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## The Northern Lancet And Pharmacist.

*Gleanings from the journals of the World all that is new in Medicine, Surgery and Pharmacy, placed monthly before its readers in a condensed form Medical, Surgical, Obstetrical and Pharmaceutical advances in both hemispheres.*

WINNIPEG, NOVEMBER, 1890.

### MANITOBA MEDICAL ASSOCIATION.

READ AT LAST MEETING.

#### ABORTION.

BY DR. McDIARMID.

Gentlemen—No apology perhaps is necessary for the selection of so commonplace a subject for discussion on this occasion. No other perhaps is of more general interest, as this comes within the sphere of every general practitioner.

Of the causes of this accident I shall simply enumerate briefly such as are necessary to indicate the, if possible, preventive treatment. Among the first class of causes are death of the foetus, diseases of the membranes, pathological conditions of the placenta, traumatism and maternal diseases which have a direct effect upon the embryo. To the second class belong such maternal conditions as primarily produce active contraction of the uterus. A misstep, the jolting of a carriage, horseback exercise, extraction of a tooth, severe fright, irritation of nipples from nursing of a child, pruritus vulvae, chronic constipation, laceration of the cervix, spasmodic muscular action as in uncontrollable vomiting or coughing, chorea, eclampsia, epileptic and hysterical convulsions, maternal blood conditions as produced by the poison of the infectious diseases, by pneumonia and by chronic heart disease, but whether due to the irritation of the micro-organisms, the production of leucomaines or the deficient oxygenation of the blood is still uncertain, uterine displacements and adhesions, fibromyomata of its wall, and overdisten-

sion. Lastly I would mention septic infection as a possible cause in lying in hospitals. Epidemics have been observed in cows said to be due to a micro-organism resembling the leptothrix buccalis.

The appearance of the substance expelled differs according as the ovum is surrounded by the decidua or simply presents its shaggy chorionic coat; as the embryo is extruded alone or enclosed in its amnion without the decidua and chorion. As a rule at least a portion of the decidua vera remains adherent to the uterus. This greatly thickened membrane, before it has undergone the atrophy which begins in the third month of pregnancy, suddenly cut off from its blood supply by uterine contraction, either becomes a dead mass of flesh, or else portions of it attracting increased blood supply, form new growths, giving rise to alarming hemorrhages. It is this complication that has raised the mortality of abortion almost to that of childbirth. How best to avoid these two great dangers, hemorrhage and septicaemia must engage the anxious thought of every practitioner. Early abortion may be confounded with irregular menstruation. In the latter the signs of pregnancy are wanting and the blood is said to escape in a stream, not in clots, and the os is not patulous. Again an effort to expel a polypoid tumor may so resemble an abortion that dilatation of the os or expulsion of the uterine contents will alone verify their nature. In all cases of doubt the treatment should be adapted to the diagnosis of abortion.

Abortion may be regarded as inevitable if pain is considerable, hemorrhage persists, the os dilates and the ovum can be felt within the os. Effacement of the angle between the neck and body of the uterus anteriorly has also been mentioned as indicating contracting of the longitudinal uterine fibres and descent of the ovum. Whether a part or the whole of the uterine contents has been expelled is also important to determine. In the former case the os will be found patulous and the finger will detect portions of decidua, placenta or foetal membranes; in the latter the os is retracted, the uterus firmly contracted and digital examination

of its cavity difficult or impossible; assistance will also be afforded by an examination of the discharges by floating them in water.

Treatment:—The prophylactic treatment will be sufficiently indicated by a mere mention of the cause; *eg*, syphilis will demand its appropriate treatment, uterine displacements must be restored and a suitable pessary applied, irritable uterus will require absolute rest in bed at least during the menstrual periods and in aggravated cases for the whole period of pregnancy.

When abortion is threatened perfect rest should be secured both mental and physical and such drugs administered as will diminish the nervous sensibility and muscular action, of these opium probably stands at the head and it is well to remember that there is usually a wonderful tolerance of it in this condition. *Viburnum prunifolium* and *Cannabis Indica* have also proved beneficial, *Assafoetida* has recently proved effective, grs xvij several times daily for a long time, so also have Tincture of Iron and Potas. Chlor. in combination where fatty degeneration of the placenta was the supposed cause. When abortion becomes inevitable the question naturally arises as to the advisability of active interference either early to hasten the progress of the case or later on account of alarming hemorrhages or offensive discharges and very diverse opinions are held by eminent authorities. If hemorrhage is severe and the os undilated all agree as to the necessity of controlling the bleeding, this is best accomplished by an antiseptic tampon, say of baked cotton wool or iodoform gauze. Tamponing thoroughly the cervix and the whole vaginal cavity, renewing it every six or eight hours, until the ovum or foetus escapes. But the uterus is not yet empty. In the early months the decidua usually and in the later the placenta frequently are retained. Here arises the difference of opinion as to the proper procedure to adopt, whether at once to remove the substance in the uterus that may give rise to future trouble, or to treat the case expectantly until more serious symptoms develop. In France the more conservative course prevails. In Germany

there is also a difference of opinion but the majority favor the more active course. In the United States, Munde says: "The future safety of the patient demands that the secundines should be removed at once in every case in which such removal can be accomplished without force sufficient to injure the woman." Parvin on the other hand recommends non-interference with the cavity of the uterus unless at some later period hemorrhages occur or septicemia is threatened. The proper plan of treatment to my mind lies between these two extremes. In the first place great care should be exercised to avoid rupture of the membranes as it is evident that the uterus will exercise its expulsive force more efficiently upon the larger mass than upon the collapsed membranes. I now altogether avoid the use of ergot in these cases as I am convinced that by the contraction it induces in the circular muscular fibres of the cervix it retards rather than facilitates the expulsion. It would indeed be an alarming hemorrhage that would induce me to employ it. Furthermore I am of opinion that small doses of ergot are actually beneficial in arresting threatened abortion by checking hemorrhage and consequent separation of the membranes or placenta. Should the cervix not dilate it may be opened by artificial means preferably Barnes' dilator. With the use of the tampon as above mentioned there is no occasion for hurry and we can almost invariably afford to wait for the unaided expulsion of the embryo. Should it however become expedient to remove it or a remaining placenta nothing can excel the finger as an agent. But in this as in all obstetric operations thorough antiseptics must be observed. The hand should first be thoroughly washed in soap and warm water and afterwards immersed for at least three minutes in a sublimated solution 1 in 1000 and used still moistened with the antiseptic solution. To facilitate the introduction of the finger counter-pressure may be made upon the fundus with the left hand or the uterus may be retroverted and the fundus pressed against the sacrum. It is then possible to get the finger right up and clear out the uterine cavity. Should portions of the secun-

lines remain, and in all cases in the purely expectant plan, injections of bichloride solution, vaginal and intrauterine, are usually advised as a routine practice. I never use them unless the discharges become fetid or a rise in temperature should admonish me to do so. As in all my obstetric cases I thoroughly washed the external genitals and surrounding parts with a warm solution 1 in 1000 and apply to the vulva an antiseptic pad of sublimated jute, which is held in position by a napkin pinned to the binder in front and behind and is changed twice a day. This I have found amply efficient and much simpler and safer than the frequent douche. If however in spite of every precaution the discharges become offensive or hemorrhages occur the uterine cavity must be cleared out and for this purpose nothing is more efficient than the flexible curette but the necessity for its employment I believe to be rare. Lawrence says "The only instrument I use in these cases is a blunt curette and I very seldom use that.

I would also call attention to the method with which the name of Doleris is especially identified. The *ecouvillon* introduced by him is an instrument like that used to clean the inside of lamp chimneys. It is dipped in an antiseptic solution and the uterine walls thoroughly brushed or scrubbed so that all fragments of decidua are effectively removed.

I think the truth is well expressed by Auvard when he says "It is bad in some cases to wait, equally bad in others to intervene. It is necessary to be eclectic and the course to be pursued may be thus formulated. (a) When the appendages are retained, no accident occurring, the expectant method is the better, expectation with rigid antiseptic precautions. (b) Should accidents occur, hemorrhage or septicaemia, the treatment of each is different. Hemorrhage is met by hot water injections and if necessary by the tampon. If the genital flow becomes fetid, or before this fetidity as a preventative measure, make frequent vaginal injections of antiseptic solution. If vaginal injections do not answer use injections into the uterus. Finally if these also fail, the fetid odor persisting, and especially if there

be an elevation of temperature, employ the curette."

