the collection of information with regard to the prevalence of contagious and epidemic diseases, both in this and other countries; the publication of the information thus obtained in a weekly bulletin; to prepare rules and regulations for securing the best sanitary condition of vessels from foreign ports, and for the prevention of the introduction of infectious diseases into the United States, and their spread from one State into another, which rules, when approved by the President of the United States, shall have the force of law; and to ascertain, by a suitable system of inspection, that these rules are properly carried out and enforced; to advise and inform the several departments of the government, and executive and health authorities of the several States on such questions as may be submitted by them to it, or whenever, in the opinion of the Bureau,

such advice and information may tend to the preservation and improvement of the public health; and in general to be the agent of the general government in taking such action as will most effectually protect and promote the health of the people of the United States.

The Act provides that this Bureau shall be responsible for the making of those rules and regulations which are the foundation of systems of quarantine between the various States of the Union as well as between nations; yet these rules, having first received the approval of the President, are to be executed, as hitherto, under the supervision and authority of the Treasury Department. While this limitation of the Treasury Department to purely executive functions may be distasteful to the Marine-Hospital Service, it can hardly be claimed, on the other hand, that this body could adequately perform the multifarious duties above set forth.

One function is bestowed upon the Bureau, which is peculiar to this bill, and would probably be of great benefit—the duty of the Bureau to inspect and report upon the conduct of the quarantine establishments formed under the provisions of this Act.

State and municipal authorities are permitted to enforce, if they so elect, such measures as are directed by the President, in accordance with the recommendations of the Bureau; but if such authorities fail or refuse so to do, then the President shall enforce the rules by such means as may seem appropriate to him.

The quarantine sections of the Bill have, evidently, been very carefully framed; and follow closely the provisions of Senator Harris's bill. No member of the Senate has been more interested in public health legislation than the member from Tennessee, nor is there anyone whose opinion would have more weight in that body.

The Bureau is especially directed to take such action, by correspondence or conference, as will tend most effectually to secure the co-operation of State and local boards of health, in establishing and maintaining accurate systems of notification of the existence and progress of contagious and infectious diseases, and to extend, if possible, such systems to foreign countries.

In general, the motive that appears to have prevailed in the making of this Bill is the one which has led to the most useful public health bodies which the country has so far had. That is to say, the intention seemed to have been to create a central health authority, the business of which shall be the collection of all sanitary knowledge and the prompt diffusion of the same.

If this Bureau is able to deserve the confidence of the country, experience with similar bodies tells us that executive functions will from time to time be given to it. The almost hopeless confusion in which the present Con-

gress is involved may, possibly, prevent this new measure from receiving the consideration it fairly deserves; but the bill has been so carefully prepared and so wisely framed that we hope it may be insistently presented at Washington until favorable action is taken.—*Boston Medical and Surgical Journal*, March 8, 1894.

## BOOK NOTICES.

AN INTERNATIONAL SYSTEM OF ELECTRO-THERAPEUTICS: for Students, General Practitioners and Specialists. By Horatio R. Bigelow, M.D.; and thirty-eight Associate Editors. Thoroughly illustrated. In one large Royal octavo volume, 1160 pages. Extra cloth, \$6.00 net; sheep \$7.00 net; half-Russia, \$7.50 net. Philadelphia: The F. A. Davis Co., publishers, 1914 and 1916 Cherry Street.

This splendid work is the first and so far the only one of its kind, and has come none too soon when we consider that almost ten thousand physicians within the borders of the United States alone make use of electricity as a therapeutic agent daily. Many others find occasional use for it. The surgeon, the ophthalmologist, the dentist and the gynecologist,—in fact, the specialist, in whatever field, finds it a valuable aid to treatment. It is the mainstay of the neurologist, both in diagnosis and treatment, and the rapid increase of exact knowledge in this branch of medical science is largely due to the service it has rendered. The more familiar we become with the manifestations of electric energy, the more do we recognize its adaptations to the requirements of diseased conditions.

It is this lack of familiarity on the part of the members of the Medical profession with the laws of electro-physics and physiology, more than any other cause, that has retarded the progress of electro-therapeutics. The time has come when the study of electro-therapeutics can no longer be delayed. This very complete work will, it is hoped, supply the much needed information in a very accessible form, the thirty-eight associate editors being men of international reputation in their several departments. Among the Canadian contributors are Dr. Wesley Mills and Dr. Laphorn Smith of Montreal; among the French are Dr. Larat and Tripier of Paris; and among the English, Dr. Inglis Parsons of London, and Henry McClure, England. The United States of course furnish the bulk of the articles from the pens of Franklin H. Martin of Chicago, Augustin H. Goelet of New York, A. D. Rockwell of New York, Massey of Philadelphia, Mary Putnam Jacobi of New York, and



many other well known writers. The book is well printed and illustrated, and we congratulate both the Editor and Publisher in the successful issue of what must have been a most arduous undertaking.