Dr. McArthur expressed appreciation of the paper on abortion. He (Dr. McArthur) states that he followed the practice of Goddell, of Philadelphia, who always used a tampon.

Dr. McArthur exhibited a cast of the mouth of a child twelve months old showing two rat teeth, the two central upper incisors. The cast was prepared by Dr. Dalgleish, dentist, Winnipeg.

### HYDATIDS.

BY HENRY H. CHOWN, B.A., M.D., WINNIPEG, MAN.

Read before the Canadian Medical Association, Toronto, September 10th, 1890.

In the upper part of the small intestine of dogs, jackals and wolves there may sometimes be found in considerable numbers the tape-worm—*taenia echinococcus*. It has a head resembling that of *tarnia solium* with four suckers, a restellum or beak and a double crown of hooks to fasten itself upon its host, but its length never exceeds one-quarter of an inch and it consists of only three or four segments. Each of these segments is full of eggs which are set free when a segment is cast off and passed out of the body. These eggs are globular in form, one two hundred and fortieth to one one-hundredth of an inch in diameter. They have a firm shell and each contains a minute embryo furnished with suckers and hooklets.

Now just as the embryo of the *tarnia solium* has to undergo an intermediate stage of development before it can re-infect man, so the embryo of the *taenia echinococcus* undergoes an intermediate stage before it re-infects the dog. The bladder worm, *Cysticercus Cellulosae*, found in pigs, and producing the disease in those animals called measles, is as Kuchenmeister proved, the larval stage of *taenia solium* so Hydatid is the larval stage of the *taenia echinococcus*.

The usual intermediaries for the development of this larval stage are the human body, the ox and other ruminants, swine and monkeys; so that Hydatids may be occasionally found in any of these. The

eggs may be conveyed to the intermediate host in several ways, but the commonest is for it to be taken into the alimentary canal along with food to which it may have adhered or with water in which it was suspended.

Once the egg reaches the stomach the firm shell is dissolved by the gastric juice or rendered so brittle that the embryo readily escapes by the movement of its hooks. After spending a longer or shorter time in the stomach or intestine the embryo or proscœlex proceeds to perforate the walls of these organs by means of active boring motions. Its next locality is usually a bloodvessel and most frequently a branch of the portal vein. They have often been found there by various observers and their presence explains the great frequency of infection of the liver. Some of the embryos penetrate the intestinal wall and reach the peritoneal cavity in which they can wander freely until they find a suitable spot in the mesentery, omentum or parietal peritoneum in which to undergo further development. Their final resting place may be in the liver, the lungs, the brain, the eye, in muscular or connective tissue or indeed in any part of the body, even bone. The liver is the most frequent site; containing hydatids, probably more often than all other organs combined. Authors generally state that the lungs is next to the liver in frequency of infection, but the experience of the Winnipeg physicians would place the peritoneal cavity as the site most commonly effected after the liver.

Having found a resting place they begin to develop and grow so rapidly that only a few days are required to make them visible to the naked eye when examining the infected organ. Like any other foreign body the embryo causes a proliferation of cells which in time forms a connective tissue, sheath or cover. This is Nature's effort to hem in the embryo and prevent it from doing further harm to the organism. Within this sac provided by the host, the parasite proceeds to develop. The central cells of the embryo enlarge and liquefy, forming a quantity of clear, colorless serous fluid. From other cells is formed a bladder with

very thin laminated walls and a cellular lining smooth as a serous membrane.\* An hydatid tumor then in its simplest form consists of a connective tissue sac lined with a thin membranous cyst filled with a watery fluid. It was the large quantity and clear watery appearance of the fluid which gave rise to the name Hydatid.

French in his work on "The Liver" describes this tumor so clearly that I venture to copy it in full: "The hydatid consists externally of a firm fibrous capsule of a white or yellowish tint, intimately adherent to the surrounding glandular tissue and abundantly supplied with arborescent branches of the hepatic artery and vena porta. Within this capsule and completely filling it is a gelatinous translucent gray bladder composed of numerous concentric hyaline layers—the so-called mother-sac of the echinococcus. That is to say the embryo which has increased to a remarkable extent. This sac contains a clear watery fluid with numerous large and small vesicles floating loosely in it, some of which and particularly the smallest are adherent to the wall of the mother sac. Their size varies from a millet seed to that of a goose egg, their number not infrequently amounts to several hundreds and even thousands. The larger vesicles sometimes contain smaller ones of the third generation and occasionally the latter in their turn contain others of the fourth generation. It can readily be understood how the size of the mothersac must increase according to the number and size of the daughter vesicles and in proportion to the quantity of contained fluid. On closer examination a number of delicate white particles may be observed on the inner surface of the sac which are usually aggregated in groups and may be seen from without through the thin walls of the cyst. They are also present in the fluid which is rendered slightly opaque by them. These are the scolices or heads of the Taenia Echinococcus in various stages of development. Hydatids are met with which contain no scolices forming the Acephalocysts of Laenura. The fluid is of low specific gravity, 1005-1013, neutral or slightly alkaline and contains

"an excess of chloride of sodium, but no albumen."

The peculiarities of the Hydatid as compared with other bladder-worms are as follows: First, its great size is often remarkable, single cysts sometimes almost filling the abdominal cavity. Second, the presence within the mother-sac of daughter and granddaughter vesicles. This is most frequent in man, while in animals it is more common for the secondary cysts to be developed outside the primary. Whether the daughter vesicles are due to the growth of echinococcus heads or are due to an invagination of the wall of the mother sac is not yet determined. The attachment of the smallest vesicles to the mother sac may arise from adhesion of the heads in their earlier stages of development quite as readily as from a process of invagination. The third peculiarity is that the tape-worm heads are not directly developed in the wall of the bladder itself. "At certain points in the parenchyma lining the cyst wall, warts are seen, which enlarge and become hollow. Then the cavity enlarges in a direction opposite to the point of origin, and at the extremity of the hollow suckers and hooks are formed, as in the case of the cysticercus. No sooner has the first of these reached a certain degree of completeness than others are formed in a similar fashion." The next peculiarity is the large number of heads in a single hydatid. As French's remarks, "the fluid is rendered slightly opaque by them." Many cysts contain heads enough to infect nearly the whole race of dogs if they could be equitably distributed. Lastly, the lamination of the cyst wall, "composed of numerous concentric hyaline layers," distinguishes the echinococcus from other bladder worms.

The symptoms produced are entirely dependent on the size and direction and position of the growing cyst. There is nothing in the history to distinguish it from any other painless serous cyst. Frequently the only complaint is of the size to which it has attained and the deformity resulting. In consequence of the compression or absorption of the tissues of the host a number of secondary troubles may arise. When it grows in

the liver pressure and obliteration of a number of hepatic ducts may cause jaundice, compression of the vena porta may cause ascites. Abdominal hydatids may lessen the lumen of the inferior vena cava and thus produce anasarca or they may press upon the nervous ganglia around the aorta and produce severe paroxysmal pain simulating gastralgia or biliary colic. So compression of vessels or glandular passages elsewhere may produce oedema, congestion of various organs or varicose veins. If the parasite grows in the lung we may have dyspnoea, cough, or even hamoptysis. Large abdominal tumors often interfere with digestion causing anorexia, vomiting or pain after eating. The importance of the cyst depends almost entirely upon the organ which is affected and as I have said there is scarcely any organ in the body in which it has not been found.

The cysts may undergo various degenerative changes. Calcareous deposits may form in the walls and prevent further growth or even cause the death of the parasites. Absorption of fluids may take place from some unexplained reason so that only the solid part of the contents remain within the sheath and this then usually undergoes caseous degeneration. A cyst may inflame and suppurate, thus producing an abscess with the usual constitutional effects of retained pus. One of the dangers of puncturing these cysts is this production of inflammation and consequent hectic. On the other hand Tait reports two cases which he supposed to be pelvic abscesses, but, which upon the operating table, were found to be hydatids.

Since the expanding cyst grows in the direction of least resistance it has a tendency to pass towards the surface of organs and the connective tissue sac may become so thinned that even slight external violence will produce rupture of the walls. In this way sometimes a cure is effected. Dr. Gunn, of Glenboro, I believe, had a patient with a large hepatic hydatid who after a fall upon his abdomen passed per rectum a large number of daughter vesicles and a considerable quantity of watery fluid. Tait reports the case of a patient with a fluctuating tumor

in the recto-uterine cul-de-sac which he tapped and drew off the contents. A sharp attack of peritonitis followed which seemed to result in the death of a number of other colonies, some of which at least found their way in a mysterious fashion through the walls of the bladder and were extended by the urethra.\* A large jarful of cysts were so passed, more than could be held by the bladder. Rupture has occurred into other passages leading to the exterior as into the bronchi, uterus or vagina and the cysts passed out through these paths. If unfortunately the rupture should occur into the peritoneal cavity the probable result would be intense pain, collapse and death.† Tait, however, ascribes the presence of hydatids in the peritoneal cavity to rupture of a sac in the liver from which the foreign organisms are set free to attach themselves to some part of the serous lining. I think that the perforation of the intestinal wall by the embryo or proscolix a more likely way of starting tumors in this situation. A parasite that can make its way to any part of the organism, would find little difficulty in reaching the peritoneum after it has once entered the stomach or bowels.

The diagnosis of hydatids is often impossible until operative interference clears the way. "A fluctuating, painless swelling, slowly increasing in size, but giving rise to no inconvenience except by reason of its bulk," would describe any growth. In reference to the hydated fremitus which is said to be pathognomonic to those possessing the *tactus eruditus*, Tait says that "our great English authority on this disease, Sir W. Jenner, has only noticed this sign once in his large experience." The sensation can only be learned by experience, but is supposed to be due to the striking of the daughter cysts against one another. A chemical examination of the fluid would help to distinguish it from ovarian or parovarian cysts, while the microscope will generally show echinococcus hooklets in the fluid that is withdrawn from the tumor. Many small hydatids have been found post mortem which were not known to exist during life. They were not large enough to produce symptoms. Some-

times a spontaneous cure has been effected by the connecting tissue sac becoming thickened to such an extent as to destroy the enclosed cyst by pressure and obliteration of the blood vessels supplying the sac. In other cases the cause of death to the parasite appears to be the crushing of the daughter vesicles from too many of them being formed in too limited a space.

The modes of treating these cysts are four in number, viz., electrolysis, puncture and drainage, incision and enucleation. Dr. Julius Althaus suggested the plan of introducing into the tumor two electrolytic needles, one or two inches apart, both connected to the negative pole of a ten-cell battery, and thus completing the circuit by placing on the abdomen a moistened sponge attached to the positive pole. The application should be continued for at least ten minutes, and may require to be separated at longer or shorter intervals. Dr. Hilton Fogge and Mr. Durham, of Guy's Hospital, both report cases treated successfully in this way.

The commonest mode of dealing with these cysts is by puncture and drainage. The operation is similar to aspiration of fluid accumulated in the body from any other cause. When the contents are withdrawn the cyst proper collapses, the walls falling in folds from the adventitia with a peculiar tremulous motion. Usually the surrounding sac cannot at once contract to the same extent as the contained cyst and the empty space between the collapsed cyst and the connective tissue wall becomes filled with serous exudation. This is reabsorbed as the sac slowly contracts. The collapsed cyst may or may not undergo degeneration. Mr. T. N. Fitzgerald reports having found, during autopsies on persons who had been tapped many years before, cysts almost unchanged lying simply folded up inside the cavity of the adventitia. If strict antiseptic precautions are used in doing this operation it is almost free from danger. Several cases in the Winnipeg General Hospital have been tapped repeatedly without any but the most favorable outcome. Some times, however, undesirable results may follow this practice; as in using the trocar elsewhere we may strike parts

which we would wish to avoid, so here the tumor may displace the surrounding organs and cause us to perforate the bowel, the bladder or other organ. I will relate a case of this kind further on. Intense shock has been produced by tapping but as this may occur in the most trivial operations we can only be prepared to deal with it when it comes unexpectedly upon us. The greatest, because the most frequent, danger following this procedure is the production of inflammation and the consequent formation of an abscess. This is probably due to want of care in performing the operation, true cleanliness having been neglected at some point. The cases most suited for puncture and drainage are those in which the tumor is of moderate size, and situated in some of the organs such as the liver, lungs or spleen. If there is a portion of the organ intervening between the sac and the exterior there is less risk in tapping probably than in incising the parenchyma of these organs.

Incision may be made directly into the cyst or mediately after procuring adhesions between the visceral and parietal layers of the peritoneum. I saw Dr. Jas. Kerr, now of Washington, perform mediate incision in a large hepatic cyst some years ago. He first opened the abdominal cavity and stitched the parietal peritoneum to the serous covering of the liver. After several days when firm adhesions had formed, he opened and evacuated the cyst. Another way of securing adhesions is "by inserting about a dozen hair-lip pins with flat heads through the abdominal parietis into the tumor in a circle around the site of incision and then carefully supporting the abdominal walls with strapping or a bandage. At the expiration of eight or ten hours these pins are removed, and the tumor incised." I have not seen this plan tried and I confess that I should feel that I was running all the risks both of puncture and incision, with little advantage to compensate.

If the cyst contains many daughter vesicles free incision and open drainage will be required. When opened the fluid cysts and debris flows out, the sac is thoroughly examined for secondary cysts, it

is then washed out and a large rubber drainage tube inserted. The sac fills up by granulation and as this implies a tedious process of suppuration, great attention must be paid to local cleansing of the sac with warm antiseptic solutions while the patient's strength is kept up by a nourishing diet and good hygienic surroundings.

Enucleation is applicable to those cysts in the abdominal cavity which are nourished through their attachment to some portion of the peritoneum, whether the omentum, the mesentery, or the parietal layer. A free incision is made through the abdominal wall, the adhesions broken down and the tumor removed. The adventitia in these cases is very slightly developed if not altogether wanting so that tapping might give rise to extravasation of hydatid fluid into the peritoneal cavity or to death of the cyst with consequent septic infection.

In conclusion I report a case which displayed in a marked degree the various peculiarities of hydrated growths. The report is taken from the clinical records of the Winnipeg General Hospital.

Einar Einarson, laborer, age 30, married, was admitted to the Hospital, June 30th, 1890. Was born in Iceland; came to Canada two years ago. His father died in Iceland from effects of a large abdominal tumor, possibly hydatid; mother is alive and well; has no brothers or sisters.

Patient had good health until he was twenty years of age; then he began to suffer from pain below the ribs on the right side of the abdomen. A swelling appeared at that part about the same time. He ascribed the pain and swelling to an accident with which he met, having been thrown from a horse shortly before. Six months after this he noticed a painless swelling in the lower part of the abdomen quite distinct from the one above. Both tumors continued to increase in size slowly but steadily. Beyond the inconvenience due to their great dimensions he has suffered very little and has been able to work as a laborer until shortly before his entrance into the hospital.

His present condition is as follows. He is a thin, spare man, with an anxious countenance. On inspection the whole right side of the body from the clavicle to

the pelvis protrudes very markedly, being pushed forward by some growth beneath. On percussion dullness extends from the second right intercostal space down the right side to the pelvis, then across the pelvis to the left inguinal region; transversely the dullness extends from the right flank to an irregular line near the centre of the front of the abdomen. There is another area of dullness in the left hypochondriac region extending from the sixth intercostal space to three inches below the margin of the ribs and transversely from the renal region nearly to the growth occupying the right side. On palpation no fluctuation can be felt; the surface of the tumors are smooth and rounded; the walls are tense but elastic. Down the front of the right side the edge is irregular as if there were a number of tumors, or several outgrowths from one tumor. There is no pain or tenderness on handling the growths.

Appetite is poor and food causes pain soon after eating. Bowels are constipated but there is no marked difficulty in getting them to act. The heart is normal in position and sounds; pulse is 80, regular but small; respiration is very little interfered with considering the great compression of the right lung. He has no marked dyspnoea and finds little or no difficulty in lying down. Urine normal and micturition easy and painless.

On July 3rd I pushed an aspirator into the centre of the growth extending across the pelvis but was surprised to obtain a quantity of fluid greatly resembling wine instead of clear hydatid fluid. On chemical and microscopic examination and comparison with a sample of urine drawn shortly afterward with the catheter there could be no doubt that the aspirated fluid was urine, and that I had by some means got into the bladder with my aspirating needle. No ill result followed from this unusual accident.