AN AMERICAN TEXT-BOOK OF THE DISEASES OF CHILDREN. Including special chapters on essential Surgical subjects; Diseases of the Eye, Ear, Nose and Throat; Diseases of the Skin; and on the Diet, Hygiene and General Management of Children. By American teachers. Edited by Louis Starr, M.D., Physician to the Children's Hospital, and Consulting Pediatricist to the Maternity Hospital, Philadelphia; late Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania; Member of the Association of American Physicians and of the American Pediatric Society; Fellow of the College of Physicians of Philadelphia, etc. Assisted by Thompson S. Westcott, M.D., Attending Physician to the Dispensary for Diseases of Children, Hospital of the University of Pennsylvania; Physician to Out-Patient Department, Episcopal Hospital; Fellow of the College of Physicians of Philadelphia. Forming a handsome Royal 8vo volume of nearly 1200 pages. Profusely illustrated with wood-cuts and 28 half-tone and colored plates. Price: cloth, \$8.00. Philadelphia: W. B. Saunders, 925 Walnut Street. 1894.

The editor of this work, Dr. Louis Starr of New York, has long been a well recognized authority in diseases of children. In the present volume he has associated with himself some sixty of the best writers in Canada and the United States on Pediatrics. The result is a classical work embracing everything connected with these diseases, including their etiology, symptomatology, diagnosis and treatment. There are also chapters on feeding, hygiene, therapeutics and the prevention of disease. In order to make it still more complete, there are additional chapters on diseases of the eye, the ear, the skin, the nose and throat, the anus and rectum, circumcision, tracheotomy, intubation, vesical calculus, venereal disease and allied subjects. The work does infinite credit alike to the authors and to the publisher, who has spared no expense to make his part of it second to none.

## PAMPHLETS.

- Our readers may generally obtain a copy of these valuable re-prints free by applying to the authors.
- LEPROSY. By Isadore Dyer, Ph.B., M.D., Dermatologist to Charity Hospital, New Orleans, La. Reprinted from the May, 1894, number of the Texas Medical Journal.
- REPORT ON THE LEPROSY QUESTION IN LOUISIANA. By Isadore Dyer, Ph.B., M.D., Dermatologist to Charity Hospital, New Orleans, La. Reprinted from the Proceedings of the Orleans Parish Medical Society, June meeting.
- RECTAL STRICTURE OF PUERPERAL ORIGIN, RELIEVED BY LAPAROTOMY. By N. Stone Scott, M.D., Cleveland, Ohio. Consulting Surgeon to the City Hospital; Visiting Physician to Charity Hospital; Professor of Genito-Urinary Diseases, University of Wooster. From the Medical Record, 26th August, 1893.
- CALCIFIED TUMORS OF THE OVARY, by J. Whitridge Williams, M.D., Associate in Obstetrics, Johns Hopkins University. (With two illustrations.) Reprinted from The American Journal of Obstetrics, vol. xxviii., No. 1, 1893. New York: William Wood & Company, publishers, 1893.
- SIX CASES OF APPENDICITIS. By W. T. Dodge, M.D., of Big Rapids, Michigan, Physician and Surgeon to Mercy Hospital. From The Medical News, May 12, 1894.
- THE SURGERY OF THE HAND. By Robert Abbe, M.D., Surgeon to St. Luke's Hospital. Reprinted from the New York Medical Journal for January 13, 1894.
- SARCOMA OF THE KIDNEY; ITS OPERATIVE TREATMENT. By Robert Abbe, M.D., of New York, Surgeon to St. Luke's Hospital.
- THE PARALYZING ACTION OF STRYCHNINE. By Thomas W. Poole, M.D., M.C.P.S. Ontario. Reprint from American Medico-Surgical Bulletin, February 15, 1894.
- THE INDICATIONS FOR OPERATIVE INTERFERENCE IN EXTRA-UTERINE PREGNANCY. By Marcus Rosenwasser, M.D., Cleveland, O. Reprinted from the American Gynecological Journal, Toledo, Ohio, July 1893.
- AFFECTIONS OF THE EYE APPARENTLY DEPENDENT UPON UTERINE DERANGEMENT. By Richard H. Derby, M.D. (with three illustrations.) Reprinted from N.Y. Eye and Ear Infirmary Reports, Jan., 1894.
- OPHTHALMIA NEONATORUM; CONTRACTION OF EYELIDS; GLAUCOMA; GRATTAGE FOR GRANULAR LIDS. By L. Webster Fox, M.D., Professor of Ophthalmology in Medico-Chirurgical College of Philadelphia. Reprinted from the Medical Bulletin.