Two days later I opened the abdomen and found the mass to be composed of a large number of hydatid tumors, most of them attached to some part of the peritoneum. There were one or more tumors in the liver, one in the spleen, one behind the rectum and one in the left inguinal region behind the peritoneum. The

bladder could only dilate upwards because of the pressure of tumors behind and on either side of it, and the cause of my aspirating the viscus was readily seen.

I removed sixteen separate cysts which were attached to the peritoneum. The adhesions were easily broken down with the fingers. In only a few places did I have to use a ligature. The bleeding was almost nil, except where large omental veins, dilated and varicose, passed over the tumors and had to be tied in order to get at the cysts. One of the tumors had undergone calcareous degeneration and its removal was neither more nor less difficult than any of the others. After working as long as the patient's strength would permit, I washed out the abdomen repeatedly with plain hot water and sewed up the incision. The patient made an uninterrupted recovery. The dullness now does not reach above the fourth intercostal space, and the abdomen is much less protuberant. I purpose tapping the tumors occupying the liver and spleen, and then waiting some time to see the effect produced by the operation upon the remaining cysts.

#### A CASE OF RUPTURED GRAAFIAN FOLLICLE, PRODUCING FATAL PERITONITIS.

BY JOSEPH WIGELSWORTH, M.D., LOND,  
M.R.C.P.

The rarity with which fatal results occur as a sequel to rupture of a Graafian follicle renders the following case one worthy of being placed on record.

Harriet A—, aged twenty-four, was admitted into the Rainhill asylum on October 18th, 1889. She had suffered from epilepsy since eleven years of age, and during the last year or two had had associated with the fit attacks of mental excitement, which had proved temporary; during the intervals between the attacks she was fairly bright and rational. She had menstruated regularly since the age of fourteen, and her fits were usually worse at these periods. She had not, however, menstruated since her admission into the asylum. Nothing of note occur

red until January 7th, 1890, when she complained of dyspeptic symptoms, foul tongue, and bad taste in the mouth. On the following day, not appearing so well she was put to bed, and an examination revealed pain and tenderness in the hypogastric region. On the 9th the pain and tenderness had spread all over the abdomen; the temperature rose to  $103.4^{\circ}$  in the morning, and  $103.6^{\circ}$  in the evening, and the pulse was quick and wiry. It was clear, indeed, that the peritonitis had already become general. On the 10th the temperature fell to  $101.2^{\circ}$  in the morning, and  $100.4^{\circ}$  in the evening; but the abdominal pain and tenderness continued in spite of the free administration of opium. On the 11th a free menstrual discharge set in, and the patient appeared better. The improvement was maintained on the following day (the 12th), but on the 13th the menstrual flow stopped rather suddenly, and collapse set in. The abdomen was now much distended and tympanitic. The collapse gradually deepened, and the patient died on the evening of the 14th.

At the necropsy, which was made on Jan. 16th, very acute peritonitis was disclosed, the intestines being glued together with recent lymph, and the pelvic cavity containing almost pure creamy pus. The right ovary exhibited on its upper surface a ruptured cyst, the size of a large marble; the cyst arose from a broad base, and the orifice was likewise broad with somewhat jagged margins: a small, partly decolourised clot was attached to the floor. The cyst wall was thin, and a microscopical examination by Dr. Thelwell Thomas showed no epithelial lining. It was clearly simply a ruptured Graafian follicle. Adjoining the large cyst was a small one, the size of a pea, with a similiar protruding little clot. The remainder of the ovary was healthy. The left ovary and the uterus were also quite healthy. There was no cause whatever discoverable for the peritonitis beyond the lesion just described. The thoracic organs were normal. The liver and kidneys exhibited cloudy swelling of the epithelium. The uterus and ovaries were

exhibited at a meeting of the Liverpool Medical Institution on Feb. 13th, 1890

### KNIFE WOUND OF HEART.

BY H. M. POND, M.D., ST. HELENA, CAL.

Observations bearing upon the immediate effect of wounds which are necessarily fatal, and upon the length of time during which a wound may fail to demonstrate its dangerous character, are of great value to the surgical "expert" on the witness stand, and of interest to medico-legal inquiries generally. For this reason, I consider it not unadvisable to place on record the following case: On April 27th, 1890, Joseph Van W., of Ruthersford, Napa Co., Cal., became engaged in a quarrel with a woman and was stabbed by her. It was impossible to ascertain at just what time in the scuffle the woman stabbed him, but the evidence indicates that the knife blow was the first one struck. They had quite a "mill," time enough for the man to knock her down two or three times, when he suddenly turned and ran out on the street and up the road. The woman followed him hotly, but seeing he was rapidly gaining on her, she turned and went back. He ran about one hundred yards and fell, lying where he fell, until he died. His groans were heard by the neighbors for half an hour before it was discovered he was seriously hurt, and he died just as he was found. The autopsy made next day, revealed a knife wound directly through the sternum into the right auricle, the pericardium and right pleura being full of blood. The history of the case indicates that the receipt of the blow did not attract his attention, as he continued his fight, in which he seemed to have the upper hand, until probably the weakness induced by his hæmorrhage led him to run. Even then he had strength enough to outrun the woman, and go at least one hundred yards before he fell.—*Pacific Medical Journal.*

### EMPYEMA.

At the Ninth Congress of Internal Medicine, held in Vienna, April 15 to 18, 1890, empyema was the subject of

papers by Immermann, of Basle, and Schede, of Hamburg; Ziemssen, Ewald, Leyden, Billoth, and others participated in the discussion.

Immermann gives three principal indications in the treatment of empyema: (1) to evacuate the pus already formed; (2) to prevent the reproduction of a new purulent collection; (3) to re-establish, as directly and as completely as possible, the normal conditions of the respiratory apparatus.

Thoracentesis, accompanied by irrigation with disinfectant liquids, has not furnished very satisfactory results; the thorax cannot, in fact, be entirely cleared of pyogenic agents in this way. A better method is that of *perrigation*. The pleural cavity is opened by two orifices directly opposite; there is an antero-superior and a postero-inferior puncture, and in each opening a piece of rubber tubing is left for irrigation and drainage. By this means the pleural cavity may be washed out from top to bottom every day. Two of Immermann's patients (children) thus treated, got well in a fortnight. This is Michael's method.

Konig makes an opening on the side of the thorax, just in front of or behind the axillary line, an intercostal space having been chosen. He then performs a subperiosteal resection of a small portion of the corresponding rib. The pus is then evacuated, the pleural cavity washed out, and a drainage-tube inserted; an antiseptic dressing is then applied. Further antiseptic lavages are made only when there is stagnation of pus. Unfortunately, this latter event is very prone to take place.

To obviate the dangers resulting from this latter, Kuster, when the empyema is small and encysted, packs the cavity with iodoform gauze, and, when the empyema is more extensive, he recommends a double incision, the one in front, the other behind, as low as possible, and quite on a level with the diaphragm; he then makes a large costal resection behind, and passes in a drainage-tube, which traverses the entire thoracic cavity.

Bulan's method of drainage by permanent aspiration (the siphon principle) is as follows: A piece of rubber tube,

filled with an antiseptic liquid, is introduced well into the pleural cavity through a canula. The outer end is immersed in a basin of water. The siphon thus formed aspirates the pus that has collected in the thorax, and what forms subsequently; moreover, the expansion of the lung is favored by the negative pressure due to aspiration. The patient, if the empyema be recent, gets well without deformity or solution of continuity, with almost normal freedom of action of the lung. This method succeeds only when the lung is expansible and yields to aspiration. The indication for this method is found in cases of recent empyema with pus not too thick; notably in bilateral empyema, where it will not do to make a double thoracic fistula.

Schede, of Hamburg, favors Bulan's method of siphon drainage, but believes that the treatment by incision and resection is actually the only treatment which is always useful and never detrimental. The incision should be behind the axillary line, and the resection should include a small portion of the eighth, ninth, or tenth rib, according to circumstances. In severe cases of pyo-pneumothorax he has practiced resection of the thoracic parietes, including all the ribs from the second downward, from their cartilaginous insertion to the costal tubercle, thus transforming the pus-cavity into a vast wound.

Frantzel, in most cases, prefers the radical operation; the siphon process is, however, preferable to simple incision and to puncture. Carschmann has had 63 excellent results out of 75 cases, using Bulan's method.

Leyden, in using Bulan's method, found it often difficult to keep the drainage-tube in place, especially as the pleural cavity contracts.

Ewald uses the hypodermic syringe in making an early diagnosis, and when he finds pus he makes a large, free opening, and establishes drainage.

Ziemssen treats all cases of empyema by incision and resection, but Mosler, on the other hand, states that he has uniformly good results by free incision without costal resection.

Dr. Fernet recommends injections of 15 to 20 grammes ( $3\frac{3}{4}$  to 5 drachms), of Van Swieten's liquid or naphthol solution, after aspiration of part of the pus; the operation to be repeated every three or four days.

### CHANCRE OF THE EAR.

In August, 1882, a gentleman came to consult me with his own diagnosis of "mumps." He had an enlargement of the left parotid gland, resembling mumps. During the examination I found a sore upon the left auricle, which was covered with court plaster, which I removed. He with a friend, spent three weeks together on a drunk in a neighboring city, and while they were drinking, embracing each other and telegraph poles, and smoking cigars, this patient received a burn upon his left auricle; a good Samaritan came along, (the patient never knew who he was) licked a piece of court plaster and placed it upon the burn. My diagnosis was at once, a chancre upon the ear, with bubo of the parotid gland.

The patient could not believe such a diagnosis, or understand how an individual could contract such a disease unless his penis showed the first symptom of the disease. I was positive in my diagnosis, and instructed the patient to observe his skin from that time on. I have forgotten exactly, but I will say that in about three weeks from my first observation he returned with the syphilitic exanthemata, and still the patient refused to accept my diagnosis.

In October of the same year he visited my office, with the loss of hair, mustache, eyebrows, and his mouth was full of the secondary lesions of syphilis. He had come to a conclusion of his own when he discovered I was correct, and was ashamed to visit me again, but finally came and took my advice; became well apparently; moved to Kansas City where he now lives, and never has felt grateful enough to the doctor to settle his bill.—Wm. H. Righter in *Kansas Medical Journal*.

### EXTRACT FROM DR. HAND-FIELD JONES INTRO-DUCTORY LECTURE.

Session 1890, at St. Mary's Hospital School, England.

I am often struck with the marvellous courtesy shown to us teachers by our student friends. The clinical physician gives a detailed account (after lengthy and patient auscultation) of certain complicated murmurs, and then five or six gentlemen advance with their stethoscopes, and after a brief and rapid examination confirm all that the professor has said! Our great physician-poet (Dr. Oliver Wendell Holmes) has parodied the scene most perfectly in his famous Stethoscope Song. The young physician has a new stethoscope in which two flies have made their nest unknown to him, and the buzzing of these insects produces certain unusual clinical phenomena; however, the physician is a new light from Paris and much looked up to by the students, so his diagnosis on a special case is awaited with much interest. Kindly picture the scene, as he advances to the patient's bedside followed by the class.

Then out his stethoscope he took,  
And on it placed his curious ear;  
"Mon Dieu!" said he, with a knowing look,  
"Why, here is a sound that's mighty queer!  
The bourdonnement is very clear—  
Amphoric buzzing, as I'm alive!"  
Five doctors took their turn to hear;  
"Amphoric buzzing," said all the *pec*.

From personal experience I can speak to this point, for in one case where by way of experiment I demonstrated the fetal heart over an ovarian tumour, some seven gentlemen kindly confirmed my suggested diagnosis. Perhaps I may be permitted to add that occasionally I have had some little difficulty in determining whether mental inertia or an excess of courtesy was predominant in the mind of my clerk.

I cannot resist pausing here to express my regret that the modern system of medical examinations handicaps our students so heavily in the development of individual thought. Mr. Edmund Owen, in his recent presidential address to the Harveian Society of London, humorously compared the head of a student of aver-

age ability to a quart pot, and bitterly complained that the examining boards expected it to do the impossible feat of containing and retaining three pints—one of medicine, one of surgery, and one of midwifery. He pointed out, too, that the usual way out of this difficulty was for the student to go up and empty out his pint of surgery, coming down again for the remaining quart of medicine and midwifery. Paradoxical as it may seem, I must express my conviction that the three pints could be easily accommodated in the said quart pot, if the three liquids were not so frightfully adulterated with useless theories and vexatious hobbies. Here I am completely at one with the views expressed by Mr. Lawson Tait in his address on Surgery, delivered in July before the British Medical Association. In the present day our London examining boards demand from the student a knowledge not only of general medicine and surgery, but also of the specialties, which is vastly greater than was required ten years ago. The intellectual shelves of a man's brain are only capable of accommodating a limited number of knowledge bottles; and if increasing room is needed, it must be met by emptying out some of the old contents and by a process of careful selection in choosing the materials for new storage. It largely depends on the quality and nature of the final examinations whether our men are turned out over-stocked repositories of examiners' special fads and gifted exponents of the latest passing theory, or whether they be men trained in the habit of exact thought and rational practice, gifted in the use of the stethoscope, the scalpel, and the other armamentarium of their craft.

THE NASAL TWANG.—There is another legitimate field for the domain of laryngology, and we ought sooner or later to take upon ourselves, the burden of curing or attempting to cure, the widely prevalent American vice of talking through the nose. It is true we become more or less accustomed to this flagrant abuse of the vocal powers. But let us absent ourselves from our beloved country for a few weeks, travel across the sea, and there

hear for the time the soft and musical voices of our English cousins. Then it is upon our return that the American drawl—it is not a voice—of our beautiful young girl in society grates upon our sensibilities, and we feel as though the beautiful creature, and the thing by her side, that by courtesy is called a man, ought to be taken in charge by a doctor who will first cure the “nasal catarrh,” and then cure the “nasal twang.”—*Dr. Wm. H. Daly, in Medical Mirror.*

IMPURITIES UNDER FINGER NAILS.—The progress of bacteriology has shown that aseptic surgery means scientific cleanliness; the same lines of investigation show how very dirty people can be. Seventy-eight examinations of the impurities under finger nails were recently made in the bacteriological laboratories of Vienna, and the cultivations thus produced showed thirty-six kinds of micrococci, eighteen bacilli, three sarcine, and various varieties; the spores of common mould were very frequently present. The removal of all such impurities is an absolute duty in all who come near a parturient woman or a surgical wound. It is not enough to apply some antiseptic material to the surface of dirt; the impurity must be removed first, the hand antiseptically after. Some physicians, when intending to drain dropsical legs by acupuncture or other methods, are very careful to use antiseptic dressings, and in such cases have the feet and toenails purified and rendered aseptic as far as possible. It is sometimes said that the scratch of a nail is poisonous. There is no reason to suspect the nail tissue; it is more likely the germs laid in a wound from a bacterial nest under the nail. Children are very apt to neglect to purify their nails when washing hands; and this matter is not always sufficiently attended to among surgical patients. Personal cleanliness is a part of civic duty, and, as Dr. Abbott well expressed the matter in his address to teachers, should be taught to school children and insisted on in practice. The facts we have recorded might well form the text for a school homily especially when any epidemic was then neighborhood.

## THE NORTHERN LANCET AND PHARMACIST.

A SHORT time since a performance took place at the Opera House in this city which we notice in our column inasmuch as the Medical Profession were cleverly roped into it, so as to induce the public to believe that they were not witnessing a very clever, and amusing exhibition, but, that something partaking of either the supernatural, or unnatural was being placed before them. We do not pretend to a knowledge of how these acts were performed, but that the power of performing them was acquired by practice, and by practice only, as the thousand and one tricks daily exhibited all over the world are, we entertain no doubt. The interest in the exhibition we allude to was considerably enhanced by the fact of the performer being a young, attractive, and merry young lady. The preliminary act was the taking temperature, which was said to be 92°, a decidedly low reading, but in the introductory address as to the powers of this young lady, a suggestion was made that it was regarded by some as an extraordinary development of electricity in this particular female. It is conceded that electricity in the female is more usually negative, while in the male it is positive, but it is to be remembered that the greater the electricity the greater the heat, and therefore the temperature here given indicated a lack rather than an abundance of that fluid. Further, were it possible that a fragile young woman could generate a sufficient amount of this power to enable her without other aid to perform these acts which she apparently did with much ease it would culminate in her disappearance similar to that familiar sight in the heavens commonly known as a shooting

star, she would blaze and disappear, and the shock transmitted to those who completed the circle in grasping her would be of very unpleasant intensity. That she possessed any supernatural, unnatural or other inherent power apart from that of others of her sex, notwithstanding her low temperature and very clever acts, the public must not believe. The exhibition was an amusing and interesting one and was rendered especially so by the grace and good humor of the performer.

### SAVE US FROM OUR FRIENDS.

Our attention has been drawn to an article in the *Manitou Mercury*, concerning the illness of Mr. Wirram, the present Speaker of the local house. The editor of this newsy print is generally too wide awake to put doubtful matter in his journal, but the railroader has managed to load him. The article states that the Hon. Mr. Winram has been removed from the Grand Union Hotel to the hospital at St. Boniface, where he can receive special treatment, not to be obtained at the Winnipeg General Hospital. Now, without in any way disparaging the St. Boniface Hospital, which is an admirable institution, presided over by ladies proverbial for their kind ministrations to the sick and suffering. It would be as great a mistake to suppose that the hospital of St. Boniface affords any advantage to the patients received there which the Winnipeg General Hospital is not in a better position to afford, as to suppose that the Winnipeg General Hospital is not in every way superior to the St. Boniface institution, whether for special treatment or otherwise, possessing as it does a large medical staff and trained nurses. The article winds up with, "good hopes are entertained, however, of his ultimate recovery, as the specialist, who has charge of the

case, is said to be a clever and skilful practitioner." Here presents the ludicrous aspect of the announcement. The specialist in charge of the case, is, according to his long repeated advertisements, nothing, if he is not a gynaecologist, so that we may be on the eve of a startling announcement. The 19th century has witnessed many strange advances and denouements in medicine and surgery; can it be that hidden in the Speaker's abdomen are the organs pertaining to womankind, and that the removal of a uterus, or possibly appendages may not be the special work, undertaken by this "special, clever and skilful practitioner?" The profession await the result with more than curiosity, meanwhile all wish this popular official a speedy delivery.

Such statements as are contained in the article alluded to though written with friendly intent are certain to bring a professional man into ridicule. Private and public puffing and self-laudation may succeed for a time, but it is sure to play out. As a tree is known by its fruits, so will a medical man be judged by the results of his work, and except among the ignorant and thoughtless, such paragraphs as those we quote are absolutely injurious to the professional man's reputation and whenever brought under notice, will receive merited exposure in this journal.

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### PHARMACY.

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AN OINTMENT FOR CHAPPED HANDS is recommended in *Provincial Medical Journal*, consisting of menthol 15 gr., salol 30 gr., olive oil  $\frac{1}{2}$  drachm, and lanolin  $1\frac{1}{2}$  oz. It is said to alleviate the pain on the first application.

NITRATE OF AMYL is commended as the most rational and successful antidote to use where chloroform or cocaine seem to threaten life by their unfavorable action

on the heart. A few drops of nitrate of amyl administered by inhalation will be one of the most probable means of restoring the heart's action.—*Jour. Am. Med. Assoc.* April 5.

CAMPHORIC ACID was found by Dr. Leu (*Wiener Medic. Blatter*) to give better results than atropine in cases of night-sweats due to phthisis. The average dose was 2 gm., given about noon, and 2 to 3 gm., given at night. In some cases 4 to 5 gm. were given, usually in capsules, though the taste is not unpleasant. The after-effects are quite insignificant.

REMEDY FOR RHUS POISONING.—Editor *Philadelphia Journal of Pharmacy*:—Having experienced great relief from the application of "Phenol Sodique" externally, undiluted, in a very annoying case of poisoning of the arms and hands by "poison ivy," while endeavoring to extirpate the vines, I take the liberty of submitting the facts, and with sentiments of profound respect, I remain, yours—B. F. BUTCHER. Philadelphia, Pa., August 26, 1890.

BURNS FROM HYDROFLUORIC ACID.—M. Desvignes *Repert. de Phar.*, Sept. 10) describes the case of an engraver on glass whose skin was burned while handling hydrofluoric acid. The treatment recommended is to wash the burned parts with a largely diluted milk of lime or magnesia. Ammonia is used, but is usually made too strong, considering the small quantity of hydrofluoric acid present, and the excess of ammonia has too caustic an action on the burned skin.

VASELIN AND WATER.—According to M. Klebs, of Brussels, the inconvenience sometimes experienced in dispensing, through the immiscibility of vaselin and water may be overcome by the aid of castor oil. The addition of this oil in the proportion of two drops to a grain of liquid, he has found to be sufficient to produce a perfectly homogeneous mixture. By this means potassium iodide may be introduced into an unguent without danger of the decomposition that takes place after a time when fat is used.

ATROPINE as an antagonist to chloroform was recommended many years ago

**ARISTOL PLASTERS.**—M. Cavailles makes these for the Hospital Saint Louis by mixing finely powdered aristol with a small quantity of oil, and adding to a mass of lanolin and caoutchouc plaster, previously cooled and made very fluid by the addition of benzin. The benzin is evaporated to a sufficient degree to leave a preparation suitable for spreading upon muslin. The plasters are said to possess the full antiseptic properties of aristol applied in other ways. The author makes plasters of iodol, iodoform, salol and chry-sarobin in the same manner.—*L'Union Phar.*, July.

by Albertoni, and his results were recently confirmed by others. Dr. L. Vincini (*Centralbl. f. Klin. Med.*) reports success, only failing after the administration of such large doses of chloroform as to produce coagulation of the heart tissue. As a prophylaxis in chloroform anaesthesia, the subcutaneous injection of 0.002 gm. of atropine is recommended, about one-half that quantity for children, and double the dose in cases of emergency.

**A NEW SEWAGE DISINFECTANT.**—What promises to be one of the most useful discoveries of the age, particularly in reference to sanitary science, and one affecting every living being, is that made by Mr. Woolheim, of London, Eng. This is a new method of precipitating sewage, and has been well tested in that country. Aminol gas is the disinfecting power used, and it is said that when it is introduced into sewage it very quickly destroys the microbes of putrefaction and of many diseases; the odor of the sewage is carried away, and in less than an hour it is both deodorized and sterilized. Dr. Klein supports the discovery and confirms all the claims made by the discoverer. If the discovery should be thoroughly verified, it will practically revolutionize the sewage question.—*Health*.

**A NEW EXCIPIENT.**—According to the *Jour. de Conn. Med.*, August 7, M. Adam, a Parisian pharmacist, has produced a resin soap "which may be recommended as constituting a new pharmaceutical excipient." The formula is as follows: Resin, 100 parts; carbonate of potash, 30 parts; water 300 parts. The components are

heated to the boiling point, when an effervescence takes place, the product being finished when the disengagement of gas ceases. The heat may be continued however, until any desired consistency is obtained. The product may be made hard, if necessary. This soap is soluble in water, and does not give a precipitate with marine salt. It may be used as an excipient for a great many drugs, and it has the advantage of being less costly than either vaseline or cerate. It should not be used with metallic salts, owing to the liability to double decomposition. Resin soap works well with mercury and mixes freely with camphor, naphthol, sulphide of carbon, tar, etc. It does not make a homogeneous product with the oil of cade. It appears to have been serviceable thus far in the preparation of some of the remedies used by veterinary surgeons.

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## ARISTOL

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BY LEOPOLD LAKMETH.

Although aristol has been in the hands of the profession such a comparatively short time, an extensive series of publications of experience of its use has appeared, which for the most part, quite confirms the very favorable results recorded by Eichoff of its use. Dr. Brocq reports a remarkable case which he presented to the Societe Medicale des Hopitaux—a patient suffering from extensive superficial epithelioma of the face, extending from the level of the mouth to the orbit, the lower eyelid being completely destroyed. The healing action in this case was at once evident, and in five or six days the wound was becoming covered with a firm cicatrix, and at the time the patient was presented to the Society, after use of the remedy for three weeks, only very small wounds remained. Dr. Brocq has also had the most gratifying results in other cases in which he has used the drug, especially ulcers of the legs and ulcerated gumma's.

Dr. Gaudin reports cases of psoriasis, ulcers, eczema, and chancre, in which he has used the drug with most excellent results; in one case of ulcer of the leg, in

which he made comparative experiments with iodoform and hydrarg. biniodide, the result with aristol far exceeded that with the other drugs. In all his cases the marked property of the drug in favoring cicatrization was most striking. Dr. Gaudin applied the drug either dissolved in ether or collodin, or as a dusting powder.

Dr. Hughes has found the drug of much service in all those forms of rhinitis associated with a dryness of the mucuous surface, or in which there is a tendency for the secretion to undergo decomposition. He reports twenty-one cases in which he has tried the remedy, and in all the result was most satisfactory; in two cases of specific ozæna the disappearance of the factor and the healing was very rapid.

Dr. Lowenstein has treated four cases of ozæna with the drug, and reports most favorably on its effects of one case of specific ozæna. In addition to insufflation of the drug in powder, he painted the ulcerated parts with a solution in collodion flexile. He speaks very favorably of the property the drug has of forming a covering over the diseased surface.

Prof. Neisser has made experiments on the action of aristol on bacteria, and also used it therapeutically in thirteen cases of lupus exulcerans, in which he found it of great service. In lichen rubra, soft chancre, and gonorrhœa the results were not satisfactory.

Dr. Schirren has treated ten cases of psoriasis of various forms, vulgaris, guttata nummularis, with aristol, and reports all the cases as cured after, at longest, twelve days' treatment. He applied the drug as 10 per cent. ointment in lanolin or vaselin, or with zinc starch. In none of the cases was any ill by-effect observed.

Dr. Schuster records a case of syphilis of the naso-pharynx, in which he had a very good result, after the use of the aristol in powder. The case had been under treatment for some months without any benefit, potassium iodide being administered internally and mercury by inunction. Dr. Schuster reports also a case of psoriasis in which he used aristol with very rapid and good results. He applied a 10 per

cent. solution of the drug in collodion flexile.

Dr. Seifert has made an extended trial of the new drug in the syphilis clinic at Wurzburg, and reports very favorable on its use. He has used it in ulcers of the leg, lupus, psoriasis, moist condylomata, and suppurating gummata, and in all cases in which it was applied the good result was most marked. Dr. Seifert states that he did not find any iodine in the urine when aristol was administered internally.

Dr. v. Swiecicki has made a trial of the drug in gynecological practice. He has used aristol in twenty cases, and in all the drug has had a beneficial action. The cases reported comprise endometritis, hyperplasia of the cervix parametritis, eczema vulvæ, and after operation for fissure of the cervix, applied as a dusting powder.—*The Medical Chronicle*, July 1890.

#### MISCELLANEOUS.

STERCORAL INTOXICATION. — Verneuil (*Gaz. des Hôpitaux*, 1889, No. 133; *Centralblatt f. Chirurgie*, No. 13, 1890, p. 237). In the course of a lecture delivered to the students upon the occasion of his installation to the professorship of surgery at the Hotel-Dieu, V. pointed to the advantages which surgery had derived from modern bacteriology, and in the course of his remarks took occasion to refer to what he deemed his recently-discovered intoxicating influence of retained fecal accumulations. Observations made by Velpeau called attention to the fact that the fluid contained in the sac of an incarcerated or strangulated hernia produced an irritating effect upon the hands of the operator. Others have observed that the entrance of fluid from such a sac into the abdominal cavity gives rise to peritonitis without there having necessarily been an injury to the intestine. Clado discovered bacteria in such fluids, and inoculation of animals with the same produced rapid death with symptoms of violent intoxication. This is called by V. "stercoral intoxication," and he claims that the bacteria of Clado give rise to the disease.

WHILE cross-examining Dr. Warren, a New York counsel declared that doctors ought to be able to give an opinion of a disease without making mistakes.

"They make fewer mistakes than lawyers," responded the physician.

"That's not so," said the counsel; "but doctors' mistakes are buried six feet under ground, and lawyers' are not."

"No," replied Warren, "but they are sometimes hung as many feet above ground."—*Montreal Legal News.*

A NEW METHOD OF TREATMENT OF PNEUMOTHORAX FOLLOWING PENETRATING WOUNDS OF THE CHEST WALL.—O. Witzel, Bonn (*Centralblatt f. Chirurgie*, No. 28, 1890). Attention is called to the extreme dangers arising from attempts to remove the air from the cavity of the chest in this class of cases on the one hand, and the risks of setting up suppurative inflammation, should it be permitted to remain, on the other. W. recommends the following course: A large male rubber catheter is passed into the wound and the latter firmly sutured about the same until the opening is both air and water tight, with the exception of a point left open for the escape of the air. The catheter is connected with the nozzle of an irrigator, and the cavity of the chest slowly filled with a weak boric acid solution, of the temperature of the body, the air escaping from the point of opening above mentioned. By lowering the irrigator, after the chest is filled and the air ceases to escape, the fluid is siphoned out, the air exit being at the same time held tightly closed and the catheter removed, while a number of temporary sutures, previously placed upon either side of the catheter, are drawn tightly together and tied.

STERILIZATION OF WATER.—The conclusions of Charles C. Currier, M.D., in a paper on the above topic, are as follows: Unless extraordinarily resistant, water becomes sterilized if it be at or near the boiling temperature for fifteen minutes. If the same degree of heat be maintained for five minutes, all harmful micro-organisms will have been destroyed.

Still less time serves to destroy the disease-producing varieties which are recognized as being liable to occur in water. Thus, merely raising to the boiling point, a clear water containing micro-organisms of malarial disorders, typhoid, cholera, diphtheria, or of suppurative processes, and allowing it to gradually cool, insures the destruction of these germs. They are also destroyed by keeping the water from a quarter to half an hour at a temperature of 70° C. Occasionally, however, very resistant but harmless bacteria may get into the water. The brief heating renders them safe for drinking purposes; but when it is desired to destroy every micro-organism that may be present in contaminated water, it should be heated for one hour and allowed to cool slowly. Then it may be used for cleansing wounds, or for alkaloid solutions which will keep sufficiently if no germs be introduced after the solution has been heated.—*Sanitary News.*

TREATMENT OF SPASM OF THE GLOTTIS.—M. Kurt at the Vienna Medical Society, reported a case in which spasm of the glottis was relieved by excitation of the pituitary membrane. A child of 6 years of age, with whooping cough, was attacked quite often with violent convulsions. M. Kurt noticed that it was only necessary, in this case to slightly irritate the conjunctiva or the nasal mucous membrane to arrest the attack. He concluded that an excitation of the terminal filaments of the trigeminal exercises an inhibitory action of the recurrent laryngeal. Since then he has tried this expedient in spasm of the glottis. When an attack comes on it is instantly arrested by tickling the pituitary mucous membrane with a feather. To render the excitation more active the feather may be dipped into a solution of sulphate of quinine. Furthermore, this excitation not only cures short the attack, but in relieving the spasms it arrests or ameliorates the disease which produces them. He showed an infant, 8 months old, which six months previously had laryngeal spasm. During the last fifteen days he had 10 grave attacks daily. Two applications were made in the nose,

and the paroxysms at once disappeared, and for three days did not return.—*Lancet Medical*, May 29, 1890, p. 497.

**BISHOP RYLE ON THE SOCIAL EVIL.—**

At a meeting in connexion with the Liverpool Rescue Society held last week, the Lord Bishop of the diocese presiding, the following very common-sense remarks were made by his lordship, which, as they differ very much from the speeches generally made on such occasions, may be reproduced. The grand object of the Society was, he observed, to provide a door of hope for fallen sisters in this world who had the least desire to go to some place of refuge, and take the first step towards leading a better life. He had great faith in making doors of hope. So far as he was concerned, he did not quite agree with the White Cross and similar societies which cast the whole blame upon young men. They really talked and acted and spoke as though all young women were lambs and angels, and all young men were ravening wolves going about seeking whom they could devour. Human nature was just the same in the female sex as in the male sex. If there was an absence of principle, and if respectability did not control their conduct, young women were just as ready to run into sin as young men were. He thought they should look at this subject in a common-sense way. If these poor women showed the slightest desire to turn from that which was evil to that which was good, he thought that they should hold out the right hand to them, and try if possible to rescue them from the pit of wickedness into which they had fallen.

**DE SCHWEINITZ (G. F.) ON THE TREATMENT OF GRANULAR LIDS WITH STRONG SOLUTIONS OF BICHLORIDE OF MERCURY.—**The method adopted has been as follows: Every alternate day the everted lids are carefully touched with a solution of bichloride of mercury, 1-300 or 1-120, according to the size of the granulations, while three times a day the conjunctival *cul-de-sac* is irrigated with a warm solution of the same drug, 17,000. No other medication is employed. The results have been almost uniformly favorable. In no single instance has the disease been ag-

gravated; in a few it has apparently undergone no modification, while in the vast majority, after four or five applications of the character described, there has been increased comfort, lessening in the size of the granulations, dissipation of the discharge, and not infrequently amelioration of pain, if this was present. Perhaps the strongest testimony in favor of this application is that given by most of the patients themselves, all of the chronic cases having, either in this institution or elsewhere, had all manner of local astringents applied to their everted lids. Their testimony is practically unanimous that this has given the greatest comfort. It is a painful application, and in sensitive patients, as has been recommended, the eyes may be cocaineized. In most of the instances, however, this precaution has not been deemed necessary. These observations are based upon the experience of about thirty cases.—*University Medical Mag.*, July, 1890.

**SUCCESSFUL NEPHRECTOMY IN A YOUNG CHILD.—**In February, Professor Dohrn removed from a child, aged 3, a large malignant tumor involving the right kidney and suprarenal capsule. The child was in fair health, but rather pale; there was a trace of albumen in the urine, but no formed elements could be detected under the microscope. The veins in the plicatures over the tumor were dilated; the inguinal glands were not enlarged. The tumor was extracted through an eight-centimetre incision, beginning at the outer border of the right rectus, and running obliquely downwards towards the iliac spine. The operation was difficult owing to the softness of the tumor. The patient made a very good recovery. The tumor proved to be a rhabdomyosarcoma of the kidney, consisting of round cells and spindle cells, with here and there collections of striped muscular fibre. Eberth, Cohnheim, Eve, and Dawson Williams have described similar new growths of the kidney, which Cohnheim ascribed to errors in foetal development. Professor Dohrn, in an article in the *Centralblatt für Gynäkologie*, No. xvi, 1890, describing his case, adds that extirpation of the kidney in children has only been attempt-

ed in recent days Fischer collected last year 25 cases where that operation had been performed; the mortality was 48 per cent. Professor Dohrn has added to the record his own case, and others recorded within the last twelve months by Schede, Czerny, and Roberts, making up a total of 29 cases, with an "operation mortality" of 44.9 per cent. Professor Dohrn's case was alive and well two months after the operation.

HUTCHINS (W. D.) ON VERATRUM VIRIDE IN EXOPHTHALMIC GOITRE.—A woman, above medium height, weight, ninety-three pounds, age, thirty-five, mother of three children, applied to me for treatment July, 1879. Her condition: anæmic, greatly debilitated, heart apparently much dilated, without rhythm, with a wallowing movement; eye-globes so protuberant as almost preventing closure of lids, presenting shocking deformity. Goitre not measured, but very prominent. Mind deranged. She had suffered with this malady, gradually increasing in gravity, for twelve years. Had been under the treatment of several home physicians, and, finally, while visiting Philadelphia, consulted a physician of that city, who diagnosed exophthalmic goitre, and advised her to return home immediately, as she was liable to fall dead at any hour. I confirmed his diagnosis, and placed the patient on tr. veratrum viride, three drops morning and night, to be gradually increased until the full dose possible to tolerance was obtained. At first the three drops were barely tolerated; four drops produced such weakness as to oblige her to take to her bed for a short time. She persevered however, until twelve drops were taken morning and night without producing nausea or any inconvenience whatever.

This dose was continued twice daily for twelve months, then dropped to one dose daily for a few following months.

The improvement of the patient was gradual but progressive, and at the expiration of twelve months from beginning of treatment the goitre had disappeared, the eyeballs had receded to their normal position, the mind had returned, and her

weight was ascertained to be one hundred and sixty pounds.—*Therap. Gaz.*, Dec., 1880.

THE CHOLERA.—Asiatic cholera now prevails over a pretty large area of the earth's surface, and seems to be increasing steadily both in its intensity and in its extent. It is reported from Spain, Portugal, Egypt, Turkey, Arabia, Southern Russia, Japan, and Batavia. In Spain there are at least five provinces, namely, Valencia, Toledo, Alicante, Castile, and Badajoz, in which the disease exists, and in Portugal the government reluctantly admits that three districts are infected. From Mecca news of the presence of cholera was first received about the end of July, and although quarantine was at once established against the pilgrims returning to Cairo, it was ineffectual or too late, for the disease broke out with considerable violence, and spread thence westward along the shore of the Mediterranean. It is said now that Mecca is free from the disease. In Japan the epidemic is in full sway in many places, Nagasaki being reported as specially afflicted with the plague. France is making special efforts to keep the cholera away from the southern departments, and the French Senate, on August 4th, voted 100,000 francs for the establishment of frontier posts to prevent the entry of cholera into the country. A decree has been passed by the government making it a criminal offence for anyone entering the country from Spain to fail to notify the authorities of the fact. Several Spaniards, among them many ladies and children, have been apprehended for failure to comply with this decree, and have been condemned to varying terms of imprisonment (usually three days) and to pay fines of from one to ten or fifteen dollars. In Spain the physicians are having the usual trouble with the peasants, who oppose all attempts to improve the sanitary condition of the towns, and in some places the peasants have been so threatening in their attitude against the physicians that the latter have been compelled to appeal to the authorities for a military escort. Considerable uneasiness

was caused not long ago in London by the report that a patient in the Poplar Hospital was suffering from Asiatic cholera. Upon careful investigation, however, it was determined that the case was simply one of aggravated cholera nostras.—*Medical Record.*

THE FALLACY OF SO CALLED HOT-AIR TREATMENT OF PHTHISIS.—Dr. W. C. Cushman Thomson read a paper on the above subject before the New York Academy of Medicine, in which he gave a review of the results obtained by this method of treatment in America and Europe. Personally he had no experience with it. It had impressed him with false principles, and was in practice likely to lead to negative, if not to absolutely harmful, results. For this reason, he had instituted certain experiments in the Loomis laboratory to determine whether or not the inhalation of hot air could destroy or arrest the development of the tubercle bacillus in the lungs, for this was in fact the object of the treatment. The conclusions from his experiments were: 1. That the continued inhalation of air heated from 200° to over 300° F. (93.3° to 148.8° C.) at the nose did not raise the temperature of the lungs at all in some cases, even when inhaled for an hour or more; in other instances there might be a slight rise, from 2° to 4° F. (1.1° to 2.2° C.), due to other causes. 2. The temperature of the trachea under corresponding conditions rose only 4° to 6° F. (2.2° to 3.3° C.). 3. Cold air did not affect the temperature of the trachea or lungs any more than did hot air. The experiments showed the uselessness of the so-called hot-air treatment of phthisis. Since making these experiments he had learned that like conclusions had been arrived at by a Frenchman. Dr. J. Smith discussed the paper, and said that about two years ago a brother of Weigert was given permission to try his apparatus in the treatment of some cases of tuberculosis in the wards at charity hospitals, but the patients were not so much benefited by this new method as by antiseptic inhalations.—*Provincial Medical Journal*, June 2, 1890, p. 377.

## LIBRARY TABLE.

MESSRS. BLACKISTON, SON & CO.'S PUBLICATIONS.—A *Manual of the Practice of Medicine*, by Frederick Taylor, M.D., F.R.C.P., physician to and lecturer on medicine at Gay's Hospital, etc., with illustrations. The many works on the practice of medicine, which have issued from the press of late years, would seem to have filled all requirements, but there is still room for such a work as Dr. Taylor's. Originality of matter we cannot look for, but the brevity, conciseness and clearness with which the various subjects comprised in the work are treated, renders it of special value to the student and young practitioner. The diagnosis, prognosis and treatment of disease, while fully given, is described without unnecessary verbiage, a great saving of labor for the student, as it enables him to grasp the salient points without wading through elaborate text books to glean them.

A *Compend of Human Anatomy*, including the *Anatomy of the Viscera*, by Samuel A. L. Potter, M.A., M.D., Professor of Theory and Practice of Medicine, Cooper Medical College, San Francisco, fifth edition, revised and enlarged. While not taking the place of the larger and more elaborate anatomical works, these quiz compends are of infinite value to the student, and of the several which have come under our notice, none present a more judicious condensation of the subjects treated of than Dr. Potter's last work, which contains an appendix of forty three pages containing an original and complete set of tables and plates of the arteries, cranial and spinal nerves and plexuses, and the sympathetic nervous system. This work should be in the possession of all students of anatomy.

The *Latin Grammar of Pharmacy and Medicine*, by D. H. Robinson, Ph.D., Professor of Latin, University of Kansas. The author claims that the material contained in the pages of his book enabled the students to accomplish twice the amount of work and that more thoroughly than by the ordinary method.